



**BETRAYAL OF INNOCENCE: Incest and its devastation**

By Susan Forward and Craig Buck.  
Pelican Books, 1981. 154 pp. \$5.95.

Craig Buck is a journalist from Los Angeles and Susan Forward is a clinical psychologist, also from Los Angeles, who specialises in intensive group psychotherapy and the training of mental health authorities in the treatment of incest. Ms Forward serves as a consultant to the well regarded San Fernando Valley Child Abuse Council. She begins this book with the following sentence:

"I understand incest not only as a psychotherapist but as a victim." She then proceeds with equal candour and some pertinent, if at times emotionally tinged insights into the incest taboo and the psychological effects of incest, to write a book aimed at educating the general public and offering support to incest families.

Her definition of incest is perhaps broader than some would be ready to accept, namely, "Any overtly sexual contact between people who are either closely related or perceive themselves to be closely related (including step-parents, step-siblings, half-siblings and even live-in lovers if they have assumed the parental role). If that special trust that exists between a child and a parent-figure or sibling is violated by a sexual act, that act becomes incestuous".

Here in Victoria the legal definition of incest is confined to actual sexual penetration or attempted penetration between lineal descendents, step-parents and child and half-siblings.

Through a series of descriptive case studies, the authors focus on the effects of various combinations of sexual relationships, which can occur in families and examine a number of possible motivating factors for each family member. They place the causes for incest largely in the framework of family dynamics and personality development and emphasise the extremely powerful emotions generated in the incestuous family.

Several messages emerge throughout

the book:

—the victim is not to blame, but usually carries an enormous burden of guilt which can cause symptoms, such as migraines, depression, self-hatred, sexual problems and a range of anti-social behaviour patterns necessitating treatment later in life.

—rarely is the aggressor a dangerous criminal. Rather, he or she is also in need of therapeutic assistance.

—incest is generally an effect, not the cause of fragmentary family relationships.

Beginning with the father-daughter incest, which is the most common form of incest, the authors explore some of the basic conflicts which can occur, such as the guilt a victim may feel for having initially enjoyed the attentions and caresses of her father, the competition with mother on the one hand combined with resentment and anger for mother's failure to protect her on the other, father's betrayal of her trust and the lack of communication within these families which prevents the victim from being able to reveal the incestuous situation.

The other patterns of incest are similarly examined with case studies followed by discussions and interpretations. Mother-son incest is described as "probably the most involved, the least understood, and the most subtly traumatic of all forms of incest." Although intercourse only rarely takes place in these cases, the frustrations of a physically and emotionally close mother-son relationship can lead to devastating psycho-social and sexual problems in the victims.

The major differentiating factors are identified as the usually total absence of a father figure as compared to the "silent partner" mother figure who somehow colludes in father-daughter incest; the extreme possessiveness of the mother for her son; the slow manoeuvring of the son by his mother into the father's role, and the likelihood that the victim was a virgin at the time of initial sexual contact with his mother.

Sibling incest is broken down into three distinct types:

1) Older brother-younger sister form,

which can either resemble father-daughter incest or else represent experimental behaviour, where the sister is the guinea pig.

2) Older sister-younger brother incest, which parallels with the mother-son patterns, and

3) Homosexual sibling incest, which causes deep complex disturbances in the victim.

Grandfather-granddaughter incest is broken down into two forms:

1) Involving the younger grandfather, which the authors parallel to father-daughter incest, and

2) The older man who feels he is deteriorating physically and finds his sexual instincts aroused by frequent close physical contact with a young and trusting granddaughter.

Mother-daughter incest is very rare. The mothers are described as extremely disturbed women who tend to see their daughters as extensions of themselves. The authors point out that treatment of the victim of this form of incest is particularly difficult because they very often are suffering from impaired mothering from a very early age.

Father-son incest is seen as being particularly damaging to the victims, as the taboos of homosexuality and homosexual rape are broken as well as that of incest.

Case material in all these chapters is well presented to illustrate the devastating effects of incest on the victims later in life. However, I felt at times that the attempt to differentiate the various forms of incest so definitively was a little forced and led to some unsubstantiated interpretations.

A condemnatory chapter on Incest and the Law follows. The authors see the legal process as too often being unsympathetic, uneducated, emotionally damaging and a hindrance to treatment rather than being used in a constructive way, such as forcing the offenders into treatment and/or opening the way to reunite families where appropriate. Similar problems certainly occur here in Victoria when trying to coordinate treatment programmes between legal, statutory and therapeutic settings.

# REVIEWS



The final chapter is a plea for therapists to consider incest revelations as valid unless there is strong evidence to the contrary. Moreover, the authors stress that victims who are prepared to acknowledge their problems and to work on the traumatic dynamics and effects of their experiences can be helped with psychotherapeutic techniques such as: Group Therapy, Individual Therapy, Psycho-drama and occasionally Family Therapy.

Despite the desperate and depressing cases presented throughout the book, the authors manage to conclude on a fairly positive note for many family members who have experienced incest in the past. They courageously open up a previously taboo area of human relations to the general public and to many members of the welfare professions who have often become overwhelmed when confronted with revelations of incest. The style is readable and I can see this book becoming a useful tool in supportive incest groups.

One of my major criticisms is that the book is psychodynamically oriented and therefore not geared to social change. It mainly looks at helping people who are suffering the effects of incest which occurred some time ago and who are amenable to psychotherapeutic techniques. Apart from an incidental insight (that removing a victim from the incestuous family only aggravates her feeling of shame and guilt because she sees this action as punishment) there is no light thrown on how to or even whether to intervene at the time of incest.

There is a significant gap in the available literature regarding the management and prevention of current incestuous situations.

While I appreciate the enormous complexity and impact of this problem perhaps the authors, with their obvious expertise and abundance of case material, could have offered some suggestions in this area.

*Sandra Peeters,  
Social Worker  
Department of Family Psychiatry  
Queen Victoria Medical Centre*

**Parents and Mentally Handicapped Children** by Charles Hannam. Penguin Books. Harmondsworth. 1975. 175pp. \$3.95.

Charles Hannam is an educator as well as the father of three boys, the eldest of whom is intellectually disabled. In this book he tells frankly about he feels towards his disabled son. It is refreshing because he concentrates on his reactions as a father and focuses on how his son's disability affected his life and self image. It is not common to hear the father's side of the story. If he had limited himself to telling his own tale the book would have been exceptional for its starkly unsentimental honesty; unfortunately, he tries to do more and ultimately fails. He tries to write a researched investigation and to collect portraits of families as well as tell his story. The result is an incohesive mish mash.

The book begins with an anecdote about the unreasoning opposition to a proposed hostel for intellectually disabled adolescents. This story serves as an illustration of the community's attitudes towards retarded people, but it is told out of context and is badly placed. If I hadn't been committed to read and review the book I would have put it down then and there.

The author's own story is much more interesting, and it was worth persevering to read his exceptionally candid account of his feelings about his son. He admits that he hasn't coped very well with his son, and he articulates some of his ambivalence towards his son's disability. His feelings are common to many parents of disabled children — feelings of guilt, failure, anger, resentment, disappointment, despair and feelings of wanting to kill the child.

"I had been present at the birth — a tremendous experience... I was terribly elated and excited at that time. We had done it, a boy, immortality achieved! ... Now I wanted to kill him and it was a very frightening thing even to think about. Here was I devoting my life to the problems of educating children of all abilities, having campaigned for the abolition

of the death penalty in the past and the moment my own child did not come up to my expectations I was ready to reject him and even prepared to consider killing him".

He talks about other people's reactions to his child's disability. Instead of support and practical help, he felt victim of the "aggressive sympathy of do-gooders" armed with tactless, well intentioned remarks like "Well, he'll never grow up and leave you" and later "It's marvellous how you cope!" but never, "let me take David for a while and give you a break".

He admits that he was not an easy person to help and that, although he seemed to cope, inside he was a seething mass of rage and aggression. He talks about his feelings towards his son and it is obvious that he never really worked through his initial reaction to come to accept his son and his disability. Disability looms large in the book, in fact it tends to overshadow the personality and humanity of the disabled person. The author consistently uses the term "mongol" and describes his son as a "mongol". He justifies this by saying that the term "mongol" is easily understood. This may be so in England and, although he argues that changing names doesn't change attitudes, I feel the connotations implicit in the term "mongol" are so negative that the alternative term "Down's Syndrome" is much more preferable. Its use indicates a change in attitude and is anyway more precise.

His son's disability seems to prevent any closeness between father and son. Mr. Hannam can't accept his son as a person who is disabled, rather he is forever doomed to be "a mongol".

David is considered a drag, a burden. The author is honest about his dislike of his son. David's behaviour grates on his nerves. For instance, David liked to dangle a coloured cylinder from a piece of rope.

"I hated this dangling activity, it was completely harmless but its very pointlessness underlined the limited range of his ability, a constant and painful reminder of the old pain and disappointment... we condoned the dangling because it would have been