

**PERCEPTIONS OF FATHER-DAUGHTER INCEST IN
AFRICAN FAMILIES WITH SPECIAL REFERENCE TO
THE MOTHERS' ROLE.**

“A cultural contextualisation for intervention”

by

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DECLARATION

I declare that this thesis hereby submitted to the University of the North for the degree of Doctor of Philosophy in Clinical Psychology, has not been previously submitted by me for a degree at this or any other university, that it is my own work in design and in execution, and that all material contained herein has been duly acknowledged.

SIGNED AT _____ On the _____

T-A.B. Mashego.

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SUMMARY

This is a study of father-daughter incest in African families with special focus on the mothers' perceptions. The study was conducted in the Northern Province, one of the provinces that is most rurally situated in South Africa.

The primary objectives were two fold: (i) to explore the adequacy of Western models in dealing with incest in African culture; (ii) to explore the extent to which Western intervention strategies can be relevant for handling incest in African culture. The focus is on developing an understanding of how Africans perceive incest, how mothers, the secondary victims in such incest, handle incest, what their needs are and how they can be finally assisted using relevant intervention techniques.

A triangulation of methods was used with a combination of qualitative and quantitative studies.

Three separate studies were conducted:

Community Survey study, which was aimed at surveying the understanding of incest in the African community, which consisted of interviewing 50 members of the community from various areas in the Northern Province;

Mothers' perceptions study, which looked at the mothers perception of incest occurrence and the process thereof, consisting of an in-depth and a structured interview with 30 mothers of incestuous daughters;

Attribution of blame study, which explored how blame was attributed among different groups: the mothers themselves and thirty professionals as a comparison group

The results mainly pointed to the following :

The family dynamics in incestuous families which were noted in western literature, had similarities to the ones found in the African families who participated in this study. This includes: (i) phenomena such as: poor mother-daughter relations; a more externally projected attribution of blame; marital conflicts; low father blaming (making him a victim in the Western literature on seduction theory and in African culture, a victim of witchcraft); daughter blaming as well as mother blaming; enmeshed families; and (ii) situational factors such as : poor housing; unemployment; alcohol abuse; and physical abuse.

Some of the psychopathology of denial, ambivalent feelings of mothers towards the situation, maladaptive and coping strategies that occur in the western literature, were also noted in the African culture. However, there were marked cultural differences in several areas, viz.: respect for adults; harmony restoration; attribution of misfortune to unexplainable situations; belief in

supernatural powers and witchcraft as cause of illness and unexplainable events; value for children and belief in extended family ties.

The findings disclosed a series of needs among the mothers which must be dealt with in intervention programmes:

1) *Development of insight into intra-psychic issues*

- Mothers' need to gain insight into their own emotional reactions and find a way of speaking out about their problem within the cultural limits;
- Mothers need to develop an understanding of themselves and their role as mothers.

2) *Development of coping strategies*

- Mothers need to appreciate a support system put into place by their culture which may help them cope with crises;
- Prayer and coping by using supernatural power for meaning making, should be discussed and the mothers be helped to gain insight in how to use such skills in an adaptive way;
- Mothers need some help to deal with the process of grief;
- Mothers need to be helped to see adaptive and maladaptive sides of the use of avoidance.

3 *Psychoeducation*

- Mothers will need to realise that incest is not their fault;
- Empowering mothers could involve helping them to develop some insight into the process of changes in relationships between generations so as to understand their children better (for example on the issue of diminishing respect for adults);
- Mothers need to be empowered by being educated about how incest impacts on their lives and how they should help without wrongly taking responsibility of the abuse.

4) *Dealing with society's structural issues*

- The mothers need to be assisted with the identification of their rights in the society and should be helped with ways of negotiating for the use of those rights in their culture since it has been difficult for them to express those rights in their patriarchal society;
- Need for mothers to be empowered from the submissive role they are forced to take in the patriarchal culture.

Intervention methods should be based on cultural sensitivity. The findings of the study may generate hypotheses for future research and help tailor intervention strategies addressing important meanings Africans attach to incest and how they deal with it.

It is important for policy makers to note that there is great need for relevant resources for families that suffer incest especially in the rural areas. Preventive strategies and treatment approaches need to be put in place, as it seems that issues around incest are still considered taboo in most places. Incest is a reality, and more relevant address of issues cannot be avoided.

CHAPTER 1

INTRODUCTION

The construct “incest” is regarded as a universal taboo which continues to elicit different responses from different people. Some authors regard it as a highly culturally-sensitive issue because it is mainly about who should not marry who, more than it is an issue of sexual relations (Murdock, 1949). For example, intermarriage between first cousins and within royal families, to preserve royal blood, is still common practice in some cultures, whereas it is considered incestuous in most parts of the world.

Father-daughter incest has been reported not to be as prevalent as other forms of incest like: uncle-niece, or grandfather-grandchild abuse (Finkelhor, 1986). It has, however, been suggested that father-daughter incest is more traumatic than other forms of incest, because the closer the relationship the greater the violation of the child’s security and trust, and, the more complicated family dynamics become after disclosure. Indeed, there is a perception that taboo violation is more serious. Consequently, there is a great deal of secrecy and a feeling of guilt. The closeness principle is attested in numerous studies which found that father-daughter incest was more traumatic than with uncles and grandfathers (Finkelhor, 1979b; Russell, 1986).

The effects of incest on its victims indicates the extent of the trauma that lasts for a long time in the victim’s life. Adult incest survivors display extensive damage to identity and self-esteem, and

as a result of betrayal trauma, exhibit generalised mistrust of others, with profound loss of faith and personal meaning and general loss of safety in the world (Russell, 1986).

Reports of different personality disorders, as well as serious sexual problems with partners have also been reported as effects of incest (Herman, 1981; Herman & Hirschman, 1980; Russell, 1986; Wyatt & Powell, 1988; Clune, 1993; Renvoize, 1982). Similarly, psychiatric disturbances that include pathologies such as depression, atypical impulsive and dissociative features as well as intense affects like shame, irrational guilt, self-blame, have been found to result from incest. Other reported effects of incest are forms of anxiety disorders, such as: panic, agoraphobia, and a range of phobias that sometimes seem to be related to the initial trauma. Finally, incestuous relationships have been found to result in self destructive behaviour in the form of suicidality, self mutilation, revictimization due to repetition compulsion and re-enactments (Gelinias, 1983; Wyatt & Powell, 1988; Russell, 1986; Herman, 1981; Finkelhor, 1984).

These effects, observed among incestuous children have long-lasting consequences as they persist when the children themselves become parents. Indeed, childhood incest will, later, hamper parenting, or may even be responsible for victimisation of offsprings. Mothering incest victims is reported to be a challenge to the mothers. Some authors hold that mothers are very important people to bring about healing (Print & Dey, 1992), whilst others see mothers being predisposed to play a role in propagating the abuse (Machotka, Pittman & Flomemhaft, 1967).

Most literature on incest is based on Western populations. In South Africa, incest was not publicised until in the 80's (Meyer, 1991). Research in the African culture can, therefore, be said to be very limited in comparison to that carried out outside Africa.

Past studies globally have mainly focused on victims and perpetrators, with less focus on the mothers. However, in this study, mothers are considered to form a very critical part of the relationships involved in the abuse situation of father-daughter incest especially.

1.1 BACKGROUND AND INTEREST

The topic of the present thesis grew out of the dilemma I often faced in part of my professional work as a Clinical Psychologist in an African culture. Following the recent dramatic increase in reported cases of incest with which different professionals have had to deal, I quickly realized that the Western methods so far available to us seemed inadequate mainly because they are too foreign to the clients. The inadequacy of Western methods is even more acute in the intervention at the family level. Some of the problems I faced were particularly those of "secrecy" and the issue of "hierarchy" in the family. There were, for example, issues that could not be discussed openly in the presence of certain members of the family. It was, in most cases, almost impossible to discuss incest in the presence of the incestuous father, the mother and the daughter, as such disclosure would be culturally unacceptable because it would violate the principle of respect for

the “head of the family”. This restraint contradicted the very nature of openness in the traditional methods of intervention that I had been taught.

The individuals I found most affected by incest and who had usually been the most forgotten were the mothers, who, ironically had to support everyone else, even to an extent of inhibiting their own shock and trauma. I was concerned most by some of the contradictory reactions which the mothers had to different situations, as if they had to follow some hidden rules dictated to them. The mothers’ approach consisting of moving from one member of the family to another to give the necessary support made me assume that some training in changing strategies for helping those in need might go some way toward providing some relief to the mother who, otherwise, though powerless, must provide support. Although the mother in an incestuous family sometimes seemed to be in control, in reality she was not. Indeed, as emerged after numerous family sessions, she always came across as the most “powerless”.

The lack of literature addressing the plight of African families I was working with left me with no alternative but to stick to the traditional approach. Paradoxically, this paucity of appropriate literature also gave rise to a need for more knowledge about the mechanisms involved in incest among African families as well as better tools for helping the victims of incest.

The study began as a pilot project following the difficulty of having access to more incestuous families for a large study. I had to start with a smaller number of families who had come to me

for assistance. At the outset, I focused my attention on the interaction patterns of the whole family. However, the difficulty of having access to a reasonable number of incestuous families opened my eyes to other aspects of the plight of incestuous families in the rural areas which had not been documented. This lack of previous attention was an important gap to fill for a better understanding of incest. In a search for more insights, I surveyed fifty people from different ethnic groups in the rural part of the ex-Transvaal. The findings from this exploratory study, which depicted incest from an African cultural perspective, eventually guided the research reported here.

The observations made during the initial phases of this study, which I referred to as a community study, made me develop some assumptions which I later tried to verify in the later phases of the study, viz. the mothers' perception study and the attribution of blame study.

1.2 AIM OF THE STUDY

The overall aim of the study was to explore the meaning of incest in the African culture and identify the perceptions of incest by the mother in an incestuous family. Indeed, the mother is a non-offending member of the family in which father-daughter incest occurs and as such, is considered an indirect participant, with a "subtle" influence on the dynamics of the incestuous act.

1.3 OBJECTIVES OF THE STUDY

The objectives of the study were:

- 1) To explore the adequacy of Western models in dealing with incest in the African culture
- 2) To explore the extent to which Western intervention strategies can be relevant for handling incest in the African culture
- 3) To understand perception of incest by Africans;
- 4) To understand how African mothers handle incest
- 5) To find out the mothers specific needs
- 6) To find out how good intervention strategies can be developed for the African culture

The study is presented in 11 chapters with the following outlay:

The present chapter (Chapter 1) includes: an introduction; the background to and evolution of the study; the motivation for undertaking it; its aims and objectives.

Chapter 2 offers a conceptualisation of the study, with a focus on the cultural context in psychological theory, research and intervention.

Chapter 3 discusses the statement of the problem, the main questions in the study and the rationale for the study.

Chapter 4 surveys several definitions of the concepts used in the study, discusses the prevalence of incest, and describes the different forms of incest.

Chapter 5 outlines the characteristics of incestuous families, theories and models for understanding incest with special reference to the Western literature and the role of mothers in incest from the different theoretical models: in contrast to Western models, the African perspective of incest is examined, taking into account African values as well as the role of mothers in incest.

Chapter 6 outlines different intervention models available for the treatment of incest victims and their families.

Chapter 7 describes the methodology used in the study, namely: the description of the studies used in the project; sampling procedures and characteristics of the samples; the instruments and procedures of data collection and analysis; a discussion of the research methodology, i.e. the rationale for the choosing the methodology, limitations for the study, and the role of the researcher.

Chapter 8 discusses the findings of the Community Survey.

Chapter 9 discusses the findings of the Attribution of Blame study.

Chapter 10 discusses the findings of the Mothers' Perception study.

Chapter 11 summarizes the findings, synthesizes the conclusions, and offers recommendations for future research and the implications for intervention.

CHAPTER 2

CONCEPTUAL FRAMEWORK

2.1 RATIONALE FOR A CULTURAL CONTEXTUALIZATION OF PSYCHOLOGY

It is important, when working with people, to look at them within some context, in order to make informed interpretations of the interactions engaged in. Multicultural theories hold that every person has a world view which is his philosophy, his conceptual framework and the way he makes meaning in his /her world. There are many ways in which individuals perceive their world, many will do it in unique ways, but this always happens within some social context. Man is both like all, like some and like no other (Murray and Kluckhohn 1953).

Every person, being a social animal, learns a lot from social interaction from birth. Some of the things learned, become internalized into our whole being and make individuals become members of specific groups. Such learning, that makes one belong to some group is called socialization. This goes beyond race and ethnicity. It is about the people who influence a person as one grows.

Each group of people, has its own way of doing things, guided by its beliefs, values and its norms. These constructs become ways by which groups are recognised, and members of the groups identify with each other based on the constructs.

By definition, culture refers to

...those sets of shared world views and adaptive behaviours derived from simultaneous membership in a variety of contexts such as ecological settings, gender experiences, religious backgrounds, social class, occupation. (Boyd-Franklin, 1989).

Another definition of culture is:

... a set of attitudes, values, beliefs and behaviors shared by a group of people, but different for each individual, communicated from one generation to the next. (Matsumoto, 1996, p. 16).

Multicultural counselling theorists define culture as the way individuals view their world; and see world views as reservoirs for our attitudes, values, opinions and concepts that influence how we think, make decisions, behave and define events; which they formally define as "... how a person perceives his/her relationship to the world (nature, institutions, other people etc)", "our philosophy of life", and even "the way we make meaning in the world" (Sue & Sue, 1990).

Helman (1994) views culture as a set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally and how to behave in it in relation to other people, to supernatural forces of gods and to the natural environment. It also provides them with a way of transmitting these guidelines to the next generation — by the use of symbols, language, art and ritual.

It is clear in all these definitions that culture is about the rules of the society and the way in which these rules are experienced and transmitted. It is important also to note that viewers of culture

are not only in the process of discovering meaning, but do also become the makers of meaning. Therapists are, in a therapeutic process, facilitators who enable the making of meaning, and the way they understand client meaning making will continuously provide new meanings to the client and the whole process.

The necessity to develop cultural expertise cannot be over-emphasised. Such expertise and what Ivey (1998) refers to as intentionality, imply three major abilities that people working within certain cultures should have. These include the ability to generate a maximum number of thoughts, words, and behaviours to communicate with one-self and other people within a given culture, to be able to communicate within ones own culture and learn the ability to understand other cultures, formulate plans, act on many possibilities existing in a culture, and reflect on these actions.

Cultural differences result from these simultaneous contextual inclusions (participation and identification) in the different groups. African families like any other family partake in different combinations of contexts making each family unique. It will be noted that each family has its own idiosyncratic behaviours, which the counsellor should be able to identify for relevant intervention.

There is a need to consider that each group has, apart from the universal and transcultural issues, culture-specific and idiosyncratic behaviours which cannot be ignored. The value system of each

group is relevant, valid, needs to be recognised and the strengths or weaknesses thereof acknowledged.

In traditional Asian cultures parents claim an inherent right over their children and expect loyalty, obedience and respect. These children are socialised to maintain traditional values of family cohesion, solidarity, filial piety and a sense of obligation to the family. The child also learns about desired behaviour from that being modelled by parents. Rewards and the use of shame are also used as a form of child-rearing strategy (Fontes, 1995).

More demands are put on the child around the age of six in Filipino culture because it is believed that children around this age start to develop thoughts, so parents become more active teachers at this age using strict disciplinary measures. The desirable behaviours include respect for elders, obedience to authority, academic diligence and excellence, responsibility towards the family with obligation and reciprocity (Fontes, 1995).

At adolescence, children are given greater family responsibility. They have to be responsible for the younger siblings and grand parents and the well being of their parents. There is an obligation to contribute financially to the family.

Shame and denial have also been used in some non-Western Asian and Filipino cultures. These cultures discourage disclosure of sexual abuse and rape because such disclosure is regarded as

putting the family's reputation at risk. Such shame and denial, usually accompanied by child blame, is explained to be done for the purpose of protecting that very child and the family. The child is said to be protected because loss of virginity brings dishonour to the family (Cole, Espin & Rothblom, 1992). The children in such cultures may rather be silent about abuse than risk their reputation and that of the family, many children have been found to suffer in silence, tell no one and rather accept the abuse as fate (Hicks in Fontes, 1995). Regarding such children as victims, also become problematic in such cultures.

Theories presently used in psychological intervention regard children that have been sexually abused as victims that require empowerment. Such Western way of thinking can make access into the kind of families described above almost impossible.

There should be a system whereby cultural relativistic frameworks are used for unbiased assessment and intervention. This will assist in the development of exploratory, sensitive and respectful attitudes towards the individual group's identity; that is integrated into skills necessary for joining the family, problem definition and selection of methods of research, determining easy access for therapeutic intervention.

Different theoretical orientations are based on different world views and in that way affect the style of communication and responses which may clash with the world views of the culturally different (Sue, 1990; Nwachuku & Ivey, 1991). For example in psychoanalytic view, stress is

laid on how the repressed unconscious beliefs from early years of life affect present and future behavior; a practitioner who uses this orientation will work with the assumption that problems reside within a person, and thus require an intrapsychic approach. So, for him to engage a client who sees his/her problems residing in sociocultural variables such as racism and oppression can be very difficult and problematic for the client who may not feel understood. The focus in this theory is not based on relationship issues; it is about individual success at dealing with issues, a Western model that is very typical in the traditional theories of psychology.

For the Existential-Humanistic approaches, focus is on the need for growth, attainment of potential, self actualization, autonomy. This means that emphasis is on the “self,” on “independence” and “personal goals”. For the client with collectivist values, who places great emphasis on the family, community and society at large, this approach may be counterproductive. The orientation is clearly based on the Western perspective of individualism which is not shared by Africans.

According to Sue (1990), contemporary psychological theories, with a Western perspective, only emphasize that people are, feeling selves (existential humanistic), thinking selves (cognitive) and behaving selves (behavioristic) to the utter exclusion that people are also biological, spiritual, cultural, political beings and should be addressed in a holistic fashion.

Eclecticism, consisting of using a combination of theories, as it is found to be applicable to a client at a given time, does not seem to be a long-term solution to helping clients in a culturally relevant manner. A meta-theory approach, which is a “theory of theories” could be an option. This is a theory which involves “culture-centered” method by which theories like those mentioned above, can be examined for cultural sensitivity; and would, in their preserved state, not become antagonistic to human needs, but rather become complementary in describing other aspects of human conditions that are not catered for culturally (Pedersen & Ivey, 1993).

Another difficulty with the lack of culture sensitivity is the persistence of culture domination by the ruling culture. Usually such cultures have overpowering value for “individualism” characterised by the belief that every individual is his/her own master, each person is in control of his/her own destiny and will thus regress or progress because of his/her own efforts. Such dominance is sure to breed resistance in the groups that have a collectivist approach to life. Unfortunately cultural relativism, of not using one’s own standards to judge others, occurs very rarely between the rulers and followers.

People are diverse and cannot be treated as if they were the same. Africans have been described to have a collectivist approach, with a strong value of interconnectedness to group thinking rather than individualistic as is the case with Western cultures. There is a sense in which Africans avoid confrontations in conflicts and show great respect for adult authority, who are often not

spoken to directly. There is also great respect for supernatural beings shown by value for ancestral worship.

Hofstede's (1991) definition of collectivism, a concept applicable to societies wherein people are integrated into strong, cohesive groups which continue to protect each other in exchange of unquestioning loyalty ; shows interconnectedness in groups very evidently. This is in contrast to individualism that is a characteristic of Western cultures, which, as seen by Hofstede, is comprised of loose ties between individuals, where everybody is expected to look after oneself or his/her immediate family. This definitions show the different focus that the two groups have about families, extended family relations and ties. Such diversity cannot be ignored, especially if it means one culture imposing its beliefs over another; the collectivist cannot understand the individualistic view of family and vice versa for the individualistic, culturally oriented person.

One other example of specific cultural values that differ from the traditional Western, psychological theories, is the African value for harmony shown in the model of harmony restoration founded by Ebigbo (1989). Harmony restoration is defined as an attempt to find out functional and non-functional relationships, with the purpose to reinforce the functional and if possible resuscitate the dysfunctional ones (Ebigbo, 1989).

For the Africans, this model assumes that harmony is about relationships with fellow human beings, ancestral spirits, God as well as animate and inanimate objects, which defines the state

of health. Illness is seen as a distortion in relationships with the world. The differences between African and Western culture, is that in western culture, unlike in the African culture conflicts are confronted and direct confrontations are not avoided, when they become necessary. Western culture is action oriented and strives for individual achievements. Spirituality does occur too, in Western culture, but it differs in focus from the way Africans express theirs most of the time.

As noted earlier, cultures may differ in some ways, and be similar in others. It is very important to approach a culture with sensitivity. Nwachuku (1988) in his model of “applied anthropological therapy theorizing” which he used with the Igbo of Nigeria, was able to understand people of different cultural group on their view about what they consider important in a helping situation. Nwachuku tried to understand the people’s view of being helped. He observed them when they were being helped, to see what it is they regarded as important during the process of being helped. He was able to note that Nigerians consider a person to be a good helper if that person shows recognition of their respect for the elderly and the involvement of extended family in their lives. To them, such recognition forms an important part that helps them respond to help. It was from this observation that Nwachuku could understand the value placed on extended kinship.

Peltzer (1993) showed a similar understanding in using a cross-cultural orientation model that he developed to analyse the content of different short therapies conducted by a traditional healer with a traditional patient and a Caucasian therapist with a Caucasian client. From the categories,

which cover aspects such as time frame, clear cut message, gender focus, person centredness, defence, core relationship, body/emotion-mind and cognitive /emotional style, Peltzer was able to show inclinations towards somatisation, respect for adult authority, shame, locus of control, supernatural etiology with the traditional healer's interview. In the Caucasian therapy, he could also point at statements in the interview which indicated cultural categories relevant for this culture like rationalisation as method of defence, conflict centeredness, internal locus of control, past-present time focus etc. Such categorisations show differences in world-views of different cultures and how each culture deals with its environment.

Culture specific responses can only be maintained in an interview if culture relevant questions, tone and communication is maintained. Hence the need for researchers and therapists to learn about the culture of their clients for more appropriate continuous interaction.

There is no single theory or approach that can apply to all situations, groups and problems without being altered. Psychological theory, and research need to be able to shift styles to meet the cultural and sometimes political dimensions of their diverse clientele. Some move in that direction has started, although it is not very easy with the present theoretical positions that are too grounded in Western culture, in that way maintaining the status quo.

CHAPTER 3

STATEMENT OF THE THE PROBLEM

3.1 INTRODUCTION

More than 80,000 cases of child abuse were reported to the Child Protection Unit (CPU) of the South African Police Service (SAPS) over the past four years nationally, and more than 17,000 were reported during the first six months of 1996 alone. The breakdown of these statistics shows an increasing trend: 17 194 crimes against children were reported in 1993, 23,664 in 1994, and 28 482 in 1995 (*Sowetan*, 1996 October, 03).

The rise of child abuse in South Africa has unfortunately not been matched by a strong remedy that is required. The CPU and non-governmental bodies, such as ... (RAPCAN) and ... (POWA), play only a limited preventative role (Schutte in *Sowetan*, October 07, 1996, p.7). To stem child abuse, a strong remedy is urgently needed. Preventative strategies can only be strengthened if appropriate, i.e. culturally-sensitive, intervention methods are employed. Sadly, the unavailability of such methods still is a problem.

Although in the Northern Province there was apparently a decline in the number of reported cases of incest over a period of three years (1996: 37; 1997: 17; 1998: 15) according to the CPU, this should not necessarily be seen as a continuing decrease in the occurrence of incest in the

province. Indeed, reported cases usually constitute the tip of an iceberg, given the sensitive nature of the incestuous act. Furthermore, the SAPS statistics give a different picture from the prevalence rate of 15,2% reported by Madu, Peltzer & Mashego (1998) in their study with a student population. This big difference may be attributed to the differences in the sources: the reported rates of the incidence of incest in the above-mentioned study were adduced from what can be considered as a more neutral and anonymous sample from the student population to whom disclosure was not a painful experience, whereas the SAPS figures were those from the very few families and relatives who had the courage to report the abuse (Russell, 1995).

Anne Levett, a South African researcher who addressed the prevalence of incest in South Africa, found that 44% of her sample of 94, mostly white female student volunteers from the University of Cape Town, reported at least one incidence of child sexual abuse before they were 18 years (Russell, 1995).

Collings (1991), in a University of Natal prevalence study, found that 13% of female students reported at least one experience of incestuous abuse which is closer to Russell's (1995) prevalence rate of 16%.

Father-daughter incest was in both Collings' and Russell's studies respectively 3,5% and 4,5%. Both these rates are among the second highest in intra-familial sexual abuse prevalence in the two studies. This shows that the rate of incest in the studies of both Russell(1995) and Collings

(1990) are around 5% which is quite a high rate of such type of abuse which is associated with very high trauma (Russell, 1995).

The almost similar prevalence rates, for both the American and South African samples (of Collings (1994) and Levett (1989), indicate the commonality of the occurrence and dynamics of such abuse for the different nationalities.

The American studies have numerous covered the methods of intervention for their samples and this seems to be lacking in comparability with the South African samples. The absence of literature for African family intervention makes it difficult to provide relevant help to families of victims of incest. A study that can provide an African model of intervention can benefit the families and the communities to which they belong.

Mothers are often considered indirect perpetrators of abuse because they are, in many cases, seen as colluding, ignoring the abuse, and becoming passive without trying to stop the abuse even when they are aware it is happening (Townsend, 1993; Haber, MacMahon, Price-Hoskin & Sideleau, 1992; Justice & Justice, 1979; Machotka et al, 1967). The reasons which have often been advanced are: that the mothers are themselves “secondary victims” who are married to over-controlling, emotionally cold and physically abusive husbands who make them act like immature beings with dependency needs that exceed the adult norm (McIntyre, 1981;

Meiselman (1978) and that mothers are drawn into a double-bind, to be on both sides for the parties in conflict, the father and the daughter

To the best of my knowledge, there is little or no literature at all on what drives the mothers to react the way they do, and how they perceive the whole situation. Availability of such literature would contribute to suggesting appropriate models of intervention which would empower mothers by equipping them to take a more protective role expected of them towards their children.

The present study focussed on the following questions:

- How is incest perceived and dealt with in the African culture?
- How do African mothers handle incest?
- To what extent are Western models of incest adequate for understanding incest in the African culture?
- To what extent are Western intervention strategies relevant for handling incest problems in the African culture?
- What are the specific needs of the mothers?
- How can we develop good intervention strategies in an African context?

3.2 RATIONALE FOR THE STUDY

The increase in the number of reported cases of all types of child abuse in the past few years in South Africa (HSRC Report, 1998) has been interpreted, not as being indicative of an increase in the occurrence of abuse, but rather a sign of growing public awareness and the result of the publicity surrounding the prosecution of cases of child abuse (Russell, 1983).

On discovering cases of sexually transmitted diseases diagnosed in their children as young as 5 years old after they had been brought for minor incessant complaints of anxiety, headaches, bleeding, or discharge, unsuspecting mothers whom I worked with showed great shock. They were even devastated on discovering that the children had been abused by their mothers' partners.

This kind of discovery often turns out to be a very difficult experience for the mother, the daughter, and even the doctor or the therapist. It is, thus, important to find the most culturally accepted way to deal with such a problem. The way forward after such a disclosure can either be to help the family cope with the problem or to mark the end of proper family functioning.

Brier (in Friedrich, 1990) completed a series of studies with adults, which indicated that sensitivity should be exercised in working with abused families. He pointed out that it might be important to focus on some aspects which were not specific to sexual abuse than the abuse itself.

From an African perspective, the woman is the builder of the family, and she is the person expected to protect the family members (Boon, 1998). When an act of incest happens, the mother is usually seen as having failed to protect her daughter. The mother is usually quickly blamed in this situation. However, feminist theorists sharply object to this and underline that the perpetrator is always at fault. The victim advocate stance sees the blaming of the mother, in the same way as the feminists' theorists, as a further victimisation of the mother. The family theorists view abuse as the interaction between pathology of the perpetrator and a system that does not question, but rather tolerates the behaviour. There is, thus, a need to bridge the gap between the family theorists, the victim therapists and the theorists of offender deviancy.

The mother in the incestuous family seems to occupy a central position. The present research aims at focussing on the mother, how she perceives her role in the whole event, and what emerges in her perceived obligation to make her family remain intact.

The mother may actually be seen as a "secondary victim" of incest. The dilemma in which mothers often find themselves, is that even daughters who are victims of incest almost always blame their own mothers for not being protective enough. This negative perception of the mother by the daughter is often confirmed in the literature (e.g. Herman, 1981; Wyatt & Powell 1988) which reports poor relationships between mothers and daughters. The mothers' alleged inability to support their daughters to prevent incest has been found to be caused by various factors such as: the inability to satisfy the husband sexually; frequent absences from home due

to long illnesses or for other reasons; attempts to “mother the spouse”; apparent weakness in character and submissiveness (Matchotka et al, 1967).

An important part of the motivation for this study is to try and understand the black South African woman’s perspective as a person living in a culture that values patriarchy. The families referred for psychotherapy at the clinic where I work, often seem to have problems working on the issue of incest. It is, therefore, important to look at the ways in which black families can be helped to deal with such an issue.

The rationale for this study is to try to develop an understanding and to establish a model for intervention that can be used to work with families that have experienced incest. Such a model may be used to influence intervention policies.

The present study aims at looking deeper into the perceptions of the mothers. Studies demonstrating the power of perceptions on one’s beliefs and subsequent action are of importance. Theorists such as Beck, have indicated that a person’s behaviour is guided by his/her beliefs; if the perception is distorted, so will be the behaviour. Destructive changes in a person’s perceptions can lead to maladjusted behaviour. However these can be corrected through therapeutic interventions aimed at creating changes in perceptions. Such changes can only be possible if they are conscious. It is thus important to understand individual perceptions for the purpose of planning intervention to change “maladjusted types” of behaviour.

In the case of incestuous families, an understanding was sought of what the mothers really experience, how they react and how their reaction in such a situation is maintained. An understanding of the mother's perspective can be useful for the development of a model for intervention and can influence policy making for dealing with one element of what is a serious problem in South Africa today, sexual abuse of children. In this study, focus on the mothers is done because very little work has been done before on the mothers, especially on African mothers. The pressure of patriarchy seems to be phenomenal in African families. Entering such contexts through the most "vulnerable secondary victim" could be a useful approach to helping the whole family and the community at large towards a constructive policy structuring.

CHAPTER 4

THE CONCEPT OF INCEST

4.1 THE INCEST TABOO

The term taboo is frequently used in common parlance. Nearly everyone is familiar with the word and it is spontaneously referred to as “secret” or a “forbidden act”. In most societies, taboos comprise a set of rules which have to be obeyed by threat of punishment. Such rules are usually regulated by common law and a taboo has an intrinsic power of punishment in itself (Kropiunigg, 1999).

Taboos actively arrange society and families around special interests and do not always come from reason or common sense but from authoritarian motives. The purpose of taboo is to shut down access to certain material — be it social, biographical or from any other realm. Taboo is a social force. Its function is manifold. It can create security, immunise an authority, preserve special interests and powers or prolong a status quo.

In some cases a taboo serves a purpose of protecting those who may be hurt by any discussions around a tabooed subject. Repression is used to avoid communication around tabooed subject. Taboo is collective and creates a system of followers who benefit from it.

The history of taboo is not unfamiliar in psychoanalysis. Freud (in Kropiunigg, 1999), on treating Emmy Von N, by means of hypnosis, eliminated all memories of the death of her husband. Years later, when Emmy complained of vague feeling of loss of an important memory, Freud helped her to remember but then, he kept the source of his knowledge a secret, which means, access into the patient's memory was made a taboo.

Incest is one of the most universally held taboos. The universality of incest taboo is said to be a result of biological, psychological and social factors. According to the biological theory, incest taboo is about the prevention of inbreeding which helps avoid disabled offsprings and, thus, enhances survival rates. The psychological theory, on the other hand, explains taboo as a method to prevent inter-family conflicts, whereas, the social theory holds that taboo exists to regulate the bonds between the family and the communities.

Incest barrier is the most prominent taboo. If something is referred to as taboo, it is something that is protected from being touched, mentioned or spoken about. Breaking such a rule, one becomes taboo oneself.

Much as the societies agree on the universality of incest taboo, continued subtle ways are employed by different cultures to condone incest. Different reasons have been given to condone incest in the different cultures. One example is the legal condonation of incest taboo by the Egyptians in the royal families. The continued encouragement of cousin-intermarriages in some

African cultures is also noteworthy as is evidenced by the African saying, “my uncle’s child marry me to ensure that the cattle for dowry return to the kraal of origin.” Some families use incest to safeguard childless marriages. In other cases, incest is condoned by the father to prepare the daughter for adulthood (Mashego, 1999).

The examples of condonation of incest are also found in ancient civilisations. In the Scriptures, it is stated that Lot’s daughters said: “...our father is old and there is not a man in the country to come to us in the usual way. Come now let us make our father drink wine, lie with him and in this way keep the family alive through our father” (Genesis 19). Examples of such condonations are endless.

Condonation of incest for any reason makes intervention impossible because in some cases the mothers are wrongly labelled as “colluding,” even if turning a blind eye to incest condoned socially was what may have been expected of them.

4.2 DEFINING INCEST

Incest is defined in South African law as the “unlawful and intentional sexual intercourse between male and female persons who are prohibited from marrying each other because they are related

within the prohibited degree of consanguinity, affinity or adoptive relationship” (Cronje, in Russell, 1986) :

- In a direct line, consanguinity refers to blood relatives with a common ancestor and having a direct line of descendants or ascendants as in parents and children, grandparents and grandchildren
- In a collateral line, the relationship centers around the same ancestor, but one of the relative involved in such act, is only one generation away from the common ancestor, such as siblings, uncles and nieces, aunts and nephews;
- In affinity the relations will be such that the act is between the man and his ex-wife’s blood relatives, including ex-mother in-law, a woman and her ex-husband’s blood relatives including the former grandparents in law and stepparents with stepchildren;
- Adopted line relatives include parents and their adopted children

The definition above excludes prohibition of sexual relations between step-sisters and step-brothers as well as step-uncles, step-nieces, step-nephews and step-grandparents. The definition is limited to sexual intercourse and excludes all other forms of sexual contact which are deemed important in most research studies. The following definitions include aspects excluded by the legal definition given above.

Russell (1986) defines incest as “any form of exploitative sexual contact or attempted sexual contact that occurs between relatives, no matter how distant the relationship” (p. 59).

Levett & Macleod (1991) point out that incest is regarded by most researchers as an occurrence in which coercion, lack of consent by the child and the perpetrators relative powerfulness as a male and as an adult are taken into consideration.

Mrazek & Mrazek (1981) identified six factors that distinguish definitions by different writers. The factors include: the extent of sexual contact (which can range from exhibitionism to rape); the developmental maturity of the child with varying cut-off ages; the degree of relatedness of the victim to the perpetrator; the affective nature of the relationship which can vary from violence to mutual understanding; the age difference between the victim and the perpetrator; and the duration of the relationship.

According to Rist (1979, p. 689), incest is: “sexual intercourse between persons closely related that they are forbidden to marry by law.” The author has been criticised for limiting incest to sexual intercourse only and for excluding other activities like genital exposure and rape as well as in the generalisation of marital laws across cultures.

Another definition of incest holds that incest is: “... any form of physical contact between a father and a daughter that has to be kept secret” (Herman & Hirschman, 1981, p. 967). The definition focusses on father-daughter incest only and excludes all other forms of intra-familial incest.

Van der May & Neff (1982, p. 718) define incest as “all forms of sexual contact, sexual exploitation and sexual overtures initiated by an adult who is related to a child by family ties, or through surrogate ties.” The authors only refer to stepfather-daughter or uncle-niece incest and exclude sibling incest.

According to Sandler & Sepel (1990), the following definitions by Sgroi and McIntyre seem to combine all exclusions from other definitions and are considered more inclusive and culture fair.

Indeed, Sgroi and McIntyre (in Sandler & Sepel 1990) define incest as

any sexual encounter between a child and an older family member (parent, step-parent, or sibling) or extended family member (uncle or grandparent) or surrogate parent figure (common law spouse or foster parent), which exploits the child’s vulnerability.

This definition encompasses most factors noted by (Mrazek, *et al.*, 1981) above in that it specifies all kinds of relationships between the victim and the perpetrator and that the victim is younger and the exploitative nature of the encounter which includes any form of sexual encounter. What seems to be missing in this definition, in relation to the factors above, is the duration of the relationship and the maturity of the child.

It is noted in this study that all children who still reside in the home and are dependent on the father will be legible participants. Since the present study is about the mothers’ perception of incest, relationship issues pertaining to the couple are implied and this will delimit the project to

father- or stepfather-daughter incest. The operational definition will thus be: “Any sexual encounter between a child and its father or step-father which exploits the child’s vulnerability.”

The following discussion covers the prevalence of incest according to the definitions by different authors.

4.3 PREVALENCE RATES OF INCESTUOUS ABUSE

As noted earlier in this chapter, definitions of incest differ from author to author. This has a significant effect on the incidence numbers in that the definitions will include or exclude certain individuals as victims of incest. Authors such as Finkelhor, Russell, Levett and Collings have been the forerunners in the prevalence studies of sexual abuse in the United States and in South Africa. The overall prevalence in Russell’s study in the USA is 16.0% and that of Collings in S.A is 13.0%. The prevalence rates for father-daughter incest are 4.5% in Russell’s study and 3.5% in Collings’ study (Russell, 1995).

The present study was conducted among Africans in South Africa. There is very little research done in this population in South Africa. The study by Collings and Levett were based on the white populations. The highest record of the SAPS on incest prevalence between 1993 and 1996 in South Africa is 221 (the sequence being 146, 156, 221, and 125) (SAPS : HSRC Report

1997). The highest record for the prevalence of incest in the Northern province (where the participants in the present study reside or originate, is about 37 for the period 1996 to 1998. The sequence of occurrence from 1996 was 37, 17, 15.(HSRC; SAPS Report).

In a study by Madu, Peltzer and Mashego (1998) on the prevalence of incest among black high school students in the Northern Province, the prevalence rate was found to be 15.2%, i.e. two percent more than the prevalence rate found by Collings in the white population in South Africa and almost equal to that in Russell's study (16%).

There seems to be general similarity in prevalence rates for incest both in South Africa and the USA. The figures may not be a correct reflection of the incidences of incest in that these numbers only represent reported cases. There is a possibility that incest is occurring much more than what the reported numbers indicate, especially as only reported cases come to the be noticed because of one reason or the other. The common reasons for such reports range from impending divorce in the family, escalation of parental conflicts, pregnancy of the child and child removal complications. Such reports will exclude "uneventful" cases of incest. Key (1993, cited by Pitman 1993) found that of the 15 333 cases of child abuse reported to the police, 7 706 were sexual abuse cases. The National Council of Child and Family Welfare reported 7 012 cases of child abuse and neglect of which 9% were sexual abuse cases. According to Key (1993), these large figures do not represent the real incidence, which could be about ten times the reported figures.

Long term studies suggest that the apparent increase of child abuse is instead an increase in the reporting to the authorities because prior to the exposure of sexual abuse on television and in other media recently, incest was seldom reported. On the other hand, the small number of cases of incest prior to their publicising in the media may also be attributed to cultural factors in the sense that certain forms of incestuous relationships were not considered as reprehensible' in certain cultures. Hence, for example, in some communities inter-cousin marriages were very common, especially in the royal families where they were encouraged to preserve royalty.

4.4 FORMS OF INCEST

The following forms of incest between an adult and a child have been described in the literature: father-daughter, mother-son, father-son, mother-daughter, uncle/niece, grandfather-grand daughter

4.4.1 Father-Daughter Incest

This form of incest was in the past thought to be less prevalent. The picture has changed with prevalent rates of 1% reported in the USA. The number seems small, but what it means, is that, approximately three quarters of a million adult women have been exposed to this form of sexual abuse. One percent may seem a small prevalence rate (Finkelhor, 1986). Yet it is no less painful

to the victims, given the trauma caused by such abuse, as has been well documented in numerous studies. It is acknowledged that the victim develops problems of intense betrayal of the love of a very close person and this ill-feeling leads to the development of mistrust of people in the victim's entire life span.

There are reports of association of such abuse with family dysfunction and disruption. In a study conducted with 155 participants, 29% incest victims reported experiences of family disruption where parents showed less happy marriages (Finkelhor, 1979a). Family violence too has been reported to be common in families where such incest occurs.

It is also worth noting that stepfather-stepdaughter incest, which also falls in this category, is the most common form of father-daughter incest. Three explanations are possible. Firstly, that the true blood relationship criteria for defining incest could be making the abuse sound less severe. Secondly, that the stepfathers did not really partake in the upbringing of the girl might make the stepfathers lack the deterrent in natural fathers to abuse their own children. Thirdly, that there could also be more disorganisation in the family because the children have lost one parent in those cases, and if disorganisation and incest co-exist, then there will be more reason to have more abuse in the step father situation than otherwise (Finkelhor, 1979a; Russell, 1983).

For the purposes of this study, father-daughter incest will refer to both types since the focus is on the mother as a partner to the incestuous man. The effect of incest on the family will affect the mothers as partners of the incestuous men.

4.4.2 Mother-Son Incest

Mother-son incest is considered the rarest because very little research has been done in the area. Thornman (1983) noted that it could be difficult to decide if certain contacts which the mother has with the son is incestuous because mothers have numerous contacts with their young sons. These range from bathing together, taking the boy to bed with her and sometimes touching him in a way that might stimulate him sexually. All this may happen innocently.

It is, however, also noted that some direct sexual contact does occur with grown-up sons. Such contact is usually left at the level of intense flirting with no actual penetration. This leads to low incidence reports even though some sexual contact does occur.

Mrazek, et al (1981) noted that 95% of mother -son incest cases occur as a result of father absence for long periods. The mother may also be having problems of alcoholism and character problems.

Report of incest by sons has been found to be very low because of the cultural expectations to be masculine and not express feelings of vulnerability and helplessness (Nasjleti, 1980).

4.4.3 Father- Son Incest

This form of incest is not frequently reported since little research has been conducted on it. The fathers involved in such acts are reported to show a latent inclination for overt homosexuality; either because of alcoholism or after exposure to homosexual abuse by the uncles, fathers or cousins during their formative years. Mrazek (1981) reports that such men physically and sexually abuse their sons but unlike in father-daughter incest, the wife is not frigid and absent, there is also no role reversal problems between the father and the son.

It is concluded that sons who are abused in this way, display psychotic behaviours frequently with intense fear of being homosexual. Such children develop suicidal ideation too (Renvoize, 1982).

Rogers & Terry (1984) reported that boys do suffer emotional trauma just like girls. In addition, they develop problems of confusion over sexual identity, inappropriate attempts to reassert masculinity and recapitulation of their victimisation, by gaining mastery of the situation in over-identifying with the offender of their past victimisation. Finkelhor (1979b) also reported that

boys victimised by an older person whilst still under the age of thirteen are four times likely to become homosexually active than otherwise. This form of abuse should, in the light of real concerns such as these, be taken seriously too.

4.4.4 Mother-Daughter Incest

Mrazek (1981) reports that mother-daughter incest is a very rare occurrence, which happens as a result of serious disturbances. And when it happens, the daughter becomes more traumatised than she would be with father-daughter incest. Reports of such acts occurred in a few case studies, some of which were about the mother using the daughter to avoid sleeping with her husband and ending up initiating sexual activities. In other cases, the mother reportedly resorted to incestuous relations with the daughters after seducing them because the father was sexually abusive of the mother.

4.4.5 Uncle-Niece Incest

Uncle-niece incest is a quite commonly reported form of incest. It is, however, also not found by most women to be that disturbing for them to seek therapy (Kinsey, Pomeroy, Martin & Gebhard, 1953). It has, however, been reported in a study by Tsai & Wagner (1978) that nearly

7% of their 118 sample of molested women were cases of uncle-niece incest. Renvoize (1982) reported 11% of 50 women in his study to be incest victims of uncles and grandfathers. Meiselman (1978), in his sample of 58 female patients, found that five of them were victims of uncle-niece incest.

4.4.6 Grandfather-Granddaughter Incest

The type of relationship that usually develops between grandfathers and grand-children makes it possible for reports of incest between them to remain unreported for a very long time. Children play with their grandfathers very easily, and this can range from playing with toys to playing on the old man's lap. Children play roles of guides to a blind grandfather, or an active care-taker for simple needs for the grandfather.

All these roles can easily obscure the grandfather's sexual moves towards the child. The feeling of helplessness deriving from loneliness, for example can, in some cases, be transferred to sexual helplessness of unsuspecting young grandchildren. Some grannys use that position to make the grand daughters feel obliged to help grand dad with his ailing part of the body. Grand-daughters very easily respond to grandfathers' moves without realising what is happening until later when they realise that the act is inappropriate. There remains a problem in the reporting by the victim because more often than not she is dismissed as a liar (Thornman, 1983).

CHAPTER 5

PERSPECTIVES ON INCESTUOUS FAMILIES

Incest, by definition, occurs within a family. To understand its impact necessitates an assessment of individuals in the family as well as the family characteristics. The following is a theoretical exposition of incestuous families, followed by a survey of the literature on its impact on family members and the theoretical exposition of the impact.

5.1 CHARACTERISTICS OF INCESTUOUS FAMILIES

According to Faller (1988), incestuous families have common characteristics that range from inadequate mothers, parental children, role reversal situations, seductive children, maternal collusion, to sexual dysfunction.

From a systemic point of view in family therapy, the incestuous families have typical enmeshment problems. It is noted further that these families are very close, generally isolated and have rigid and inflexible interactional patterns.

Glaser & Froth (1993) have also noted that incestuous families are conventional and adhere to patriarchal structures. It is believed that fathers are very patriarchal with traditional sex roles and mothers are in most cases working away from home. In this type of families the men are unquestioned on their superiority and the women have to agree to the status quo, with no recognised rights. Wife beating is reported to be very high in this type of family.

A patriarchal culture is, in feminist views, one that “sets the stage for incest to occur” (McIntyre, 1981). The belief by some men that they have certain unlimited rights over their wives, including that of having any form of sexual contacts with their daughters encourages incest. It has been found that those males who operate in a culture which reinforces a belief that they have power over women, tend to view their victims as objects of sexual gratification as has been reported in a study by Gilgun and Connor (1989) who investigated the views of fourteen male perpetrators. Herman (1981) found this patriarchal domination pervasive among 97% male perpetrators in a sample of (n=40). Faller (1988) found the same belief in nearly as many (94.1%) male perpetrators in his sample of (n=187). The higher percentages of male perpetrators as compared to lower female percentages could be due to the patriarchal cultural tendencies.

An abundant literature suggests that incestuous families are characterised by the absence of or unavailability of mothers for long periods of absence which exposes the daughters to a threat from powerful men who appear to be the only source for the fulfilment of affective needs. The needs for affection and nurturance have been found to be a factor in the occurrence of incest. In what

was wrongly thought to be daughter seduction as explained by seductive theories, daughters alleged initiation of incest has been attributed to maternal absence. Maya Angelou, in her description of her involvement in incest with her mother's boyfriend, asserts that it happened as a result of what she calls a longing for affection and physical contact, which she felt when the boyfriend held her on the lap and could even hear his heart "beating for her". Maya described her mother as "a goddess worshipped from a distance" (Maya Angelou, in Herman 1981).

The wife in an incestuous family is alleged to be sexually rejecting, an attitude which makes the father turn to the daughter for sexual gratification. The psychiatric literature generally portrays the mother in an incestuous family as "frigid, hostile and unloving". It also suggests that these mothers are "unattractive", "cold, rejecting and causing their men to seek sexual gratification elsewhere" (Comier, Kenney & Sangowicz, 1962; Walters, 1975).

It is noteworthy that findings from Comier *et al.*'s (1962) work with mothers in incestuous families are in contradiction to the notion of frigidity of the mothers. It clearly emerged from that most of the offenders interviewed deliberately had sex with their own children or stepchildren when they could easily have had sex with their wives. This is sufficient evidence that men may commit incest irrespective of their partners' availability or fidelity, not necessarily through the latter's fault.

5.1.1 Family Dysfunction

Early attempts to explain child abuse, by identifying the psychiatric symptoms responsible for such inhumane handling of one's offspring, were predominant. With the emergence of several diagnostic indicators of abusive parents, viz. chronic multisituational aggressive behavior, isolation from or lack of family and friends, rigid domineering interpersonal style, impulsivity and problems rooted in marital difficulties, it became necessary to extend the area for full assessment of the situation, to include families and their dysfunction.

In his study of the 72 cases of abuse reported to the German courts, Maisch (1972) found that 88% of the couples had disturbed or disorganised marriages. As a result of the disorganisation of the family, children became deprived of quality parenting, which is a factor in abusive relationships. (Bauer & Twentyman, Burgers & Conger in Wolfe & Wekerle, 1993) actually found that abusive parents can be distinguished from non-abusive parents by their methods of childrearing which is characterised by being more power assertive, less positive with relative lack of sensitivity to the child. This supports the view that child abuse could occur as a result of the interaction between the abilities of the caregiver and the demands of the situation (Wolfe, *et al*, 1993).

In a study conducted by Mrazek, Lynch & Bentovim (1981) among professionals who deal with reported sexual abuse, it was found that of the 122 cases, 56% of the families they had seen had

some form of family disturbance that included mental illness of the parents, unemployment, alcoholism, poor marital relationships, criminality, physical abuse of the index child, and sexual abuse of the index child and that of the other siblings. The commonest type was poor marital relationship (34%) followed by emotional problems of the child involved (25%).

Alcohol abuse, another cause of family dysfunction, was found to occur simultaneously with incestuous behaviour in a number of families. Virkkunen (1979) noted in 45 case reports of incest that 48.7% were alcoholics of whom 77% were under the influence of alcohol, at least at the beginning of incest relationship. Alcohol was, in these cases, reported to trigger abuse as an inhibitor removal.

Not every family dysfunction is viewed to cause abuse or vice versa. A contrasting view by Bentovim (1988) is that child sexual abuse can be hypothesised to serve a function of keeping the family together which would otherwise collapse. An example given is that of a situation where a teenage daughter is abused because the father needed emotional and sexual gratification when he and his wife had strained communication. It is believed that the wife's tacit condonation is in order to not sacrifice the unity of the family.

A "family systems approach" has also been criticised to be focussing only on the family as a closed system cut off from the wider society, which may not be the case. The family is also influenced by the outer society (Masson & O'Byrne, 1990).

5.1.2 Mother-daughter Relationships

Poor post-incest mother daughter relationships have been reported in numerous studies (Glaser & Froth, 1993; Herman, 1981; Finkelhor, 1986; Laing & Kamsler, 1990). It is generally assumed that the mothers of abused daughters are unable to defend their daughters because they are sometimes too dependent on the husbands to risk the confrontation (Herman, 1981).

At disclosure, numerous cases of incest show that husbands use different ways of coercing daughters into concealing incestuous acts. Some of the methods include the manipulation of the daughter to feel guilty that she would make the mother break-down should she disclose. The fathers, in this way, shift the responsibility for abusing the child to the child herself, with the consequences of breeding the feeling of guilt in the child. The child is, thus, forced to assume the role of the parent and becomes the “parentified child” (role reversal). In most cases, the daughter in an incestuous family finds the whole scenario very difficult and may feel some resentment against the mother if she perceives the latter as being unprotective. Such a perception is most likely in cases in which the daughter thinks the mother has always known about the abuse and did nothing to intervene (Herman, 1981).

The perpetrator in this way sours the relationship between the mother and daughter. In this respect, Laing & Kamsler (in Lovett, 1995 p. 730) write:

Because of the secrecy around the lies he tells, both the mother and child will be unaware of the extent of the offender’s contributions to their own

experiences and reactions and to difficulties in their relationship. While the offender's role is largely invisible, the mother and child will often be experiencing damaging guilt and blame in their interactions with one another.

Such souring of relationship between mother and daughter has been found to breed bitterness in the daughter, the basis of this reaction being that the mother is unprotective and that she has always known about the abuse. Maisch (1973) reports in his study that 61% of the mothers had distant or hostile relationships which preceded the onset of overt incest.

In a study conducted by Tsai & Wagner (1978) with 50 women who were molested as children, thirty one of whom were molested by the fathers and stepfathers felt resentment towards the fathers to be equal to, if not more than, that which they felt towards their mothers. The daughters did not bother to differentiate between those mothers who could have known or not; they just felt that the mothers sacrificed them to keep the families intact.

An incest victim, Barbara Myers, who runs a programme for helping victims, in expressing her bitterness towards her own mother, reported that she persistently ran away from the foster home because she did not want to destroy those families with her "own pain". She preferred to take responsibility being for being regarded as not wanting the family than the possibility of them rejecting her.

Poor post-incest mother-daughter relationships are not only caused by factors outside the mother. Mothers also have internal problems which they carry from their childhood. There may exist ambivalent feelings of love and hate between mothers and daughters. Mothers carry the baggage from their own childhood, between themselves and their own mothers. In Kleins' (1937) maternal ambivalence theory of reparation, it is noted that the mother should, as a form of dealing with those feelings she had towards her own mother, indulge in some self-reparation which involved dealing with ambivalent feelings of love and hatred towards her own daughter. She should demonstrate her managing skills by accepting and recognising that both feelings exist in her and that she has to deal with this ambivalence by using that insight to avoid further maladjustment of herself and the daughter. It is thus, from this theory, that mother-daughter poor relationships are not seen to emanate from external factors only and that the mother has to be an active participant in making the relations work. In this case, mothers may work on their conflicting feelings towards the daughter with the insight of wanting to move away from "my bad daughter" to "how can I assist her".

The views expressed above, show just how intense mother-daughter relations can be affected by incest. Giaretto's (in Wyatt & Powell, 1988) suggested model consisting of starting with the mother-daughter dyad in treating the family of incest is proof of the awareness of the importance of this relationship in trying to help anyone in the incest family. The significance of the mother's role in working with the family is also noted by Print & Dey (1992) who believe that it is the only way to go if help is sought for the child.

5.2 EMOTIONAL REACTIONS EXPERIENCED IN INCEST AND WAYS OF COPING

It is useful, at this stage, to consider briefly the emotional reactions experienced by victims of father-daughter incest and the different means which have been used (or can be used) to cope with this traumatic act. In this section, the following will be discussed: grief reaction to incest (5.2.1) by the victim — the daughter or step-daughter — ways of coping with stress (5.2.2), and emotional reactions of the incestuously abused daughter (5.2.3) in the light of, among others, Finkelhor's Traumagenic Dynamic of Sexual Abuse Model.

5.2.1 Grief Reaction in Incest

In his treatment plan for childhood incestuous abuse, Courtois (1988) noted that it was necessary to recognise the victim's grief. As noted by Dwyder & Miller (1996), mothers in incestuous relationships respond to disclosure of incest in various ways, which may better be understood from the point of view of experience of loss and grief. The nature of loss incurred by these women, as noted in their "stories", ranged from loss of family unit, marriage, self-esteem, identity, and the expected future (Dwyder *et. al.*, 1996). The daughters, too, were reported to have expressed self blame and despair, loss of the family and community, loss of the father, self-esteem, identity and loss of a normal future.

Print & Dey (1992) point out that the impact of incest on the mother is comparable to experience of bereavement. The authors argue that such is the case because the mother has suffered the loss of a child and that of a partner. Besides, there is an impending possibility of the loss of a home and family. The loss is also possible in the areas of trusting and caring relationships. Mothers may thus experience a sequence of feelings starting with shock and numbness, followed by denial, anger, guilt, resentment, isolation, sorrow, self-pity, and finally acceptance (p.77)

The bereavement situation just described is similar to how Doka (1989) describes how to work with mothers in this situation. He has coined the term “disenfranchised grief” to the mother’s predicament. Disenfranchised grief was found to be very useful with AIDS patients (Rosen, 1989), the developmentally disabled (Lavin,1989), and adults with disturbed childhood (Zupanick, 1994). It has however not been used with incest patients.

According to Doka (1989) disenfranchised grief is :

... the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported. The concept recognises that societies have sets of norms — in effect “grieving rules” — that attempt to specify who , when, where, how, how long and for whom people should grieve.

It is from this position that Doka (1989) believes that grief can become “disenfranchised” if the relationship between the grieved and the griever is not recognised; this means that the betrayal inherent in the abuse is usually not considered a major reason for the breaking of a relationship

between the mother and husband and between the daughter and her father. The loss in this situation is not regarded as a major one by the society that actually believes the victims are better off without the perpetrator. Nor is the grieving person recognised which means; in other words, the victim's grief is simply overlooked.

As noted by Dwyder *et al.* (1996), mothers in incestuous relationships respond to disclosure of incest in various ways, which may better be understood from the point of view of experience of loss and grief.

5.2.1.1 Description of normal grief process

Grief and bereavement are normal processes that get resolved over time. If they are not resolved with prescribed normal time of six to twelve months, pathology may occur. Grief is reported to be complicated with intensified anger, guilt and powerlessness. It has also been observed that ambivalence and concurrent crises can lead to complicated grief. Incestuous families may suffer a range of powerful and very conflicting emotions of isolation, anger, self-blame, sadness, and fear. However, when such feelings occur, usually at disclosure, the families are not usually supported nor are they recognised as being in grief. Disenfranchised grief is reported to have complications of intensified anger, guilt and powerlessness. It is also noted that ambivalence and concurrent crises can lead to complicated grief.

Grief, which is a normal life process, produces profound physical, emotional and mental changes and may develop into pathological grief if it continues beyond six to twelve months. Incomplete grief can lead to complications characterised by psychosomatic reactions, permanent impairment of social interactions, agitated depression, activities detrimental to ones own social and economic existence. Therefore, a person must have a normal progression of grief which , according to Kubler-Ross (1997), goes through the following stages: denial and isolation, anger, bargaining, depression, acceptance, and hope.

Denial and isolation

This denial, with subsequent isolation of oneself, is a reaction one gets immediately after receiving bad news. It is essential in that it serves as a buffer after unexpected shocking news. In this way, a person can collect oneself and, over time, mobilize other radical defences. The ensuing reaction does not mean the person will never come to discuss the situation again; the person will, instead, develop some strength to be able to talk about the problem when he/she is ready to face it. According to Ross, denial is only a temporary defence and is usually replaced by partial acceptance, usually strengthened by re-frames.

Anger

Anger is the next stage in the process of grief. This stage occurs when the stage of denial cannot be maintained any longer. The person becomes filled with rage, anger, resentment and

even envy. This stage is a very difficult one, where the person displaces his/her anger to everything in the environment at random.

Bargaining

There is a tendency to think that if we can use some good behaviour, sad facts can be postponed, for example: mythical behaviour, such as: trying to re-establish the original situation through promises and prayer. The content of such bargaining should not be ignored in helping the victims.

Depression

The following two types of depressions may occur: reactive depression and preparatory depression. The former type of depression is about reacting to stimuli in the environment, for example loss of a job, which can be looked at differently. The second form of depression is that felt because of the impending reality of the situation. The person cannot be helped by being reassured and encouraged. Instead, he/she should be supported and helped to face the impending reality. Too much talk is not helpful in this preparatory depression. The depressed person can be helped with a touch of a hand, the stroking of hair, by sitting with him/her, or maybe with a short prayer. This is very important for one to strike peace with one's environment. It helps the patient work through his/her anguish and anxiety.

Acceptance

Acceptance is the last stage which occurs if the person is given the opportunity to work through his/her anger. The grieving person will, at this stage, be able to express her previous feelings, envy for the fortunate ones, and anger against those whom he/she holds responsible for his/her problems. At this stage, he/she accepts that all that needed to be done is done and it is time to move on.

Hope

This is a common feature in all the stages of development. It happens usually when progression has been made through the stages.

Incestuous families can suffer a range of powerful and very conflicting emotions which can lead to feelings of isolation, anger, self-blame, sadness and fear. The complication of these feelings when they occur, usually at disclosure, occurs if families are not supported and are not seen as being in grief. Because of "disenfranchisement", the loss incurred by these family members is not recognised and could make the resolution of their grief very difficult. This has a very important implication for intervention and information for those who deal with the families, either in therapy or in interviews for research. Methods used in dealing with such families should be sensitive to the needs of these families.

Mothers in incestuous families are also reported to be affected in a way that makes them collude in the situation (Finkelhor, 1984). It was, however, found that such a position is debatable on the following basis (amongst others):

- that such mothers are immobilised by the action of their trusted husbands and tend to deny the abuse (Myer, in Print & Dey, 1992)
- that mothers do in some cases report the abuse, which means they do not just ignore the abuse as some studies have suggested (Mrazek, Lynch & Bentovim, in Print *et al*, 1992).
- that mothers do not ignore the abuse; they are usually never directly told. This was reported by survivors of childhood abuse in a study conducted by Herman *et al* (1981).

The argument that mothers in incest families may also be affected to the point of colluding with the abuser has been fiercely attacked by the feminists who see abuse as a problem propagated by the husband and that the mother should not be blamed for it in any way. They believe that the position emanates from the structural problem of the society which puts men in a superior position over women (McIntyre, 1990).

5.2.2 Coping with Stress

The stress of incest is dealt with in different ways in different families. When confronted, people initially tend to be overwhelmed and helpless. Folkman & Lazarus' (1986) theoretical discussion

on psychological stress is that stress occurs when an individual appraises a situation as threatening (primary appraisal) and perceives his/her resources for coping as inadequate (secondary appraisal).

Coping at a general level has been variously defined as: “any efforts at stress management” (Cohen & Lazarus, 1979, p. 220); “things that people do to avoid being harmed by life strains” (Pearlin & Schooler, 1978); “overt and covert behaviors that one takes to reduce or eliminate psychological distress or stressful conditions” (Fleishman 1984). Coping has also been defined as “effort made to manage situations that have been appraised as being potentially harmful and stressful.” The key features of this definition by Folkman & Lazarus (1986) is that coping involves planning, will not always be positive and will occur as a process over time.

When considered as a process, coping is characterised by dynamics and changes that are a function of continuous appraisals and reappraisals of the shifting person-environment relationship (Folkman & Lazarus, 1986). Shifts may result from coping efforts that are directed outwards towards changing the environment and inwards towards changing the meaning of the event.

Most approaches distinguish between coping strategies that are active in nature and those that entail an effort to reduce tension by avoiding dealing with the problem (Moos & Billing, 1982). The choice of coping strategies has been associated with the degree of pathology in depressed

patients, active coping being associated with less severe dysfunction, and avoidance coping, with more serious depression.

Within ego psychology, coping is defined as realistic and flexible thoughts and acts that solve problems, and thus reduces stress. This is equated with mastery, i.e coping with the demands of an environment, in other words, the fact that one has mastered the demands. For a person who does not cope, it means that the person's efforts are inadequate.

In a sample of parents of terminally ill patients, Wolff, Friedman, Hofer & Mason (1964) used parents' degree of defendedness to predict their stress hormone level. Defendedness was assessed by evidence of lack of distress and it was found that stress hormone level correlated with well-defendedness.

Other forms of coping include humor, but has to be well timed. Denial was found to be at the bottom of the hierarchy for adaptive purposes but has shown to be adaptive under certain circumstances, such as in situations that immediately follow trauma.

Lazarus & Folkman (1984) proposed a typology of coping processes that distinguishes between problem-focused strategies (efforts to modify the source of stress) and emotion-focused strategies (attempts to regulate the emotional distress caused by stressors)

Billings & Moos (1981) suggested a typology that consists of active-behavioural strategies (overt behavioural attempts to deal directly with the problem), active-cognitive strategies (efforts to manage the appraisal of the stressfulness of the event), and avoidance strategies (attempts to avoid confronting the problem or to indirectly reduce tension by behaviours such as over-eating or chain-smoking).

Shiffman (1985) found that ex-smokers who failed to use coping strategies when they were tempted to resume smoking were more than four times as prone to relapse into smoking as those who used either cognitive or behavioural coping responses. In health studies, on the consequences of coping strategies, avoidance coping has shown positive association with psychological distress (Billings *et. al.*, 1981)

The proportion of problem-focused coping relative to total coping efforts has been found to be associated with reduced depression (Mitchell, Cronkite & Moos, 1983). Coping strategies involving negotiation and optimistic comparisons have been linked to reductions in concurrent stress as well as to a lessening of future role problems even when initial stress is controlled.

Social resources are associated with mental and physical health because without both one cannot obtain support and information which are necessary for one's well-being. Women who lack family support are more prone to engaging in avoidance coping (Cronkite & Moos, 1984). In turn the use of avoidance coping is linked to more family conflicts (Moos & Moos, 1984).

People in more supportive families engage in more problem-focused coping and less avoidance coping than individuals in less supportive families (Billings & Moos, 1982).

Availability of social resources would promote adaptive coping efforts and discourage avoidance strategies. Research has indicated that people with good social support systems are less depressed and anxious and are more optimistic about their lives than those with poor social support systems. Other studies show that people with good supportive systems are more successful at overcoming depression, adapting to injuries resulting from physical disability, maintaining self-esteem and overcoming loneliness. There is also evidence that people with good support systems suffer fewer health complaints and have reduced levels of physiological stress (Billings & Moos, 1985; Cohen & Hoberman, 1983).

Benefits of support systems have been reported to be aimed at satisfying need for nurturance, attachment, sense of self worth, trust, and life direction. The availability of support systems has also been reported to boost self confidence, to make one become a better copier by inspiring one to do one's best in dealing with life's challenges.

Holahan & Moos (1985, 1986) found that an easy-going disposition was positively associated with psychological health, which is speculated to be a personal resource that makes the use of avoidance coping less necessary. Psychologically healthy people rely more on active coping than avoidance coping.

Fleishman (1984) found that the type of stress significantly affects the choice of coping responses with the most permanent coping differences between challenging life events that are usually positive and negative events involving less threat.

Fleishmann (1984) differentiated between the use of active and avoidance coping. He found that active coping positively related to stressors in the marital and parental realms, whereas avoidance coping (selective ignoring) was related to stressors in the marital and work spheres.

5.2.2.1 Use of meaning in coping with stress

The process of giving meaning to traumatic events is the weaving of events into the life story or narrative in a way that gives a central role, a crossroads to new insights about living. Individuals who successfully accomplish this task tend to make a better adjustment to their circumstances.

Religion has commonly been used for meaning making in traumatic events, according to Tedeschi & Cahoun (1995). Benefits of religious beliefs are interpretive control, which is a form of secondary control that is exerted when a religious meaning is given to an event. Hence, if God is viewed as having produced the event for some purpose in life, it becomes much easier to accept the event (by using such interpretation). In vicarious secondary control, a form of control enhanced by religious belief and activity, especially prayer and of meaning making, God is

petitioned for help within a faith that meaning still exists, that God is a positive force, that one still means something to Him, who can thus control events through such petitions.

The meaning that religion offers in the face of chaos can also be applied to the traumatic events themselves. These events can be interpreted as being part of a universal plan, a prophecy, a divine punishment, a test or message, or they can have some other connection with the motives of God, especially if God is viewed as being benign.

In bad situations some people use God as an explanation. In/by using such interpretation (interpretive control), people may implicitly minimize dramatic and powerful effects by incorporating them into something much larger. Through this incorporation into the divine, the events have meaning that is no longer personal and impermanent, but universal and enduring.

Religion provides not only meaning, but the basis for coping with emotional distress, for solving problems and warding off alienation and providing support. It can provide higher order schemas that can serve to preserve meaning in life even when events themselves seem senseless and tragic.

This can be accomplished in a passive way by assuming that there must be some part of God's will being carried out, or that the events can be given spiritual significance in a more active way by increasing one's devotion or religious activity.

Religion offers that route which seems more enduring and a powerful way of providing meaning to what is disruptive and extraordinary. Religious rituals can provide an outlet for emotional expression and offer of support, and offer activity that can make a situation feel more controllable and predictable.

Two thirds of cancer patients were reported to have become more religious following diagnosis of cancer whilst one third less so as a result of thinking that God has betrayed them (Tedeschi *et al.*, 1995).

Numerous other strategies are used by people in trying to cope. Some are adaptive whilst others may tend to be maladaptive. Some of the maladaptive strategies include denial, which is regarded as avoidance and non-acceptance of the occurrence of an event. It should be noted, however, that denial can be useful if it happens only in the initial period of the trauma, to assist the traumatised to progress well through the process of dealing with the event. Other strategies, like self-blame, which seem maladaptive at face value, are said to be adaptive in that such a strategy provides some measure of control to the traumatised person who believes that change will occur in accordance with how she/he can change the behaviour that led to his blameworthiness.

5.2.3 Emotional Reactions of the Incestuous/Abused Daughters

Finkelhor's Traumagenic Dynamic of Sexual Abuse Model proposes four traumagenic dynamics to account for the impact of sexual abuse. These are: traumatic sexualisation, betrayal, stigmatization and powerlessness. Traumatic sexualization refers to the way abuse impacts on the child to have developmentally inappropriate and interpersonally dysfunctional ways of functioning (Finkelhor, 1986).

The psychological impact of this dynamic include: increased salience of sexual issues, confusion about sexual identity, sexual norms, and confusion of sex with love and care-getting. The behavioural manifestations are sexual preoccupations and compulsive sexual behaviours, prostitution, promiscuity, sexual dysfunctions and avoidance of sexual intimacy.

Betrayal refers to the dynamic which the victim discovers that someone on whom she depended has caused her or wishes to cause her harm. The feeling of betrayal extends to other people who may not have harmed the victim directly. Sometimes over-protective people, too, are viewed in the same way.

The impact on individuals is noted in their loss of trust in others and the violation of expectation that others will provide care and protection. The psychological impacts include: grief, depression, dependency, mistrust (especially of men), impaired ability to judge trustworthiness

of others. The behavioural manifestations include: clinging, vulnerability to subsequent abuse, marital problems, allowing own children to be abused.

Stigmatization refers to the negative messages about the self, such as: feelings of worthlessness, evilness, shamefulness and guilt. The victim might feel that she is viewed by others in that way. These messages are communicated in many different ways. The victim can also have such messages communicated to her by the abuser who might have blamed her for having seduced him.

The impact is that the victim feels stereotyped as “damaged goods”, the child is blamed for the abuse and pressured for secrecy. All this leads to guilt, shame, low self-esteem and a sense of being different from others. The behavioral manifestations are isolation and self mutilation, including suicide.

Powerlessness refers to the situations where the victims will, wishes and sense of efficacy are overruled and frustrated. This goes with threats and annihilation where the victim could have experienced violence and coercion.

The child feels that her body has been invaded against her will, and such vulnerability may continue for some time. The victim experiences anxiety, fear of identification with the aggressor, the need to control. The behavioural manifestations include: nightmares, phobias, somatic

complaints, depression, dissociation, truancy, employment problems, aggressive behaviour, and ultimately the urge to abuse.

The impact of incest on the daughter can be divided into two phases, viz.: the initial reactions following abuse including the effects around adolescence, and the long-term effects as an adult (Finkelhor, 1986).

Fearfulness

Browne & Finkelhor (1986) stress that the most initial response to incest is fear. Gomes-Schwartz *et al* (1990) found that 45% of the children they saw experienced fear within the first six months of the abuse. Browne & Finkelhor (1986) reported 83% in a study by De Francis. Beitchman, however, point out that similar degrees of fear and depression were found in general psychiatric populations. Consequently, the attribution of such emotions to sexual abuse alone which ignores their links with other stress inducing factors is highly questionable.

Trauma-related effects

The incestuous daughter may be suffering from symptoms of trauma which will vary according to individual circumstances. In a study with 60 incestuously abused adolescents, aged between 11 and 17, O'Brien (1987) found that eighty percent received a diagnosis of adjustment disorder, 15% were reported to suffer from post-traumatic stress disorder (PTSD) and 5% were severely depressed.

Low self-esteem

At adolescence, the victims see themselves as “damaged goods” and display a very low sense of self. Reality testing and self image are compromised. Loss of control over the environment becomes very prominent in the incestuous girl’s actions. She feels that she has lost control of her own body by leaving it prey to some sexual manipulations. A sense of helplessness and guilt are reported to be experienced by the adolescent as a result of lack of open support by the mother who also is trying to understand the situation in the family (Russell, 1995).

One of the long-term effects of incest has been found to be low self-esteem (Justice & Justice, 1979). Browne *et al.* (1986) reported in their study that although initially their patients did not show low self-esteem shortly after falling victim to incest, in the long run low self-esteem grew stronger.

It must be pointed out that the findings on self-esteem associated with incest are mixed. De Francis (1969) found in his study that 58% had experienced the feelings of inferiority as a result of incest, while in a their study with a pre-school sample of sexually abused children, Gomes-Schwartz *et al.* (1990) found a more positive self-concept among the victims. The difference in reactions according to the age of the victims seems to occur as a result of the social nature of the emotion since it has also been reported that guilt seems to affect older victims more than the younger ones (Conte, 1984).

Sexual behaviour

The area of sexuality is usually the most affected by incest. Possibilities of promiscuity, masturbation, sexual acting out, cannot be ruled out. Social functioning can also be affected; the adolescent may develop truancy, absconding, and delinquency (Herman, 1981; Meiselman, 1978). Silbert & Pines (1981) found that 96% of female prostitutes who had been sexually abused were runaways.

Depression & suicidality

Personality disturbances found among victims of incest range from depression, attempted suicide, traumatic anxiety, psychosomatic symptoms, self destructive behaviour, to perfectionism. Friedrich (1986) found, in a sample of sixty one sexually abused females, that 46% were experiencing a range of internalised emotions including depression in the two years of the abuse. Anderson (1981) found that 25% of female victims in his sample showed depression. Lindberg & Distad (1985) reported that one third of their sample of 27 clinical cases of incest had attempted suicide. Russell (1995) reported 20% of attempted suicide and 35% of reported depression in her study with twenty participants.

Sexual dysfunction and problems of relating to men were found to be long-term effects of sexual abuse (Thornman, 1982). Thought and perceptual problems with recurring visions similar to those that occur during the abuse are experienced almost like obsessions and continuous search for meaning to make sense of the experience of incest (Silver, 1983). The somatic complaints

reported by Russell (1995) were 25% of sleep disturbance, 15% of bulimia and 15% epilepsy, seizures and blackout. The frequencies could be underrated as Russell (1995) noted that the victims did not associate the physical symptoms with the abuse, and thus did not easily volunteer the information about their physical complaints.

Farley & Keaney (1994) found in their study of 28 adult women survivors that 79% suffered from headaches, 75% from joint pains 57% from throat, stomach and menstrual pains, whilst 46% complained of vaginal discharge or itching. It has been noted in a study by Kirkengen (1992) that incest survivors suffer from less obvious incest-related physical symptoms and, thus, undergo more unnecessary surgeries than women with no incest history, with the reason being that the doctors incorrectly assume that the pains presented by the patients have a physical origin and the error is only detected after surgeries.

It is clear from these experiences of victims of incest that the daughter needs help in dealing with the incest. In most cases the focus is on the mother and the perpetrator in dealing with the issues of opening a case against the father. The daughter is in most cases the forgotten, quiet sufferer.

5.3 FACTORS RELATING TO THE PERPETRATORS

Most literature on the factors that lead to incest is based on victims and mothers, and hardly on the perpetrators. Finkelhor (1988) argues that incest does not only occur because of factors

suggested by mother-blaming theories, but that the perpetrator on committing incest has to fulfill certain preconditions which, when they exist, leave him no option but to abuse.

One of the preconditions posited by Finkelhor is that for abuse to occur the perpetrator should have the motivation to abuse. In other words, there must be a motive, emotional, physical, or environmental, to prompt him to commit an incestuous act. Other preconditions are: the perpetrator must overcome internal and external inhibitions; and he must lose resistance to abuse the child. Likewise, the inability to retain internal and external inhibitions will lead the abuser to act as motivated.

It has been suggested that father's involvement in incest could be serving the fathers' fulfillment of hostile and aggressive desires as part of the power-and-dominance attitude experienced in sexual crimes where abuse is not motivated by sexual pleasure (Herman, 1981).

The perpetrators have been found to have worked on the child to force her to submit to incest. The use of incentives, such as presents and extra attention is reportedly a common and popular method of grooming children into incest. The use of this method shows that the perpetrators generally plan to molest their victims, and disproves the argument that they might merely have found themselves in it. It has been reported that the perpetrators lose their inhibition towards child molestation and this can also be the result of heavy drinking which usually removes inhibitors. Alcohol and incest have been found to be linked (Finkelhor, 1988).

Nurture-seeking incestuous fathers have also been reported in literature on incest to show unfulfilled dependent wishes and fear of abandonment. In the fathers fantasy life, the daughter becomes the source of all infantile longings for nurturance and care. It is believed that the father actually thinks of the daughter as the idealised and all-good, all-giving mother from whom, in his compulsive act, he seeks repeated reassurance that she will never refuse or frustrate him (Comier *et al.*, in Herman, 1981). These are issues of incest causation that centre around the father, although the causes are seen to emanate from others. For example, it is asserted, by proponents of the mother-blaming theories, that bad mothering experience compels a man to commit incest.

5.3.1 Emotional reactions of the father after abuse

Incestuous fathers, too, are reported to have concerns about the many consequences of incest. The first concern is about the criminal charge they might face should a charge be laid against them. Another concern is the difficulty of dealing with the loss. Research suggests that incest happens as a result of a search for intimacy. The disclosure will obviously bring an end to the attachment developed between himself and the daughter.

Some fathers were found to have experienced depression, anxiety, and a high level of guilt. The possible explanations could be any of the following: fear of loss of the bond with the daughter;

shame upon the disclosure to the wife of the incestuous act; fear of rejection; and fear of stigmatisation by the community. Some incestuous fathers become suicidal from the depression resulting from any of the above-mentioned consequences of incest (Justice *et. al.*, 1979).

Incestuous fathers easily use blame to get out of situations of guilt felt after the disclosure of incest. They may blame incest on their wives' frigidity. Alternatively, they may coerce the wives into siding with them with the hope that it will make life a little easier for them.

Incestuous fathers are generally believed to be powerful men, but some have been found to be quite weak and submissive to very dominant wives. This latter finding concurs with the argument that incestuous fathers who are presumably weak move to their daughters for warmth and nurturing which they cannot get from a rejecting and frigid wife.

Disclosure has led to the fathers feeling abandoned as a result of the loss of closeness to their daughter. It appears that these fathers, instead of grieving about the loss, coerce the wife into siding with them by convincing their wives of their innocence. In so doing, they may alienate their incestuous daughter.

Fathers sometimes move to the next daughter in an attempt to shorten their grief. Meiselman (1978) cautions that people should not think that disclosure brings an end to incest or that it prevents the incestuous father from committing incest with another daughter

5.4 SUMMARY AND CONCLUSIONS

The general view of the models so far reviewed is to blame the mother for incest. Some authors have, however, tried to defend this position which is embedded into traditional theories, such as: the psychodynamic theory and the systemic model. There is, nonetheless, a move in the opposite direction by new upcoming theories, such as feminist theories, which base their arguments on women's rights and protection. For feminists, mothers are wrongly held responsible for what they have not done, when the perpetrator is left without taking responsibility of his deeds. The African perspective, which will be discussed in the next chapter, also indicates some mother-blaming tendency. Only "movements theories" to eschew the mother-blaming view, and instead absolve mothers in incestuous families of blame. The role of these mothers in coping with incest and the consequences of being (often unjustly) blamed for the occurrence of incest in their families requires a great deal more research of which the present thesis is a modest part.

Some authors argue that mothers of sexually abused daughters, are the most significant people in the abused child's recovery (Print & Dey, 1992). They believe that if we think helping the child is of paramount importance, then support of the non-abusing parent is important, which should be done by helping her deal with her anger against the child. In this way, these authors argue, we shall not be denying the victimised child the right to her protection.

Another view that sees mothers as secondary victims argues that mothers in incestuous families suffer the same loss as in bereavement and should be helped like grieving clients (Print *et al* 1992).

5.5 WESTERN THEORETICAL CONCEPTUALISATION OF INCEST

5.5.1 The Psychoanalytic View

Freud addressed incest both in theory and therapy. However, he also contributed to the secrecy of the phenomenon because he did not encourage that disclosures of such acts should be believed. He argued that sexual abuse disclosure was the result of hysteria among neurotics and that the abused girls in reality only were enacting behavior of sexual fantasy. This belief led to intellectual attacks on Freud who was even regarded to have projected his fear of being sexually attracted to his own daughter on these girls whom he did not want to believe. There was, however, a change in Freud's focus of incest as hysterical behavior in neurotics according to a "Seduction theory" of explanation which was no less controversial.

According to Freud, children have sexual drives which they express through bodily modes from early periods in life starting from sucking and biting (oral stage), defecating and soiling (anal stage), masturbatory activities (genital or "phallic" stage) and the period during which the child

withdraws the sexual desires and develop his own social and cognitive skills (latency stage). This period ends with puberty, but the drives remain basically the same, although during latency the child expresses the desires more coherently and in adult-like fashion.

Incest is, according to this Psychoanalytic theory, the girl's enacting of sexual fantasies towards the father. Girls are in Freudian sense envious of the father who possesses a symbol of power, the penis. The daughter in Oedipus sense turns towards the father for recognition and tends not to be able to differentiate between the father's move in showing her some recognition and unwanted sexual moves. The daughter is alleged to be "seductive" in persuanance of such recognition by the father. The daughter, in Freudian sense, feels no attraction towards the mother and in that way moves away from her. Such a move away from the mother has been used to explain the souring of the relationships between the mother and the daughter after incest disclosure. Critics of this theory, however, contend that the distance between mother and daughter that normally occurs during incest cannot be caused by the daughter's competition with the mother, nor fear of losing the mother's affection because the daughter does not perceive that her mother has ever loved her (Steele, in Cohen, 1987).

Another perspective given by the Psychoanalytic theory is that incest could be an enactment of aggression from childhood abuse. The perpetrator is, according to this theory, taking the position of the aggressor in order to gain control of what seemed a difficult situation at

childhood. This is in line with the notion that the abusers are in most cases people who were themselves abused as children.

Cormier, Kennedy & Sancowicz (1962) view incestuous fathers as enacting an adolescent's role and at the same time exploiting his position as a father. Wooing the daughter into having a relationship with the father, is seen to be a way to be in rebellion against the wife through the daughter. The husband, at disclosure, will rationalise his behaviour around the wife's frigidity. Hirsch (1986) articulates a feminist psychoanalytic view, that the husbands who abuse the daughters believe that they have the right to abuse the children. He contends that abusive fathers are narcissistic and suffer from painful memory of having been emotionally abandoned by their mothers as children and then by their wives as adults. The daughters are then used to replace those females who made life difficult for the man.

The Psychodynamic Formulations of Incestuous Abuse

The psycho-dynamic formulations are based on the traits, historical events and underlying personality dynamics of the incestuous family members. The profiles of the members of such families, can be described as follows:

The father

The father is, in incestuous families, seen as rigid and moralistic, demanding obedience whilst exhibiting restricted psychopathy in connection with incestuous behaviour. Such fathers, however, exhibit well adjusted behaviour in the community (Wells, 1981). Fathers in most studies were found to be domineering and authoritarian community (Herman & Hirschman, 1977; Kaufmann, Maisch, 1973). Alcoholism has been reported to be a problem also exhibited too in such families but it was explained in most cases that alcohol was mainly used as a disinhibitor rather than a problem of alcoholism.

Finkelhor(1986), in reviewing research on child sexual abusers, found two main assumptions in the psychoanalytic writings: one was that the abusers abused because they had arrested psychosexual development and thus choose to relate at a child's level of emotions; the other was that the perpetrators usually had a low self-esteem and only felt that they gained control and dominance by abusing children. It was, however, noted that neither of the two explanations indicated why such abusers resorted to sexual abuse and not other forms of behaviour in dealing with their emotional difficulties (Corby, 1993).

The daughter

Not much attention has been given to the psychodynamics of children in incestuous families. In some studies, it was reported that often these girls had unusually charming and attractive personalities (Bender & Blau, 1937)

The oldest child has always been more at risk (Browning & Boatman, 1977) as have those with fewer friends (Finkelhor, 1986). Passivity and dependence were also found to be prevalent among the abused girls, although this trait was arguably said to form part of the passive compliance that accompanies authoritarian, patriarchal homes brought by the abusive fathers' traits and not seen as part of the girls' personality (Gebhard *et al.*, 1965)

In summary, it can be seen that the psychoanalytic view has a component of victim blame. In this theory, the daughter is blamed for being seductive towards the father. There is also a component of seeing the fathers as victims of bad mothers who get involved in incest to try and deal with the unresolved problem of what they may have experienced through "bad mothering". There is no blame of the perpetrator in this theoretical approach which is a position most criticised by feminist theorists. The personality traits are also seen as possibly contributing to incestuous behaviour in the home.

5.5.1.1 The role of the mother in incest from a psychodynamic model

The image of the role of the mother in incest for this model is that of the person most responsible for incest as it is believed that perpetrators of incest have a history of unavailable mothers who could not provide them with emotional and physical closeness (Brooks, 1982). The reason for the incest from this model is that these perpetrators long for intimacy which they never found as children.

According to this model, incest occurs as a result of displacement of aggression on the daughter for the man who experienced “bad mothering” as a child. It is bad mothering that propagates the tendency to displace the anger on the daughter. The husband who experienced bad-mothering transfers his sad experiences to the wife whom he sees as un-welcoming and frigid, with subsequent transfer of need for affection and expression of power on the daughter.

The basis of “bad mothering” is grounded in the theory of object relations (Klein, 1975; Guntrip, 1968; Kernberg, 1980) which refers to how past childhood experience is reflected unconsciously in adult patterns of behaviour. The model points out that we develop patterns of living and lifestyle according to early relations with the significant others, particularly with the mothers.

The child at each developmental stage, has key developmental tasks that he/she must accomplish. The object relation theorists hold that from birth to the age of two, referred to as “the oral period”, the child should acquire the ability to relate to others. The task requires that one should be able to attach and separate (Bowlby, 1969). It is at this stage that the infant should be able to strike a balance between separating and being attached. Should such a balance not occur, the infant’s inability to see both the separation and the attachment, to be part of the same mother, may tend to split the mother into bad and good for separating and connecting respectively. Failure by the mother to help the child experience the closeness which leads to dependence as against distance that lead to independence may result in the child growing up with emotional

problems into his/her adult life. Aggression has been associated with experiences of 'bad mothering' as described in the "separation-attachment" concept.

Bowlby (1951) developed his attachment theory from psychodynamic theory that any significant separation of the child from its mother during the first five years, can have deleterious effects on the child's emotional development which may subsequently result in the development of an affectionless personality and juvenile delinquency. This reasoning is derived from the fact that a psychologically healthy sense of self can only develop through consistent rewarding contact with the mother.

5.5.2 Systemic Conceptualisation of Incest

In systemic theory, incest is seen as a problem that emanates from generalised family distress. The most utilised theory is that of Minuchin that emphasises the structure of the family with the concepts of "boundaries" and "subsystems" and "functional roles".

The families are seen as being made up of subsystems with different functional roles such as marital, couple and sibling subsystems. Roles such as sexual activities are appropriate for the marital subsystem; the siblings subsystem would be about learning interactions with peers; and the parental subsystem would be about parenting, discipline rearing and nurturing. Each

subsystem has its own boundaries which, if not very well demarcated, engender fluidity and may lead to enmeshment. The other extreme end would be rigidity and disengagement.

The incestuous family seems to exhibit patterns of enmeshment within the family (Brooks, 1982) and disengagement from outside the family. In examining these families, marital dysfunction seems to be consistently prevalent. The family consists of the daughter and father that are being too close to each other, which implies rigid boundaries between the father and the mother and diffuse boundaries between the children and the parents. There is also an inter-generational boundary confusion in that the mother is often said to be continuously ill and absent. She is therefore replaced by the daughter in child rearing activities. The daughter generally takes over the mother's role and becomes a "parentified child". The daughter and the father become the parental subsystem and the daughter leaves the sibling subsystem to which she should belong.

Social isolation, too, is reported to be prevalent in incestuous families. The fathers who abuse are said to have developed a "family affair" as a result of not being able to deal with their sexual frustrations in other ways, such as: masturbation, extramarital affairs, or visits to prostitutes (Gebhard, *et al* 1965; Meiselman, 1978).

Power imbalance has also been reported to be prevalent in these families where there is unequal power distribution between a dominant father and a passive and dependent wife (Herman, 1981) and in some cases, between a dominant mother and a passive father who ends up feeling

powerful when he is with a less powerful daughter, whom he ends up abusing (Cavallin, 1966; Comier *et al*, 1962). In some cases, domineering fathers have been reported to be violent to ensure power and to act out their problems with their wives (Walters, 1975). It is, however, also noted that not all fathers who abuse are violent. Subtle coercion is used by most fathers when they abuse their daughters.

Role reversal has also been reported to be very prevalent in incestuous families. In a study by Herman & Hirschman (1981), 45% of the daughters were found to take maternal roles in the families in comparison with 5% control group in non-incestuous families. The chores which the children become involved in range from cooking and cleaning to general home care. Such roles make daughters replace the mothers to a point of being involved with the father as “mothers” even sexually. The mother also becomes mothered by the daughter.

The systemic approach is criticised and regarded as an approach that minimises the trauma of incest by not directly dealing with it. It indirectly deals with incest only by assisting the family towards a balanced interaction, but gives no attention to the traumatic nature of sexual abuse (Conte, 1984).

This approach is one of the few approaches which do not imply the imprisonment of the father and seems to focus on family preservation. The families where mothers are economically dependent might find this approach helpful, although it may be regarded as having some flaws

in other areas as described above. Different approaches have a mechanism of working through its flaws which is indicated in the discussion about family preservation approaches. In-built mechanisms for working with identified patients, and strategic approaches can address what seem to be critical concerns.

5.5.2.1 The role of the mother in incest from a Systemic model

The systemic model sees incest as symptomatic of family dysfunction (Alexander, 1985; Mrazek & Mrazek, 1981; Furniss, 1984). The whole system's way of functioning contributes to incestuous abuse. Everyone in the family forms part of the whole non-functional unit that contributes to incest. Dixen & Jenkins (1981) maintain that dysfunctional families use incest to maintain a high degree of enmeshment.

The mother's role in an incestuous family is seen in the Systemic Model as that of a collaborator who sees incest occurring but ignores it. This happens because the mother is, according to this theory, trying to bring about homeostasis in the system; and has to do this by keeping the secret within the family, to restore the family's dignity and its subsequent functioning.

The collaborator role attributed to the mother is explained as being the result of the way the family functions in conflict management. According to Furniss (1984), dysfunctional families are either conflict-regulating or conflict-avoiding in their functioning. This means that family dysfunction, which occurs as the result of the couple's experience of sexual emotional imbalance

(conflict avoidance) delegates the daughter to play the role of surrogate wife or sexual partner of her own father or stepfather to avoid conflict in the family. The same applies to the conflict regulation situation where the daughter takes up the role as a caretaker of everyone in the family. This role, which involves the daughter in sexual activities with the father or stepfather, has to be kept a secret which fits into the interlocking circular process of conflict-avoiding process of the family.

Mother collusion is, in this model, described to be the role the mother takes to ensure that the family remains intact by keeping the secret of incest within the family, thus working on maintenance of family homeostasis.

Mrazek *et al.* (1981) hold that in a dysfunctional family sex is used as a substitute for nurturance and physical contact that has been denied. They also hold that incest is maintained as a result of the locked patterns of the family that have never been tested against reality. The mother in incestuous families is regarded as being weak and vulnerable, making the reporting of incest to her a difficult venture, lest she might break down out of her vulnerability. The mother is thus seen as a vulnerable person who needs protection and who, obviously, cannot provide protection.

Assumptions of the vulnerability of the mother and her collusion offer a slightly different view about the role of the mother which is contrary to the notion that the mother knew all the time and ignored the facts.

In a study conducted by Herman (1981) only four of the 44 women studied, had known that abuse had been happening before disclosed by the child. While four said they had felt powerless after disclosure, thirty-eight of the women had taken immediate action when they came to know about the abuse.

Similar results from a study by Herman & Hirschman (1981) on adult survivors of childhood abuse found that 58% had never told their mothers but had only shown the occurrence of incest to the mother indirectly.

On the failure by mothers to take action, Mrazek, Lynch & Bentovim (1981) reported that 76% of the complaints to the authorities were actually made by mothers. Studies by Knudson (1982) and Meiselman (1978) also show that mothers significantly took a protective stance once they knew about the abuse.

Myers (1979) believes that not all mothers react to incest in the same way. In a study with 43 mothers of incest victims, he found that mothers of incestuous daughters fell into three categories. The first category, 24 mothers, or 56% of the sample, had protected their daughters

from incest. The second category, 9% of the sample, had been immobilised and had denied incest occurrence. In the third category, the remaining 35% of the sample, mothers had rejected the daughters outright and had sided with their mates. All these women were economically and emotionally dependent on their husbands who also dominated them.

It is clear in the literature on mothers' role in incestuous families that collusion cannot be generalised without consideration of differences in situations for each mother. Thornman (1983) and Clunie (1993) found that mothers in incestuous families have a problem of low self-esteem which happens as a result of feeling unimportant which reinforces their helplessness. It would be unfair to regard the inactivity of such mothers to be solely due to the fact that they are colluding without taking into cognisance their vulnerability that is caused by lack of self esteem with subsequent lack of assertiveness and motivation to act.

Other findings also indicate that non-reporting by mothers should be seen in relation to conditions that seem to prevail alongside the abuse and which facilitate or encourage the concealment of incest. Some children do seem to take extra precautions to make sure that the mother does not discover. The myth about a weak and vulnerable mother in some dysfunctional families lead to children preventing their mother's further breakdown by not telling her. There are indications in the study by Herman & Hirschman (1981) on adult survivors of incest that the daughters never told their mothers.

The findings above suggest that the role of the mother needs to be looked at within the circumstances in which she finds herself in the family. Mothers in incestuous families face the dilemma of being emotionally disturbed and at the same time being morally expected to act to prevent the occurrence of incest? This deserves greater attention in efforts to help mothers in incestuous families. Mothers who are reported to have low self-esteem cannot be expected to show assertiveness that is required in a situation as difficult as incest. A dependent person cannot go against her needs to keep the family alive. There are also reports of suicidality (Goodwin, 1981), depression (Herman & Hirschman, 1981), anxiety and suspicion (Fredrickson, 1981), alcohol abuse (Herman, 1981), conditions which, in many ways, make the mother become incapable of functioning in the expected way.

5.5.3 The (Radical) Feminist Approach

The radical feminist theory is based on two emotionally charged central beliefs: (i) that women have positive values as women, and (ii) that everywhere they are oppressed — violently oppressed — by the system of patriarchy. According to this theory, men learn to hold women in contempt, to see them as non-humans, and to control them by turning them into subordinates. Patriarchy creates guilt and repression which drives people to tyranny; expressed in overt physical cruelty. Radical feminists use expressions of violence to explain the linkage between patriarchy and all known forms of abuse, such as: violence in rape, sexual abuse, spouse abuse,

incest and general child molestation. The image of mutilated and bleeding women is, in the eye of radical feminists, the visual representation of patriarchy.

The fight against patriarchy should, therefore, be aimed at empowering the women and increasing their self-esteem, to enable them to recognise their own value and strength, and, thus, to reject the patriarchal pressures of seeing themselves as weak and dependent.

The previous arguments laid down in mother-blaming theories held that mothers were “colluding” to prevent a split in the family and to relieve pressure (Herman, 1981). The feminist position on these mother-blaming theories states that mothers should not allow themselves to accept responsibility of what they have not done, especially since incest is mainly due to excessive patriarchal power, which renders the mother powerless, precludes them from influencing the situation, and compels them to develop feelings of dependence and fear of the husband and the community.

5.5.4 Ecological Theory

The assumption held by the “ecological theory” is that people act consistently with the way in which they define the context of which they are part. In this respect, Bogdan (1984, p.138) writes:

... the question of how a family is organised, is essentially how the ideas and behaviour of each family member support and sustain the ideas and behavior of every other member so that the system displays order, pattern or redundancy.

If a family's ecology of ideas is based on loyalty and conservation, then incest may be more preferable than extramarital relations. Members of the family seem to value the preservation of the family above the price any individual has to pay. In most cases the victim also feels the same and is therefore reluctant to disclose. Incest is, in this context, seen as a manoeuvre to keep the family joined together.

The analysis of incest in such a family will thus end up being viewed as positive symptomatic behaviour rather than as a negative or a pathological act. Everyone, and not only mothers, will be blamed for seeing to the "needs" and "expectations" of the whole family. According to Furniss (1984) and Solin (1986) the whole family, including the victim, actually collude against the intervening agency in an attempt to keep the family together. This has implications for methods of intervention and working with the family.

5.5.5 Summary

The “ecology of ideas” position further extends to an argument that no behaviour can be removed from its context as the context provides the meaning for the event. An event is not just an objective event but should be interpreted through the language consensus within a family and or a community. Perceptions of and subsequent reactions to incest cannot be divorced from the contextual interpretation. It will be a worthless venture not to try and understand where the families and their communities come from for a full understanding of incest. The aim in this study is to understand the values and beliefs that guide African families during incestuous acts.

5.6 AFRICAN PERSPECTIVES ON INCEST

Africans, like any other culture, have their own values which prescribe the way they live and socialise with their children. Some are similar, but many differ from other cultures. The following section deals with some of the African values which will help contextualise ways of dealing with crisis situations, including incest. The most important features covered are: endurance of traditional beliefs in the African culture, ancestral worship and visitation to traditional healers, importance of children in families and the value of extended family units, informal adoptions, and the value of secrecy to promote psychosocial well-being of family members.

Enduring traditional African beliefs

African families are, in most cases, described in a traditional sense. Even with the modern African family which is in most cases Westernised, one still finds traces of what seems never disappearing features of being African (Boon, 1998). Such traces are evident in, for example, African weddings. The wedding, in African culture, unlike in the Western culture, is regarded more as the merging of two families than two individuals tying the knot. This entails very elaborate negotiations between families with minimal involvement of the couple (Ashton, 1955). The “lobola payment” is a process that last for months. The running of the wedding itself (Monning, 1967), involves very many traditional rituals.

African weddings are very open ceremonies where the entire community can attend. This is very different from the Western culture where people usually attend on invitation (Boon, 1998). In the African culture, invited and uninvited guests participate in singing, ululating and dancing to wedding songs without prompting or any prior practice. These songs, known by everyone, are sang to deal with different situations as part of their culture (Ashton, 1955).

At wedding feasts, a lot of food and African beer is prepared for the guests. The beer and the “spilling of blood” when slaughtering the ceremonial feast-ox is to invite ancestral presence at the wedding, to ensure a smooth running of the wedding, and for general protection from evil-doers (Ashton, 1955). The running of the wedding is one enduring ritual among Africans with little differentiation between the modern and the rural families. The difference noted recently

seems to be only in the degree of spending, with people becoming a little more economical. Furthermore, by-laws on public hygiene in urban areas deter people from slaughtering animals in their yards. Consequently, alternative arrangements are made to have an ox slaughtered elsewhere. There is a common practice emerging, where smaller animals like a sheep or even a chicken (that can be slaughtered in the privacy of the homes) are used, as an alternative to the traditional slaughtering of the ox.

The families are guided by their African traditional beliefs to run many occasions like wedding feasts as described above. The urban families have very strong rural links and cannot, therefore, ignore cultural beliefs when running a feast. Often, people blend the Western and African cultures together, with the traditional side (especially on the issues of rituals and procedures to follow, and the sequence of events) having the lion's share.

As noted above, the African-ness in the modern urban families has not disappeared. In South Africa, the movement of blacks to informal areas, with the hope of avoiding rural poverty and sharing in the urban wealth, has not removed rural links because of lack of proper housing and the constant fear of repatriation to what was referred to as "homelands" during the apartheid era (Ramphele, 1990). Typical African features such as large kin groups, the importance of children, strong family ties, marital relations, prolonged parent-child relations, traditional values and norms, status structures and family authority have endured. Sennet (1970) found, in a study exploring the role of extended families to these urban nuclear families, that the extended family

played a very important role in facilitating things in the nuclear family units in the urban environment.

Africans seem to remain very traditional, irrespective of their location. This attachment to traditional values can not be overlooked in working amongst Africans therapeutically. The following are the features of the Africans which almost appear like stereotypes since they identify a typical African irrespective of his/her location.

5.6.1 Description of a Typical African Family's Values

Family rules: respect for parental authority

According to Kayongo *et al.* (1984) African values are characterised by strong parental authority, maintain status structures and uphold great respect for adult authority. Children in African culture can be disciplined by any adult inside the home and outside in the general community. Respect for elders and their wish to remain part of the family and not be sent to old age homes emanate from the value of respect for adult authority. Grand-parents thus form part of most African families and become child-carers. They play a very important role in child socialization, mainly done through folk-tales and initiation ceremonies conducted at puberty. Africans believe that they will always be connected to their ancestors. Consequently, they do not separate from their elders.

Maintenance of close contact with the extended family

Africans are very “group-oriented” and live in very close contact with their extended families, a factor that differentiates them from Western cultures which are more individualistic (Boon, 1998). There is very high cooperation among relatives who play very significant reciprocal and influential roles in the extended family units. Clear individual roles and status structures are set. Women are expected to be responsible for domestic roles and to provide teaching for the children as well as nurturance. The husbands are very respected heads of families who make their position felt, especially when things start to move in the wrong direction in the family (Ashton, 1955; Casalis, 1965; Bothma, 1962).

Value of children and extended family units

Children are greatly valued in African culture, and considered wealth to the family. The belief in polygamy is a common feature in African families, which allows men to have more than one wife and sometimes this situation is used to solve childlessness (Ashton, 1955, Casalis, 1962). The importance of children is accounted for by the value for family name propagation and preservation of blood in specific clans/ family units. In the African culture, children belong to everyone, and the main reason for marriage is family building and procreation. Levirate, or the replacement of a deceased brother in his family for the propagation of his family, is also a way of keeping the clan growing by bearing more children (Ashton, 1955; Monning, 1967).

The practice of informal adoption is a way of life for the Africans because moving children from one family to the other within a clan is done quite often as a way of solving problems for the family members. The problems range from keeping the children for a mother who wants to go and look for a job, through financial support for the less fortunate family, to helping a relative who is childless. Biological paternity in some of these adoptions is not announced unnecessarily, the rationale being that it helps the child to integrate better into the family, and feel part of the family, something that is considered good for the well-being of an individual (Kayongo-Male *et al*, 1984; Boon, 1998; Ashton, 1955).

Value of ancestral worship and belief in the strength of traditional healers

Traditional healers play an important role in African culture. Edwards (in Dauskardt, 1990) and Farrand (1984) found that 40% Africans in the urban areas and 55% in the rural areas consult traditional healers. Africans believe in paying respect to the ancestors. In most cases, directives to do ancestral rituals come from the traditional healers or sangomas. Prescribed rituals include different forms of activities, such as: taking herbal treatment for some illnesses, visitation to the grave yard to speak to the ancestors when things do not seem to go well in an individual's life, and even slaughtering of some animal (usually a goat or chicken or a cow) to "spill blood" for ancestral protection.

The African belief of paying respect to the ancestors is also seen in the rituals performed around death and funerals. There is a way in which Africans conduct funerals which shows respect for

their dead whom they believe are not completely gone, presumably because it is believed that their spirit still lives around them and they can still communicate with them. The process of mourning usually allows the mourners to keep in touch with the ancestral worship by avoiding too much distress. Herbal mixtures are given to the chief mourners and constant support is given prior to and months after the funeral. Funerals are conducted with strict rituals to assist the bereaved family to remain in constant touch with what is going on. In this way, full attention and respect are shown to the departed. Ancestral rituals begin after the funerals and in most cases, directives for ancestral rituals come from the traditional healers or sangomas.

On being consulted, the traditional healers will engage in the facilitation of the use of the individual's own ancestors powers to treat problems of illness and misfortunes in the family. Interpretations of misfortunes like death, sickness, insanity, or even family conflicts resulting in wife abuse, divorces, incest and other forms of problems, are in African culture, sometimes seen to be the result of witchcraft (Boon, 1998; Kayongo-Male et al, 1984). Consequently, use is often made of, for example, a ritual to ward off witches usually conducted by a sangoma or a traditional healer. It is also believed that when bad things happen to a person repeatedly, it is an indication that the ancestors are angry. This entails the need for a ritual preparation for the ancestors which is usually suggested by a traditional healer or a sangoma guided by the diagnostic procedure of using "traditional bones".. Methods of treatment do not only involve the "spilling of blood" ritual at ancestral ceremonies to thank the ancestors, but also the use of prayer with holy coffee and water for churchgoers, such as those affiliated with the Zion

Christian Church (ZCC), a very popular African church mixing christianity with elements of traditional African culture. The use of Christian rituals occurs in parallel with consultation of traditional healers.

Visits to the traditional healers, although reported to be very high among blacks in South Africa across all social strata, do often not happen openly. Indeed, given the missionaries' strong disapproval of any links with, worse still the worship of, the ancestors as "non-religious", Africans, especially the more educated and Christian converts, resorted instead to secret visits to traditional healers (Boon, 1998). The visits to the traditional healer by the rural, uneducated people, has, in contrast, not been a problem, even during daylight. The church goers in the Northern Province, who predominantly belong to the ZCC, use faith healers in place of traditional healers, although sometimes they also secretly visit the traditional healer.

The issue of collaboration between the medical health professionals and traditional healers has become important because of the immense concurrent consultation of both traditional healers and medical professionals by Africans. Mahape & Peltzer (1998) who studied attitudes of nurses towards collaboration of the traditional healers and modern health services, found that the hindrance observed in such collaboration seemed to be caused by some identity crisis for the nurses who had deep African beliefs about ancestors and faith in the traditional healers on one hand, and the medical health education on the other. There was, however, in the study, general consensus on the need for collaboration and formalised training, through legislation, for the

traditional healers to ensure patient safety. Policy around this issue is currently being developed in South Africa and some implementations of referral system are already underway alongside continued negotiations on the matter.

View of witchcraft/supernatural powers as cause of illness

Belief in witchcraft and supernatural powers to explain illness and misfortunes is very common in African culture. The blame for misfortunes is, in this way, shifted from the shoulders of the ancestors to the witches, thus making the ancestors available to assist in cases of such mishaps.

The belief in witchcraft as a cause of illness is derived from the idea that nothing happens as a result of chance. People in African culture tend to see most complex situations in relation to some casting of evil by witches. Most of the casting is believed to be the result of anger from the ancestors, who are expected to provide protection against witches. Therefore, when struck by illness, people go to the traditional healer to get guidance from the ancestors to perform appropriate rituals to deal with the evil.

The Yorubas in Nigeria believe that before they are born, there must be an agreement made with God about their life pattern which will have prepared them for life and in their profession, and will even have predicted the number of wives. On signing such a contract, the person must adhere to the plan, failure of which may result in him becoming ill. Only when the traditional healer is consulted for the explanation of the wrong done will the person be healed. This can

involve changing everything, including wives that one wrongly married in order to marry the ones that may have been pre-planned (Ebigbo, 1998).

In a study of students' attitudes towards mental illness, Manyike & Evans (1989) established a theme of natural vs supernatural explanation of illness to differentiate between Western and African beliefs in the determination of the causes of mental illness. The students reported that in Western culture the mental illness is caused by natural phenomena like stress whereas in the African culture the cause is seen to be supernatural agents, like witchcraft. Western beliefs on the causes of illness are that they are caused internally, whereas in African culture the cause is seen to be external.

In a study by Odejide (in Peltzer & Ebigbo, 1989) 75% of the traditional healers surveyed believed that mental illness was caused by a curse or evil wish, whilst 67% believed that it was caused by a mysterious epidemic, and 47.2% thought that mental illness was caused by some kind of spirit. All this indicates that causation of illness is generally attributed to supernatural powers. In the same way, it is believed that persons' behaviours are influenced by the psychosocial environment through subtle psychological, magical or mystical methods, and people believe that when abnormal behavior occurs in a person, the use of witchcraft or sorcery by certain people is responsible. It is also believed that breaking rules of deity can sometimes lead to illness. Hence if one promises to do good in order to receive years of protection from the

deity and fails to fulfill his/her promise it is believed that he/she may either have to confess or die.

In summary, the African family is typically a family that: shows and expects respect for adult authority; is characterised by large kinship; is group-focussed as against being individualistic. The African family believes in keeping the elderly at home for the very important role of child-carers and socialisers of the children through story-telling rituals.

Respect for ancestors is very typical and seems to be used for the propagation of family well-being. Secret visits to traditional healers for the prescription of ancestral rituals and diagnosis is quite common among certain groups.

The cause of mental illness in African culture, is more externally oriented and in most cases, associated with witchcraft. When a person is regarded as being mentally ill, it is implicitly recognised that the person may have been bewitched.

5.6.2 View of Incest by Africans

Incest in African culture is considered a taboo referred to as “bohlola” (which means “something that is completely evil and unnatural; or portend evil”). Severe punishment befalls the

perpetrator of incest (Monning, 1967). Some perpetrators have actually suffered death on disclosure or after discussion at the courts with the village chiefs. Taboo around incest is more of a belief that since it is proscribed something horrible will happen to a person who commits it. It is believed that not only the offspring will have physical and mental deficiencies, but it will also cause disaster or great unhappiness to the transgressors (Monning, 1967).

Certain regulations are adhered to in choosing marriage partners because prohibited marriages are likely to be considered as incestuous. Marriages likely to be declared as incestuous are any marriages between men and women in the direct line of descent. Sexual relations are prohibited between a man and his mother, sister, or daughter. Other prohibitions include sexual relations/marriages with aunts, nieces, and even step-nieces. Most of the prohibitions are less biological than they are based on social conceptions.

The high value placed on children as part of the family accounts for the encouragement of polygamy and “sanctioned incest”, as it were. There is a tendency to practice incest in such situations because in situations where a wife does not give birth, a sister is organised for that purpose, referred to as “motlhatswa dirope” for the wife (which means “someone to replace and cleanse the sisters thighs”).

Cross-cousin marriage is encouraged as a way of retaining cattle that would otherwise be sent elsewhere if the cousins were to be married by outsiders. This is expressed in the African idiom,

“ngwana wa malome nnyale, dikgomo di boele sakeng”, literally translated as “my uncle’s child, marry me, for the cattle to return to the kraal”. Similarly, incest is tolerated, and even encouraged, in the royal families to retain royal blood. In some cultures, it is believed that the father should prepare the girls sexually for marriage by sleeping with them (Herman, 1981, Mashego, 1999). In this case, preparation for marriage is used as an excuse to break the incest taboo.

Well justified though the above case of tolerated incest may be, maximum secrecy is enforced. Divulgence is treated with disappointment by all. Because African families value the well-being of families highly, anything is done to to guarantee its protection, even through incest. Hence, family protection is guaranteed through child-bearing for married couples, in the preparation for marriage, or in efforts to rescue a collapsing marriage. The well-being of the family being of paramount importance, protection of the family from the consequences of incest is sought at all costs to avoid the risks of stigmatisation.

The secrecy around incest could also, to some extent, result from the way sexuality is treated in African culture. Talking explicitly about sex is taboo. To avoid explicit reference to sex, use is often made of metaphorical language. For example a woman who is undergoing her periods is referred to as “having gone up there — by pointing to the sky and the moon to show the connection between “the periods” and the “lunar expression” of the menstrual cycle. Teaching or talking about sexuality and related anatomical developments is rare in African cultures, or it

is done in private. Talking about menopause, for example, is taboo among elderly women. Many of the elderly women who I saw in my clinical work could not cope with the onset of menopause but instead reported somatic problems alluded to as “blockage”, caused by menopause. It was only after long probing that the full meaning of the elderly’s reference to the effect of menopause on their systems with subsequent blockage and somatic problems was realised. One possible explanation to view of menopause as a “problem” could be the high value placed of child-rearing, which ceases at menopause.

Another common feature in the attitudes among Africans is that sex education is not regarded as a family responsibility. The use of circumcision schools and old women for sex education respectively of for pubescent boys and girls confirms the common belief that sex education must occur outside the family. Talking about sexual matters in the family is a taboo, which presumably hinders the reporting of incest in the family.

Secrecy surrounding incest is compounded when the incestuous relationship results in a child (McWinnie & Batty, 1993). In the Western culture, adoption of the child born out of an incestuous relationship has been the only answer because the child will have been regarded as “unusual”. This “unusual birth” always leads to stigmatisation of the family. Africans have their own way of dealing with children born out of incestuous relations. More often than not, the “unusual child” will simply be raised by the family among other children, who, somehow, are his/her siblings. Alternatively, he/she will be raised by grand-parents and will, therefore, pass for

his/her own parents' siblings. The concealment of the birth circumstances of an incestuous child is an alternative to sending him/her away for adoption in a family without any blood relations which, in the Western culture, would be the normal solution. Doing this would pose a problem of communication with the ancestors (Pakati, 1982).

Western and African cultures concur on the universality of incest as a taboo. The differences seem to occur in the type of prohibitions in declaring incest a taboo and in its condonation. The African culture does condone certain types of intermarriages which Western culture would consider incestuous. Indeed, to safeguard families from disturbances and for procreation Africans practice levirate, a custom consisting of allowing a man to marry his late brother's wife, or may bring in a younger sister to a "barren" or childless wife.

Another difference between the African and Western cultures lies in the secrecy observed and enforced after incest has been committed. In the Western culture, the act is kept a secret to save the face of individuals. In contrast, in the African culture, the secret is kept as part of the cultural expectation of harmony preservation in the family. The pressure on the victims to keep a secret also differs in magnitude between the two cultures.

It appears, however, that the similarities on the view outweigh the differences between the Western and African cultures. The differences seem to reside in the cultural expectations, the interpretations, definition, and consequences of incest.

5.6.3 The Role of the Mother from an African Perspective

In the African culture, mothers are expected to play a protective role to everybody, and especially to the children. Hence the African saying, “Mmangwana o tshwara thipa ka bohaleng” roughly translated as “mothers to children have to hold a knife in the sharp blade side to protect the child against all problems” (Kuzwayo, 1998). Such expectations bestow on the mother sole responsibility for teaching the child how to be safe. When children fail to observe basic safety measures, mothers are blamed for the children’s failure, regarded as resulting from poor teaching.

The literature on incest in African families is still very scanty. In the brief exploratory survey conducted prior to the main research, I found that the mother was also blamed in the same way as has been documented in most Western literature (Mashego, 1999)

Mothers in African culture, are blamed for the occurrence of incest because they are expected to be the protectors of their children as noted above. It is also believed that incest occurs as a result of inadequate guidance of the daughters by the mothers on the code of dress girls dressed inappropriately are said to be inviting the risk of falling victim to incest.

The mother's absence is also regarded as a factor that facilitates incest in the sense that when girls are left alone for too long with their fathers, they may become too attractive and close to their fathers. It is generally believed that any closeness between the father and his daughter in the absence of the wife and mother promotes a lack of respect for adults, another factor in incest occurrence.

The study was limited to the Northern Province, a geographical limitation which was necessary for practical reasons, but which may have limitations for generalisability. However, the lack of literature on the subject of the perceptions of the mother's role in father-daughter incest means that, despite its limited geographical scope, the present study may be considered as a valuable source of information and a foundation on which future research could be built.

It is clear from Steele's quote that both the therapist and the client become affected in therapy. Issues of counter-transference and transference cannot be avoided. The therapist needs to be specially trained or at least be well experienced to deal with the problem in a way that will take the client forward.

Models that have been developed are based on evolving concerns of a choice between intervention by using diversion methods with focus on family preservation or adversarial methods which focus on the punishment or control of the offender (McFarlane & Skibinski, 1995). All the methods used are aimed at protecting the victim, but it is still not known yet, which approach is more protective avoiding negative after-effects on the victim. McFarlane & Buckley's model describes the different models as follows.

6.1 McFARLANE & BUCKLEY'S MODEL OF TREATMENT

Treatment modalities have evolved from the premise where each model is attempting to solve the dilemma of focusing either on treatment or punishment. McFarlane & Buckley (in Tower, 1996) have described six models to show different foci that is evolving in incest intervention approaches.

1) Victim Advocacy model

In this model, sexual abuse is seen as a crime that should be punished through criminal courts. According to this model, the victim is protected by the prosecution of the offender and the rights of the victim valued. Treatment in this model involves assistance of the family with legal consultations, counselling and advocacy. The problem with this method is that with drop of charges, verdicts of no guilt etc, victims' feelings of guilt tend to increase (Tower, 1996).

2) Improvement model

This is a victim-focussed model. The offender, rather than the abused child, is removed from the home. Incarceration of the offender is not recommended, but he could plead guilty and receive treatment.

3) System Modification model

The whole family is encouraged to seek help. Prosecution of the offender is not seen as of benefit to the child but rather as detrimental to the family relationships.

4) Independent model

This model sees sexual abuse as an illness and not a crime. The proponents of the model advocate counselling, self-help groups and educational methods instead of imprisonment.

5) *System Alternative model*

This model advocates force in the engagement of families in treatment. The aim is to protect the child as well as getting the family to change. Family members are referred voluntarily for treatment and placement of children is sometimes done for their protection during treatment.

6) *“Godfather Offer” model*

In this model, the offender is allowed to avoid prosecution by acknowledging the abusive behaviour and cooperating with the protective agency. This method protects the victim from testifying in court, the offender criminal record and allows the family to receive treatment (Tower, 1996).

There are numerous intervention approaches. This thesis will touch on a few to give some background to the methods of helping the victims and some members of their families. Intervention methods involve individual, family group therapies and support as well as self-help groups.

The group therapy model

Sheldon et al (1992) used a psychodynamic orientation with adult group of childhood survivors of incest. This orientation is based on psychoanalytic theory, which places emphasis on the role of unconscious conflicts in personality development. This orientation makes use of transference

and counter-transference aspects between the client and the therapist. Transference in this group is about the experiences by individuals of their previous figures in life which they endow upon the therapist. These are usually “significant others” in their families especially mothers. The use of counter-transference will assist the therapist understand the hidden meaning of the clients’ communications and assist the therapist to help the client gain insight into her predicament.

It is further anticipated that there will be some emergence from the group of repressed, unresolved feelings towards families of origin, the group being seen as representing the whole family and the therapist as the parental figure.

It is also important to make an adequate selection of the group. Issues such as clients motivation to attend, their ability to talk about their problem, as well as the ability to work in a group setting and to manage painful feelings, are very important for group selection (Sheldon *et al*, 1992). Other group approaches involve psychodrama. Art therapy has also been used with groups.

A different kind of group therapy involves groups working with offenders. This falls under the model that ascribes to offender treatment. The main issue with offenders is about taking responsibility for the abuse. Therapy is centred around taking such responsibility and preparations for apology sessions with the victim and the family. Other issues are about challenging the offenders denial, learning to avoid externalisation of blame as well as being assisted to develop awareness of the victims’ experiences.

Family therapy modalities

Intervention at family level entails assessing the functioning of the family in terms of components such as affective status, communication, boundaries, alliances, adaptability and family competence. Incest is considered to occur within a family system that is dysfunctional; with enmeshment and over-involvement in family relationships and boundaries. Issues of secrecy, mistrust, isolation, low self-esteem, shame and self-blame can be addressed in family sessions. The themes in families are usually on the issues of anger, trust, power, control, and loss.

Issues of secrecy can only be approached if the family is helped with its communication problems. The problem of keeping incest a secret is reinforced by the lack of communication. Members of the family are, according to systems theories, bound together by the secret, and the family is said to be afraid to disrupt the family union if they talk. The mother, who is considered a colluding member of the family, is said to discourage any communication around the abuse because the silence is important to keep the family intact. Incest families are considered to have problems of being open about sexuality. The therapist in such sessions can be a model for the family by openly talking about the issue of sexuality during therapy. In this way the family can learn that it does not harm to talk about sexuality.

The children and their parents may in family therapy be assisted with intergenerational boundaries and family organisation, and then be able to start to see their roles in the right perspectives.

Scapegoating which is usually marked during family sessions, can be dealt with in family therapy and if necessary, lead to individual as well as couple therapies.

Individual therapies

Individual therapy is about dealing with intrapsychic issues that occur at individual levels. This can be for the victim and the parents. Individual work usually centres around denial, ambivalence, avoidance, amnesia or memory syndromes, trauma symptoms such as flashbacks etc, and behaviour problems. Intervention at individual level can form part of group work, whereby individuals are recognised and offered individual therapy, and join the groups again later. Couple therapy can be run concurrently with other dyadic and individual work in families.

Psychodynamic, cognitive approaches as well as client-centred approaches as described in the models above are the main methods in individual models.

The following are other models used in intervention strategies. The models engage individual, group and families.

6.2 BRIERE'S MODEL OF TREATMENT

The philosophy of Briere's (1989) model of treatment is based upon the following principles: (i) Utilisation of an abusive perspective; (ii) The question of truth; (iii) Responsibility; (iv) Phenomenological perspective; (v) Egalitarian atmosphere; (vi) Assumptions of growth and strength; and (vii) Cultural connections.

1) Utilisation of an abusive perspective

In this model the therapist is expected to take into cognisance that previous abuse does have lasting effects on clients, thus the therapists should not wait for the clients to disclose sexual abuse, but should probe around the issue of abuse as a possible underlying factor in related conditions.

2) The question of truth

The therapist is expected to consider the devastating impact of not being believed as a client and should not openly make the clients feel unbelieved.

3) Responsibility

The client should not feel blameworthy. In most cases abuse occurs to younger victims who would not be able to assert themselves enough against adult perpetrators.

4) Phenomenological perspective

The therapeutic process must fit the clients current psychological and emotional state in order to be congruent to the immediate experience of the client. This calls for a client centered approach.

5) Egalitarian atmosphere

The client should be seen as an equal partner in treatment, and the therapist's role should be that of facilitating "recovery by the survivor" and not "cure by the therapist" by way of providing a healing context.

6) Assumptions of growth and strength

The therapist should uphold the assumptions of growth and strength and avoid referring to the client as "sick". The client should be referred to as someone who had in the past appropriately responded to a toxic environment; and that such a reaction is becoming counterproductive in the present context, which calls for change.

7) Cultural connection

The client needs to be helped to acknowledge that culture has a role in the causation of abuse, and that incest is not always emanating from individual as well as intrapsychic factors.

Techniques used should include the following :

- normalisation of the situation and destigmatisation;
- facilitation of emotional discharge for the release of emotions by the survivor;
- role playing that involve self-watching on video;
- desensitisation;
- tape recognition which means restructuring of cognitions:
 - own cognitions vs. learned ones;
 - identification of introjections and thus become proactive;
- therapeutic re-stimulation;
- re-framing intrusive symptomatology as healthy and healing;
- self control techniques;
- working with the “inner child” (Briere, 1989).

6.3 COURTOIS' ECLECTIC TRAUMATIC STRESS MODEL

Courtois' (1988) model of treatment is aligned to feminist and family therapy systems, and is based on the following four major principles:

- to treat incest directly along with its original compounded effects;
- to use traumatic stress, feminist and family systems approaches to understand incest, its effects and symptoms as well as to plan and implement its treatment;
- to individualize the treatment within the more general process and structure;

- to foster the development of a therapeutic alliance and safe environment within which to conduct treatment.

Courtois considers that therapy depends on the commitment to treatment. A therapeutic alliance should be established, where the client can be assisted to accept the occurrence of incest, to be helped to recount her experience.

The client should be helped to recognize and label as well as express feelings and to focus on the survival and responsibility issues. The client should be allowed to grieve; cognitively restructure distorted beliefs and stress responses; focus on self determination and be helped to make behavioural changes; be helped with education and skill building. All these are aimed at helping the client to become self sufficient and well-functioning as well as being valued and believed in.

This model focuses on the following stages for the treatment of the survivors of sexual abuse:

- intake and diagnosis stage;
- deepening of the therapeutic relationship;
- working with the child within;
- integrating the helpless child with the nurturing adult with the aim for the abused to see how the patterns and dynamics in her family of origin contributed to the abuse;
- disclosure about the abuse and confronting of the family members.

The model uses the techniques such as stress and coping, experiential and cathartic tactics, exploratory and psycho-dynamic approach and cognitive/behavioural approaches. This is an eclectic model which draws from all existing treatment paradigms (Courtois, 1989)

6.4 DOLAN'S PRIMARY TREATMENT MODEL

According to Dolan (1991), therapy should be solution focused and the therapist needs to provide a warm, supportive environment in which details of the abuse can be relayed. The model further emphasizes that the active utilization of the clients' present resources should be utilized and so should be the images of the clients' future goals and possibilities. This model is future oriented in contrast with most models in the treatment of childhood abuse that are oriented to the past and focused on the following:

- the importance of the first interview;
- utilisation of supportive relationships;
- dealing with non-supportive family members and perpetrator;
- making sure of safety, here and now;
- healing of the split i.e ability to see the gap between coping in therapy and using resources and the stress reactions outside therapy;
- therapeutic dissociation (Dolan, 1991).

6.5 FALLER'S MODEL OF TREATMENT

This is a model aimed at making a decision on how to work with the family based on the family's unique characteristics. The family is seen through the characteristics of the parents (Faller, 1988).

The model is presented as a decision matrix which is represented as follows:

	Paternal figure	
Maternal figure	Many areas of appropriate functioning: - feels guilty - sexual behaviour not extensive	Few areas of appropriate functioning: - not guilty - sexual behaviour extensive
(i) independent; (ii) loves victim and protective	Family should remain intact or be reconciled, victim will be safe. Family, individual or group intervention	Remove paternal figure. Start treatment for mother and child; use individual and dyadic therapy
(i) dependent (ii) poor relationship with victim (iii) not protective	Place the children; and attempt individual therapy with both parents. If unsuccessful place children long-term with parental contact	Remove children; terminate parental rights; treatment for children should start; consider criminal prosecution

6.6 GIARETTO'S MODEL OF TREATMENT

This model holds that it is important to treat the family by using individual, dyadic counselling, family therapy and group therapy. Giarretto further stresses the importance of self-help groups

which he sees as a way to help the children and parents with a support system in order to heal in therapy. He reported that of the 600 cases seen at the centre for self help, a recidivism rate was decreased from 2 to 0,6% to 0,2%. The difference between the groups in this model and the previous ones, is that the perpetrators were not in prison as they took part in therapy. Also the communication in the marital relationship were reported to have improved.

Giaretto founded the Child Abuse Treatment Program (CSATP) which started in 1978 with 600 families and which has now grown to helping 2,000 families. In these families, 90% had children reunited with the families (Giaretto, 1982). The treatment in this program is based on individual counselling for the child, mother and father; mother- daughter dyad; marital counselling; father-daughter dyad; family and group counselling (Giaretto, 1982).

Giaretto's program is one of the most utilized in sexual abuse hence the availability of outcome results on the program. Outcome research is not very common in clinical circles. Most models still need to be evaluated for efficacy. The main focus is that of assisting clients with intervention and research is still lacking in most of these models. Follette, Alexandra & Follette, (1991) noted only one controlled outcome study investigating the effectiveness of two different forms of group therapy for incest survivors.

6.7 RESOURCES AVAILABLE IN SOUTH AFRICA

Most of the resources available in South Africa are preventative and focus more on the legal aspects of abuse than on the preservation of the family and treatment of individuals in the abusive family.

Once abuse has been discovered in the family, according to the child act, the abuse should be reported and a case opened against the offender. This is similar to McFarlane' & Buckley's (1982) victim advocacy model where sexual abuse is regarded as a crime which calls for offender punishment measures. The counselling of victims is given less priority than punishment of the offender.

Family violence, child abuse and sexual offence units attached to the national police provide a service for the victims. As for opening the case, this may be done with privacy. Referral of the victim to therapy is not part of the system in the unit, and thus only done infrequently. There are few psychologists in such units and the social workers in the police units are mostly utilized for the assistance of the problems in the police force itself, and thus provide few support service for the victims and the non-offending parents.

There are numerous reports about the dissatisfaction with the legal system in handling cases of abuse. Reports hold that the courts are not friendly to the victims. Recently moves have been

made in South Africa to try and use female magistrates in such courts and to try and have magistrates specifically trained for such cases.

There are a few abuse prevention and treatment centres in the country. These include centres such as “Resources aimed at prevention of abuse and neglect” (RAPCAN), “Prevention of women abuse” (POWA), “Child protection units” (CPU), “Life line centres”, “National Institute of Crime Prevention and Rehabilitation of Offenders” (NICRO-women support centres), “Illitha la Bantu”, “Alexandra clinic”; child abuse clinics in the different hospitals, child welfare centres, places of safety and children’s homes centres.

To look at a few centres, NICRO for example is focused on the prevention of crime against children and works on rehabilitation, reintegration process and women empowerment to assist in the process of reintegration of the offenders into the families. The CPU’s main focus is on the punishment of the offender as a way to protect the child from prolonged contact with the offender. RAPCAN is a centre which is aimed at educating, training and giving information to the community to try to prevent abuse. It uses workshops, resource material which is distributed all over the country to educate the nation about abuse prevention. The centre provides a library, video facilities to the community for such education and also assist the victims of abuse in workshops and support groups.

6.8 WITS UNIVERSITY FOUR-STAGE TRAUMA DEBRIEFING MODEL FOR THE SEXUALLY ABUSED

This is a model developed in a South African university focussing on trauma experienced by rape victims (Liebowitz, Mendelsohn & Michelson, 1999). The model is based on the following ●

- Retelling of the story of trauma, first as a whole and focussing on details such as thoughts, feelings, images, perceptual experience, and worst moments of the trauma;
- Normalising post traumatic stress symptoms as a response to shock;
- Reframing of guilt and self blame to allow client to benefit from feelings of anger and attribute responsibility to the offender;
- Re-establishing coping and mastery through examining and affirming responses during and after trauma with training in techniques to deal with trauma symptoms and plans to restore future functioning.

This model was first used with the child, but later expanded to include the mother. The issues for the mother were those of empowerment and to help her with her own issues of distress that could have been caused by her own internal conflicts of possible previous own abuse, or trauma caused by her proximity to the trauma area. In these cases, the mother could benefit from individual and support therapy. The use of different therapists are suggested to avoid compromise of needs for both the mother and the child.

The Alexandra clinic that utilizes the model has further developed inclusion of the mother in therapy as a co-therapist. The importance of having the mother in the interview, was first realised when the mother helped with translation activities during therapy. Mother-child relationship was used as an access point for dealing with the child's experience. The presence of the mother was seen to help the child open up within the maternal holding environment. This was regarded as beneficial for the child's development of mastery and coping with the abuse (Liebowitz *et al.* 1999).

The mother in such an interaction, is given the opportunity to perceive the effects of abuse on the child, and in this way helped to develop insight into how best to assist the child in the process of reintegrating into the family. It has also been found to be beneficial in that the mother can learn to give support to the child on a long term basis as she would have seen the intensity of the effects to warrant long term support. Such experience is regarded as indirect education to the mother and an extension of such education to the family and the community. From this approach, the pain of the survivor becomes part of the family experience and this reduces feelings of alienation and guilt on the part of the victim.

This model is suggested to be used according to the level of development of the client. It seemed to be especially useful with preschoolers who still need maternal support as part of their development.

This model was developed in South Africa from a very westernised focus. The involvement of mothers, which was originated as a way of solving the communication problem, because of language differences, became in itself an important element in the development of the model. Because it made the therapist become aware of the importance of mother-child relationships in therapy. This realisation is an indication of the need to adjust therapy to suite the culturally different. South Africa, having such diverse cultural groups, requires programs that suite the cultural diversity. The “Wits model” started by identifying the problem, but could not be taken far beyond a western model of intervention. There is a need for taking language and other culture sensitive issues into cognisance when developing South African intervention models.

Most of the resources for sexual abuse victims, except for those at the police stations nationwide, are only found in the urban areas. The rural communities and small towns are without such resources. It is also noteworthy that the resource materials are still geared for the elite and cannot in their present form be used for the rural communities. For instance the language used in the flyers is mostly English. Most of the rural people especially in the Northern province have high rates of illiteracy and few read English well. Other means of communication to the community need to be put into place. For instance the use of the local radio to educate the community on psychological issues, have been put into place too at the University of the North Department of Psychology. These communications have raised the number of consultations for psychological services around the university from almost none to about ten cases referred per

day in the hospitals. There could be various reasons for the raise in numbers, which are not discussed here.

CHAPTER 7

METHODOLOGY

7.1 INTRODUCTION

The aim of this study was to look at families that had suffered incest with a special focus on the meaning and perceptions of incest by the mother. The mother, a non-offending parent in father-daughter incest, is considered an indirect participant with a “subtle” influence on the dynamics of incest.

The study aimed to find answers to the following questions:

- How is incest perceived and dealt with in the African culture?
- How do African mothers handle incest?
- To what extent are Western models of incest adequate for understanding incest in the African culture?
- To what extent are Western intervention strategies relevant for handling incest problems in the African culture?
- What are the specific needs of the mothers?
- How can we develop good intervention strategies in an African context?

The objectives of the study were:

- to explore the adequacy of Western models in dealing with incest in the African culture;
- to explore the extent to which Western intervention strategies might be relevant for handling incest in the African culture;
- to understand perceptions of incest by Africans;
- to understand how African mothers handle incest;
- to identify the mothers' specific needs;
- to develop intervention strategies appropriate to the African culture.

The research reported in this thesis consisted of three studies:

- (i) The Community Survey study, which was aimed at obtaining some understanding of the views on incest by the culture in which I was working.
- (ii) The Mothers' Perceptions study, which consisted of surveying women in the sample; and,
- (iii) The Attribution of Blame study, of which the sample included the mothers from the previous study and selected professionals working with abused children in courts.

I shall refer to the above-mentioned studies respectively as: the Community Survey, the Mothers' Perceptions About Incest Study, and the Attribution of Blame Study.

7.2 STUDY 1: COMMUNITY SURVEY

The Community Survey, the first of the three studies, was carried out in several communities in the Northern Province.

7.2.1 Sampling Procedure and Characteristics of the Sample

Letters were sent to the social workers in the province to request their assistance in doing the exploratory study. They were asked to display flyers at their workplace (hospitals and clinics, magistrate offices, child protection units offices, welfare centres) inviting volunteer participants. These different places were assumed to be the most likely to attract a sufficient number of responses from various members of the local community. Social workers who were approached for assistance were posted in the following sites: Mankweng, Giyani, Jane Furse, and Venda areas in the Northern Province. They represented areas of origin of different ethnic groups in the province, viz.: Northern Sothos, Tsongas, and Vendas.

The fifty participants who took part in the study were a heterogenous group of volunteers selected using a “snowball” method of sampling. The following are the characteristics of the sample:

**TABLE 1: DEMOGRAPHIC INFORMATION OF THE 50
COMMUNITY MEMBERS SURVEYED**

CHARACTERISTIC	FREQUENCY
<i>GENDER</i>	
Male	18
Female	32
<i>AGE GROUPS</i>	
Below 29 years	6
30 - 44 years	19
45 - 59 years	
60 years and above	8
<i>ETHNIC GROUP</i>	
Venda	12
N. Sotho	26
Tsonga	11
Others	8
<i>OCCUPATION</i>	
Unemployed	4
Labourers	21
Civil servants	3
Self-employed	14
Headmen	4
Traditional healer	1

7.2.2 Instruments

An exploratory interview was conducted using a schedule constructed from a combination of guide questions obtained from literature and my experience working with the abused (Appendix 1). The questions focused on: how incest is viewed by Africans; how it is dealt with, what factors contribute to it; and on how local people see the involvement of professionals when incest occurs in the community.

7.2.3 Procedure

Four research assistants were involved. These were honours students of Psychology who could speak the four different languages and were trained to interview the subjects with sensitivity. Each participant was given a letter describing the aim of the interview, and thereafter was asked to sign a consent form and confidentiality contract.

A maximum of two interviews per day were conducted and each interview lasted one hour. The interviews were taped and transcribed immediately after the sessions and filled in on the open spaces of the guide questions (see Appendix 1).

7.2.4 Data Analysis

The data from the Community Survey was coded, analyzed, and through the reading and re-reading of the responses to the open-ended questions, it was grouped into themes. The help of an independent rater was sought and enlisted for validation purposes. Findings are thus presented thematically, based on a high level of inter-rater reliability achieved between the two analysts who, independently, coded and grouped the data into themes.

7.3 STUDY 2: MOTHERS' PERCEPTIONS STUDY

7.3.1 Sampling Procedure

In this study, families were recruited from crisis centers dealing with sexually abused children located at social welfare offices, child protection units, hospitals, and psychological clinics, in the Northern Province. The selection criteria were: to be a black African; to have a dependent daughter that has been abused by either the biological father or the step-father; and to be originally from the rural Northern province, even if the place of residence is outside the province.

Each family was interviewed as soon as incest had been reported, or after referral for intervention. In this way, purpose sampling was used. In addition, it was requested that the

participating family members should agree to serve on the study with subsequent referral for further psychological intervention at the university clinic.

7.3.2 Characteristics of the sample

Participants consisted of 30 mothers of sexually abused daughters from families that reported sexual abuse of their daughters to the different agencies, such as: social welfare offices, hospitals, child protection units, and private clinics for psychologists. The mothers' average age was 41 (range 27-56), the daughters', 14 (range 04-23), and the fathers' 45 (range 29-60). Among the mothers, twenty came from the rural areas, whilst three and seven respectively came from semi-urban and urban areas of the Northern Province.

Of the 30 participating families, 21 were no longer intact, while nine were still intact (i.e. mothers and fathers were not separated). Twelve mothers were parents of daughters sexually abused by their biological fathers, whilst eighteen were of parented daughters, that is daughters sexually abused by their step-fathers. Twelve mothers stated that their daughters had been abused at the age of twelve or below, whilst eighteen mothers stated that their daughters had been abused at the ages between thirteen and twenty three.

The mothers used in the study came from families with the following characteristics (Table 2):

TABLE 2: DEMOGRAPHIC INFORMATION OF 30 WOMEN SURVEYED IN THE MOTHERS' PERCEPTIONS STUDY

SITUATION PREVAILING	FREQUENCY
<i>LIVING CONDITIONS</i>	
Poor	20
Reasonable	8
Good	2
<i>RESIDENTIAL AREA</i>	
Rural	20
Semi-urban	3
Urban	7
<i>AGE RANGES</i>	
Father	29-60
Mother	27-56
Daughter	04-23
<i>AGE RANGES OF DAUGHTERS</i>	
Under 12	14
Above 12	16

7.3.3 Instruments

The instruments used in this phase of the study were: a semi-structured interview schedule (Appendix 2); a structured questionnaire(Appendix 3); and an Attribution of Blame scale

(Appendix 4). The items in the semi-structured interview were based on the literature about disclosure issues of incest, reactions and the family background as well as the mother-blaming theories. The format was that of an explorative clinical interview aimed at interviewing the participants with an empathetic understanding of their predicament.

The structured questionnaire used themes that had emerged from the in-depth interviews conducted in the first phase of the Mothers' Perceptions (Appendix 3).

The questions covered the following aspects: personal convictions about the incidence of incest; effect of incest on the daughter; impact of incest on the family; reactions of mother, father and daughter to incest; reactions of family (in-laws and family of origin); action taken by the mother; sources of help; view on the assistance provided; removal of the incestuous daughter; perceptions of attitudes by the family, in-laws and community; issue of blame; issue of secrecy; and coping strategies.

7.4.4 Procedure

Ten mothers were recruited for the in-depth interviews in a pilot study which was used to develop an instrument for a larger sample. Twenty additional mothers were introduced in the second phase study of the study, bringing the total sample to thirty. The group of 20 mothers

were initially interviewed by myself for consistency with the first group of 10. After I had conducted all the in-depth interviews I then involved the social workers who worked with the mothers when the cases were reported in the administration of the structured questionnaire.

The use of social workers ensured skills in working with the kind of sensitivity involved in incest. Indeed, each of the social workers became part of an instructional meeting on the procedures in data collection. The instruction involved: a brief description of the aim of the research, the choice of the qualifying mothers for the study, and the care and sensitivity required in approaching the mothers. After they had been trained on the use of the instrument, the social workers introduced me to the family in order to start with the in-depth interviews.

At this stage the participants who required treatment were referred to the psychology clinic and hospitals for professional assistance. My colleagues within the same center where I work as a clinician, assisted the clients.

7.4.5 Data Analysis

In the collection of the data, note-taking was done immediately after the interviews. Audio recording of the interviews was ruled out, most participants having objected to the idea of being tape-recorded. Like in the Community Survey study, the analysis of the data for the grouping

into themes was carried out separately by myself and an independent analyst. Final themes were arrived at on the basis of high level agreement between the two of us. The categories developed from the in-depth interviews of the first ten mothers, were used to develop a structured questionnaire which was analyzed quantitatively and described qualitatively as chronological or process data.

7.4 STUDY 3: ATTRIBUTION OF BLAME STUDY

Participants in the Attribution of Blame study were professionals from six provinces of South Africa (Free State, Natal, Gauteng, Northern Province, Mpumalanga, and The Cape) who attended a forensic workshop held in the Northern Province.

7.4.1 Sampling procedure

The professionals who attended a forensic workshop volunteered to participate in the study. The “snowball” procedure, consisting of asking participants of the study to pass the message around and invite others to complete the Attribution of Blame scale on a voluntary basis was used. A comparison group, the sample of mothers who had participated in the Mothers’ Perceptions

study, was used. The mothers completed the Attribution of Blame scale as part of the questionnaires administered in the Mothers' Perceptions study.

7.4.2 Characteristics of the Sample

The average age of the 30 participating professionals (two males and 28 females) was 30 years (range: 20-40 years). Three were social workers, sixteen psychologists, five legal professionals, and six members of the child protection unit. Ten of the 30 professionals were native speakers of Sotho; two, of English; eight, of Afrikaans; two, of Zulu; eight, of Xhosa; and five, of Tsonga. Seven of the professionals had dealt with father-daughter incest for between four and five years; twelve, for eight years and above; and only one each, for respectively between six and seven years, and for between two and three years. Five professionals had two to three years' experience in forensic work; seven, four to five years; only one, six to seven; and twelve, eight years or more.

The demographic information of the thirty professionals is summarised hereunder (information on the mothers is the same as the one presented in the previous section):

TABLE 3: DEMOGRAPHIC INFORMATION OF THE 30 PROFESSIONALS SURVEYED

CHARACTERISTIC	FREQUENCY
<i>GENDER</i>	
Male	2
Female	28
<i>AGE GROUPS</i>	
20-25	1
26-30 years	11
31-35 years	7
36-39	5
40+	6
<i>HOME LANGUAGES</i>	
Sotho	10
English	2
Afrikaans	8
Zulu	2
Xhosa	3
Tsonga	5
<i>OCCUPATION</i>	
Social worker	3
Psychologist	16
Legal professional	5
SAPS/CPU	6
<i>YEARS OF EXPERIENCE IN FORENSIC WORK</i>	
2-3	5
4-5	7
6-7	1
8+	12

<i>NUMBER OF FATHER-DAUGHTER CASES STUDIED</i>	
2-3	1
4-5	7
6-7	1
8+	12

7.4.3 Instrument

For the Attribution of Blame study, the Jackson Incest Blame Scale (JIBS), an adaptation of Jackson Rape Blame Scale, was used. It consisted of 20 statements representing ways in which people can attribute blame in incest. The respondents were required to indicate their agreement and disagreement on which point 1 indicated strong disagreement, point 5, strong agreement. Internal validity was measured by means of Cronbach alpha at .70 and .80 range (Jackson & Ferguson, 1986). Factor analysis in previous research found four factors for blame attribution viz.: victim blame, situational blame, offender blame and societal blame, which consistently yielded same factor solutions. Items on the blame scale, centred around attribution of blame to the offender, the victim, situation and the society.

The scale was also tape-recorded and presented in Sotho to ensure similar presentations to all the participants. The translation and back translation was done from English to Sotho and audio

taped for the mothers who could not read such formal material on their own. For the professionals, the English version of the scale was used.

7.4.4 Procedure

The same social workers who administered the questionnaires to the mothers in the Mothers' Perceptions study administered the Attribution of Blame scale, guiding the respondent mothers in the completion of the scale.

For the professionals in the forensic workshop, the attribution of blame scale was administered by myself. The completion of the Attribution of Blame scale took approximately twenty minutes. Confidentiality was guaranteed by only using numbers on the scale sheets which were later matched with the respondents' details on a separate form.

7.4.5 Data Analysis

The item scores from Jackson Incest Blame Scale were added where a score of 1 was allocated for strongly disagree and 5 for strongly agree. High scores on each item indicated more blame based on the item and vice versa. The total number on the sub-scale were calculated taking the

items that made up the sub-scale and high score indicated that the participant attributed more blame on that particular sub-scale and the lowest scores meant low attribution of blame. The mean scores for mothers per item first and then per sub-scale are presented on a table using descriptive statistics (Appendix 4). The mean scores for each item and sub-scale were calculated and summarized also shown (Appendix 4). A table for the frequencies of agreement and disagreement of the respondents “mothers and professionals” to the Jackson Incest Blame Scale and graphical representation is also provided (see Appendix 5 and Figure 1). Further analysis involved the use of *t*-test for paired samples ($n=30$) to look at the differences within thirty mothers on their attribution of blame on the different sub-scales. Mothers were divided into the following paired groups: perceived poor/good couple relations; poor/good mother-daughter relations; and mothers of younger/older daughters. A *t*-test for differences in mean attribution of blame was conducted using the categories (See appendices 6,7,8). To establish possible differences between the mothers and the forensic professionals, a *t*-test for independent groups ($n_1= n_2=30$) was used (Table 4). The significant results were used to describe the possible patterns in blame attribution by the mothers and professionals independently, and the attribution in comparison for both groups. These patterns were discussed in relation to the findings in the Community Survey as well as the in-depth interview, and the questionnaire in the mothers perception study.

7.5 RATIONALE FOR THE CHOICE OF METHODS USED

In choosing a research design, the appropriateness of the chosen methods used to carry out the research must be demonstrated. Furthermore, there should be an in-built flexibility in the design to enable the researcher to include elements of the traditional plans, as well as the right to modify the plan during data collection (Marshall & Rossman, 1995). The present research used a combination of qualitative methods and quantitative data.

Qualitative methods were used to collect data for the community survey and the mothers' perception study. Questions used in the questionnaire, were constructed from the responses and assumptions made from the responses in the indepth interviews. The use of data from the community survey and the attribution of blame scale for the exploration of patterns of blame attribution; and the quantitative as well as the qualitative methods used in the Mothers' Perception study, constituted a triangulation of methods and findings in the study (Denzin, 1973).

7.6 METHODS USED

7.6.1 Qualitative Methods

Qualitative research is defined as a “multi-perspective” approach (utilising different qualitative techniques and data collection methods) to social interaction, aimed at describing, making sense of, interpreting or reconstructing this interaction in terms of the meanings that the subjects attach to it (Denzin & Lincoln in Vos, 1998). Early discussions of qualitative methodology by Weber entailed issues of “meaning” in Sociology, as an attempt towards the interpretative understanding of social action (Weber, 1947)

This qualitative methodology is an anti-positivistic approach which discards the notion of an external objective reality. It aims at understanding reality by discovering the meanings attached by people to the settings. To the qualitative researchers, behavior is intentional, creative and can only be explained and not predicted (Vos, 1998).

In terms of epistemology, unlike in quantitative research, the qualitative researcher does not see himself as detached from the object studied, but is subjectively involved in the interaction with the subject. Lastly, qualitative research is dialectical and interpretive: the researcher is continually in interaction with the participants, wherein the participants’ world is discovered with continued interpretation.

In the present study, I chose to use qualitative methodology, in-depth interview, to deal with the issues around incest. The aim is in line with choosing a method that will best deal with a topic in an exploratory nature. The in-depth interview is described as “conversation with a purpose” (Kahn & Cannell, 1957, p. 149). The fundamental assumption in this method, is to converse with the aim of exploring the general topics in order to uncover the respondents' meaning perspective. The researcher should, in using this method, respect the respondents' own framing and structuring of responses. The phenomenon studied should unfold in accordance with the participant's way of viewing the phenomenon and not the researcher's view. According to (Marshall & Rossman, 1995) the researcher should be able to demonstrate through conceptual framework that the interview uncovers events through the participants eyes.

The rationale for using in-depth interview as one of the methods for data collection, in this study, is that, among many factors, incest is a very sensitive topic that needs to be studied with extreme sensitivity towards the participants. Trained and skilled interviewers will thus be required to conduct such in-depth interviews.

Westerlund (1992) holds that a qualitative methods would be an appropriate method for data collection in incest because it being such a complex subject, the use of qualitative methods for data collection would bring out the experiences of the participants in an exploratory and descriptive form. For being relatively new, especially with an African perspective, incest research would require a more exploratory approach provided in the qualitative methods.

Systematic sampling required in other forms of data collection, would, according to Westerlund (1992), become very difficult with incest study because of its sensitive nature ; and that its very obscured nature, filled with myths, would call for research that can be approached from the participants' experience as an expert, for further discovery and understanding- a stance that is only possible with a qualitative approach.

7.6.2 Quantitative Methods

This is a positivist approach to research which aims at objectifying data. It is used in this study to show the objective responses of the mothers on the issues that emerged from the qualitative data. The aim of using such a method is to ensure replicability and generalisability. The use of a structured questionnaire was engaged to validate by confirming the findings from the in-depth interviews conducted.

In addition, Jackson Incest Blame Scale was used as an objective scale aimed at quantifying the attribution of blame for more objective comparisons to the data obtained qualitatively from the interviews. The data was subjected to statistical analysis to see if there were any statistically significant attributions of blame by the mothers in comparison to other people and also in comparison to what they said in the interviews. Such objective measures allow generalisability of the data which would not be generalisable since a very small sample of in-depth interviews

were collected. The use of such a standardised instrument allowed for a larger sample and comparative samples that could yield significant results (especially in using the *t*-tests that are powerful statistical tests to show significant differences with minimal operation of chance factors). Such results are useful in validating qualitatively obtained findings.

7.6.3 Triangulation of Methods

The concept “methodological triangulation” is used to describe techniques attempting to obtain a rounded picture of a particular phenomenon by studying it from multiple viewpoints, drawing on different data sources, and involving different research methods. The two most common triangulation methods are those of triangulation by different sources and that of different methods (Kopala & Suzuki, 1999).

The rationale for using triangulation was to validate the findings. Triangulation is a verification method which is aimed at enhancing the credibility of findings and the interpretations thereof. The quantitative findings on the attribution of blame in incest became useful in validating qualitatively explored findings of the study and vice versa. The use of multiple methods is a form of triangulation in which different type of data provide cross-data validity checks (Patton, 1990 : 188). Researchers at family sexual abuse conferences have been reported to agree that multimethod, triangulated research approaches are especially appropriate in studies of families

with sexual abuse which help to avoid the limitations usually inherent in any single and unitary approach (Patton, 1991).

7.7 LIMITATION OF THE METHODOLOGY

The sensitivity of incest makes it difficult for researchers to get substantial numbers for research purposes. Ethically, research in such areas has implications for referral for treatment of the client. This, in turn, has implications for in-depth interviewing and the use of interviewers other than the researcher. Large samples are difficult to manage for in-depth interview by one person, thus leaving researchers with a limited choice to use small clinical samples and clinically skilled interviewers.

The problem of confidentiality around incest limited the availability of subjects. The sample consisted of individuals who had been publicly registered and seeking help. The problem in a case like this in which the researcher has no control over the sampling is that the study may be biased by over-inclusion of people with more serious problems, not including families who had not asked for assistance, or being publicly discovered.

In the second phase of the Mothers' Perception study, the use of several data collectors could not be avoided as indicated above. The limitations arise from these, viz.: the possibility of

researcher bias and a reduction in personal contact between the main researcher and the participants in the study. I was only able to see the participants for the initial contact and at the completion stage of the intake interview for the research. The rest of the contact was left to the professionals responsible for the cases.

The use in the gathering of the data by social workers who were working with abused children was meant to ensure confidentiality. However, its drawback was the differential level of achievement in interviewing among social workers without specialized interviewing skills. There was also the problem of representativity regarding the choice of the professionals that participated in the Attribution of Blame scale study. These were specialised professionals whom I chose because they dealt with such cases regularly. Their intimate knowledge of such cases might reduce the possibility of generalising the responses to the general population of professionals.

The themes from the interview and questionnaire data were condensed into existing theoretical concepts in incest literature and discussed in the context of Western and non-Western cultures taking into consideration emerging issues that were typically African and not covered in the Western literature on incest. A triangulation of methods was achieved by using the results obtained from the three studies: on the one hand, those from the Community Survey and the Attribution of Blame study, and on the other hand, those from the Mothers' Perception study.

Triangulation was used to compare information from three different samples. It was also used to look at the same phenomena measured by different methods (for example, blaming in incest).

7.8 THE ROLE AND EXPERIENCE OF THE RESEARCHER IN THE STUDY

My role as a researcher benefited greatly from my background as both a Clinical Psychologist and an African. My skills as a trained clinician helped me to engage the participants during in-depth interviews and gain their trust. These skills also enabled me to work with sensitivity and made it easier for the participants to narrate their experiences with as much confidence as possible and receive help. The interviews revealed the patients' dire need for expert help as well and their propensity to use "defence mechanisms". The use of these mechanisms appeared to permeate the women's stories during my research.

Tedeschi *et al.* (1995) suggest that evaluation of narratives and accounts that individuals make of their experience is very fruitful and can be a challenge to those who do not have the relevant training. As a clinician, I was able to momentarily eschew strictly traditional scientific methods and summarise the experiences of the individual clients without trying to test any hypothesis. This approach was also a way of testing the use of qualitative methods, especially in-depth interviews which elicit the narration of individuals' own stories. In so doing, I was able to identify patients most in need of treatment and those less so. I, therefore, designed a system of

fast-track referral with my colleagues in the clinic to ensure that help was immediately available to clients most in need.

Despite being an African, I realized that I had still much to learn about African cultures. One of the aspects of the African culture about which I did not know enough before the research was incest and its impact on families in which it happens. These families seemed to have a culture of their own. Nonetheless, my African background was an asset in my interaction with patients, who all were African. Working in incestuous families was about entering a new terrain with some general ideas on how to approach the people at least before any threatening aspects could be introduced. I was able to observe some general prohibitions, typical of incestuous families, about which I had had little knowledge before the research. The views of the professionals also added to my knowledge of incest and how to deal with it.

Working with incestuous families was very testing, as I had to face what Steele (1987) calls “shattered souls” that present themselves with the hope that someone might help them. The trauma of the women and girls who came for help also impacted on me as a listener and a passive observer. I came out with a lifetime of experience which would never be possible in my daily work had I not set out to study the particular issue of incest.

The cultural contextualisation of the treatment seems to hold some future for those who will work with the kind of patients I had as participants.

The findings and discussions on the three studies, the community survey, mothers' perception study and the attribution of blame study, follow in the next three chapters.

CHAPTER 8

COMMUNITY SURVEY

The Community Survey consisted of probing the community's understanding, hereinafter "perceptions held by those interviewed." The questions were open-ended and, thus, generated diverse responses which are reported using the frequency of occurrence. The numbers are in some cases small and are only used to show diversity in the responses for purposes of exploration.

The sample consisted of fifty volunteers from the Tsonga, Sotho and Venda ethnic groups in the Northern province. This was a heterogeneous group in response to a public invitation by means of a flyer posted at social welfare offices in Giyani, Venda, and Pietersburg areas, requesting volunteers to be interviewed. The ages of the interviewees ranged from 29 to 65 and above. The professionals involved were: teachers, the police, social workers, other civil servants, labourers, headmen, and a traditional healer.

The main findings are presented thematically in the following sections. The themes that emerged from the raw data are as follows: (i) meaning of incest; (ii) explanatory models (situational factors, economic factors; mother blame-related issues, societal structures blame-related factors; and (iii) intervention strategies (punishment/control of offenders, provision of support).

8.1 THE MEANING OF INCEST

The English word “incest” has no direct translations in the African languages, but the incestuous act is referred to by equivalents which tend to show the forbidden nature of the act. It is referred to as “bohlola” in Northern Sotho, “muiila” or “vhutudzi” in Venda, which means “something that is forbidden, a taboo” and is the same word that would be used to refer to the case in which a person lost a partner and could not engage in any relations until he/she was cleansed.

Incest was variously defined by the interviewees: as a sexual relationship between blood relatives; as sexual relationships between a father or stepfather and his daughter or stepdaughter; as a prohibited act of marriage between blood relatives.

Most respondents said they perceived incest as a scandalous act in the culture; or that they viewed it with disgust; or took it as a taboo; or considered it as sinful and, thus, condemnable. Extreme feelings against incest lead to the desire to isolate the perpetrators, as is illustrated by the following narrative:

When the society learns about such an act, the man is shunned by the community, they dissociate from him and not allow him to visit their homes.

Concerning the perceptions of the prevalence of incest in the community, sixteen participating mothers thought it was high. Others were uncertain about it, but believed that incest was rare.

When the question was narrowed down to perceptions of father-daughter incest, forty respondents stated that it was high. The remainder felt that stepfather-stepdaughter incest, too, was prevalent since stepfathers might not see stepdaughters as their real blood relations.

It was often problematic to start a discussion on the topic because some participants would dismiss the existence of such an act as something that does not exist since it is not acceptable. Discussions were done with a lot of reservations and in some cases people would even, as they were talking, express how disgusting it was that such a thing even could exist. Some said that they had never heard of it happening in their neighbourhood because people did not talk about it, and were not even expected to talk about it, as it was taboo. It seemed that people knew about the concept, but that they considered it an absurdity and were not convinced that it really could happen, even if they had heard about it. They generally felt uncomfortable discussing it, some expressed that the discomfort talking about it was related to their inner feeling of wanting to disconfirm its very existence. They thought that not talking about incest meant it did not exist and vice versa.

Most of the participants expressed the wish that when incest is discovered, it should be dealt with in the family to avoid it being talked about in public. The family members were thus not expected to talk about it outside the family circles, and it was considered shameful if members

of the family did anything to the contrary. As it can be noted in this study, most participants reported perceptions that incest is resolved secretly (n=37), that incest is hidden from the public (n=38), kept a secret, and only a few perceived incest as a matter that needed to be reported to the police (n=11).

The following are extracts from the participants on their perception of how incest is dealt with in their culture:

Incest was resolved secretly , and by all means prevented from exposure to the public.

It's resolved secretly within the family avoiding its exposure to the public as it is considered a disgrace.

The incest act cannot be talked about in public, It's resolved secretly within the family. There is strict confidentiality.

Elders of the family are called down to resolve the matter secretly. Tie down the daughter, to tell who made her pregnant, if she is pregnant and then resolve the matter in camera.

In the olden days such a crime would be discussed within the family and not be exposed to society. The child or physically mature girl molested will be removed from the family and be raised by the grandmother so that the child doesn't see the father anymore.

8.2 EXPLANATORY MODELS

The following four factors emerged from the participants' perceived explanation for incest occurrence, viz.: (i) Situational factors; (ii) Economic factors; (iii) Mother blaming-related factors; and (iv) Societal structures blame-related factors.

8.2.1 Situational Factors

Some respondents (n=10) stated that they perceived the cause of incest as being alcohol abuse by the fathers. Others perceived causes of incest were: men's mental disturbance (n=10), and their pathological desire for sexual activity (n=7). Also perceived as situational factors of incest were: lack of education, and unemployment (n=14); confusion in men, men's frustration, anxiety, lack of initiation school, and poor housing (n=14). Some respondents perceived that incest occur in some instances as rituals for preparation of daughters to enter into marriage, whereby a daughter is prepared to be able to deal with sexual demands in marriage; and in some instances incest is used as a cure for aids following a belief that aids can be cured if one sleeps with a virgin or a child. Reports of influence by Westerners were also made as perceptions by a few other participants.

The following narratives indicate perceptions of situational explanation of incest causation as described above:

Incest is the result of alcohol and drug abuse:

Incest is the result of marital problems.

Blacks hear that whites sleep with their daughters first before they get married, as a result they also practice the same thing.

Belief in men that if he has aids he can be cured by sleeping with young girls.

Men who suffer from aids “gain strength” by sleeping with children.

Civilisation and adaptation of Western ways.

Poverty, whereby the family stays in one room divided with curtains - no privacy between children and parents.

Because of mental disturbance in men.

Insanity causes this ill-mannerism in men.

Some respondents blamed incest on the availability of contraceptives (n=4), which they thought made people become promiscuous since the contraceptives reduced the fear of unwanted pregnancies. The negative feeling about the use of contraceptive has always been an issue among the Africans as a problem that interferes with their value for children. The expression of negativity towards the use of contraceptives in this study seemed to be a confirmation of how negatively contraceptives are considered in the African society.

Contraceptives help daughters to do it without fear. The contraceptives were never a good invention. They have brought problems to families.

8.2.2 Economic Factors

Some perceptions of causal factors centred around economic reasons. Some participants reported perceptions that girls become involved with the fathers for financial reasons, because some fathers give money as part of the incestuous relationship (n= 15). There were also indications that girls have discovered that they could also make money using their bodies:

Sometimes fathers ask the daughters to come along to town with them, they then molest them and bribe them with money not to tell anyone. When the daughter comes back, she becomes afraid to tell the mother and the deed continues

Money is the big issue, because of poverty and unemployment. Everyone wants to have a lot of money to meet their individual needs. Men who earn good salaries use money to bribe young girls and their daughters in exchange for sex and threaten them not to tell anyone.

8.2.3 Mother Blaming-related Factors

For some of the participants, incest occurred as a result of mother absence, with daughters becoming too used to their fathers and fathers regarded to be spending too much time alone with their daughters. Other respondents felt that the mothers do not take enough responsibility for

teaching the daughters proper way of dress by leaving the daughters alone with their fathers for long periods. The mothers who took part in the present research were seen by some participants as people who had the main responsibility of guiding their daughters, preventing extended contact with the fathers, and in that way avoiding incest occurrence.

The following are quotations of the respondents' perception on mother blaming related causes:

Absence of mother at home because of work. Sometimes men come back from work during the day and abuse the children.

Mothers leaving daughters in the care of fathers because of work.

Women who do not take good care of their daughters.

Young girls should be taught manners by their mothers. They should be taught to respect their fathers.

They should learn to communicate to their fathers through their mothers.

The daughters should not deliver their fathers food to their bedrooms.

Men should not be left alone with mature children.

Young girls who are mature, should be taught to avoid having affairs with older men and fall in love with their peer group.

Young girls should be taught traditional norms and values by their mothers.

8.2.4 Societal Structures Blame-related Factors

Some of the participants perceived that incest is connected to patriarchy; and that incest results from oppression by the fathers, related to men's superiority. Men think they have the right to do anything without being questioned, and incest is connected with power and oppression

Our society is male dominated. Men like boasting about their dominance, they only want to be heard and do not want to listen to other people.

Men tend to use their power to abuse women. They also take advantage of their childrens' trust in them.

Men use their authority to get what they want and oppress people around them. They use power to manipulate women.

8.3 INTERVENTION STRATEGIES

8.3.1 Punishment/Control of Offender

One of the frequent responses to this question was that severe punishment should be considered after discussions held with the chiefs and the indunas (n=9). Indeed, the majority of the respondents saw the law as being too lenient (n=33), and that sentence should be as heavy as it used to be in the traditional courts, where people could be killed for incest. The desire for severe punishment and the feeling of hopelessness in view of the perceived leniency of the authorities were variously expressed as follows:

The law is not punishing these men correctly or seriously that is why this thing is re-occurring.

These men should be given many years in prison so that the society can forget about them.

The society feels that the law is not doing its best when dealing with these people, the perpetrators are set free.

The law is lenient when charging perpetrators.

These people must be punishable, to be put to death.

The men deserve to be put into prison for a very long time so that they can be forgotten in the community.

The judicial system is lenient towards these men, they should be given a long sentence, so that they are never seen again in the society. How's the daughter going to feel, growing up with such a disturbed man?

The government is lenient. It has abolished the death sentence, in a way protecting criminals. This encourages criminals to commit crime knowing that they will only be imprisoned and not die.

Traditionally, the punishment of incest was very severe. The man after being reported to the chief's kraal was tried by the lineage group and if he was found guilty, he was rolled down a steep mountain and left to die so that such an act should never be heard of in the society.

In olden days a man who committed incest was considered insane, and a traditional healer was summoned to heal him.

The man who committed incest, was tried, fined heavily and toppled by being humiliated in front of the lineage group.

Men who committed such an act were sometimes chased from the village to reside elsewhere where they are unknown.

8.3.2 Provision of Support

The responses to the perceptions of the provision of support were that there is need to educate daughters about respect for elders (n=10); and public education has to be relevant (n=2). Mothers were blamed for children's behaviour (n=2) and thus, expected to take responsibility for educating the children teaching them traditional values (n=4).

Daughters should be taught, or not be allowed to enter their fathers bedrooms.

Teach daughters not to allow any man who asks them for sex.

Young girls should be taught to respect older people and these men should be warned against giving money to bribe girls into having sex with them.

The majority of the participants were not aware of any methods available for intervention (n=37); some perceived secrecy to be the way out (n=3); and others reported perceptions that counselling should be used (n=3). Responses on ways of helping the daughter were: medical examination at hospitals (n=25), with referrals to the social workers (n=12); and removal of the child to the relatives (n=5). Helping the girl with herbs and some rituals to abort were also suggested (n=3).

Helping the mother did not seem to be an urgent concern for the respondents. The mother was assumed to be helped by the elders. But some perceived that the woman was ignored (n=6) or that not much could be done except to console her (n=5) :

“Mutsiko”, meaning that the woman is oppressed and no one cares to help her. There is not much help for women, except to console and comfort them.

Nothing in particular is done to help the women because they are expected to persevere the pain. Our society expects them to just bear the pain.

The mother will be comforted by the elderly women, but when she goes to the bedroom, it will never be the same.

Tshielo tsho kaliwa (Ngoma yo ita mme ya dovha ya ita nwana), translated as: the mothers and the daughters' vaginas have been compared.

Mothers are not helped by anyone, sometimes she would choose to leave the husband and take her daughter with to be raised by the grandparents.

Ignored. They have to deal with the problem themselves.

Mother is not helped, this leads to breakage in the marriage.

8.4 DISCUSSION

In considering several aspects of incest, many similarities can be found in the Western and the African literatures. Similarities are mainly: the view of incest as a taboo, and the tendency to blame the mothers for incest on the ground that it is facilitated and encouraged by their long absences and ill-health. There were, however, some differences that seemed to be culture-bound and different from the Western perspective.

The dependence of black families on extended families seems to play an important role in dealing with problems around incest in the families. The removal of children to the maternal grandparents after incest has occurred seems to be an immediate alternative to keeping the child in the nuclear family. The use of the traditional healer and the herbs was also outstanding as compared to other cultures. The use of “kgotla” makes it possible for people to have some alternative to the use of the legal system which is reported to be too lenient.

Criticism levelled against the legal system which is seen to be lenient seems to be a contradiction in a culture where people view incest as a very secretive occurrence. It would be expected that people would not even regard the use of the law as warranted/appropriate since it would publicize incest. Some respondents, nonetheless, felt that the judicial system’s response to incest was inadequate, in comparison to the “kgoro” system.

The apparent contradiction of the criticism of the judicial system, in view of the secrecy that is advocated in this culture, seems to be that the culture holds that its traditional methods were more stringent and when they deal with such perpetrators, secrecy is not as adhered to as when the traditional judicial system is used. It seemed people regarded the judicial system as more public than the kgoro system; which in essence, is also public. But the traditional people seemed to accept this kind of publicity as being inevitable for local villages’ law enforcement. It was noteworthy that some utterances were that such courts were more desirable than the government courts.

Respect for adults seemed to be a very important yardstick used to infer the rightfulness and wrongfulness of behaviors. The mothers are expected to be the teachers of such behaviour. Such behavior generally will be used to determine the extent of harmony in the home. It may also serve as an indicator of things not going as well as they should. This is why, in some cases, incest can be inferred from such decrease in respectful behaviour.

The treatment procedures are reported to be few and often not available at all. However, people seemed to feel a need for intervention to treat the men (considered mentally ill) and the victims.

So far in the thesis, I have dealt with the Africans' understanding of incest. The method of intervention has implications for improvement in the teachings of respect for elders and for families by the men, and responsibility on the part of the women to report incest and help the daughters. These areas are highlighted in the study as follows: the African families' value for respect, and how it seems to be a useful entity to include in designing intervention strategies to suite their needs. There is generally a problem of diminishing respect for elders, and the elders frequently attribute wrongful behaviour by youngsters these days to such a lessening of respect for adults. There seems to be clear changes in value systems between generations. This will clearly create problems of interventions if such change in values is ignored. However it should also not be expected that a change by daughters in showing more respect for adults will necessarily reduce incest or help the victims.

This study covered only a few ethnic groups in the Northern Province, which is a limitation in this study. Future research can benefit our understanding in this area if more groups and larger samples are used for more generalisability. The caution laid on foreign intervention based on the results from this study is minimal and could be increased with input from larger and more comprehensive data.

CHAPTER 9

ATTRIBUTION OF BLAME STUDY

The Jackson Incest Blame Scale (JIBS) was distributed to the thirty mothers of incest families in the present study; and a comparison group of thirty professionals attending a workshop on sexual abuse.

The professionals in this study all worked with sexually abused children as forensic clinical social workers, forensic work-trained SAPS officers, magistrates, clinical psychologists, or prosecutors. The ages of the participants ranged from 20 to 50 and their involvement with forensic work ranged from 2 to 10 years. They came from all the provinces in South Africa.

The same scale was administered to the mothers and the professionals. The results from the professionals and that of the mothers were compared and the following findings emerged.

TABLE 4: SUMMARY OF MEAN ATTRIBUTION OF EACH GROUP PER SUBSCALE

	MOTHERS		PROFESSIONALS		<i>t</i> -value
	mean	sd	mean	sd	
SOCIETAL BLAME	17,4667	4,812	16,2	3,547	<i>t</i> = 1,16 <i>p</i> >0,251
SITUATIONAL BLAME	15,1333	3,048	14,3	3,395	<i>t</i> = 1,00 <i>p</i> >0,327
VICTIM BLAME	16,3667	3,882	8,2667	3,039	<i>t</i> =9,00*
OFFENDER BLAME	13,9	2,952	18,1	2,325	<i>t</i> = -6,12*

* significant at *p*: 0,0001

Table 4 above represents mean scores of mothers and the professionals responses on the blame scale which are also graphically shown in Figure 1 in the Appendices. Attribution of blame is indicated no the society, the offender, situation and the victim.

The table also shows *t*-test results on the differences of mean scores for attribution of blame to the society, situation, victim and offender by the mothers and the professionals. The test showed that there were no significant difference between professionals' and the mothers attribution of blame towards the society and the situation.

However, there was a significant difference between the two groups' attribution of blame towards the victim, with mothers attributing more blame to the victim than the professionals.

There was also a significant difference between the two groups' attribution of blame to the offender, with the professionals indicating more blame on the offender.

Discussion

The differences in the attribution of blame between the mothers in incestuous families and the professionals, on the offender, and the victim is in line with findings from other studies which have shown similar findings with legal professionals. This greater tendency to blame offenders by the professionals, may be explained as a tendency by legal people to focus on punishment of offenders more than any other type of professionals.

In a study conducted by Saunders (1988) social workers, police and district attorneys were compared in terms of their attribution of blame. A significant difference was found between public defenders and this group of social workers, police and the district attorneys who were found to be strong advocates for victims and the public defenders advocated more for the offenders. Saunders concluded that such conflict between professionals result from the fact that sexual abuse is not clearly indicated to be a sickness, a crime or a family problem.

In another study of the psychologists' attitudes towards male survivors, blame of perpetrators increased with the perception of the victim as passive and decreased when the victim was

perceived as rebellious. Findings from other studies indicate that the victim is usually blamed if he/she is seen to be responding in an encouraging manner (Broussard & Wagner, 1991).

Studies conducted on psychologists have shown that their attitude towards men become significant predictors for male victim blaming and their experience in working with such cases, also showed significance in the prediction of perpetrator blaming. Agreement on the coercive elements in an incestuous situation, was associated with attribution of less blame to the victim as indicated on the high correlation between Jackson blame scale and Attitude towards incest power dynamic subscale ($r = -0.30$) (McKenzie & Calder, 1993). It seems from these findings that the work positions held by the professionals do affect the way they perceive perpetrators and victims roles in the incidences of incest.

As a group, mothers seemed to blame their daughters more and their husbands less than the professionals did. For further analysis, mothers were divided into different categories: Older/younger daughters, poor/good relationships with the daughters and poor/good couples relationship. The groups were compared on how they attributed blame (see Appendices 6-8).

Although the numbers were too small for statistical significance, the patterns that emerged are worth noting for qualitative descriptions. Mothers tended to show more victim blame with older than with younger daughters (Appendix 8), and when the mother daughter relationship was poor (Appendix 7). The same applied in couple relationships where mothers in poor relationships,

attributed more blame to the offender than in good relationships, where the blame was more on the victims (Appendix 6).

The results on the attribution of blame in this study brought some perspectives into some of the patterns that emerged in the other parts of the study. The findings were however not without limitations. Lack of generalisability of the findings in the relationship between mothers blaming with her relationship with daughters or husbands because the sample used were very small for statistical significance might be seen as a limitation of the study. The use of the specialised professionals too, could be a bias for offender blame attribution since these professionals were involved with the offenders for purposes of proving their innocence or guilt with implications for punishment. Future studies could use enlarged samples and use professionals in other areas for comparability.

CHAPTER 10

MOTHERS' PERCEPTIONS STUDY

This study addresses the mothers' experiences and perceptions obtained by means of interviews with the 30 women of the sample, mothers of incestuous girls. A structured interview was administered them.

The mothers' perceptions of how to deal with incest, as they experienced it, will be discussed in terms of: how they discovered incest; their initial reactions; how they dealt with it after discovery; how they perceived help provided; what they considered were the causes of incest; who they blamed; and how they dealt with the long term effects of incest.

10.1 MOTHERS' PERCEPTIONS OF DEALING WITH INCEST

How did mothers find out about incest?

TABLE 5: ROUTE OF DISCLOSURE

Route of Disclosure	Reported frequencies
Mothers discovered	5
Daughters disclosed	10
Fathers disclosed	2
Other family members	8
Professionals disclosed	5

Disclosure of incest is reported to be a very difficult event for most families. This seemed to go for most families too in my study, although to some, it served as a relief from long held suspicions that something seemed wrong in the family. Disclosure was done in different ways. In most cases, it was done by the daughters themselves, by reporting the abuse to the doctors during medical examination, some through the relatives who ended up telling the mothers, and a few cases of reports were made to the mothers directly.

In the case of younger daughters, the abuse was discovered by mothers themselves. These mothers reported that the daughters complained of pain in the genital area during bath time and discharge was also noticed on the childrens' underwear. There were also a few children that exhibited behavior problems which the mothers followed up and came to find out through the professionals that the child was abused. In other cases, mothers discovered accidentally when the daughters were taken for medical examination and it came out that they were pregnant from their fathers.

In only two cases was the disclosure done by the abuser himself. These men abused the daughters in front of the wives. The wives saw the whole action as a way in which husbands wanted to spite them especially. This occurred in families where physical abuse was also prevalent and the fathers were step fathers who claimed that they had no blood connection to the girls. There were also reports of extramarital relationships in these families.

The only case of disclosure done through the professionals happened accidentally either through the daughter's medical examination for different reasons, or the daughter having consulted a professional secretly for help. Discovery of pregnancy in six out of eight daughters who fell pregnant in this study, happened when the daughters had been taken for medical examination for exhibiting symptoms that mothers reported not to have associated with pregnancy, nor thought about the involvement of the fathers.

Disclosure in some cases came as a result of the mothers' confrontation of the daughters who started showing lack of respect towards their fathers. In three families the mothers experienced decline in discipline and lack of respect towards the abusing parent. The mothers became very disturbed about this sudden lack of respect which might have lead to negative evaluation by others of their child rearing practices. They seemed to feel that disciplined children was a very important part of child upbringing. When they then confronted the daughters about their lack of respect, the incest was disclosed. As the mothers expressed themselves in the interview, it seemed that the disclosure of incest was a kind of relief in that it made them at least start to

understand why the children behaved as they did. The incest disclosure made them at least see themselves not as failures in child rearing with regard to respect issues.

Similar patterns of disclosure are reported in Western literature. Accidental reports have been reported with preschool children who exhibited behavior problems of showing isolation, withdrawal and sexualised play, regression and disturbances in daily life in the areas of being fearful, experience of flashbacks, nightmares and screaming at night(Biere & Runtz in Wyatt et al, 1988). Reports were also made of children that showed mutism symptoms. In the present study also, one child presented with mutism symptoms and three daughters who were finally diagnosed with abuse, had been brought by the mothers to be treated for the experience of flashbacks.

It is noted in Western literature, too, that incest accidental revelation occurred with the discovery of the daughters pregnancy. In a study by Riemer (1940), 12 % of his Swedish sample had incest revealed by the daughters pregnancy. Kubo (1959) reported that more than half the subjects in his study with Japanese gave birth to incestuous children although two of them committed infanticide. Merland, Fiorenti and Orsini (in Mrazek et al, 1981) found in their French sample of thirty-four, five incestuous pregnancies. In his court collected German sample Maisch (1972) found that 20% of the daughters were pregnant by their fathers. In the present study eight pregnancies occurred out of a sample of thirty.

Disclosure of abuse to the mothers by the daughters happened in a considerable number of cases in the present study. Such disclosure happened as a result of some form of confrontation ranging from direct confrontation by the mother and also through medical examination. This is in line with a study done by Herman & Hirschman (1981) with adult survivors of childhood abuse where the women indicated that they did not tell their mothers directly about the abuse. Instead they reported to the relatives whom they knew would ultimately tell the mothers, but the main aim of telling was in most cases for purposes of having a confidant. In a series of ninety-seven cases of incest, seen in Seattle, over half of the children reported first to a friend, relative, or social agency and the remainder reported to the mothers (Herman *et al.*, 1981). In this study, two daughters reported the abuse to their aunts, who later disclosed it to the mothers.

In other studies, it was found that the daughters did not disclose for they were well aware that such a disclosure could be disruptive to the family (Herman *et al.*, 1981). Some found that it would not be worthwhile to tell the mothers because the mothers would never believe them.

The patterns of disclosure of incest revealed in Western literature seem to be rather similar to what was found in the present study. Disclosure often happens accidentally and it seems that mothers are not the most favoured for disclosure, but usually discover incest through suspicions and accidental occurrences, or indirectly from other sources.

How did the mothers react initially?

The following are the frequencies of reported initial emotional reactions shown by the mothers:

TABLE 6: REACTIONS TO INCEST

Anger	10
Shame	11
Disbelief	7
Self-blame	2

The mothers of incestuous girls surveyed in the present research reacted in different ways when they discovered incest. Anger and shame were the most frequently reported emotions but also denial of facts about the abuse. Two mothers blamed themselves, and expressed regret and perceived themselves as having not being protective enough.

The mothers feeling most angry were mothers of the younger girls. The abuse of their younger children was perceived as an unforgivable act of the fathers, and they expressed feelings that they had failed to protect their helpless children.

The mothers who reported that the whole disclosure brought shame to the family, somehow seemed to feel that they, themselves, were the most shamed. The mothers spoke like they took responsibility for all the shame that was supposed to be experienced by the family and made it become their shame, as it could be seen in the way they took the responsibility of assisting everyone in the family.

The next response seemed to be around the fact that some of the women, in the study, did not seem to blame the man primarily. They had other concerns about what could have precipitated such an act in the family. Some of the mothers expressed the possibility that the man could have been bewitched for him to behave like this. Some women only mentioned it in passing and others described how they even went about trying to work out treatment solutions with the traditional healers because they strongly believed that something could be done to help the man. In this, the men seemed to assume a “victim position”.

How did mothers deal with the immediate situation?

The following are frequencies which shows how mothers dealt with the immediate situation after incest disclosure.

TABLE 7: MOTHERS’ ACTION AFTER INCEST DISCLOSURE

ACTION TAKEN	FREQUENCIES
Confronted the culprit man	7
Reported to the in-laws	15
Reported to outside agencies	3
Removed daughter to grandparents	11

In fifteen of the families, incest was reported by the mother of the incestuous daughter to her in-laws before she could disclose to any one else. The aim being to have the husband reprimanded

and the family restored. Out of fifteen such reports, fourteen were regretted later, when the inlaws became very difficult.

Those mothers who talked to the inlaws first, thought they were the only people who could reprimand the husbands. The involvement of the inlaws in supporting these women, was however, short lived in some cases since the support seemed to have been given only to secure the incest secret. This was evident when the wives opened cases, because the in-laws withdrew the support.

When this crisis occurred, most mothers indicated that they felt that they were faced with a dilemma of who to tell and how to deal with the disclosure itself. Another difficulty, for some mothers, was which of the husband and the daughter they had to confront. In the case the husband had to be confronted, there was the added problem of who would best be of assistance to the wife in her attempt to confront the incestuous husband. Some of mothers felt that they could not rely on their own families, given the feeling of shame which might deter the latter from being involved. Siblings usually shun their own relative, a mother of an incestuous daughter, whom they consider as the “laughing stock” of the family.

In search of support, three mothers had recourse to social workers, after the discovery of incest at the hospital revealed through the diagnosis of pregnancy during a medical examination. The mothers confronted their daughters for the disrespect shown to the father.

Most mothers, however, received support from several sources, such as: in-laws, professionals, and family members. The level of support obviously varied widely as did its impact. Elbow & Mayfield (1991) believe that mothers' behaviour should be viewed in terms of their frame of reference in that the disclosure itself forces some tasks on the mother, viz.: to assess the accuracy of the information; to determine what such an incidence would mean to her family; to make a decision about the information received and to locate and use new resources. These tasks make it difficult for the mothers to react in ways expected of them by onlookers and their response to the support provided can only make sense if viewed in its context.

The following table summarizes the mothers' perceptions about services provided to them upon disclosure of incest involving their daughter.

TABLE 8: REPORTED IMPLICATIONS OF SERVICES PROVIDED (FREQUENCIES OUT OF 30)

	Very helpful	More difficult	Unchanged
Social worker	15	3	2
Police	6	6	2
Traditional leader	1	0	1

The assistance by the social workers was perceived to be very helpful by half the mothers in the study and only two interviewees found the involvement of the social worker as having made no change and only three considered the assistance to have made things more difficult.

Assistance by the police was found to have been helpful by six mothers, while an equal number of interviewees stated that the assistance provided by the police made things worse instead, and two saw no change after the involvement of the police. This fairly negative perception of the effect of police involvement might have something to do with the shock felt when, instead of supportive work of the social worker, the police unexpectedly involved themselves, with the unwelcome consequence of the imprisonment of the husbands. Indeed, it happened that even some of the women who had the courage to open a case against their incestuous husbands at the police eventually withdraw it. In 18 cases, women paid bail for their husbands, the arrest of the latter having been considered as shameful by the women.

In reaction to incest, eleven of the women surveyed in the study removed their daughters from the families and moved them to their relatives. These women expressed the removal as an emergency measure to protect the daughters, as a first priority, and to create space to deal with the issue in the family. They had expressed that it was very important for them not to involve the daughter in discussion because the culture does not expect the child to be in discussions with adults in the first place, and now with incest, the hierarchy for parental respect would not permit the child to be present and discuss matters of that nature with the parents, especially the father who is regarded to be at fault.

What did mothers think were the causes of incest?

The majority of factors regarded by the mothers as the causes of incest were situational. Most families did not have proper housing and stayed in one roomed houses made of corrugated iron which they call “mokhukhu”. Conditions in cramped housing may, indeed, account for a number of cases of incest. In one-roomed houses or in houses where the only few bedrooms for a large family are contiguous, the father could easily move from one bed or bedroom to the next and be tempted to sleep with the daughter. Similarly, abuse could occur as a result of preying father’s eyes when the daughter was changing clothes in the only room of the house.

Additional situational factors highlighted in the Community Survey were: poverty and unemployment; the myth that AIDS is cured by sexual encounters with a virgin; TV influence; and family breakdown. Similar situational factors were reported by Magwaza (1997), especially family breakdown which was found to be likely to promote sexual abuse. The lack of bonding between parents and children caused by the migrant labour system in South Africa led to the fragmentation of the family and could lead to incest. Other factors are: mother’s absence, especially those who work as domestic servants and can thus not give enough supervision. Similar situational factors are suggested in the Western literature.

Some mothers of incestuous daughters attributed incest to alcohol abuse. These mothers usually also reported physical abuse by their husbands. When the husbands abused alcohol they did not respect their wives and extended this abuse to their daughters in the form of forcible sex.

The high prevalence of alcohol abuse and physical abuse in incestuous families has also been documented in Western literature (Finkelhor, 1979b). Power relation is often involved in abuse of women by their husbands. In violent situations, the mother loses control in the home and, as a result, the daughter may also fall victim to mistreatment, given that she may not receive much protection from a powerless mother. In a patriarchal system, which is the system of my subjects, the women are regarded as men's possessions, hence the high prevalence of physical abuse and subsequent abuse of the younger females.

The feminist view on incest and other forms of women's abuse is that the problem is in the societal structure. They see incest as being born out of patriarchal oppression and only see its solution to lie in the dismantling of patriarchal structures (McIntyre, 1981).

Another possible cause of incest as noted in this study seems to be around beliefs in witchcraft and sorcery. This belief rests on the assumption that there is no such thing as events occurring as a result of chance.

Who did the mothers blame?

The women surveyed for the present study referred to several forms of blame attribution. Mothers of the young girls and a few of the older girls had a feeling of self blame in that they thought they took things for granted and did not protect the daughters as they should have. Some expressed that the daughters were very naive to wash in front of the fathers and to the mothers, this was not a problem too, because they trusted their husbands. Such blame is documented also in Western literature where mothers are reported to have reacted with depression to the disclosure of abuse on the young girls. Some reports hold that the mothers reacted by divorcing the husband right after disclosure so as to legalise prohibition of visits by the man to the children (Faller, 1988).

Another form of blame was denial by some mothers of the abuse in which the mothers blamed the daughter for lying. This was found to occur especially in those families of older girls where the mothers expressed that the girls were fabricating stories. In some families, mothers blamed the girls for tempting the husbands. Two mothers in the study blamed their daughters to a point where they developed a very aggressive attitude towards them. Such denial of facts, at disclosure, is documented too in Western literature (Maccoby, 1989).

In one family, the relationship between the mother and the daughter deteriorated because the mother blamed the daughter for the incest on the grounds that she had tempted the father. The

family of origin for the woman also perceived the girl in the same way and were very harsh on her. The mother was blamed by her family for having spoiled her daughter to a point where she competed for her love for the man. The relationship soured between the mother and the daughter because the mother could not get support from her own family. Victim blame by the mothers was also found in the Attribution of Blame study. Mothers were found to blame victims more than they blamed the offenders when they were compared with the professionals who deal with sexually abused children. Such blame was also noted in instances where the mothers perceived their relationships to the daughters and to their partners as poor.

There are many similarities between the causes of incest as documented in Western literature and the findings in the present study, especially on: mother blaming; offender blaming; victim and situational blaming, which are highlighted in both contexts. What seems to stand out in the causes for the African culture is the belief in the supernatural powers as a factor underlying incest causation. This was not found in any Western literature as an explanation for offender behaviour as it is given in this exploratory study.

Magical powers are noted in Western literature, but it is nowhere given as a factor for incest occurrence. However, this is something that should not be overlooked when working with African clients involved in incestuous relationships. The connection with incest has from time to time been made. Therefore, the possibility that such a belief might be entertained should inform the Clinical Psychologist's work in dealing with incest cases.

The alternative explanations for the causes of incest discussed below do not in any way lessen the man's blame. There is evidence from the present research of persistent blaming of the man for incest. Some mothers actually complained about having been put on the same level of blame with the fathers by the community. The in-laws in the initial reports made by those mothers who reported to them, blamed the husbands. The families of origin of some mothers were not notified for fear that they would blame the husband as having been a wrong choice for the woman.

How were mothers relationships affected?

Most mothers had their relationships with different people affected. This included relationships within the family, especially the in-laws and the community. These mothers who consulted the in-laws, experienced that they were only supported initially. When some of the women opened cases against the husbands, relationships soured very much. The women who were affected seemed to have felt the negative impact of the change in their relationships. One mother said that the negativity of the in-laws added pressure to the burden she was already carrying. This woman expressed that the distance made her move to her family of origin whom she had initially not told details about why she brought her abused daughter home because of the fear of becoming ashamed by what their husband incestuous act. When the in-laws started to become distant, she thankfully received support from her own family.

Two of the daughters who became pregnant, one to the end of the term, and the other with termination, had close relationships with their mothers. Both were only fourteen years old and were still in school. These girls seemed to look at their mothers as their only saviours. Another girl gave birth to twins, and seemed to have a very “undeclared” competition with the mother. She did not seem to regard the incest as abuse and expressed that she was actually missing her father during her short stay in the hospital and did not seem to be too worried about the arrangements under way by the social workers for the placement or possible adoption of the twins. Two other pregnant girls had poor relationships with their mothers.

The notion of poor relationships between mothers and daughters is well documented in Western literature and also noted to be similar in the African cultural group that participated in the present study. Incest does seem to have an impact on mother child relationships irrespective of the culture of the individuals. The mother figure which is universally known to be a nurturant figure, is perhaps what brings the universal reactions to her perceived absence.

Attribution of blame in incest has been well documented in the literature. The mothers' blame of their daughters seems to coexist with poor mother-daughter relationships, as was mentioned in the two instances of the daughters being blame for incest discussed in the previous section.

The expectation, in all cultures, that the protection of the children is the mother's obligation accounts for the blame often put on mothers on the ground that they failed to provide sufficient

protection against the risk of incest. Western literature's extensive coverage on mother blaming theories in incest, bears evidence to the mothers role expectation to care and protect their daughters. It is well documented that victims of incest feel just as much resentment, and even animosity, towards their mothers as they did for the fathers who abused them (Tsai & Wagner, 1978) presumably because they believe that their mothers failed to protect them.

Most of the abused girls in the present research seemed to blame their mothers' absence for the incest, whether this absence was justified (for example for work or hospitalisation) or not (prolonged night church services). The abused girls sometimes felt they had been abandoned by their absent mothers and missed the latter's warmth and affection. These feelings have also been mentioned in the Western literature which reports that some mothers, because of their aloofness towards their daughters, were seen by the latter as being "emotionally absent" even when they were actually physically present (Glaser et al, 1993; Herman, 1981; Finkelhor, 1986).

Another feeling expressed by the abused girls vis-a-vis their mothers' absence was that of "rejection", as is evidenced in clinical interviews with three girls from the families surveyed for the present study. One of the girls even thought that her mother's apparent over-concern for ways to preserve family rules and strict code of conduct actually distanced them more from her than it brought them closer. As a consequence, the mother failed to see the warning signs of the risks of incest in the family.

A similar illustration of the feeling of mistrust between mother and daughter leading to concealment of incest is given by another subject. The incestuous girl only disclosed the abuse by her father after she had been admitted into hospital with epilepsy. Her mistrust of the mother grew even deeper when her mother forced her to change her previous statement to the police to save the father and, by the same token, the family's face as a very tearful mother revealed later during therapy sessions.

Anger is often felt in circumstances like the ones in both cases described above. It is even greater when the very mother who failed to protect her own daughter goes to great lengths to protect the father or stepfather instead. One of the girls whose mother participated in the present study expressed her anger and disgust at her mother for having forcibly had her abort the pregnancy from her stepfather. Besides being angry, the girl became very aggressive with her mother. As became clear in the therapy sessions, she took advantage of poor marital relations in the family and she tried to compensate for her ill-feelings towards her mother by getting closer to both the biological father and the stepfather.

Poor mother-daughter relationships in incestuous families described so far have also been documented elsewhere. The exacerbation of these poor relationship seems to result from the mother's behaviour towards the incestuous daughter whether by blaming her, by refusing to believe her, or by even seeing her as a potential rival. On the other hand, the girl's feelings of

rejection and of the mother's failure to protect her as a result of her prolonged absence only add to the risk of incest.

Mothers perceived their relationships with the husbands to be poor in most of the cases. It was evident in the interviews that the mothers were shocked by the husbands behaviour and did not quite believe the story in the beginning. This was evident in the mothers expression of the shame they associated with what befell their families. Some mothers saw incest as a problem in the couples' relationship. The removal of the children was in some sense a way that some mothers thought they could get their marriages back together. A few mothers were very angry and did not want to see the husbands and were thus content with the arrest. Some mothers were ambivalent because of the unexpected incident, and some expressed feelings of betrayal by their husbands.

Some mothers were very angry on discovering incest in the family and expressed their wish to see the perpetrator punished in some form or another. In families where the death of the incestuous husbands occurred immediately after disclosure, the death was perceived by some mothers to be the result of the disclosure itself, whether it was precipitated by illness or occurred by natural causes. Women in incestuous families seemed to perceive these deaths as some form of punishment which the husbands, in their view, could not have escaped. Out of anger, these women do not even dress appropriately as is the case in the African culture to signify the mourning of their dead husbands.

The women so affected found it very difficult to deal with both incest and the death of their incestuous husbands. Those whose husbands also physically abused them were among the few women mentioned in the study who left their families. The others seemed to feel obligated to restore the families even though the relationship in the families were reported to be very poor.

Findings in Western literature point in the same direction, namely that incest is generally associated with poor family functioning characterised by marital conflicts and family dysfunction. Families with problems of sexual abuse have been noted to have poor structures between subsystems that leads to enmeshment which could explain the inappropriate closeness that occur between a father and his daughter (Herman *et al.*, 1980; Maisch, 1973; Glaser et al, 1993). The data in the present study suggested that the occurrence of incest and its perceived impact on the couple's relationships are often the result of family dysfunction and vice versa.

How did the mothers deal with long term effects?

Long-term problems of incest often mentioned by the women were: issues of pregnancy; adoption or integration in the family and the community; coping strategies; the restoration of harmony in the family and of its image; protection of girls to minimize the effects of sexual abuse.

The mothers of the daughters that kept the children seemed more satisfied with the decision than those who chose adoption of the children by outsiders. In many cases, there was a lot of ambivalence about letting go of the children for adoption.

The adoption procedure which precluded contact between the baby born out incestuous relations and his/her natural mother was very unpopular with the mothers. Those mothers whose daughters kept the babies seemed content with the decision but some ambivalence was reported around keeping the child in the nuclear family; the mothers seemed to accept helping the daughters for some time until the child was big enough to be removed to the grandparents. Sending the child to stay with the grandparents was expressed as a long term goal.

On the other hand, it was noted that for the mothers who were affected, keeping a child as against giving the child up for adoption, seemed not to be a problem. For these women, it seemed adoption within the extended family was a good solution.

Some mothers stated that they were coping with the situation and could handle it, although to some it was difficult. The indications of trying to cope, was seen in the mothers expression of wanting to protect the daughter and the family, which also included the man. It was also noted that some families were kept intact, in that the mother and the father were still living together; actually one of the mothers in the sample fell pregnant during the time when the case was still being settled. This is an indication of the extent to which families strive towards moving on.

Several mothers actually reported that they set goals of working towards protection of the family, and that they would in that way become less preoccupied and think less about the problem. Alternative arrangements for the removal of the daughter and the man, were reported to lessen the burden and increased the possibility of coping.

Prayer was cited as another useful method of coping with the after-effects of incest in the family. The mothers of incestuous girls who thought of prayer as a source of relief and solace seemed to show better adjustment and seemed to think beyond their problem even at the initial days of the disclosure as was observed in the interviews. The African culture's belief in spirituality and ancestral worship has also been documented in numerous studies in other non-Western cultures, for example, in Asia and among the Chinese and Japanese (Fontes, 1995; Triandis, 1994). In contrast to these and the African culture, spirituality has not been found to be an important source of support after incest in the Western culture.

Other coping strategies were variously stated by the subjects in the Community Study. For example, several mentioned the forcible "exile" of the perpetrators as a measure of getting rid of him to restore normalcy of life in the community. Another way of coping mentioned was "to kill the perpetrator by making him slip down a steep hill". Stringent punishment in the traditional court system was also listed as a measure of coping with incest and the perpetrator. In all these measures, the intention was to minimize the pain, shame, and suffering of the family

in which incest occurred which would have been greater if the perpetrator was allowed to continue to live in their midst.

Not surprisingly, a number of women who participated in the study ascribed the power of magical forces to the occurrence of incest. This belief can be interpreted as one of these women's ways of coping with a phenomenon which seemed to be beyond their understanding. This belief seemed to be pervasive among the women in incestuous families. Hence, their recourse to traditional healers or prayer with the hope that either would assist the incestuous husbands whom they believed could have been bewitched to commit incest. The use of these supernatural means, time-consuming and expensive though they might be (they required patience to allow the diagnosis of the problem and subsequent treatment; involved rituals, and entailed considerable expenses) is an indication of the level of concern of the women in incestuous families for the restoration of family harmony and their belief in their culture as an important element in the adjustment process. In several interviews women showed great strength of character and attachment to their African culture in adjusting to the shock of the incest.

In contrast, incest in the Western culture is usually dealt with legally, rather than culturally. Counselling is the most popular means of assistance available to those affected by incest. The unavailability of such counselling in the African context presumably explains the use of alternative strategies used by Africans to escape from the pain of incest. For example, the use

of “avoidance strategies” to cope with incest-related distress has been found to be very common among the less educated and low economic strata of the society (Billings & Moos 1982).

Coping with distress has been found to be adaptive or maladaptive according to the strategy chosen by an individual. As noted in the literature survey, coping by avoidance has been found to be more maladaptive than the use of problem solving or action oriented focus as described by Lazarus & Folkman (1986). The use of “problem-solving” strategies, rather than “avoidance” strategies, is said to be preferred by better educated members of higher socio-economic strata (Billing & Moos, 1982). These findings are congruent with those of the present study. The sample of the study was drawn from rural, socio-economically low, communities. More often than not, the subjects reportedly used “avoidance” coping strategies, a finding which fits in well with the previous findings described in the literature.

A typically African feature of incest is the influence exerted by in-laws on the women in incestuous families to conceal incest by keeping quiet. This is further indication of the great importance attached to the use of avoidance strategies as a way of coping with the pain and distress. This avoidance is adaptive in the African culture in the sense that open discussion of incest is prohibited. An analogy can be made between the need to avoid talking about incest and the customary use of conventional labels to refer to a deceased person to avoid mentioning his/her name. For example, the generic reference *mofu* (literally: “the departed”) is used in place

of the deceased's name. In so doing, people avoid bringing to the surface the memory of the deceased in order to heal their pain.

Recourse to religion, including recourse to ancestor worship, is both a way of making sense of, and coping with the distress caused by, incest. The power of God is invoked because of the belief that it can take control of the situation. Reference to God is also a way of making sense of incest as an "inevitable" fact of predetermination. Belief in God thus shifts the burden to a supernatural being and turns incest into an inevitable, universal phenomenon (Tedeschi & Calhoun, 1995). This explains the pervasive mention of prayer as a valuable coping strategy by the women in the present study.

Another valuable coping strategy found to have been tried was the use of family support. It has been generally observed that people with good social support system are less likely to remain depressed and anxious for long periods of time and are more likely to be optimistic about the future than those with poor social support. It is believed that success in overcoming the pain of incest is more likely among those who engage in "problem-focused" coping strategies than those who use "avoidance" coping strategies (Billings & Moos, 1982). Likewise, it was found that among the women in the present study, those who had recourse to and obtained support from their in-laws after the discovery of incest in their families generally coped better with incest than those who did not. Their pain seemed to grow when incest became a matter for the police, the social workers, and even the clinicians.

It must be pointed out that although the different methods of coping used by the women had immediate effects, their relief was often short-term. This was usually seen through the apparent indifference with which the women discussed incest with the social workers or the clinicians. The short term coping, of denial and numbing, which can be compared to what happens with the stage of grief in bereavement, helped the women in the initial stages of the shock they experienced. The denial is said to be adaptive at the stage immediately following trauma (Lazarus *et al.*, 1986).

In conclusion, there seems to be some convergence between the findings of the present study regarding coping strategies and theories, in the Western literature, about coping strategies in incest families. However, there seem to be significant differences about the reasons used for engaging in such strategies. In African cultures, coping strategies are culturally-based as exemplified by the use of extended family for support, of avoidance strategies for the restoration of family harmony, sense-making through the use of prayer, ancestor worship, and witchcraft.

10.2 DISCUSSION OF MAJOR THEMES FROM THE STUDY

The following are the main themes found in the present study, which show patterns on African issues that differ from those described in Western literature on incest. The following discussion will compare findings on incest from the three studies and those in Western literature. The main

themes obtained were: (i) incest perceived to be externally controlled; (ii) harmony restoration in families; (iii) strong extended family lineage; (iv) Respect for adults; (iv) public vs. private emotive expression.

10.2.1 Incest Perceived as Externally Controlled

10.2.1.1 Mystical explanations

The causes of incest in the African culture are often perceived as being connected to witchcraft. For instance, there is a common belief that both physical and mental diseases originate from various external causes such as the breach of taboo or customs, disturbances in social relations, hostile ancestral spirits, sorcery, and affliction by God and the gods.

In my sample of women from incestuous families, some suspected that incest occurred as a result of witchcraft, rather than a misdemeanour of a man. Similar to this view was the suspicion by the in-laws who generally blamed the wife for his husband's misdemeanour, on the grounds that she might have bewitched him, or attributed their son's incest to jealousy by some neighbours which could have led to sorcery. To match the in-laws' suspicion, women sometimes harboured feeling of suspicion and hostility against their in-laws because they thought the latter might have bewitched the couple, especially the husband if they had disapproved of his choice of the wife, or were unhappy about his failure to support them financially.

These beliefs on the causes of incest grow even firmer when there is loss of life. In two cases in which the culprit men died after committing incest, the women interpreted the deaths as some form of (mystical) punishment for the misdemeanour. The bad omen arising out of the punishment was also thought by both women to have affected their whole families, given the escalation of conflicts between themselves and their in-laws. Suspicion of witchcraft may lead to severe consequences, leading to violent death, as reported in the Northern Province where people have lost their lives at the hand of villagers after being suspected of witchcraft (Peltzer, 1999). Belief in witchcraft and supernatural causes as the only causes of illness and death, rather than natural causes, has fuelled paranoia which characterizes the type of “witch hunt” observed in the Northern Province especially. In many cases, suspicions arise from personal grudges among real or imagined competitors, jealousy or envy motivated by greed.

10.2.1.2 Daughter blame

The other form of external source of blame was done by those mothers who had denial which was expressed in the form of disbelief of incest occurrence. The mothers as noted above, did not believe their daughters, in one instance, the mother even thought the daughter could have tempted the husband. The husbands were in those instances, not seen as perpetrators but as people who were pressured by their own daughters to have such an act occur.

In the Attribution of Blame study, significant differences were found between the attribution of blame on the offender by mothers and the professionals who deal with sexual abuse victims.

Mothers blamed the offenders less and victims more in contrast to the professionals. Interestingly enough, in the in-depth interviews the mothers showed more daughter protection, while in the objective measures, they put more blame on the victim than on the offender. Victim blame in the Mothers' Perceptions study, however, indicated that mothers who had poor relationships with their daughters, had good relationships with their husband, and those who had older daughters, tended to blame the daughters more than in good mother daughter relationship, poor couple relationships and mothers with younger daughters, where the blame was less on the victim.

Victim blame in the Community Survey consisted of blaming the daughters who were alleged to have become too interested in money to the point of losing their values with regards to making money from incest encounters and losing respect for adults. The daughters are also often blamed for deliberately wearing short dresses and for becoming too close to their fathers to entice them (something mothers are expected to teach them to avoid).

Studies into the attribution of blame in the Western culture, have shown attribution of blame that result from the level of perceived passivity, resistance and non-resistance of the victims. It was reported that the way in which the victim reacts has an influence on her vulnerability to abuse. The passive and non-resistant daughters were regarded as blameworthy in incest, victims who did not resist were blamed more than those who resisted when the fathers approached them. The more passive the victim, the more it was viewed by their mothers as blameworthy. Victim blame

of this type differed for gender attribution where males were more inclined towards such an attribution than the females (Boussard & Wagner, 1991). Situations such as the ones noted above make attribution of blame seem very situational and call for contextual interpretation.

10.2.1.3 Self blame/Mother blaming

Many of the women also saw incest as resulting from their own ignorance and, thus, blamed themselves for its occurrence. The following quotations show that the mothers feel they failed to protect the daughters and hence feel blame-worthy.

This girl washes in front of her father without realising that it can be a problem. Even you as a mother do not really have any bad thoughts about the father thinking he is trustworthy.

If you do not have bad thoughts about people, you tend to leave your kids with anyone thinking that they are human beings; only to find that they are not to be trusted.

... you cannot take my children to the place of safety, not after they have been through all this when I did not even see it

This thing of not suspecting anything and liking to attend church at wrong times.

Western literature on mother blaming theories holds that the mother is equally responsible for the incest. According to these theories, the mother participates in incest either passively or actively. Wattenberg (1985) describes two strands to explain mothers' trait as collaborator. He argues in one strand that the mother is sexually inadequate and has personality traits that lead

to incest occurrence, and in the second strand (collaboration theory) that the mother is seen to be poorly performing her traditional roles which makes the husband seek an alternative elsewhere.

Weekes (in Dietz & Craft, 1980, p. 67) writes:

We see mothers only too happy to turn over the burdensome sexual role to the daughters, and to this end, mothers take jobs that require them to be absent from home in the late afternoon and evening hours.

Justice & Justice (1979) think that mothers in incestuous families seek role reversal with the daughters and that they are sexually frigid.

The systemic model, too, by failing to blame the offender, accepts that the mothers collude in incest as a way of keeping family "homeostasis". The secret kept in the family is seen as a way to keep the family in balance and out of scrutiny from the outside world. This happens as a result of family regulation and conflict avoiding mechanisms (Furniss, 1984).

An alternative view on mother blaming theories is advocated by the feminists, a view shared by Elbow and Mayfield (1991). The feminists argue that the impact of patriarchy upon social structure is what perpetuates incest occurrence. In a study by McCarthy (1986), of the 29 women in the study, 95% were sexually and physically abused as children and 50% were seriously disturbed. This shows that there is a lot of disparity in social sanction against women

breaking the taboo as against men, since in a study by Faller (1988), only 5% of his 187 male sample who abused children, were psychiatrically ill.

One of the challenges of mother blaming theories (McIntyre, 1981; Herman, 1981; Eagle, 1988) is that mothers personalities' and other inadequacies cannot drive perpetrators towards establishing sexual relationships with their daughters. They hold that such theories are, in most cases, "compounded with anecdotes", with loose descriptions and unsupported hypotheses and no authors discuss limitations in these studies which would include availability of mothers and daughters as chief informants and rather, some authors would even mention that the fathers could not be available for the interviews (Wattenberg, 1985).

Further challenges of mother blaming literature follow studies by Mannarino and Cohen (1986) who found that in their sample of 45, fifty percent of the people who reported the abuse were mothers. Sirles & Franke (1989) also found that 55% of the reports was done by mothers and that 78% of the mothers believed the daughters which is similar to 83% of the mothers in a study by Elbow & Mayfield (1991).

My findings in the exploratory interviews also pointed to the mother as a factor in incest causation. Respondents in the study generally agreed that that mothers had the responsibility of teaching their daughters respect towards adults and a proper dress code. They also believed that incest occurred as a result of mother absence.

Data in the present study indicates that mother blaming seems to be common both in the Western and African culture. In the African culture, as noted from the local community, more stress is laid on the teaching of values by the mothers to the girls compared with the collusion problem highlighted in the systemic and other models. There is some similarity with the notion of seduction in the Psychodynamic Model in that the daughters in the African sample were seen as enticing their fathers with their short dresses and their indecent behaviour. Mothers blamed themselves for being too naive about things in the home and being too trusting of the husband. There is also a sense in which mothers felt blamed by the community to a point of paying bail for the husbands that they opened cases against. Most of the blame was about how they dealt with the disclosure, especially on secrecy, rather than on the causation and propagation issues found in other mother-blaming models.

In the in-depth interviews, the women thought of their incestuous husbands as blameworthy, although some blamed the latter's misdemeanour on witchcraft. Offender blame was also noted in the Community Survey: respondents felt that the man must have been mentally ill to commit incest. There was also a sense in which the perpetrators were suspected of having broken some rule on ancestral rituals to deserve punishment in the form of incest and the ensuing death. It is clear in this case that supernatural powers are suspected as the cause of incest. In the local community, the perpetrators were seen as people who should be treated with the most stringent measures, given that legal courts were seen as too lenient. Offenders, according to the community, should be removed to other places as they were "dirt" and cursed "sinners". Indeed,

in the olden days such people would be pushed down a steep hill to die, and it seems people felt that their courts (at the chiefs' kraal) were more effective than the legal courts of today.

Offender blame is not the main concern in many models of incest. The Psychodynamic Model sees the offender's aggression as emanating from childhood trauma of abuse or bad mothering. Blame is attributed to him in this model only when it has to do with the personality dynamics. The father who abuses is said to be a real patriarch, with dominant characteristics, while the mother is seen as being submissive. These traits often lead to incest but the underlying tone is that the man does that as a sign of having a pathological trait and is thus not in control of his behavior.

The Systemic view focusses more on the whole system and underrates the offender. This view actually blames the mother and sees her as colluding in order to keep the family in balance. In this model Finkelhor (1979) holds that the offender abuses as a result of the combination of having a motivation to abuse and a disinhibition factor.

Furthermore, the Psychodynamic Model argues that daughters may be responsible for incest in that they seduce their fathers as part of their fantasy about being involved with their fathers and the problem of "penis envy" in the theory of Oedipus complex. The model also holds the mothers responsible for the occurrence of incest by assuming that the perpetrators act out their aggression from childhood upbringing which, in most cases, is characterised by poor mothering.

However, the Western literature also points to the fact that the treatment of perpetrators should involve making them assume responsibility of the abuse. The perpetrator is, thus, put in a situation where he no longer blames incest on the mothers' frigidity or absence, nor on the daughters' promiscuity and seductiveness. This indicates that a Western approach as shown in therapy, sees the man as responsible (Russell, 1995)

The women in the present study tended to attribute a major portion of the blame to society at large. It seems that even if they partially blamed incest on other factors, they saw society as playing a more important part in the causation and sustenance of incest. The women's perceptions of societal pressure on them in dealing with incest also demonstrate how negatively they saw society. Not surprisingly, offender blame was outweighed by society blame. Perhaps the mothers think that the offenders would offend less in a more strict society. The findings from the Community Survey also point to the belief that incest is facilitated or encouraged by the leniency of the legal system and societal norms.

The tendency to avoid blaming the male perpetrator is also documented in the Western literature on incest and the present findings. Although the male involved in incest is at times blamed, more often than not he is considered as a victim of circumstances instead, such as: childhood abuse, mother blaming, daughter blaming. The findings of the present study concur with this idea, although in the Western literature, incest is not blamed on situational (magical) factors.

10.2.2 Harmony Restoration in Families

Mental health in African culture has been conceptualised differently from what it is in the Western culture. Africans see balance and harmony within themselves, the family and the community, as important for the maintenance of mental health, whilst in the Western culture such health is viewed to be the result of self-sufficiency, efficiency and autonomy. The following table shows the differences in the view of what is considered mental health by the two cultures:

TABLE 9: IDEALS OF MENTAL HEALTH (Fernando, 1995, p.18)

Eastern/non-Western	Western
Integration and harmony - between person and environment - between families - within societies in relation to spiritual values	Self-sufficiency
Social inntegration	Personal autonomy
Balanced functioning	Efficiency
Protection and caring	Self-esteem

The move towards harmony restoration in the family, as noted in the table above, is said to be important for non-Westerners, and was also an important aspect cited by the subjects in the present study. Working towards such harmony, seemed to be justified by fear of shame, pressure from the family for secrecy, especially by the in-laws, and avoidance of conflict in the family.

To most women in the study, incest was seen as an act that complicated their marriages. In most cases, when incest was occurring, there were signs of cracks in the marriage because the husbands had lost interest in their wives sexually. In some cases, the husbands started to abuse their wives physically, In other cases, daughters seemed to have been given preference over and more responsibilities than their mothers. For example, in one family, the incestuous daughter was assigned to run the family business.

In those cases in which incest was suspected to be happening in the light of marriage problems, a solution, consisting of moving the suspected daughter away from the family (for example to her grandparents), was preferred. In this way, space would be created to try to patch the marriage. There was a sense in which mothers expressed that restoration of a marriage was their responsibility, something they could not discuss and work on with their daughters, hence the removal of the daughters from the house.

It seemed also, that as part of the mothers move towards family restoration, very few mothers actually left the family; or simply preferred separation. There were a few mothers who left, but most of the mothers stayed on for some time after the disclosure. This is perhaps further evidence that women in incestuous families would rather endeavour to protect and maintain marriage as part of their responsibility and a moral obligation.

A high rate of divorce caused by incest is reported in the Western literature. Divorce seems to be the only option to deal with the devastating effects of the abuse of a girl by her own father or a stepfather. In some cases, false allegations of incest have been used by women to obtain divorce, as has been attested in the Western literature (Mrazek et al, 1981).

Family restoration is achieved by putting into place assistance programs to enable mothers to deal with family disruption arising from incest. An example of an assistance program is the program called “Child Sexual abuse program in San Jose, California”, directed by Henry Giarretto (see Chapter 6 of the present thesis). The program aims to assist the mother and the daughter as the essential nucleus, where the mother and the daughter can be assisted to communicate with each other. The goal of such communication is for the mother to start saying to the daughter that she is not really to be blamed (Herman & Hirschman, 1981). Other forms of help noted in Western literature are support or help groups and offender help provision. These programs are not yet reported as operating in the African culture.

10.2.2.1 Experience of shame and secrecy

Keen-ness in marriage or family restoration found in this study seemed to be guided by, among other factors, feelings of shame following incest disclosure. Family restoration seems to be a way towards harmony restoration prevalent among non-Westerners with special reference to the Africans. Ebigbo (1989) argues that the way to work with African families is to organise the family for harmony restoration which can even include the extended family members.

Mothers, in most families that experienced incest, indicated that they felt ashamed about what happened to their families. They saw their husbands as being embarrassed, too. The men who were affected, denied the incest and according to their wives, the denial was out of embarrassment.

...this is such a shameful event! I do not even know how I have been managing to face people since it occurred. I think, the reason why I have such guts to be here in the hospital is that my daughter became pregnant in the process, and this has forced me to be here in order to get help in order to follow the right procedures. It is really such a shameful occurrence for the whole family.

The mothers who said to they were embarrassed by the incest preferred not to discuss incest to avoid re-opening wounds. One mother stated she would strongly discourage any open discussion of the incest that had happened in her family before it was eventually properly settled. Talking about it would only cause a lot of embarrassment and pain to the family. Despite her assurance that the wounds had been healed, it became evident in the interview with both her and the daughter that the so-called “forgotten pain” had actually not been forgotten. The pregnancy of the incestuous daughter was an irritant to the mother, after she had tried to keep it a secret. Worse still, she grew nervous as she thought my frequent visits to her house, after those by the social workers and the police, might raise a lot of suspicion in the neighbourhood.

Mothers whose daughters fell pregnant and did not terminate the pregnancies were not keen on sending the children born out of incest, away for adoption. It seemed that the mothers were not really bothered by the children's birth as much as they would be worried about the view of the community on their families for giving the children away. Two of the mothers in the group had actually kept more than one child born of the husband and daughter prior to the present project.

Mothers who were coerced into opening cases against their husbands for incest, seemed to view such a move as an embarrassment to the family and were forced to bail the men out of jail. Most mothers who opened the cases seemed not to have foreseen the consequences. Only afterwards did they realise what they had done. The women who felt comfortable with the move were mainly those whose husbands also physically abused them in addition to the sexual abuse of the daughters.

The arrest of the husband seemed to annoy his parents who, more often than not, subsequently complained that the mothers were probably telling the whole world about their "secret". Most in-laws remarked that the mother could have kept quiet because she was not the only one who had suffered a thing like that. The concern was to maintain secrecy over incest. It was very clear from these reactions that the restoration of harmony seems to emanate from the feeling of shame.

In most Asian (i.e. non-Western) cultures, which in many ways are similar to African cultures with their collectivist approach, when abuse occurs, the family would rather, for the sake of family restoration, blame the child profusely for “having been in a wrong place at a wrong time”. In these cultures, incest leads to family breakup and decreases family respectability in the community. Consequently, incest is concealed, lest the incestuous daughter might be labelled as a “bad child”. Incest is particularly stigmatised in cultures (as is the case in most Asian and African cultures) where virginity is highly valued. A girl who commits incest would, therefore, be seen as having lost her precious virginity, and being some sort of “damaged good”, not worthy of a proper marriage, an institution which is also very highly valued by these cultures (Okamura, Heras & Wong-Kerberg, in Fontes, 1995).

Shame as an issue in sexual abuse is also reportedly strongly felt in the Indian culture where people go to an extent of taking medication to numb the feelings of shame after incest disclosure. Indians see shame as a construct, opposed to internalised guilt, to be more responsive to negative judgement by the community. Otherwise most Indians prefer not to conceal incest to save the family’s face (Carter & Parker, 1991). Like in African culture, the goals towards the solutions are collective in nature.

As mentioned earlier, the fundamental differences that exist between collectivist and individualist societies explain the differences noted in the present study and the practices noted in the Western literature. It is clear in these differences that Africans who tend to be more collectivist, are more

concerned with “proper behavior” and pay little attention to their own attitudes. The apparent mismatch between these behaviors does not in any way seem to cause discomfort. Individualists, on the other hand, place more importance on individual attitudes and would feel very uncomfortable if they would do something which did not fit their attitude and would go to an extent of doing something to change their attitude to reduce the dissonance (Triandis, 1994).

From the discussion above, it can be seen that shame, in African cultures, which are collectivist, organises the social life of members of the community more than guilt does. It emerges from a cursory reading of the literature on incest, that there is a difference in focus for shame versus guilt between the African and Western cultures: in the latter guilt is more important than shame (Triandis, 1994). In general, shame and guilt are closely related and relationship between the two concepts has been widely supported by the social psychology literature. Depressive guilt (which refers to the need for reparation) and social shame are usually said to be separate factors on the factor analysis of a shame guilt inventory study, whilst persecutory guilt (fear of punishment) and shame are said to go together in moral shame as well as in general attitude of self-blame.

Persecutory guilt and social shame are both concerned with the self and how it is threatened or damaged by punishment or humiliation. Depressive guilt and moral shame, on the other hand, show concern for others. It is noted in clinical evidence that this two constructs overlap and/or

failure thereof, have been reported to switch from shame to guilt according to whether the focus is on the self as an agent or on the action and its consequences.

Further distinctions made between depressive and persecutory guilt are important in understanding how people are impacted by the environment around them. Caprara (in Triandis, 1994) sees a clear distinction between the two forms of guilt on the scales of “need for reparation” and “fear of impending punishment”. These scales are conceived as poles with bipolar dimensions where, on one pole, the focus is on the damaging effect of the agent, a punitive pole, whilst on the other pole, the agent seems to be concerned with the need to do something to relieve the victim of his pains, referred to as the reparative pole.

Western literature, on the legal treatment of perpetrators, subscribes to the punitive pole. Incest is seen as a legal matter and very seriously too, and is, in some cases used as ground for divorce. The Western societies and the African one as depicted in the literature differ also in the sense that the former is outward-looking, wanting the perpetrator to be punished, the latter inward-looking, i.e. looking at the self especially in view of what others may think of incest, as morally unacceptable. The subjects in this study showed more tendency towards the reparative pole in that they believed that the culprit men might have been induced by supernatural forces into committing incest: they, thus, were considered as victims who should not be punished, for a misdemeanour over which they did not have control. This belief both absolves the culprit from

blame and becomes a disincentive for him to take his responsibilities. This is in sharp contrast with the Western view in which the punitive pole is adopted.

10.2.2.2 Experience of pressure

Some mothers expressed the fact that they were pressured to take steps after the incidence of incest was disclosed. This was accompanied by pressure from home to keep the issue a secret, and the pressures of having to lay a charge against the husband and then fall into economic problems and the anger from the husband's family.

As mentioned before, mothers in the study, opened a case against the husband. This happens, usually, with all reported cases. Eighteen mothers ended up paying bail for the husband's release or dropped the case. Twelve mothers did not pay bail, which means some were determined to have the man arrested and remain in jail, and others left their home and no one cared whether the man was released or not. Of the twelve mothers, two lost the husbands who after disclosure and in jail after being sent to prison when the incest was disclosed, died in jail.

The mothers who were confused about how to deal with incest tried to look for assistance from several sources and got involved with social workers, and through them, the police. There was a high rate of appreciation for the social workers intervention. Many of the mothers expressed that they would not have known what to do without the help of the social workers at the time of the disclosure. The development of events in the cases where social workers got involved,

was unexpected for most mothers. There was some apprehension expressed by most mothers about involving the police and some received strong negative pressure from their families and the community for involving the police. This was more so, because the involvement of the police implied opening of the secret of incest occurrence which was the most avoided thing by the families.

My in-laws were saying that can I really lay a charge against their child?

How do you differ from other families? Do you think this problem is being experienced for the first time by you?

Can you really leave your husband in jail. This kind of thing can be settled and be forgotten about. It is not the first time with you that such a thing has happened.

My in-laws were very upset with me that they even did not tell me about the death of my husband in jail. He has done a big mistake to me, I however, did not want him dead. I wish he could have served his penance.

I could not tell them at home, they would say I it serves me right, because they did not like this man. Since I insisted on staying with him, I am forced and expected to pay for his release from jail so that he can also help at home.

When my son heard that his father was in jail, he said to me, "mother, this man has really come a long way with us, I think, he needs our help at this time; and I am going to look for a job in Johannesburg in order to try and help him".

In some instances, mothers expressed the fact that they blamed themselves for what happened. Some thought incest occurred because they were perhaps not caring enough for their families.

In other instances, disclosure came out with such shock that the mothers denied the facts of its occurrence and ended up siding with the partner and blamed the daughter. Such a position however, caused a lot of pressure on the mother daughter relationships.

Added pressure was also experienced by the perceived blame attribution on the mother by the community, which mothers perceived as being pressured to play certain roles in the community. Such a perception, made mothers feel that the community made them just as responsible for the incest as the partners. The blame by the in-laws was also experienced by the mothers as pressure to remove responsibility from the man.

I can see that these people want me to bail this man out, to save my marriage.

You see people pointing at you all the time, and that makes you feel they think you are responsible for the whole thing. Some will come to you and tell you that people actually think that you were wrong to blow this whole thing out of proportion, because it is not the first time such a thing happened to people. Children do become pregnant and no one announces who the fathers of those un-born children are; there is even more reason for you not to go about talking about the father. You must be a brave person to talk like this.

10.2.3 Strong Extended Family Lineage

Strong kinship bonds and extended family relationships are seen as first strengths of African families. This is part of the African heritage inherent within the African cultural framework and not necessarily any stronger in comparison to other cultures (Hills, 1972).

As part of the value for family, members of African families are noted for the extra lengths they will always go for harmony restoration to save families from conflicts (Ebigbo, 1988).

The extended family system, has been found to be used in most cases for economic and psychological distress purposes. Africans are noted for their reliance on the extended family in times of distress. Practice by Africans to move children from one family unit to the other, in times of need has been noted and referred to as a concept of informal adoption of children (Bod-Franklin, 1988). In the present study, the extended family was used in different ways to deal with distress accompanying incest. This involved early report of incest to the in-laws by some mothers, which was perceived to be the best way to deal with the problem, since the inlaws were seen to be the only people who could be able to reprimand the husbands of the women in the study; based on the African hierarchical model of core relationships and respect model (where the children are expected to respect the parents and in return the parents are expected to respect the ancestors) (Peltzer, 1989).

Another measure taken by some mothers in the study was to move the children to the grandparents, which also shows that extended family is regarded as a very important part of harmony restoration in times of conflicts.

The use of the extended family was a way for these mothers to find out what to do next and to draw support from the family in order to deal with the problem. The extended family, on the

tone of family restoration, pushed for privacy even further. The mothers who reported to the in-laws, were discouraged from making the incident public. Those mothers who had already reported to the police through the social workers, found themselves in a dilemma :

The social worker was fine, but she then later brought the police and this blew the case out of proportion. We became talk of the village and people obviously suspected what the problem could be. We knew we had a problem and we were working on it. The families had started discussing it. We did not need the police.

The value for relationships as against individual success, is seen to be part of the Africans value for extended family. The notion of nuclear family, as described in Western literature (father, mother and children) is almost non-existent in African culture (McGoldrick, 1982). In the African families in most cases, people live in families that are not direct biological descendants of the couple in that family. There are always some cousins and grandparents staying together in African families (Boyd-Franklin, 1989). Families in the present study were not different from the typical African family in that they had extended family connections in one way or the other. Some families had cousins staying in the house, some had the children removed to the grandparents.

Crises such as the one arising out of incest are referred to the extended family as they represent a family problem which the affected family may find too heavy to carry on their own. This is very different from the Western culture in that families in the Western culture are more

individualistic and the focus is more on achievement for the nuclear family with little involvement of the extended lineage.

In the Western culture problems are solved in the courts or with direct negotiation for conflict resolution. The African cultures believe in mediation strategies for conflict resolution, done with harmony restoration in mind to secure family well-being. Ting-Toomey (1988) pointed out that individualists concern themselves with the saving of their own faces in conflict resolution. They use autonomy, control and domination and direct negotiation; whilst the collectivists show more concern with saving the face of the other, often avoiding direct conflict resolution and resort to arbitration and mediation strategies.

The extended families thus serve a mediation function, as a chosen strategy for conflict resolution often used among Africans. As noted in this study, the women who consulted the in-laws, chose that route as a strategy to bring in people that they knew could reprimand the husband. As noted in the discussion above, the aim was to try and restore the family's functioning by engaging the extended family that were viewed as being the most appropriate in mediating between the woman and her husband.

10.2.4 Respect for Adults

In African traditional families, typical positions of authority are: a normative “head” the emotional leader, the supporter, and the expert. The normative ‘head’ is usually the father who is given that position by the African tradition and has to be respected all the time. This includes even those periods that he may not be employed. The respect has been shown by him being walked behind and being respected by being knelt down to and served the best food. This position also implied control over land and inheritance. The emotional leader has been the mother who is seen as being closer to the children from birth and is supposed to make the family happy. The expert is the leader who guides families that are illiterate and is also known to have a special skill of knowing the history of the clan; this is usually someone older and is respected for having the special skill and his/her age (Kayongo *et al.*, 1984).

Respect in the African culture is also seen to in a hierarchical form in contrast with the egalitarian model seen in the Western culture. The hierarchical model states that ancestors are high up in the hierarchy followed by parents who are followed by children. The egalitarian model in the Western culture is between the husband and wife in the nuclear family (Peltzer et al, 1989). The children are in the African hierarchical model, supposed to show respect by greeting the adults first and the adult by taking the lead in organising the important rituals needed as prescribed by the ancestors (Peltzer et al, 1989).

The view about respect to adults, is bound to be noticed when the opposite is practised. Absence of such respect was thus noted as a marker that something was very wrong in the family when incest occurred with the present sample.

Some mothers noted their daughters' inclination to show disrespect towards their fathers. This lack of respect was viewed with great concern by the mothers who were affected. An additional source of distress was that most of the fathers in the families affected, did not seem to quite share the concern with the mothers. These couples argued a lot about the daughters' behavior but never had a common understanding of the issue because the fathers knew what was behind the girls' behavior, whilst these mothers had no clue and went on trying to put things right.

You know, dad, that I am your equal.

The above narrative is a response by a daughter to a father during mother's week-end family visits, when the mother was questioning why the daughter seemed to show lack of respect towards the father by "talking back" to the father and "pulling legs" when walking to do errands for the father. The daughter responded as noted in the quotation above.

Mothers expressed their anguish as follows:

I did not understand the reason why my daughter spoke to the father like this, until I was told about this problem, and then I understood, I even started thinking of giving my daughter some more protection since the father failed. I was very much worried when I observed the amount of disrespect my daughter showed towards her dad, but all

that made sense to me after the disclosure, I was relieved, even if it did not solve this big problem. I did not understand why all the disrespect.

This girl surprised me by not wanting to make tea for her father. When I heard about the abuse, I understood, and became better surprised even though it did not become completely understood as it is just a difficult thing to accept. I managed to try and help my daughter live with this problem.

Disrespect was of great concern to the mothers in these families. Disclosure, then, on the contrary, became a kind of relief to the mothers as it brought some context to what mothers considered unacceptable behaviour by the daughters. There were also expressions of some relief from those children who found the disclosure helpful in that it brought their life back and that they now no longer had to keep a secret from their mothers and now could behave in a more acceptable manner, or at least, the mothers would understand their anger.

The difference noted in the present study and Western literature, is that lack of respect for adults seemed to play an important role in indicating that something was wrong in the family. In the Western literature, suspicions were brought by other forms of child behaviour, but it was never shown by lack of respect.

In Western culture, when one reaches maturity, one is expected to be independent, and dependence is regarded as a weakness (Fernando, 1995). The non-Western cultures expect a married man already owning a family of his own, to still take instructions (say, about which job to accept) as a sign of respect for the parents. This perpetual connection to the family, is seen

as respect and very much aspired in the African culture. Keeping close relational contact with the families of origin, is very important. This value made mothers in my study notice that there was something wrong in the family, even though they could not put their fingers on it, until after confronting the daughter for disclosure.

In Western culture, daughters are encouraged to be more independent and assertive, saying “no” to anybody who wants to abuse them, irrespective of age. This is very different to the way the whole notion of respect for adults is used in the case of such abuse in the African culture. It seems the daughter is supposed to respect the father all the time even if he has abused her. In contrast, the Western culture would encourage the daughter to be assertive and not allow the father to touch her once she says “no”. Such an assertiveness would easily be viewed as disrespect in African culture. The line between disrespect and asserting oneself, would be a problem for the African adult onlookers.

This brings into question the notion of generational conflicts which result from acculturation of youth as communities go through transition or domination by another culture. Generational changes have been noted not to be free of conflicts. The older generations value systems have in immigrant homes been noted to have caused tensions among generations especially between the elders and the children born in the resident country which is not birth home of the family. Such tensions were reported among the Japanese and Chinese immigrants in The United States. Parents in such families were reported to have stuck to teachings about cultural values pertaining

to the Japanese and the Chinese cultures, for example the use of hierarchical relationships with adults as against the egalitarian connection practised in the Western culture. These were contradictory to what the children were exposed to in American schools and the peer group that they interacted with outside their homes. It was noted that such teachings are not as successful as they would be if there was no interference with another cultural teaching (Fontes, 1995).

Respect for adults having being noted to be highly valued in the African culture, could be one value which the parents feel very strongly should be respected, whilst the children may be starting to move in the direction which is less stringent on that. Such conflict in values cannot be ignored in attempt to benefit families in terms of intervention. This gives implications for how to design educational programs for abuse prevention tailored for an African culture, for both inter and intracultural intervention.

10.2.5 Public vs. Private Emotional Expressiveness

Other issues that seemed noteworthy during this study, were some of the clinical issues that emerged as I worked with the mothers in the project. These issues may be important in the designing of clinical intervention in incest families. The mothers demonstrated different modes of reactions from one phase of the study to the other. Initially there was a general wish by the mothers to have the issues around incest buried and closed. The mothers seemed not to expect to speak about their feelings concerning the incidence.

One of the mothers came to see me after she had been to the social workers. On entering my office, she started crying, complaining that the nurses were not adequately catering for her daughter's children. These were the twins born from incest and had to be in the hospital for some time, since they were not physically fit, and the social worker was also involved with possible removal procedures for the girl to stay elsewhere and adoption possibilities. The mother cried for a while. When I changed the subject to ask about her feelings about the incest, she expressed her feelings in the way that she actually should not use the same tears that she had just shed, because it would look like she was crying for the same thing when the issues were so much on the extreme poles. She asked for water and went outside for a while. Then on coming back, she expressed her gratitude for availing myself to talk to her because ever since she started with this problem of incest, no one had asked her about how she felt. She felt for the first time, that she needed help and someone she could share her real problem with. This mother reported that she really did not want to take the children home. But because of the public humiliation she had already suffered, (the case was also in the news papers), she wanted urgently, to move away from the public eye and take the children home without indicating to anyone what her intentions were. This woman wanted to keep the children for a while and when they were a little grown, she would take them to her own mother because she was too old to care for twins when they were still very young.

This woman also indicated that she had actually never really known how to deal with her problem, because she could see that the husband and the daughter were really close to each other

and also that she for the first time, told someone that the first two children of the daughter, actually belonged to her husband, and she was keeping them integrated into the family. As I listened to this woman speak, I could see how hard she had tried to deal with this problem superficially to save face of the family.

This case was similar to a few cases I saw in my group of mothers. There was often some resistance on the part of the mothers, to open up, during first contacts until they felt that someone seemed concerned about them, in an empathetic way.

The mention of magical connection to the fathers incestuous act, came out also, with some mothers as a way to cope and adapt to the incidence. When this connection was mentioned by some mothers, one could see the struggle on their faces about trying to really make sense of the disclosure of incest and how to connect such a behaviour to the husbands. The issue of the husbands having been “made” to do it, seemed the only way the women could make meaning to the event. So, the magical connection, which is part of the belief system in the culture about inexplicable behavior, such as in mental illness, seemed to serve a coping and adapting function for the women. Such attachment of meaning, seemed to give most of the women a start to begin to make some moves. Those who had very strong beliefs and some reports of having been warned by the traditional healer before about such possibilities, did not waste time and started with consultations for the treatment of the husband. Others started with the moves

towards child removal and those with complicating factors such as pregnancy, made moves to the social workers and other professionals to pursue further intervention.

Other clinical issues that were observed is that the mothers seemed to be going through their experience of this problem in stages similar to the stages of experience of loss in bereavement. The stages noted were the crisis stage during which the mothers were very much confused and at that time settled for anything that seemed like help to them at the time. The next stage was characterised by confusion about the decision made especially those who had the husbands arrested and now wanted to bail them out. Then followed the stage of ambivalence about what to do in those cases of arrests, or where the daughter was pregnant. Then followed the stage of trying to cope and adjusting towards making some realistic moves. This seemed to form part of the acceptance of what could not be avoided. Lastly was the moving-on stage where the mothers seemed to send the children away for those who did not do it immediately after disclosure.

In conclusion, one might say, there is need to assist mothers in incestuous families therapeutically. It is clear from the observations made on the sample in the present study, that often, responses made with these mothers have cultural basis and that they can only benefit from intervention with cultural sensitivity.

CHAPTER 11

RECOMMENDATIONS FOR INTERVENTION AND FUTURE RESEARCH

The analysis of the data provided by the women who participated in the present study suggests that their perceptions of the problem of incest was guided by African values and reactions. The tendency to adhere to cultural values as noted in the previous chapter, was pervasive and centred on the following issues: value for children, secrecy, respect for one's family, the restoration of harmony in the family, belief in as cause and usefulness in the treatment of illness supernatural powers issues, belief in ancestors and value for support of the extended family especially in times of distress.

A cross-cultural perspective in intervention cannot be over-emphasised. Special attention needs to be given to how mothers understand the issues around incest, and intervention should be tailored to suite their understanding from their cultural context.

The other dimension in the reactions, as discussed, seemed to be intra-psychoic in that there were indications for need to help to deal with the problems of shame, ambivalence, self-blame. Many mothers showed indications of suffering loss which they suffered silently without any clear support from the community or other members of her family.

11.1 IMPLICATIONS FOR INTERVENTION

Intervention in incest involves working with victims in individual, sometimes dyadic (i.e. the victim parent), or family, and group therapy. The modalities covered in this thesis have been mainly developed on helping victims exclusively. It is noted however, that helping a victim involves working on intra-psychic issues. At an interpersonal level, the family is involved either as a whole, or as dyads, where the mother and the daughter may be involved or father and daughter, or even the couple (without the daughter).

In his work with Nigerians, Illechuku (1995) found that the majority preferred to be treated by means of more directive methods of intervention where the supplier of the service should be seen to be in authority. In these methods, the focus is on the symptoms which are expressed in somatic form and brief methods of intervention are preferable to long time methods. Ebigbo (1989) argues that the African families' problems are the result of disruption in harmony and relevant interventions must, therefore, consist of restoring harmony. After working with the Igbos in Nigeria to explore important therapeutic issues in group therapy, Nwachuku & Ivey (1992) found that they preferred to be treated in a way that respected their regard for elders.

Psychotherapeutically, Africans are noted to believe in short-term therapy and do not believe in "talk treatment" (Millon, 1969). They seek to remove incapacitating symptoms with the therapist

seen as an authority figure and an expert. Extensive interrogations are usually viewed with displeasure and may engender mistrust (Nzewi, 1989).

Peltzer (1993) thinks that treatment modalities should be seen in terms of the categories of how the patient perceives his/her environment. This would include time frame, locus of control, perception of how he/she sees symptom manifestations and thus affect the way such symptoms will be presented. He found that the Africans project more with external locus of control and somatize their symptoms.

The use of mother-child relationship in therapy by Liebowitz *et al.* (1999) showed that mothers could be made an important part of the victims' healing process. The mother, in this model, is engaged as a co-therapist and, in this way, she can experience the extent of the trauma which the daughter was exposed to and give support from a more powerful position. Similarly, Giarretto (1982), regarded mother -daughter relationships to be the cornerstone of success in incest therapy in her programme of child abuse treatment. She argued that once the mother is able to see that the daughter is not at fault, and begins to give her support, then therapy can help the family.

The use of victim support by family members, referred to in Briere's (1989) modality, has similarities with the Africans' use of extended family. However, in my study, I noted that the support system went as far as the involvement of the in-laws.

The support system in the African culture refers to the family outside the nuclear family. Although they may sound similar, these support systems could, in reality, differ in nature. This seems to be different from the kind of extended family referred to in the model.

Culture sensitivity will then involve knowledge about what the Africans mean when they refer to family support, including the role expectations of such a family support system. Peltzer (1993) speaks about hierarchical respect which has implications when such families are involved in family intervention. Ebigbo (1989) holds that family therapy in African culture must involve extended family members during intervention and in the harmony restoration procedures.

The use of confrontation of the family members and breaking of secrecy advocated in Dolans' model of intervention is in direct contradiction to the African approach to conflict. Incest is dealt with by using secrecy and "avoidance" methods of coping. This is the same way as dealing with traumatic events in African culture (e.g. death, difficult situations in the family). It will, thus, be necessary for the therapists to approach disclosure issues with cultural sensitivity. It seems from my study, that avoidance was often used as a coping mechanism. Such avoidance is in western therapeutic approaches seen as maladaptive even though it seems to be adaptive for the people in an African culture.

Dolan's recommendation in favour of the use of psychodynamic techniques may not be appropriate for the African clients since the latter seem to have difficulty with "free association"

and “talk treatment” methods of therapy and prefer more short term therapies as well as more directive therapy and treatment in the form of medication.

Westernized family therapy does not seem to be aware of some of the reasons why engagement of all family members may not be possible. For instance, respect for the man in the family can make confrontation of issues impossible (confrontation of the father by the child or by both the mother and the child). “Atonement sessions”, where the father apologizes to the daughter in family therapy, may be difficult to apply in these cultures because of the hierarchical nature of respect for adults in the culture. Payment by other means, which could include money or cattle for pregnancy occurring as a result of incest involving a girl with an older man outside marriage have been used in the African culture as an expression of apology (Magwaza, 1996). The therapist may be guided by the family on the methods of apology they use. For mediation purposes, the extended family involvement (in-laws) can be an option (Ebigbo, 1989), as well as the use of prayer and traditional methods. Boyd-Franklin (1989) has however found that structural therapeutic methods work well with African clients because of its instructional nature of restructuring boundaries.

Individual-oriented therapeutic methods, with a focus on empowerment and issues that mothers need to resolve intra-psychically, may be difficult. Empowering women can be limited by patriarchal demands on the women. In addition, using assertiveness training to empower the

victim will go against the value of 'respect for adults' practised in the African culture. The therapist thus needs to negotiate his/her way around issues of culture.

Furthermore, the use of group therapy can be a difficult option for mothers in this culture because of the implications of how to engage the affected members by incest in terms of privacy. The use of "avoidance" as a defence mechanism to preserve the secrecy of incest can have implications for group therapy.

Pedersen's (1988) triad model of cross-cultural training in counselling, enumerates four competency skills: 1) articulation of the problem from the clients' cultural perspective; 2) recognition of resistance from culturally different client in specific rather than general terms; 3) diminishing of counsellor defensiveness; and 4) learning recovery skills for getting out of trouble when making mistakes in counselling of the culturally different clients. Pedersen, who was influenced by Ivey's micro-counselling skills approach, recommends the development of specific abilities within the framework discussed in his model.

In the light of the framework recommended by Pedersen (1988) which consists in working with culturally diverse clients, and other models discussed in this thesis, the following elements need to be taken into consideration when working towards the empowerment of the mothers of incest families in the African culture as guided by the present study:

● *Mothers' need for assistance to gain insight about the need to 'reclaim' themselves and find a way to speak out about their problem within the cultural limits.* Some women who participated in the study felt that they were being pressured to act according to the societal norms which favour the concealment of incest. They, thus, avoided expressing their personal feelings of the pain of the incest in their families. Feelings of shame were noted among most of the mothers but the pressure from the culture on secrecy made it difficult for the mothers to express such emotions without help. Empowering women to enable them to deal with the feelings of shame within the context of their culture can benefit them. Individual therapy is recommended with focus on normalisation of the situation. This approach is advocated by Courtois. A feminist approach to therapy with a sensitive approach to the clients who suffered incest could also benefit the mothers in the study. The aim must be to make the women become self sufficient and well functioning, allowing them to grieve, acknowledging incest and being aided to recognise and label their feelings (Courtois, 1988).

● *Need for mothers to be empowered from the submissive role they are forced to take in the patriarchal culture.* This should be aimed at making them feel their role as more important in order to heighten their self-esteem to enable them to fulfill their role. In this way, women can discover the importance of good mother-daughter relationships as part of the healing process in the family. Liebowitz *et al.* (1999) realized the importance of using mother-daughter relationship in therapy (where the mother is engaged as a co-therapist) to empower the mother. When she understands the extent of the impact of incest on the daughter, she can assist the

daughter with recovery by helping her reintegrate into the family and the community. The use of the mother in this way, can be empowering for the mothers to see their importance in the process of healing incest. Giaretto (1982) reiterated the importance of the mother-child relationship as the beginning of success in incest therapy.

● *Mothers need to be empowered by being educated about how incest impacts on the lives and how they should help without wrongly taking responsibility of the abuse.* It was noted in the study that some mothers responded by working hard to save “face” of the family, and tried to restore the family back to its normal functioning. They seemed not to realize that perpetrators needed to take responsibility for healing to occur, an understanding that could better equip the mother for family restoration based on insight and not on pathological defence. For example, one woman in an incestuous family saw to it that the culprit man was arrested. As part of the healing process, she assumed an important role of “support person” to her husband while he was in custody, to the displeasure of her in-laws who found her behaviour strange and contradictory. Behaviours such as this may be helpful to the rest of the family and the community at large if the mother of the incestuous girl can be empowered.

● *Mothers need to be helped to see the adaptive and maladaptive sides of the use of avoidance.* Avoidance by the community should be seen as being maladaptive from a therapeutic point of view, even though it is believed to be used as a coping measure, and thus viewed as adaptive in the culture. Therapy is about opening up issues for one to obtain

assistance. Mothers, in the African culture, could thus be helped in seeing the other side of what they consider adaptive and develop skills of dealing with secrecy in a more therapeutically adaptive way. Therapy with mothers should be geared towards obtaining an understanding of the whole issue around such avoidance as a prerequisite to benefit from therapy. Then they should be helped to use the insight in their daily encounters.

● *Mothers will need to realize that incest is not their fault.* For example, they need to understand the dynamics of how they get entangled in mother-blame situations. The attribution of blame to the mothers as revealed by the Community survey, can be confusing to the mother as a third party in incest. The confusion easily bring mothers to blame themselves as failures to protect their children. Mothers need to have the situation normalised and to realise that it is easy to think in this way when everyone else is blaming you. This normalisation will help them go through the feelings related to the impact of blame and help them to develop skills of dealing with the problem. Mothers can benefit from individual psychotherapy, by engaging the use of cognitive, behaviour therapy techniques, and psychodynamic methods. The cultural underpinnings that need to be regarded in such therapy will be about the mothers realisation of their culturally expected role of being teachers of values to the daughters in the African culture.

● *Mothers need to appreciate a support system put into place by their culture which may help them cope with crises.* They should, however, be able to use the support constructively and know when the support ceases to benefit them, i.e when the system pressurizes them. Reporting

the husbands first to the in-laws seemed to be a culturally accepted first move by mothers when incest occurs in the family. It seems, however, that the in-laws are not always fair to women.

Instead, they often put pressure on them to obtain husbands release from jail through the payment of bail and to conceal incest to others outside the family. Women must be taught to recognize the extent of support and the timing. Boyd-Franklin (1989) remarked that in black families, very distant relations would sometimes bring pressure to bear on families by wanting to use their power and overtake their lives. The difficulties ought to be addressed in therapy by helping clients to engage only those components of the extended families that are supportive.

Therapy of this nature would discourage extended family connections but help those in need to choose those systems which are supportive and helpful. Recourse often made to the grandmother, as documented in the present study, to have the incestuous girl removed from her family, is an example of how an extended family can be used to ease the predicament of the victims. In structural family therapy terms, assisting the client to selectively draw support from the extended family will be a way to help the client sort out problems of “over-involvement” and “enmeshment” issues; and thus be assisted towards some disengagement.

● *Prayer and coping by using supernatural power for meaning making, should be discussed and the mothers be helped to gain insight in how to use such skills in an adaptive way.* Many mothers in the study said that the use of prayer helped them cope during incest disclosure. The focus should be on long term mastery and not masked coping as seemed to be the case with some of the mothers in the study.

● *The mothers need to be assisted with the identification of their rights in the society, and should be helped with ways of negotiating for the use of those rights in their culture since it has been difficult for them to express those rights in their patriarchal society.* The Community Study indicated that incest was often viewed as connected to patriarchy and the offenders were using power and oppression of women to abuse daughters. The empowerment of women in this regard, should have some impact (although not completely eradicate it as yet) on the reduction of the use of such power in incest.

● *Mothers need some help with the process of grief.* Doka (1989) holds that grief suffered as a result of incest is usually unrecognised. Courtois holds that mothers should, as part of empowerment, be allowed to grieve. Mothers seem to suffer three main losses in incest : of marriage/family/husband; of the daughter; and of their self-esteem, identity and the expected future. In therapy, they will need to recognise their losses and how they feel about them, and only then can they be helped to grieve. Working on grief will require that the client lead the therapist in their values regarding loss and the ancestral rituals that could be important for the healing process. It was noted in this study that mothers showed signs of grief at various phases of the interview. Some expressed the grief through resistance to continue with the interviews and some by expression of ambivalence for their decision to open a case against the husbands.

● *Empowering mothers could involve helping them to develop some insight into the process of such changes in relationships between generations so as to understand their children*

better. Mothers, in the African culture, seem to place great value on “respect for adults”. However, with acculturation, such respect seems to be gradually diminishing. This gradual decline of respect shown by the children in the culture, and the adults sticking to the culture, has implications for therapy. The use of assertiveness training with the daughters, can only be fruitful if the mothers first come to accept the changes in the culture of the youth and to see the value of assertiveness training as one of the methods widely used for the prevention of abuse.

From the discussion above, it becomes evident that mothers have various areas of disempowerment. These areas can be summarized as follows:

Interactional – pressure from the family especially the inlaws, perception of role expectation by the society, inability to identify and be able to stick only to useful support links.

Intra-psychic- dealing with own grief that is not recognised, inability to express feelings, use of masked coping (avoidance), self blame, ambivalence, shame, inability to express own feelings.

Ecological - pressure from patriarchal structures, and dependence issues.

Educational - lack of knowledge of who is at fault, inability to deal with self blame and blame by others and how incest impacts on the family.

11.2 SUGGESTIONS ON METHODS OF INTERVENTION

Courtois' model stresses the need to assist mothers towards self determination and whole functioning by using a feminist approach, based on addressing sensitive issues pertaining to women. These issues include: oppressive patriarchal structures and the need to apply sensitivity in communication and empowerment of the oppressed to rebuild self-confidence.

Courtois' model also recognizes that the survivors of incest (and perhaps other members of the family) who experience grief should be empowered to enable them to deal with grief caused by incest-related losses. Dwyder *et al.* (1996) identified similar reactions in incest survivors and their mothers and suggested that they be helped with the grieving process which he referred to as "disenfranchised grief", i.e. unrecognised grief. Treatment of mothers in incestuous families is required in order to deal with incomplete grief, given that these women are regarded as having experienced losses as mothers, wives and lovers. Since incest-induced grief, as revealed by the findings of my study, was perceived to be "unrecognized" by communities where individual victims live, the needs for assistance would depend on the cultural contexts of the victims/mothers, thus, calling for the counsellors use of cultural sensitivity in such therapy.

Empowerment of mothers in the "Wits model" used at Alexandra clinic (Liebowitz *et al.*, 1999), involved the use of mothers as co-therapists. This model thus exposed mothers to therapeutic processes with daughters. It is widely reported that the method was useful in making mothers

become instrumental in the healing process by their recognition of the importance of a good mother-child relationship. Mothers experiences in therapy of this nature, are said to be centered around seeing the extent of the daughter's symptoms and how incest has impacted on her, which also shows the time that may be required to help the child with those symptoms. Feeling the pain of the daughter in that way, helps the mother understand the child's suffering. Mothers engaged in this way, were reported to be empowered to be in a better position to make other family members assist in the reintegration of the daughter after incest. This empowerment is educational in that the mother learns about the dynamics of incest and its impact on the daughter as well as the way its processes in therapy. The subjects used in this model being Africans, the use of the model can, therefore, be said to be applicable to other African populations, such as the target population of my study.

Psycho-education can be a useful method for the mothers in this study. The issues of who is at fault and who is to be blamed are issues that need to be addressed for the empowerment of the mothers. RAPCAN, a resource centre for abuse victims and their families, has programmes on information for the families of the abused and how to cope with incest-related problems. The programme being in the Cape, the flyers used are, unfortunately, all in Xhosa, and can, consequently be of little use to non-Xhosa speakers. The use of other languages in the same flyer might perhaps solve the problem of the geographical limitation of its use. The populations of the Northern Province can benefit greatly from a similar psycho-education programme run by

The University of the North's Department of Psychology, "Thobela FM", a Northern Sotho-medium radio station.

Broader psycho-educational programs of the types mentioned above are important in that they address not only the victims but the community at large. The understanding of the dynamics of incest by the whole family is a necessary fact of life, given the many on-going changes in modern life. For example, the taboo preventing the discussion of incest is gradually breaking down. Culture cannot be erased overnight, but our view of phenomena such as incest should, however, be in keeping with the transformation of society.

11.3 RECOMMENDATIONS FOR FUTURE RESEARCH

The sample of this study which consisted of 30 mothers might be said to be too small to warrant generalisability. However, the wealth of information obtained from the sample gives the study considerable value and richness, given the uniqueness of each family revealed by means of in-depth knowledge understanding, an important feature in an exploratory study such as this.

The issues raised and the themes identified in the present study can be used to generate hypotheses for future research on incest in African families, with a view to tailoring intervention strategies based on the understanding of the meanings of incest for Africans and their coping

strategies. Further research should aim to ensure generalisability to a wider African population by including a more representative sample consisting of a larger ethnic and racial representation.

It is important for policy-makers to note that there is a great need for adequate resources for families who become victims of incest, especially in the rural areas. Preventive strategies and better treatment approaches must be put in place to deal with incest effectively which is still considered a taboo in most places.

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APPENDIX 1

Dear Respondent,

You are kindly requested to complete the following questionnaire on the topic of incest. There is very little known about the subject from the African perspective, and that can only be provided by the Africans themselves. Methods of intervention can only be relevant if conducted in the African context.

The questionnaire responses will serve as pilot information required to complete a major Ph.D study conducted on the subject. Your availability for the completion of this questionnaire is highly appreciated and will be greatly valued by the Researcher as it will make a great contribution to research on Africans by Africans themselves.

Thanks for agreeing to participate.

GUIDING INTERVIEW QUESTIONS FOR THE COMMUNITY STUDY

1. What does an act of incest mean
(to Africans and African culture)?

how prevalent is it ?

has it always been there

is it getting better or worse?

Is the father -daughter incest more prevalent than the others

what about the step-father situation ?
(any comments on that)

2. Are there any historical roots for such an act ?

3. How was such an act dealt with ?

- in the family

- in the society

4. What factors would you say surround the occurrence of incest in the families?

5. What are important factors to consider in such an act ?

6. What is the society's perception of such an act ?
7. Who usually carries the blame ?
8. To what extent has this whole thing connected to patriarchy?
9. Is there any connection between incest and power, authoritarianism and oppression of groups?
10. How does the society view the legal approach to the problem?
11. What is considered the most important approach to such an act in an African context.
12. Are or were there any methods of intervention used?
13. How was /is the daughter helped ?
14. How was/is the mother helped to be able to deal with the problem

15. What usually happens to the perpetrator?

16. Are there any general comments on this issue?

Thank you for your time.

APPENDIX 2
IN-DEPTH INTERVIEW GUIDING SCHEDULE

1 BIOGRAPHICAL INFORMATION

Name: _____

Employment: _____

No. of years you have been married: _____

No. of children : _____

Age : _____

Highest level of education: _____

History of childhood abuse

On yourself: _____

On other children except the victim: _____

General health

Depression : _____

Chronic ailments: _____

Any other: _____

Frequency of hospitalisation

Several times: _____

More than once: _____

Once: _____

Never: _____

Roles and responsibilities

at home : _____

at work: _____

other places (state): _____

Information on family genogram

2. PRESENTING PROBLEM

What happened ?

Describe: _____

When did such a thing happen (time of the day and circumstances)

Method of enforcement

Why do you think it happened ?

What led to the disclosure ?

What were the reactions to the disclosure?

Were legal steps taken ?

Did the perpetrator accept responsibility ?

Was there an expression of feelings of

Guilt (describe): _____

Blame

Emotional disturbance:

Was there any support from "significant others" ? (describe)

Was there any professional support ? (Describe)

What do you think needs to be done ?

3. RELATIONSHIPS

How would you describe your relationship with different people

3.1 In the family

	<i>Excellent</i>	<i>very good</i>	<i>good</i>	<i>fair</i>	<i>poor</i>	<i>describe</i>
Mother	_____	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____	_____
Husband	_____	_____	_____	_____	_____	_____

Wife	_____	_____	_____	_____	_____	_____
Daughter	_____	_____	_____	_____	_____	_____
Other siblings	_____	_____	_____	_____	_____	_____
3.2 Outside the family						
Extended family	_____	_____	_____	_____	_____	_____
Friends	_____	_____	_____	_____	_____	_____
Family friends	_____	_____	_____	_____	_____	_____
Family friends	_____	_____	_____	_____	_____	_____
Colleagues	_____	_____	_____	_____	_____	_____
Neighbours	_____	_____	_____	_____	_____	_____
Professionals	_____	_____	_____	_____	_____	_____

**APPENDIX 3:
QUESTIONNAIRE FOR MOTHERS OF SEXUALLY ABUSED DAUGHTERS**

- | | | |
|---|--|---|
| 1 | What is the family relationship between your daughter and the man who sexually abused her? | <ul style="list-style-type: none"> Biological father Step-father Other relative Non-relative living in the same house Other (describe) |
| 2 | What is your relationship with this man? | <ul style="list-style-type: none"> Married/boyfriend, living together Married, not living together Separated/divorced Other relative, living together Friend, living together Other (describe) |
| 3 | How did you find out? | <ul style="list-style-type: none"> My daughter told me I discovered it myself The abuser told me himself The hospital/doctor/nurse informed me I was informed by others (describe) |
| 4 | What was your strongest reaction when you found out what had happened? | <ul style="list-style-type: none"> I did not believe it to be true I felt confused and overwhelmed I was angry I was sad I was scared I was ashamed I felt guilty Other (explain) |
| 5 | What did you first do when you found out? | <ul style="list-style-type: none"> I did not know what to do I confronted my daughter I confronted this man I told a family member I told a friend I reported it to the police I asked for help from the clinic/hospital/social worker I contacted a traditional healer |
| 6 | How did your daughter react when you found out? | <ul style="list-style-type: none"> She was devastated She was angry and rejected me She tried to escape me She was relieved and turned to me for comfort Other (explain) |

7	How did the man react when you found out?	He was devastated He was angry and rejected me He tried to escape me He was relieved and turned to me for comfort Other (explain)
8	Who did you feel was most blameworthy?	My husband/boyfriend My daughter Myself Others (explain)
9	Who did you feel needed your protection most in this situation?	Your daughter The man the rest of your family Others (explain)
10	Who did your family blame?	Myself My daughter The man Others (explain)
11	Who did your community blame?	Myself My daughter The man Others (explain)
12	Where did you first seek help?	The hospital/clinic The social worker The police Your own family Your in-laws Friends/neighbours A traditional healer Others (explain)
13	If you have got assistance from the hospital/clinic, how do you feel about the assistance you received?	It was very helpful It was somewhat helpful Nothing was changed It made things a little more difficult It made things much worse I did not receive this kind of assistance
14	If you have got assistance from the social worker, how do you feel about the assistance you received?	It was very helpful It was somewhat helpful Nothing was changed It made things a little more difficult It made things much worse I did not receive this kind of assistance

- 15 If you have got assistance from the police, how do you feel about the assistance you received?
 It was very helpful
 It was somewhat helpful
 Nothing was changed
 It made things a little more difficult
 It made things much worse
 I did not receive this kind of assistance
- 16 If you have got assistance from your own family, how do you feel about the assistance you received?
 It was very helpful
 It was somewhat helpful
 Nothing was changed
 It made things a little more difficult
 It made things much worse
 I did not receive this kind of assistance
- 17 If you have got assistance from your in-laws, how do you feel about the assistance you received?
 It was very helpful
 It was somewhat helpful
 Nothing was changed
 It made things a little more difficult
 It made things much worse
 I did not receive this kind of assistance
- 18 If you got assistance from friends/neighbours, how do you feel about the assistance you received?
 It was very helpful
 It was somewhat helpful
 Nothing was changed
 It made things a little more difficult
 It made things much worse
 I did not receive this kind of assistance
- 19 If you got assistance from a traditional healer, how do you feel about the assistance you received?
 It was very helpful
 It was somewhat helpful
 Nothing was changed
 It made things a little more difficult
 It made things much worse
 I did not receive this kind of assistance
- 20 Do you feel that you can speak openly about this problem?
 Yes, I can speak openly
 I can speak openly to a few of my friends/family
 I would like to speak about it, but others want it to be a secret
 It is difficult to speak about it, I wish it to remain a secret
 It is a taboo and cannot be spoken about
 Others (explain)
- 21 Are you still living together with this man?
 Yes
 Yes, but plan to move away from him
 No

- 22 What is your main feeling towards this man now?
 I still love him
 I feel protective towards him
 I feel angry
 I feel scared
 I don't care
- 23 Where is your daughter now?
 She is living with me and the man
 She is living with me (without the man)
 She is living with my parents
 She is living with his parents
 She is living with other relatives (specify)
 She is living with friends (specify)
- 24 Does your daughter have any contact with this man now?
 She is still living in the same household as him
 She sees him regularly
 She sees him once in a while
 There is no contact
 I do not know
- 25 What is your main feeling towards your daughter now?
 I love her more than before
 I feel protective towards her
 I feel disappointed about her
 I feel angry with her
 Explain
- 26 What is your daughter's main reaction towards you?
 She trusts me more than before
 There have been problems, but we still have a good relationship
 No change
 We have become more distant
 She has lost all confidence in me
 Other (explain)
- 27 How do you feel you have been able to cope with this situation?
 I have coped very well
 I experienced some problems, but was able to handle the situation
 I felt very confused and overwhelmed, but tried to do what was right
 I was not able to cope with the situation
 I don't care

APPENDIX 4

JACKSON INCEST BLAME SCALE

key: 1-strongly disagree (SD); 2- disagree (D); 3- neutral (N);
4- Agree (A); 5- strongly agree (SA)

ITEMS	RESPONSES
1. There is a strong connection between the current morality and the crime of incest	1 2 3 4 5
2. The amount of sex and violence in the media today strongly influences the father to commit incest	1 2 3 4 5
3. When incest occurs it is the father's fault	1 2 3 4 5
4. There is a strong relationship between people being regarded as sex objects by our society and the crime of incest	1 2 3 4 5
5. The prevalence of incest is directly related to our societal values	1 2 3 4 5
6. A father who commits incest should be locked up for the act	1 2 3 4 5
7. Fathers who commit incest are mentally ill	1 2 3 4 5
8. Incest can be mainly attributed to peculiarities in the father's personality	1 2 3 4 5
9. It is the daughter who entices the father to commit incest	1 2 3 4 5
10. Incest is a product of a sexually unhealthy society	1 2 3 4 5
11. Daughters provoke the act of incest by using bad judgement, acting seductively etc	1 2 3 4 5
12. Daughters are victims of incest because they deserve it	1 2 3 4 5
13. Incest can be avoided by the daughter	1 2 3 4 5
14. Incest is more likely to occur in broken homes	1 2 3 4 5
15. Alcohol and drugs are significant factors in the occurrence of incest	1 2 3 4 5
16. Incest is more likely to occur in families with poor interpersonal relationships	1 2 3 4 5
17. There is a certain type of person who becomes	

a victim of incest	1 2 3 4 5
18. Incest is more likely to occur in slum or bad areas	1 2 3 4 5
19. Fathers are driven to incest by internal factors	1 2 3 4 5
20. Incest is more likely to occur in families that are socially isolated from the community	1 2 3 4 5

SUB-SCALE ITEMS FOR JACKSON INCEST SCALE

FACTOR	ITEM NUMBER
VICTIM	3, 9, 11, 12, 13, 17
SOCIETAL	1, 2, 4, 5, 10
SITUATIONAL	14, 15, 16, 18, 20
OFFENDER	6, 19

MEAN RESPONSES OF THE MOTHERS ON THE ITEMS OF THE BLAME SCALE SUB-DIVIDED INTO SUB-SCALES

<u>ITEM</u>	<u>MEAN</u>	<u>SD</u>
<i>SUB-SCALE: SOCIETAL</i>		
<i>1. There is a strong connection between the current morality and crime of incest</i>	3.57	1.19
<i>2. The amount of sex and violence in media today strongly influences fathers to commit incest</i>	3.37	1.27
<i>4. There is a strong relationship between people being regarded as sex objects by our society and the crime of incest</i>	3.30	1.15
<i>5. The prevalence of incest is directly related to our societal values</i>	3.63	1.19
<i>10. Incest is a product of sexually unhealthy society</i>		
<i>SUB-SCALE : VICTIM</i>		
<i>3. When incest occurs it is the father's fault</i>	3.80	1.19
<i>9. It is the daughter who entices the father</i>	2.30	1.29
<i>11. Daughters provoke the act of incest by using bad judgement, acting seductively</i>	2.57	1.33

12. Daughters are victims of incest because they deserve it	2.30	1.37
13. Incest can be avoided by the daughter	3.00	0.86
17. There is certain type of person who becomes a victim of incest.		

SUB-SCALE : SITUATIONAL

14. Incest is more likely to occur in broken homes	3.47	1.01
15. Alcohol and drugs are significant factors in the occurrence of incest	3.47	1.04
16. Incest is more likely to occur in families with poor interpersonal relationships	3.50	1.01
18. Incest is more likely to occur in slum or "bad" areas	2.40	0.97
20. Incest is more likely to occur in families that are socially isolated from community	2.33	0.96

SUB-SCALE : OFFENDER

6. A father who commits incest should be locked up for the act	4.33	0.88
7. Fathers who commit incest are mentally ill or psychologically disturbed	3.20	1.32
8. Incest can be mainly attributed to peculiarities in the father's personality	3.27	1.23
19. Fathers are driven to incest by internal factors	3.17	1.09

SUMMARY FOR THE MOTHERS' ITEM MEAN RESPONSES ON THE JIBS SUB-SCALES

SUB-SCALES	N	MEAN	SD
Societal blame	30	3.51	.94
Victim blame	30	2.72	.65
Situational blame	30	3.07	.59
Offender blame	30	3.49	.74

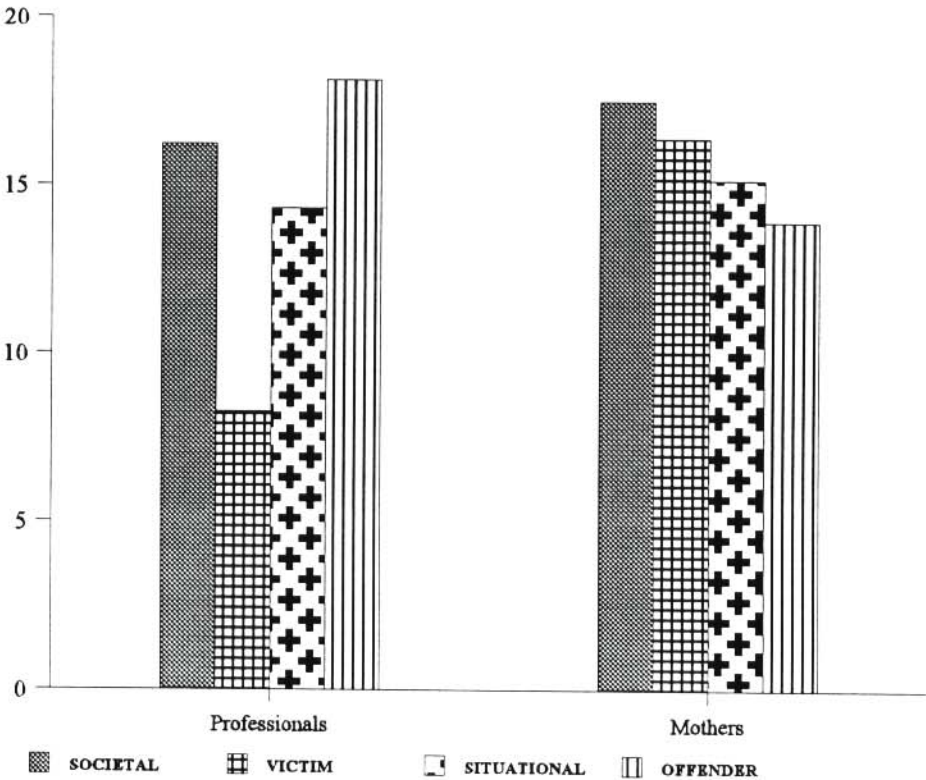
APPENDIX 5:
RESPONSES OF MOTHERS AND PROFESSIONALS ON THE JACKSON INCEST
BLAME SCALE (IN FREQUENCIES)

	MOTHERS (30)			PROFESS (30)		
	D	A	N	D	A	N
SUB-SCALE: SOCIETAL						
<i>1. There is a strong connection between the current morality and the crime of incest</i>	20	7	3	6	22	2
<i>2. The amount of sex and violence in the media today strongly influences fathers to commit incest</i>	17	13	-	11	15	3
<i>4. There is a strong relationship between people being regarded as sex objects by our society and the crime of incest</i>	17	9	4	11	9	10
<i>5. The prevalence of incest is directly related to our societal values</i>	22	7	1	11	16	3
<i>10. Incest is a product of sexually unhealthy society</i>	20	7	3	8	16	6
SUB-SCALE: VICTIM						
<i>3. When incest occurs it is the father's fault</i>	22	8	-	2	25	3
<i>9. It is the daughter who entices the father</i>	5	25	-	28	1	1
<i>11. Daughters provoke the act of incest by using bad judgement, acting seductively</i>	8	22	-	27	1	2
<i>12. Daughters are victims of incest because they deserve it</i>	6	24	-	26	3	1
<i>13. Incest can be avoided by the daughter</i>	12	15	3	23	1	6
<i>17. There is certain type of person who becomes a victim of incest</i>	4	23	3	24	4	2
SUB-SCALE: SITUATIONAL						
<i>14. Incest is more likely to occur in broken homes</i>	17	7	6	13	11	6
<i>15. Alcohol and drugs are significant factors in the occurrence of incest</i>	19	7	4	9	14	7

<i>16. Incest is more likely to occur in families with poor interpersonal relationships</i>	20	8	2	4	18	8
<i>18. Incest is more likely to occur in slum or "bad" areas</i>	6	23	1	24	4	2
<i>20. Incest is more likely to occur in families that are socially isolated from community</i>	6	22	2	14	10	6
SUB-SCALE: OFFENDER						
<i>6. A father who commits incest should be locked up for the act</i>	26	2	2	2	24	4
<i>7. Fathers who commit incest are mentally ill or psychologically disturbed</i>	16	12	2	13	12	5
<i>8. Incest can be mainly attributed to peculiarities in the father's personality</i>	16	12	2	7	18	5
<i>19. Fathers are driven to incest by internal factors</i>	15	11	4	4	14	12

KEY : A: Agree D: Disagree N: Neutral

**FIGURE 1:
COMPARISON OF MEAN SCORES OF ATTRIBUTION OF BLAME BY
MOTHERS AND PROFESSIONALS**



**APPENDIX 6:
COUPLE RELATIONSHIPS BY BLAME
ANOVA**

		Sum of squares	df	Mean square	F	Sig.
SOCIETAL	Between groups	1.702	2	0.851	0.04	0.96
	Within groups	595.609	26	22.908		
	Total	597.31	28			
VICTIM	Between groups	92.596	2	46.298	3.555	.001*
	Within groups	338.576	26	13.022		
	Total	431.172	28			
SITUATIONAL	Between groups	17.537	2	8.769	0.908	0.42
	Within groups	251.152	26	9.66		
	Total	268.69	28			
OFFENDER	Between groups	9.203	2	4.602	501	0.61
	Within groups	238.935	26	9.19		
	Total	248.138	28			

*significant ($p < 0.001$)

**SOCIETAL, VICTIM, SITUATION & OFFENDER
X PERCEIVED COUPLE RELATIONSHIP**

COUPLE RELATIONSHIP		SOCIETAL	VICTIM	SITUATION	OFFENDER
Poor	Mean	17.65	15.78	15.30	13.83
	N	23	23	23	23
	Std. Deviation	4.78	3.78	3.05	2.67
Moderate	Mean	17.00	14.00	12.50	12.50
	N	2	2	2	2
	Std. Deviation	1.41	.00	3.54	4.95
Good	Mean	16.80	20.00	15.40	14.80
	N	5	5	5	5
	Std. Deviation	6.38	3.08	3.05	3.96
Total	Mean	17.47	16.37	15.13	13.90
	N	30	30	30	30
	Std. Deviation	4.81	3.88	3.05	2.95

APPENDIX 7:

**MOTHER-DAUGHTER RELATIONSHIPS BY BLAME
ANOVA**

		Sum of squares	df	Mean square	F	Sig.
SOCIETAL	Between groups	54.575	2	27.288	1.307	0.29
	Within groups	542.735	26	20.874		
	Total	597.31	28			
VICTIM	Between groups	109.802	2	54.901	4.442	.001*
	Within groups	321.371	26	12.36		
	Total	431.172	28			
SITUATIONAL	Between groups	17.054	2	8.527	0.881	0.43
	Within groups	251.635	26	9.678		
	Total	269.69	28			
OFFENDER	Between groups	2.62	2	1.319	139	0.87
	Within groups	245.518	26	9.443		
	Total	248.138	28			

*significant ($p < 0.001$)

**SOCIETAL,VICTIM, SITUATION & OFFENDER BLAME
X MOTHER DAUGHTER RELATION**

MOTHER DAUGHTER RELATION	SOCIETAL	VICTIM	SITUATION	OFFENDER
<u>Poor</u> Mean	16.80	19.30	14.70	14.30
N	10	10	10	10
Std. Deviation	5.37	4.37	2.06	3.62
<u>Mod.</u> Mean	13.00	18.00	12.50	14.50
N	2	2	2	2
Std. Deviation	7.07	5.66	3.54	2.12
<u>Good</u> Mean	18.33	14.56	15.67	13.61
N	18	18	18	18
Std. Deviation	3.97	2.20	3.41	2.73
<u>Total</u> Mean	17.47	16.37	15.13	13.90
N	30	30	30	30
Std. Deviation	4.81	3.88	3.05	2.95

APPENDIX 8:

**VICTIM'S AGE BY BLAME
ANOVA**

		Sum of squares	df	Mean square	F	Sig.
SOCIETAL	Between groups	0.356	1	0.356	0.02	0.9
	Within groups	671.111	28	23.968		
	Total	671.467	29			
VICTIM	Between groups	96.8	1	96.8		
	Within groups	340.167	28	12.149	7.968	.001*
	Total	436.967	29			
SITUATIONAL	Between groups	4.05	1	4.05	0.427	0.52
	Within groups	265.417	28	9.479		
	Total	269.467	29			
OFFENDER	Between groups	2.006	1	2.006	0.224	0.64
	Within groups	250.694	28	8.953		
	Total	252.7	29			

* significant (p< 0,001)

ATTRIBUTION OF BLAME x VICTIMS' AGE

AGE		SOCIETAL	VICTIM	SITUATION	OFFENDER
below 12	Mean	17.62	14.31	16.123.61	13.38
	N	12	12		12
	Std. deviation	4.57	2.06		2.69
above 12	Mean	17.35	17.94	14.47	14.29
	N	18	18	18	18
	Std. deviation	5.12	4.25	2.45	3.16
Total	Mean	17.47	16.37	15.13	13.90
	N	30	30	30	30
	Std. deviation	4.81	3.88	3.05	2.95