Family Practice Grand Rounds

Family Dynamics: A Case of Incest

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DR. JANET P. REALINI *(Assistant Professor of Family Practice)*: Welcome to the Family Dynamics Teaching Conference. We hold these conferences once a month to present and discuss a family that has been of particular interest or concern in the Family Health Center.[1] Our goals are to gain insight into the dynamics of the family, how illness affects the family members, and how the family affects the illness. With our new understanding, our next goal is to help the family practice resident in his or her management of the family; we make specific suggestions and help the resident formulate a plan for follow-up. Although family therapy is not our primary goal in this conference, we often see that the interview process itself is of therapeutic value to the family.

The resident will present some background information on the family and their problems. The audience of medical students and residents may have questions about the family or suggestions for areas where further information is needed. The group can thus help the resident focus and plan his interview. After the resident interviews the family, the conference participants will discuss the family and the interview and help the resident formulate a plan for the family's management.

DR. GLEN R. COUCHMAN *(Third-year resident in Family Practice)*: I am presenting the Nash family* (Figure 1) because I recently became aware that they have a problem with father-daughter incest. I have treated Rose, Jenny's mother, for over two years for rheumatoid arthritis, with Felty's syndrome and pulmonary involvement. She was recently hospitalized for progressive hypertension, congestive heart failure, and acute renal failure.

Danny, Jenny's father, whom I have never met, is a blue-collar worker who has had problems with alcohol. He is free on bond after being arrested for charges of incest brought by Rose and Jenny.

There has been a recent split in the family: Rose's divorce from Danny became final about seven months ago. Rose, Jenny, and Joe currently live together in government-subsidized housing. The three older boys—Robert, Jim, and Howard—work in the oil fields and support their father financially and emotionally. The older daughter, Ruth, who also had an incestuous relationship with her father, "sides" with Danny and the older boys. They argue that the incest is a problem to be settled within the family and not taken to the courts.

The incest apparently began with Ruth. Jenny became involved at the age of 8 years. Her father forced her to have intercourse with him regularly until she was 17 years old. Jenny told her mother about it when she was 14 years old. At about that time, her friends at school found out; she began missing school and eventually dropped out. Danny brought her to the Family Health Center for a therapeutic abortion when she was 16 years old. The identity of the father of the pregnancy was never clear. Jenny ran away from home shortly after the abortion and stayed several months with a friend.

*The names of the family and its members used here are not the actual names of the patients presented.

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Danny did not approve of Jenny's boyfriends and forbade her to see them. Last year, Jenny became involved with a boy her own age who was killed in an automobile accident. Jenny told me that Danny's response was one of disappointment that he didn't get to kill the boyfriend himself. This occurred about the time of Rose and Danny's separation and the reporting of the incest.

The separation and divorce were apparently precipitated by Danny's becoming violent, destructive, and physically abusive to Rose. Rose also implied that he may have made sexual overtures to Joe, the youngest son.

RESIDENT: What charges is Jenny bringing against her father?

DR. COUCHMAN: Actually, since the charges being brought against Danny are criminal ones—statutory rape and incest—Jenny does not have to press charges at all. However, since Ruth refuses to testify, Jenny's testimony is the foundation for the district attorney's case. If she testifies, the district attorney has a case that he can prosecute. If she refuses, he does not.

ELIA ORTIZ *(Family Health Center social worker)*: Danny is trying to convince Jenny not to testify against him. He uses the money the older boys give him to buy her presents and books. He has promised to finance her education. With all this attention, Jenny is unsure what she wants to do.

DR. REALINI: What is your role with this family?

DR. COUCHMAN: Until recently I was unaware of the incest. I had been seeing Rose and Jenny for their medical problems, and Ruth for her current pregnancy. In the last several months, through inquiries about the divorce, the issues of the impending trial became apparent. Since that time, I have been seeing Jenny for supportive counseling.

Rose and Jenny are the only family members who could come for the conference today. Ruth, who was present for the preparatory home visit that Ms. Ortiz and I made, could not be here today.

The Interview

DR. COUCHMAN: Rose and Jenny, these are some of the other physicians from the Family Health Center. I think it's normal to be a little nervous in front of so many people. Perhaps we

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could start by your telling us a little bit about your family.

ROSE: I was married for 24 years and divorced seven months ago. I have six children.

DR. COUCHMAN: How have your health problems affected your family?

ROSE: My ex-husband was never able to cope with my being handicapped, especially during the time when I couldn't take care of myself or the children. It was a barrier between us.

JENNY: My sister and brothers couldn't cope with it either, except for Joe. Daddy couldn't cope with it. I have accepted it. She couldn't wait on us, and the other kids didn't like that. Dad didn't help much.

DR. COUCHMAN: Who kept things going?

JENNY: Financially, Daddy did. But as for raising us, he left that up to us ourselves. The only thing he did was to make sure there was money to put food on the table.

ROSE: Before I was stricken so badly, I was the one who took them to school, attended PTA meetings, baked them things, all of that. When I was stricken with the arthritis, I was in so much pain, I could hardly move. I wasn't able to watch the children, especially if they would run away from me. Sometimes they even went hungry because I couldn't cook or wash. Jenny sometimes helped after she was 10 years old or so. Occasionally, my husband or my mother-in-law would help out. My church wanted to send somebody over to help, but my husband would not allow any church people in our house. Later on, I could wheel up to the stove and cook a little.

DR. COUCHMAN: How has the divorce affected the members of your family?

ROSE: I don't know. Ruth, my oldest daughter, hit bottom and got into some trouble. I know she resents me being away. Now she seems to be doing okay. Howard hasn't changed; he resents the divorce. Jim is an enigma to me. I don't know how he feels. Sometimes he fakes a smile for me; sometimes he is very loving. He has a very high IQ and a violent temper. Joe is quiet. He is not saying anything. Robert is pushing me to go back to Danny.

DR. COUCHMAN: Tell us about your relationship with Danny.

ROSE: Well, lately it's weird. I don't under-

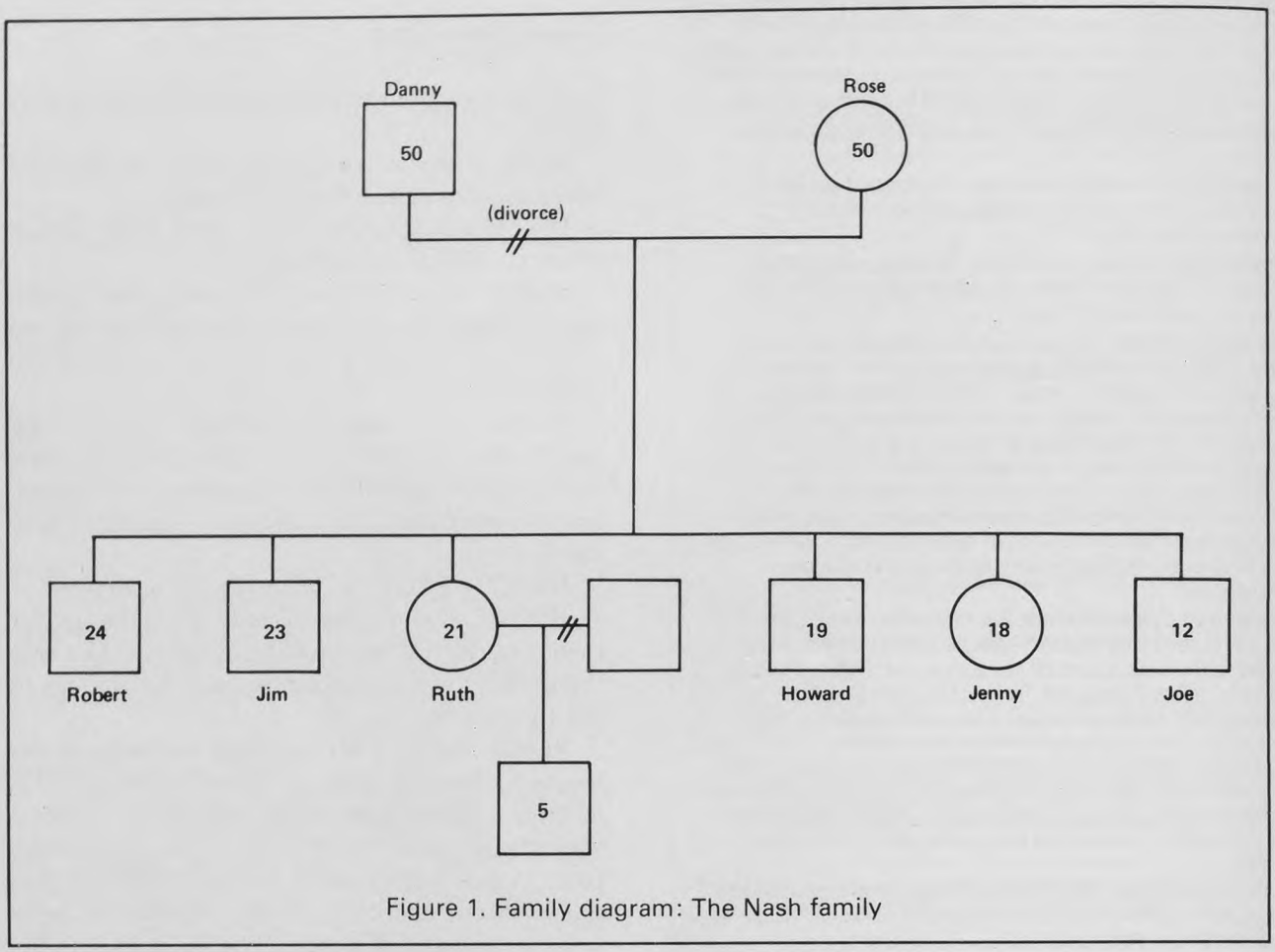

Figure 1. Family diagram: The Nash family

stand it, but when I think of my husband, I think of my father. I always put my husband on that same pedestal with my father, but that was a mistake. Danny is not that kind of man. He has never lived up to being on that pedestal. He is domineering and overbearing, very opinionated, and very jealous. He is smart, too; he can convince you of anything. For example, he nearly convinced me that he didn't mess up the kids—that it was my fault! He is so convincing, he can make you forget your own line of thought. He hates my church, too. He hates all religions.

DR. COUCHMAN: What was your relationship with Danny like ten years ago?

ROSE: Even then, it was going down the drain. I used to think he could do no wrong. But he kept doing things that tore that image down. Now I feel sorry for him.

A lot of times I think that it partly *is* my fault. If I hadn't let him take over—if I had stood on my own two feet—it might not have been this way.

DR. COUCHMAN: Jenny, how was your dad as a father?

JENNY: He was always concerned about who my friends were—who I hung out with, what I did, where I went, and what time I'd get in. About my boyfriends he would tell me, "Don't date him, he's bad for you," or "Don't date him, he's looking for only one thing." I was confused. I would ask myself, "Well, what are *you* out for, Daddy?" I didn't know what was right. He was a good father, though, in a lot of ways. He was always there when I needed him. He would always be there to bail me out of something.

My sister is loyal to our father. She was never sure of herself; she has always been jealous of me. I would ask Daddy for something, and she would get angry with me. When I was a baby, she would

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push me away from him and say, "My daddy, my daddy! He's not your daddy!" But I knew better. What really tore her apart was that what was happening to her was also happening to me.

DR. JAMES M. TURNBULL *(Associate Professor of Family Practice and Psychiatry)*: Did you know about what was happening to her?

JENNY: It was "our little secret." "If you tell, I'll tell Daddy that you told, and you'll get in trouble." I was scared to death of my dad, so I didn't tell. Daddy told me, "Don't tell Mommy, because Mommy's sick, and she can't take it." When I was about 14 years old, I realized that it wasn't right—that I had to tell my mother about it. My brothers knew what was happening. My brothers and everybody are scared of my father. They have reason to be: he is the monster of all monsters. I have always thought of him that way. It's weird, though. Right now I feel like I am closer to my father than I ever was in my whole life. We talk about what happened. He tells me he was wrong. He even wants to go to counseling with me. There's a program that takes the fathers and daughters, the other children, and the mothers into counseling.

ROSE: He didn't want to go at first. I couldn't believe it when he said he would. I really feel bad for him; he has lost everything.

DR. COUCHMAN: What has he lost?

ROSE: His home, me, liberty. He has told me over and over that he did love me—that he still does. He says it was just that I never showed love when he wanted it. I don't know if that's true or not. I just don't know. He would like to live with Joe—he loves Joe. He's the baby, of course. I don't know. I have suspicions. Is he putting on an act because the trial is coming? I am not going to give him a good conduct medal yet. But I am *not* going back. He was violent these last two years, and it was awful. I was scared to turn around.

DR. COUCHMAN: What has the effect of this upcoming trial been on your family?

ROSE: They are torn between me and him. They don't want me to do this. Ruth, particularly, is going to be very hurt. She only married to get away from Danny. I don't know what I am going to do about her being hurt.

JENNY: I get a lot of pressure from my brothers and sister. Ruth, especially, tells me that if I win and Dad goes to jail, she will never talk to me, she will kill me. I haven't gotten any pressure from Dad, though. It's weird. We can talk, yet we'll be going into a courtroom against each other very soon.

ROSE: He's not worried. He has the best lawyer in town.

JENNY: They told me he could get 15 to 20 years.

ROSE: Everybody thinks he won't go to jail.

JENNY: In a way, I hope he does get off. I am not thrilled to death about sending my own father to prison. I am not thrilled about losing my brothers and sister, either. It will be painful to walk into the courtroom. I know what people will think of me.

At least, now he knows that I am not fooling around. I used to tell him a lot, while he was doing it, "Someday I'll see you in a courtroom, and we'll get this straight, I promise." All I want to do is show him he can't do this to me anymore. All I want to do is walk into that courtroom and make it clear to him that he can't just walk away from what he did. It went on for nine years; nine years is not something you can easily forget. I will always remember.

I thought that the first time I saw him after he got out of jail, he would jump out of the car and wring my neck and stomp all over me. But he didn't. He said, "Do you really want to take me to court?" I told him no, but I have to. I tell him every time I see him that this is something that is going to happen, and we can't turn back. He wants me to go out of town. He says it is only going to hurt us, and then he threatens that his lawyer is going to "get ugly." He told me he would bring up degrading and shocking things about my life. But that won't stop me because nothing shocks me. Nothing could be as degrading as what happened to me.

ROSE: And he said that it was my fault! They threaten to tell stories about me and my father.

DR. COUCHMAN: We talked about that. It may be that he is trying to frighten you away from the courtroom.

DR. TURNBULL: Jenny, what are you going to be doing in the future?

JENNY: Well, in a week I take my high school equivalency examination. After that, I want to go

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to college and study to be an x-ray technician.

RESIDENT: Why did you drop out of school?

JENNY: Too many kids in the neighborhood were aware of what was going on. My sister told her friends, and it got all over the school. They would tease me, and I just couldn't cope.

DR. COUCHMAN: That's about all the time we have. We want you both to know how much we appreciate your coming to this conference.

Discussion

DR. COUCHMAN: Jenny seemed quite mature here at this conference. Yet at the home visit, she seemed very childish.

DR. TURNBULL: This is typical, in my experience, of adolescents in her situation. They are often described as pseudosophisticated or pseudomature.[2] This may be because they are forced into an adult's role of surrogate mother and wife or because of their unusual closeness to an adult. They can also be quite seductive, and you saw a little of this in Jenny today.

DR. REALINI: I was struck by how strong and maternal Jenny seems. She even touched her mother's hair as if *she* were the mother and Rose the child. I wonder if this is a manifestation of Jenny's "assuming" the maternal role.

DR. TURNBULL: There are a number of features of this family that have been typically described in such families. This is a good demonstration of the dynamics of the conflict between the two sisters. It is typical that the older one becomes jealous at the time the father becomes interested in the younger sister. Jenny brought out this competition very clearly. Jenny's ambivalence about her relationship with her father is also typical.[3] She tells us he is a good father on the one hand, but that she wants to get even with him on the other. She does not want him to go to jail, but she does want him to suffer.

MS. ORTIZ: Do you think she is angry at him because of the way he responded to her boyfriend's death?

DR. TURNBULL: I don't have enough information from today's interview to understand why she is so much more angry than her sister. I am concerned that she will suffer from guilt if her father goes to prison.

DR. REALINI: It seemed to be a relief to her that everyone thought he would not go to jail. If he is not convicted, then she will have satisfied her need to take him to court without having to send him to prison.

RESIDENT: Can an incestuous relationship like this happen in normal families?

DR. REALINI: I don't think so. Incest is a reflection of significant pathology.[4-6] At the very least, the parents' marital relationship is usually disturbed.[4]

DR. TURNBULL: Well, there are three things that are known to be associated with incestuous relationships in families. The first is isolation of the family from the community. We may see this to some degree in this family. For example, the father excluded his wife's church members and perhaps other visitors from visiting the household. The second association is with alcohol, and Danny has a history of problems with alcohol. The third factor that may lead to incest in a family is a physical, emotional, or sexual disability or illness on the part of a spouse that makes that spouse unavailable to the other. The daughter assumes certain traditionally maternal functions and the sexual role of the mother as well.[4] This role reversal is perhaps the most prominent predisposing factor that this family displays. Clearly, Mrs. Nash's medical problems have caused her to be unable to function as a mother or as a wife, at times.

DR. COUCHMAN: Should I encourage Jenny to testify against her father or not to testify against him?

DR. TURNBULL: From studies of families with incest, it appears that the most constructive thing to do is to keep the family together. The incest must be stopped, of course, and this is ordinarily done by getting its existence "out in the open." In this way, with counseling, the family can be kept together, and the incest can be stopped.

RESIDENT: I would have trouble dealing with this family. I am so furious with the father, I think he should be put away.

DR. REALINI: Many of us have similar feelings. We have to be careful that such feelings don't interfere with our taking the best possible care of such a family. The family physician should remain calm and professional and, if possible, interview all family members.[4] Talking to the father and developing a working relationship with him is important in caring for a family with incest.

DR. TURNBULL: I would be totally impartial with respect to Jenny's testifying or not. She has to resolve this ambivalence herself. Besides, I don't feel that I know enough about why meeting her father in court is so important to her.

DR. PAUL C. WEINBERG *(Professor of Family Practice, Psychiatry, and Obstetrics-Gynecology)*: Certainly, I would be supportive of the family's going to counseling.

MS. ORTIZ: Jenny is going to need support from us, no matter what she decides to do.

DR. COUCHMAN: So will Rose. She needs to cope with all the guilt feelings that she is having.

DR. TURNBULL: I would like to reinforce one point. Dr. Couchman knew nothing about the incest in this family, although he knew the family for two years, and the incest had been going on for about ten years. There are some clues that an incestuous family may present. The adolescent may be isolated and not attend school activities. The father may be very protective, and not allow her to take part in social activities after school.

DR. WEINBERG: Runaway behavior on the part of the adolescent is frequently the first sign of trouble.[4] There is often a crisis point in the family in father-daughter incest cases when the daughter begins to get socially involved with boys.

DR. REALINI: Much incest that goes on never comes to our attention as professionals. It is important that we maintain a high index of suspicion of incest, or we will miss the diagnosis. When we see a teenager who runs away, or acts out, or is isolated, we should "think dirty" and wonder if incest is involved.

Thank you, Dr. Couchman, for presenting this interesting family. I hope this conference will be helpful to you in their management.

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