

NARRATIVES OF INCEST

by

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ABSTRACT

Incest is described by various models focusing on different factors ranging from pathology to descriptions of the ecosystem in which it takes place. This research presents a theoretical and practical description of father-daughter incest in a family where the father was not removed and includes narratives of all associated systems.

Consistent with the postmodern, social constructionist and narrative theories, this study attempts to observe and describe the ensuing process of the incest narrative through the various systems within which it takes place. This process explores people's perceptions of incest, how these are assessed and interpreted, what kind of action they mapped out as a result and the possibility that the abusive narrative is being maintained. Implications for therapy with the incest family are discussed drawing on narrative principles.

By utilising an emergent design the experiences and narratives of the family and related systems were permitted to emerge through the research process.

KEY WORDS: incest, sexual abuse, narrative, stories, conversations, social constructionism, postmodernism, narrative therapy, family therapy, therapy, deconstruction, power.

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CHAPTER 1

NARRATIVES OF INCEST FAMILIES

Introduction

In an attempt to make sense of life, people face the task of arranging their experiences of events in sequences across time in such a way as to arrive at a coherent description of themselves and the world around them. Specific experiences of events of the past and present and those that are predicted to occur in the future, must be connected in a lineal sequence to develop this description. This description can be referred to as a story or "self-narrative" (Epston & White, 1990).

White (in Nicholson, 1995) emphasises that the narrative metaphor should not be confused with that which proposes that stories function as a reflection of life or as a mirror for life. Instead, the narrative metaphor proposes that persons live their lives by stories - that these stories are shaping of life, and that they have real, not imagined, effects - and that these stories provide the structure of life. (p.23)

According to White (in Paré, 1996) person's lives are shaped by the meaning they attribute to their experience, by their situation in social structures and by the language practices and cultural practices of self and of relationship in which these lives are engaged. Incestuous families who interact with different helping systems are exposed to different kinds of dialogue about the incest

experience. This increases opportunities for new and changing perspectives and it is this process which is the focus of this research.

Research focusing on incest ranges from an attempt to explain it as pathological to descriptions of the ecosystem in which it takes place. No attempt has yet been made to observe the ensuing process of the incest narrative through the various systems (including the family system) with which it interacts, thereby exploring the possibility that these interactions might preserve the abusive narrative.

The present study seeks to examine the ways in which the members of an incestuous family actualise the power of narrative, and acquire the ability, not only to verify what is culturally believed about incest, but to account for deviations as they are incorporated into their narrative. These narratives generally reflect the dominant culture's specifications, through which people know themselves and against which people compare themselves (Bruner, 1990; Zimmerman & Dickerson, 1994). The stories or narratives that people live through maintain their relational interaction and systemic organisation, and the evolution of lives and relationships is articulated through the performance of such narratives. In an incestuous family these narratives can preclude conversation in many areas, impairing a family's ability to solve problems or to confront normal developmental issues, thereby maintaining abuse. Narratives become a form of censorship, in that telling of one story necessarily bars the telling of others. Although these stories provide coherent structures, some things are highlighted while others are concealed (Paré, 1996). Incest then becomes a secret which distorts the experience of family living. Early disclosure of this secret, or disclosure in unsafe situations, can alter the secret's protective function for the victim.

A consequence of the storying process is the meaning-making about the others involved. The incest perpetrator's interpretation differs from the meanings of the victim and remaining family members. Since he¹ experiences his own intentions as good, the problem is seen as the victim's actions and what he assumes are the intentions behind them. That is, people tend to explain to themselves what the other is doing by interpreting the other's intentions. The other's actions (and assumed intentions) then become the mitigating circumstances that justify the perpetrator's own actions, despite knowing that his own actions do not necessarily fit what is culturally or personally acceptable. At the same time "the other" is also engaged in a process of creating meaning, making interpretations, and responding on the basis of this process (Zimmerman & Dickerson, 1994).

The victim defines herself largely in terms of the meanings and narratives of the wider system in which the incest has become embedded. For example, a child who has been abused, and who blames herself, may engage in dialogue with a therapist or social worker about how the adult is responsible, regardless of how she behaved. In a meeting with her mother, her mother faults her for not having told her, reinforcing the child's idea that she is to blame. This idea is now just one among the many views that the child is hearing (Sheinberg, True & Fraenkel, 1994).

According to Bruner (in Zimmerman & Dickerson, 1994) this exception to the usual situation of self as narrator occurs in situations of extreme subjugation where family members can be persuaded into giving up their position as a

¹ Throughout this dissertation the perpetrator of incest will be referred to as male. This designation is used purely for reasons of parsimony, and is not meant to imply a sexist bias.

primary voice and begin telling the story completely from the perpetrator's perspective. The incestuous family system can therefore be described as a meaning-processing system of interacting participants who maintain and support an abusive narrative in an attempt to understanding themselves and their problem. In so describing the process of narrative, it is not the intention of the researcher to absolve the perpetrator and blame the victim, but to portray narrative as an important dimension in the process of incest.

Our stories are not always acceptable to, or accepted by others. People respond to what is said or done with criticism, with challenges seeking to justify themselves, thereby showing how their actions fit in with those of others. Acceptable responses must be negotiated within a context of argumentation. When a person says a word, whose word is it? One has to determine who these words belong to. Volosinov (in Shotter, 1993, p.52) notes that "a word is territory shared by both addresser and addressee, by speaker and his interlocutor The immediate social situation and the broader social milieu wholly determine – and determine from within, so to speak – the structure of an utterance".

In keeping with this view, the contexts of our speech can never be seen as being isolated or ahistorical. Any concrete narration is a link in the chain of speech communication in a distinctive domain. This means that, in being responsive, our narrations are part of an ongoing flow of conversation of one kind or another. It is this historical nature of speech, together with the fact that our language belongs to a system, that influences the ways in which our stories are accepted. The ease of its acceptance is a question of whether we are speaking in one or another of the more accepted centres of social life, or within more disorganised boundaries (Shotter, 1993).

White (in Nicholson, 1995) further emphasises that

the personal story of self-narrative is not radically invented inside our heads. We don't individually make up or invent these stories. Rather these stories are negotiated and distributed within various communities of persons and also in the institutions of our culture.

(p.24)

In the act of disclosure, various helping systems are not excluded from becoming involved and legal action may be taken, introducing a myriad of new narratives and their associated meanings. Narrative implies a view of persons as interpretative beings, contextually situated, co-constructing a shared world primarily through language. These narratives imply the stories we tell ourselves and others, those in which we live and are lived by, combining the essential signposts by which we navigate our way through the mundane tasks, the minor trials, and the grand tribulations of our lives. Stories also organise the vast narratives of history, myths and religious doctrines and the body of scientific knowledge (Paré, 1996). Paré describes people as "inhabiting a universe of stories rather than truths" (p.23).

According to Brunner (in Hart, 1995) narrative structures organise and give meaning to experience, but there are always feelings and lived experience not fully encompassed by the dominant story. The helping systems (social workers, legal system) approach the incestuous family with a story in mind, and the story is in the foreground in the final professional product, the written report or the legal case. Brunner (in Hart, 1995) explains that the beginning and the

end of the process in which the family has to proceed is framed by the dominant story. The process is self-reinforcing and reconfirms everyone's view of the world.

The human world in which we live is best thought of as a whole "multiverse" or "social ecology" of unique but dynamically interdependent arenas and moments of human communicative activity. In such a multiverse, language is neither primarily for the representation of the world, nor for the achievement of shared understandings: it is used much more practically. It is primarily used for the coordination of diverse social action, for physically "moving" people (Shotter, 1993).

Purpose of the Study

The purpose of this study is to understand the process of narrative from the act of incest and disclosure through its migration across systems levels. It is important to realise that there are always feelings and lived experience not fully encompassed by the dominant story. This applies not only to the dominant story constructed by the family about themselves, but also to the dominant story of other related systems in understanding the family's experience. The systems' narratives may leave out aspects of the family's lived experience as they choose to highlight, through their questions and punctuations, certain aspects of the family's lives that are consistent with their own narratives. They can never encompass all of the family's experience (Hart, 1995). One cannot avoid using narratives, metaphors or theories, but what can be avoided is becoming entrapped within their boundaries by claiming any one of them to be the single correct narrative, metaphor or theory (Shotter, 1993).

Helping systems often embrace incestuous meanings as told by family members, supporting rather than challenging the dominant narrative surrounding the incest. The possibility of reorganising families (to exclude abuse) is limited by the discourses that these systems and the family bring into the therapy room. Too often the discourses that provide alternative meaning circulate only external to the therapy room (Hare-Mustin, 1994). What is important to note here are the different ways of speaking. They become important because it is assumed that the principal function of speech is to give shape to, and to maintain, reproduce, or transform certain manners of personal and social relationships, to position people in relation to each other. Therefore, according to this view, it seems evident that at least some words do in fact denote things, doing so only from within a pattern of social relations already created by ways of talking in which these words are used; that is, used for moving or repositioning people in some way (Shotter, 1993).

This research process attempts to give meaning to what is told and not only to know the truth from the experts' perspectives. This study maintains that all narratives are legitimate, which is manifested in maintaining the family unit to allow multiple voices to be heard. Its usefulness therefore lies in sanctioning the expertise provided by the family members themselves on *their* problem. By describing incest only in terms of my interest and expertise and defining my views as reality, the study would be self-limiting. But by leaving it open to criticism and a multiplicity of descriptions by those involved and by the reader, it becomes an evolving story.

Design and Process of the Study

The design of this study will be emergent rather than preordinate, because meaning is determined by context to such a great extent and because the existence of multiple realities constrains the development of a design based on only one (the researcher's) construction. What will be learned at a site is always dependent on the interaction between researcher and context and the interaction is not fully predictable, disallowing mutual shapings to be known until they are witnessed.

Initially any sample unit will do as well as any other, but as insights and information accumulate and the researcher begins to develop more knowledge about the situation, the sample may be refined to focus more particularly on those units that seem most relevant. From a practical point of view the sample unit will be selected from the clinic where I am employed as a trainee psychologist. The family will not be in the therapeutic care of the researcher, but will be selected from the clients which approach the clinic for therapy. Successive units are then selected in accord with the need to extend and fill in information. These successive units may include other systems involved in the case at hand, such as the police system.

The researcher will ask family members questions that explore the impact of the problem (incest) on the person, on their relationships with others and on their views of themselves. This latter question is an important one as it tends to elicit some of the core aspects of the client's dominant story. The influence of this dominant story is in turn explored in relation to its impact on the person's life and significant relationships (Nicholson, 1995).

Questions are asked regarding the historical basis to the dominant narrative, questions regarding how the person has been recruited into this

perspective of self. The researcher is interested both in the person's private story and in the broader societal context. The focus is on those taken-for-granted practices that underlie the dominant story (Nicholson, 1995).

The possibility exists that re-construction of narratives can occur through questions asked by the researcher regarding the different perspectives of the client, society and related institutions. Such questions may serve to add layers, further substance and foundation to the problem narrative (Nicholson, 1995).

Every effort will be made by the researcher to maintain anonymity and confidentiality. All interviews will be treated with the strictest confidence. No audio-visual or audio recordings will be made of the interviews. Records will be kept in the form of written notes only. The researcher will make use of a reflexive journal to portray her thinking, philosophical position and bases of decisions throughout the inquiry to ensure that the process is carried out in ways that fall within the limits of good professional practice (Lincoln & Guba, 1985).

In the pages that follow I will endeavour to describe narrative as a means of description in chapter 2, in terms of its temporal organisation and meaning dimensions of experience. Chapter 3 provides diverse descriptions of incest to inform the reader of different models in approaching incest. The fourth chapter will, *inter alia*, highlight the implications of this research for therapy. Chapter 5 will delineate the evolving process of research as it emerges. The family's narratives, as well as related systems' narratives, will unfold in chapter 6 in the form of a case study. The researcher's narrative, outlined in chapter 7, will be concerned with a back-and-forth movement between initial encounters with parts or fragments of meaningful behaviour and with things said, and the fashioning of them into a coherent whole.

CHAPTER 2

NARRATIVE AND DESCRIPTION IN PSYCHOLOGY

Introduction

This chapter is a story about stories and how they came to be so important in psychology. As children most of us encounter stories at bedtime and at our parents' knees. Fairy tales, folk tales, legends and myths impart to us our first organised description of human action. We continue to be immersed in the novels, biographies and histories we read. Stories occupy us at the movies, the theatre and in front of the television set. Stories also allow us to navigate ourselves intelligibly within the social world. We use the story form in so many ways to identify ourselves to others and to ourselves (Gergen & Gergen, 1988).

Before embarking on the narrative journey in this study, we must discover its emergence within the therapeutic culture and its place in relation to social constructionism, constructivism and postmodernism. This journey will map the development of narratives from the romantic period through to the postmodern era, the foundations of which comprise the central assumptions of this dissertation. It would not be possible to understand narratives of incest or to engage in psychotherapy with those involved without some awareness of the origins and development of the understanding of narrative. Narrative position is fundamentally responsible for our very existence, our cultural and social practices, our institutions and rituals which are all an expression of the language games and customs employed (Epstein, 1995).

The Emergence of Narrative and Social Constructionism within Psychology

From Romanticism to Modernism

Throughout the twentieth century we have created a vocabulary and narrative that can be referred to as the age of Modernism. This involves a shift in vocabulary from the theme of the deep unconscious and the dark unknown interior mind of the Romantic period, evident in the late eighteenth and the nineteenth centuries, to the human described more in terms of the machine metaphor. Gergen (in Epstein, 1995) describes how the scientific machine metaphor describes the human being as ultimately knowable, measurable and sensitive to external information. As an identity machine we have designed a self-reflective narrative that clearly describes the self as observable and knowable.

Pathology during the Romantic period was described in terms of an irrational unconscious that overwhelms our conscious mind. This does not ring true in the Modernist period which describes pathology as the lack of "being in touch" with our true inner identity. This identity theme is expressed in the humanist psychologies of Rogers, Erik Erickson and Maslow. The psychological narrative of the Modernists is marked with words and fiction including those which configure the necessity of an identity that enables us to have commitment, love, respect and to be open in our relationships; solid inner nature; and enduring characteristics. Because this identity is knowable and testable it allows us to test and classify the human individual (Epstein, 1995).

The language of family therapy also falls prey to those aspects of Modernist narrative. Among them are object relations family therapy, the structural approach to family therapy, the communication approach and the

strategic therapy of Haley and the Milan group. Within these Modernist approaches to family therapy, the therapist is the authority within the family who has privileged access to what is “really” going on within the family by determining the underlying messages of their narratives and thereby assisting them as the agent of change (Becvar & Becvar, 1996). The vocabulary and narrative of family therapy describes the family as the core of human identities. Epstein (1995) cites this Modernist narrative as a fiction maintaining the importance of input and stimulation to preserve our identities. We can therefore become extinct without the continuing input of others.

Within the Modernist narrative the professional therapist functions as a scientist, who by virtue of his scientific training, research experience, knowledge of scientific literature and countless hours of systematic observation and thought within the therapeutic situation is armed with knowledge. The therapist’s measuring instruments can know the families before they do. The changing vocabularies not only define the therapist, but also define what the problem is and determine its cure. This narrative includes specific assumptions relating to the underlying causes of pathology, the location of this cause within the clients or their relationships, the means by which such problems can be diagnosed and the means by which the pathology may be eliminated (Becvar & Becvar, 1996; Epstein, 1995).

The client’s narrative, according to the Modernist perspective, is ultimately distorted and questionable. These narratives are therefore considered to be of little value in understanding the client’s life and far less favourable than the empirically based accounts of the trained scientist. From the Modernist’s vantage point we see that the therapeutic process involves the slow but inevitable replacement of the client’s story with the therapist’s. His contending

story suggests alternative lines of action, allowing the clients to replace their original failure stories with the promise of success as related by the therapist. The therapist thereby takes on the role of a wise and superior being who counsels the ignorant and the failing (Epstein, 1995).

According to the Modernist perspective, the preceding criteria is viewed favourably, but when perceived from within the postmodern framework, many shortcomings become apparent:

- Mental health practitioners fail to justify their claims to knowledge of pathology and cure within the empiricist narrative. In fact, there were countless people and groups who claimed to have privileged access to the one truth, but who disagreed on almost everything (Hoffman, 1990).
- There is also an extreme focus on the individual at the expense of broader social and cultural conditions.
- There remains the tendency to pathologise, thereby blaming the victims for their problems (Epstein, 1995).
- One of the main problems of this approach lies in the way a client is treated. The client often receives a lesson in inferiority regardless of the complexity and value of his narrative and this narrative is eventually replaced by the therapist's narrative which is justified by scientific claims.
- The therapist's narrative eventually excludes the client's interpretations to the extent that his narrative becomes the client's reality. Epstein (1995) views this as a constriction of life possibilities which "is all the more problematic because it is decontextualised, cut off from the particular social, cultural and historical circumstances of the client" (p.175).

Terms which are synonymous with the Romantic and Modern periods are idealism (a view that knowledge derives from internal constructs) and positivism

or linear causality (a view that knowledge is a representation of facts and events in a "real" world) respectively (Hoffman, 1990).

Towards a Postmodern View

The need arose to re-appropriate contemporary stories through which human nature is understood. The postmodern period comprises many variations of philosophical constructivism. It is also a period in which rapid and massive transportation, communication and multiple human contacts takes place. The postmodern period is characterised by multiple, fluid and contested narratives. This does not only involve the process of change which takes place through local discourse, but also to the changing challenges that we are exposed to through our socio-historical positioning (Epstein, 1995). Bruner (1986) made the distinction between the modern and the postmodern by describing it in terms of argumentation (propositional thinking) and storytelling (narrative thinking) respectively. Each mode represents a distinct way of constructing reality. The former describes how to know the truth (modernism), the latter how to end an experience with meaning (postmodernism) (Allen & Allen, 1995; Bruner, 1986).

The imaginative quality of the narrative mode leads to "good" stories, gripping drama and believable historical accounts, while the deductive quality of the logico-scientific mode relies on the ability to see possible formal connections before being able to prove them empirically (Bruner, 1986). The narrative mode aims to put the human condition into the particulars of experience and attempts to locate experience in time and space (Bruner, 1986).

One of the primary markers of the postmodern era is the idea of vocabulary that no longer privileges an objective reality. We are outgrowing the

Modernist vocabulary of the singular, autonomous, knowable self and embracing rather the idea of a self constructed in relationships. We find ourselves immersed in a new vocabulary describing multiple selves which are socially constructed in the context of the increasingly varied and constantly changing relationships in which we find ourselves (Becvar & Becvar, 1996; Epstein, 1995). We not only relate our lives as stories, but our realities and relationships with each other are also lived out in narrative (Gergen & Gergen, 1988; Polkinghorne, 1988). Postmodernism ensures that we become aware of any singular, totalising story that claims to embody the whole truth and nothing but the truth. Keeney (1983) suggests that families are infinitely complex and ultimately inexplicable in an objective sense. According to him, it is perhaps more suitable to think about families and relationships in aesthetic terms of patterning and connections than in terms of scientific, logical and rational explanations.

Closely related to postmodernism, is social constructionism which focuses on how ideas and attitudes have developed over time within a social, community context. Constructionist theories of self developed in a language and metaphor quite different from that of the Romantic and Modernist periods. Within the traditional Modernist views a healthy psychological state entailed that a person be in touch with his inner identity. Humanist therapies of the Modernist period wanted to achieve this condition. This is, however, less important following our evolution to postmodernism. Now the focus is on deconstructing "the Grand Narrative by focusing on how the prevailing norms have evolved over time, especially those that marginalise and subjugate people" (Doan, 1997, p.129). Similar to postmodernism, social constructionism does not necessarily imply that all stories are equal. In fact, it suggests the opposite,

that some stories do not respect difference, gender, ethnicity, race or religion. Social constructionists prefer stories which relate a person's lived experience in terms of his or her own perception and experiences, rather than stories based on expert knowledge.

Social constructionism suggests that people are communities of selves, each person containing a multitude of stories, each of which is valid. The individual therefore becomes the expert on his own life within the stories he or she relates. The therapist espousing a social constructionist framework does not advocate an anarchy of stories, but is interested in accounts that respect the community of voices inherent in each individual. The therapist does not become the expert of the individual's lived experience and hence, subjective accounts thereof, but is interested in helping the individual with stories that have outlived their usefulness (Doan, 1997). The connection between all stories is recognised and the social constructionist therapist points out the difficulty of one story taking precedence over others, creating personal conflicts and misunderstanding (Doan, 1997).

Bruner (1986) favours the idea that "there is no 'aboriginal' reality against which one can compare a possible world in order to establish some form of correspondence between it and the real world" (p.46). The realities that people construct are social realities, negotiated with others, and distributed among them. The social world in which we live is, so to speak, neither "in the head" nor "out there" in some positivistic aboriginal form. Both the mind and the self are part of that social world (Bruner, 1990).

During the Romantic period, we could explore an unconscious in order to restore a sense of self. In the Modernist era, theories of family involving differentiation and individuality were advanced. Postmodernism, however

focuses on perspective and evolving context, while change replaces truth, knowledge and the essence of human nature intrinsic to earlier periods. We are now a product of the context of our conversations and the meanings that we socially derive from them. We now have to contend with a self that can be described in an infinite number of ways depending on the narrative context and perspective from which we narrativise. "Like our changing conversation, our selves can now change in a discontinuous fashion" (Epstein, 1995, p.176).

As children we are born into the storied world of our parents and ultimately these stories become our truth and reality. As we mature we eventually tend to use these stories in literal terms once their job is done, allowing our stories to lose their "as if" quality. Sarbin (1986) describes our tendency to use stories as literal descriptions in terms of a root metaphor which outlines the way in which people use metaphors to familiarise newly discovered phenomena. Sarbin argued that "once a metaphor has done its job of sense making, the metaphoric quality tends to become submerged" (p.5) and the trope is treated as a literal description. It then becomes reified, providing "the foundation for belief systems that guide action" (p.5). The dominant root metaphor of the modern world has been the machine, as mentioned above. All stories and metaphors are not necessarily equally valid and coherent, but there is no *one* story that precludes alternative accounts (Doan, 1997). Freeman (1992), an incest "survivor", describes how his father's reality created much confusion and difficulty in overcoming the abuse:

Miriam [Freeman's therapist] asked me to invite my father to a therapy session so I could confront him There I was, sitting across from my therapist in her office The next minute I was

confronting [my father] with my memories. He did not get angry
- he calmly said that he could not *remember* doing it. Then he spent an hour talking about himself and those difficult, painful years and "trying to remember". I tried to get him to reveal something, anything that would prove to me that what I felt had really happened - and nothing did. He did not seem to be lying to me, at least not deliberately. Maybe it really was some kind of crazy sexual fantasy and I was "sick in the head", a guy who made up sexual memories about his own father. (p.30)

Freeman, after many years of therapy with different therapists eventually comes to realise that many perpetrators do not admit to the abuse and discovers that his story has an equally valid representation of what happened.

A concern arises whether or not there is a "real" world where abuse and violence occurs. Dallos (1997) ensures us that the physical world certainly "imposes a variety of real constraints - food, shelter, safety, and so on - but equally there is a wide range of socially constructed realities, such as gender expectations or the expectations mapping out changes and transitions in any given culture" (p.37).

There is no one true story, nor is there a basis for choosing one story over another except where truly necessary. This is a completely opposite approach than that advanced within the Modernist paradigm.

A perspective often confused with social constructionism is radical constructivism, a position which holds that as individuals we are bound by our biological perceptual systems, and are therefore unable to access external

reality (Doan, 1997). Any input must adhere to "a person's existing structural representations of events that he or she judges to be similar to the input-related event" (Mancuso, 1986, p.91). A narrative is valid if it works within a particular context. Context and utility are therefore proposed as the principal criteria in determining the value of a given story. According to the constructivist perspective there is no one true story, but there is also no basis for choosing one story over another except on the basis of utility. This confusion between social constructionism and radical constructivism has often led to misunderstandings and misinterpretations of the postmodern/social constructionist assumptions and philosophies. From a constructivist position, it is more difficult for a therapist to take a stand or critique a client's story. For example, a perpetrator of incest could argue that his abuse has had a significant "use" in the development of his daughter's maturity.

Doan (1997) explains that "radical constructivism flirts with defending such a narrative based on its usefulness in certain contexts" (p.130). A therapist's attempt to make objective statements about what is going on in a family is rendered futile. What the therapist perceives to be happening must in a large part be a function of his/her own perceptions. Dallos (1997) likens this to psychoanalytic theory, which argues that a therapist's "perceptions are coloured by a variety of internal emotional and defensive processes, such as transference, projection, and identification" (p.35).

Consistent with postmodern thinking, we are faced with the argument that our very own private thoughts and emotions are not really our own because we think in terms of languages and images which were not invented by us, but by the society in which we live. The term "narrative" has therefore also been

subject to society's influences and is therefore described differently by different authors.

The Term "Narrative"

Although different terms are used to define similar events, objects, relationships, et cetera, terms are not simple tools that allow the knower to get hold of an object that exists "out there" as a thing in itself. Things in themselves are beyond our experience. To even begin to know something or to think about it entails a constructive alteration of that which is to be known. In other words, the terms through which we know things shape the nature of our understanding. As Vogel (1994) so aptly expresses it, "The language in which we speak alters our conversation" (p.243). Through our use of terms we not only shape and organise our experience, but transform the structure of our knowledge as well (Vogel, 1994).

Story, or *narrative*, is seen in terms of the temporal organisation and meaning dimensions of experience. Polkinghorne (1988) defines narrative as referring to the kind of organisational scheme expressed in story form as well as to the process of making a story, that is, the cognitive scheme of the story or the result of the process.

Vogel (1994) sees narration as an activity representing the flow of events in a meaningful sequence. He purports that, without narrative, there is no meaningful sequence. Thus without narrative, there is no meaningful depiction of change over time and life is, in the eyes of Maturana and Varela (1992) "a meaningless drift". A narrative, as the product of narrative activity, is a representation of a sequence of events linked by plot. A nearly interchangeable term would be story.

Narrative is widely regarded as a prime organising framework for experience, the means by which we construct our views of ourselves and our lives (Bruner, 1990; Polkinghorne, 1988; Sarbin, 1986). Gergen and Gergen (1988) believe that the most essential component of narrative accounting, or storytelling, is its capacity to structure events in such a way that they demonstrate, first, a connectedness or coherence, and second, a sense of movement or direction through time.

This definition of narrative can be divided into two important components. First, narrative is representation and narratives are representations. Second, unlike terms and other non-narrative representations, narratives link events in meaningful sequence. This idea of meaningful sequence implies a number of distinctions between narratives and other representations, for example, in the incest narrative provided by the abused daughter in the study, disclosure of the abuse takes place after pregnancy, the focus remaining largely on the incest pregnancy. Her narrative, therefore, follows a sequence of abuse, pregnancy and then disclosure, frequently reflecting emotional representation, whereas the research narrative follows a sequence of disclosure, pregnancy and finally closure.

First, narratives are not simple, they are complex, involving multiple elements. Second, narratives are not static, they involve change over time. Third, narratives are not mere chronicles, they have plots. Thus, narrative is representation at a new level of organisation, one in which time plays a central role. A narrative is a whole that is greater than the sum of its parts (Vogel, 1994).

To understand this definition of narrative, imagine that this moment were to be included in a story you might tell to someone. In this story, your

representation of this moment would be connected to representations of other moments in a narrative sequence. Vogel (1994) appropriately uses the metaphor of beads in a necklace to elucidate the series of moments or events in a story. Like the beads in a necklace, the series of moments or events in a story are linked together into a coherent whole. The selection and formation of each bead (or each moment) is influenced by the selection and sequence of the other beads and by the plot that links them together. To understand is indeed to place events within a context of preceding and subsequent events. To clarify this: one's view of self in a given moment is fundamentally nonsensical unless it can be linked in some fashion with one's own past.

An Extended Concept of Self and Autobiography

In our experience of self and others we seem to encounter not a series of distinct, endlessly juxtaposed moments, but coherent sequences. As many historians have suggested, accounts of human action can scarcely proceed without temporal embedding. To suddenly and momentarily see oneself as "aggressive", "poetic", or "out of control", for example, would seem whimsical or mysterious. However, when aggression follows perpetual and heightening antagonism, it becomes more sensible. In the same way, being poetic or out of control can be conceived when placed in the context of one's personal history. This point has led a number of commentators to conclude that understanding of human action can proceed on none other than narrative grounds (Gergen & Gergen, 1988).

Narratives are, in effect, social constructions, undergoing continuous change as interaction progresses. The individual in this case does not consult an internal narrative for information. Rather, the self-narrative is a linguistic

implement constructed by people in relationships and employed in relationships to sustain, enhance, or impede various actions. It may be used to indicate future actions but it is not in itself the basis for such action. In this sense, self-narratives function much as histories within society. They are symbolic systems used for such social purposes as justification, criticism and social solidification (Gergen & Gergen, 1988).

When a person constructs the story of his life he is constructing a longitudinal version of himself in context. This is by no means a free construction, but constrained by the events of a life which is also powerfully constrained by the demands of the story the teller is in process of constructing. It is inevitably a story of development (Bruner, 1990).

As stories of development, these "spontaneous autobiographies" are constituted of smaller stories (of events, happenings, projects), each of which achieves its significance by virtue of being part of a larger-scale "life". In this respect they share a universal feature of all narratives. The storied events that they comprise made sense only in terms of the larger picture. At the centre of each account dwells a protagonist Self in the process of construction: whether active agent, passive experience, or vehicle of some ill-defined destiny. And at critical junctures, "turning points" emerge, again culturally recognisable, produced almost invariably by an access to new consciousness aroused by victory or defeat, by betrayal of trust, and so on. It soon became apparent not only that life imitated art, but that it did so by choosing art's genres and its other devices of storytelling as its modes of expression (Bruner, 1990).

There is something curious about autobiography. It is an account given by a narrator in the here and now about a protagonist bearing his name who existed in the there and then, the story ending in the present when the

protagonist fuses with the narrator. The narrative episodes that compose the life story strictly adhere to sequence and to justification by exceptionality. But the larger story reveals a strong rhetorical strand, as if justifying why it was necessary (not causally, but morally, socially, psychologically) that life had taken a particular direction. The Self as narrator not only recounts but justifies. And the Self as protagonist is always, as it were, pointing to the future (Bruner, 1990).

Active negotiation over narrative form is especially invited under circumstances in which the individual is asked to justify his or her behaviour. However, the process of social negotiation does not need to be a public one. People generally avoid public threat by taking prior account of their actions. They select actions in advance that can be justified on the basis of a publicly acceptable narrative. Perhaps most of the negotiation process is anticipatory or implicit, taking place with an imaginary audience before the action takes place. In this way most human interaction can proceed unproblematically (Gergen & Gergen, 1988).

The incidents woven into a narrative are not only the actions of the single individual (or self), but the actions of others as well. In most instances others' actions contribute vitally to the events to be linked in narrative sequence. For example, a perpetrator of incest, in justifying his continuing honesty, may point to an instance in which the abused has tempted him. The action of the other enters as an integral part of one's own actions. In this sense, narrative constructions typically require a supporting cast (Gergen & Gergen, 1988).

This delicate interdependence of constructed narratives suggests that a fundamental aspect of social life is a reciprocity in the negotiation of meaning.

Because one's narrative constructions can be maintained only so long as others play their proper supporting role, and in turn because one is required by others to play supporting roles in their constructions, the moment any participant chooses to lie, he or she threatens the array of interdependent constructions (Gergen & Gergen, 1988).

Within this study the notion of self can be viewed as a thread that links various events into a world of stories confirming the story-teller's self-image and identity narrative. The victim may tell stories to herself or others to affirm and reaffirm who she is and why she cannot help acting and reacting the way she does. The stories she tells consist of "constellations of anecdotal answers to her personal and social 'why' questions" (Parry, 1997, p.122) thereby connecting her stories and emotions to events that have taken place. Parry indicates that inconsistencies also invite "why" questions, especially those that are involved in protecting a tormented narrated identity, for example: "I am not a bad person. How can this be happening to me? It's all my father's fault!"

The central goal of a narrative therapist must therefore be to facilitate personal authorship concerning the events of the individual's life. Once an individual begins to view life less in terms of things happening to her and more in terms of personal authorship, she is closer to becoming the author of her own life (Parry, 1997).

Deconstruction and the Role of Language

For the postmodernist, language is the means by which an individual comes to know his/her world and in their knowing of the world, to construct it. Anderson and Goolishian (1987) make us aware of the function of language as a form of social participation influenced by history and culture. In the process

of discovering our world, or getting to know it, we deconstruct the idea of minds and objects as separate phenomena. Facts are therefore replaced by assumptions of those facts. Our knowing is experienced and expressed through the system of language which exists independently. Anderson and Goolishian (1987) emphasise the importance of meaning making in language and further express that "language can only take on meaning in human action and therefore, meaning is interactional, is local in nature, and is always changing" (p.532). According to Becvar and Becvar (1986) we are born into and assimilate

preexisting forms of language in a culturally created linguistic system. In the process of socialisation we learn to speak in accepted ways and simultaneously to adopt the shared values and ideology of our language system. Thus our words express the conventions, the symbols, the metaphors of our particular group and we cannot speak in a language separate from that of our community. (p.89)

The postmodernist's goal is to deconstruct the "facts" by outlining the values, ideologies, processes and assumptions by which they are created and to consider ourselves and our constructions about life with scepticism and irony.

White (1991) defines deconstruction as the

procedures that subvert taken-for-granted realities and practices; those so-called "truths" that are split off from the conditions and the context of their production, those disembodied ways of speaking that

hide their biases and prejudices and those familiar practices of self and relationship that are subjugating of person's lives. (p.121)

Deconstruction can be used in therapy in such a way that a variety of meanings can be considered. Similarly the researcher attempts to discover the multitude of meanings at different systems levels. She is not solely concerned with reporting on what she claims to be the truth from an expert position, but is concerned with the deconstruction of all narratives. By discussing different perspectives on a concept, mutually acceptable definitions can be encouraged or at least the ground work can be laid for such mutuality. Problems are a socially created reality that is retained by behaviour which is mutually accepted in language (Anderson & Goolishian, 1987). According to Dallos (1997), the social constructionist view brings a number of questions into focus, namely:

1. Are these disagreements fundamentally interpersonal, or are they related to wider conflicts and contradictions within and between competing societally shared beliefs or discourses?
2. Is it possible that some narratives, by virtue of being different from the dominant societally shared ones, are seen as deviant and are marginalised, excluded, or punished?
3. To what extent do family members create their own narratives or predominantly draw from and adapt narratives from a societally shared pool?

4. Do some of the distortions/fabrications occur because of attempts to contort personal experiences into common socially acceptable ones? (p.155)

Distortions, concealments and lies are apparent in the stories of families where incestuous, emotional and physical abuse has taken place. Dallos (1997) interrogates the nature of these stories that manifest a bizarre quality, in that there are meaningful differences in what is seen as deviant between and even within societies, suggesting that such definitions are to an extent relative. Dallos argues that "it is not merely the content of the narratives, but the internal flaws in the fabric of these over and above any disconnections with what is societally acceptable" (p.156). Even this is, however, contentious since many examples of eccentricity appear in literature where odd ways of constructing narratives are acceptable, even highly applauded. This can be illustrated in Levinson's book *On My Psychiatric Couch* (1993) in which he "interviews" famous people of the past and explores their sexual problems. He writes about the famous poet, John Keats:

The magically articulate extrovert with the uncanny flair for high voltage romantic imagery has vanished. Before me now is an extraordinary frail, unbelievably sensitive, painfully vulnerable, young man. And there further down in the poem, the obsession that hounds his life:

*"And when I feel, fair creature of an hour
that I shall never look upon thee more,*

*never have relish in the faery power of
unreflecting love.” (pp.12-13)*

In this way Levinson (1993), a sex therapist, turns a hero of our culture into an ordinary person with amazingly human problems. Although Keats, and the other heroes mentioned in the book, made an enormous impact on the world, Levinson believes that much of this was coloured by their sexual needs. However, Levinson describes these heroes in this manner purely for the purpose of illustrating his life's work. Although these narratives are bizarre, taken out of context they can be offensive to many who read them.

As we construct meaning, our understanding of our experiences, and reality itself there are many possibilities from which we might choose. Which one we actually give preference to and take as “real” seems to depend on many factors (Allen & Allen, 1995). We do not have just one story, although we may have a dominant one – one that may not be in our best interest.

The Dominant Narrative and the Problem of Power

Our social world is composed of an ecology in which a network of multiple stories or narratives exists. This ecology of stories, which dominate at different moments and in different contexts, determines the frames within which we become aware of ourselves and others, within which we establish priorities, claim or disclaim duties and privileges, set the norms for appropriate and inappropriate behaviour, attribute meanings and order events in time (Sluzki, 1992). From this perspective, language is not representational; what we call “reality” is expressed in our descriptions of events, people, ideas, feelings and experiences. These descriptions, in turn, evolve through social interactions that

are themselves shaped by those descriptions; communication provides the frames within which social action takes place (Sluzki, 1992).

Bruner (1987) believes in the cultural dominance of narratives that achieve the power to “structure perceptual experience, to organise memory, to segment and purpose-build the very ‘events’ of a life” (p.15). He believes that we eventually become the autobiographical narratives which we use to describe our lives. According to Bruner culture shapes our way of talking about ourselves and our way of telling our stories controls our ways of life. Paré (1996) defines the *cultural metaphor* as a metaphor which locates meanings not only in individuals, but in the communities from which they originate. Our stories about personhood and relationships have therefore been historically constructed and negotiated in communities within social contexts creating a canonical dimension to the stories that people live by (White, 1991).

Foucault (in Dallos, 1997) points out that in all cultures there are dominant narratives or discourses. In psychology these dominant narratives have shifted in focus. Earlier models of psychotherapy describe the dominant narratives as problems which were a consequence of individual factors or disorders. The introduction of interactional approaches brought about a shift in the dominant narratives to some extent towards a view that problems are due to a variety of transactional processes within the family. Efrans (in Vogel, 1994) believes that the terms that allow for control over things also control us. He states that our language has a “stranglehold” on us and that “there is no fully effective way to break the spells our abstractions weave” (Vogel, 1994, p.246).

According to Bateson’s cybernetic perspective “no part of ... an internally interactive system can have unilateral control over any other part” (Bateson,

1972, p.375). Unilateral control is Bateson's term for lineal causality. In terms of power as a means of control, Bateson claimed that we are always taking part in circular loops of causation, within our families, our relationships with friends and as therapists. Such lineal control is therefore impossible in our constant involvement in such cybernetic circuits.

This view poses a conceptual dilemma for our understanding of incest. Dell (1989) regards this as "'fundamentally arrogant' for family members to blame either themselves or one another – arrogant because such blame assumes that the individual has total, lineal power over the system or some part of the system" (p.3). Is it then arrogant and incorrect to call a man who abuses his daughter an "abuser"? Is it arrogant and incorrect to call his daughter a "victim"? In using these terms have we slipped back into constructing lineal language? Can the social constructionists ever speak of "victims" and "abusers"?

Dell (1989) argues that although family therapists may hold a preference for systemic explanations of family violence, including incest, one must remember that

1. the pain and damage that occurs is real,
2. the systemic view has difficulty addressing the problem of individual responsibility, and
3. most men and women (who give primacy to human experience and who hold individuals responsible for their actions) may deem our mutual-causal, systemic explanation to be unfair, unacceptable, and even inhuman. (p.12)

Bateson's belief is that "the myth of power" is an error in thinking rather than a fundamental error in human existence. He acknowledges that power is a central human concern, but wishes that people would stop believing in power because it entails epistemological errors of thinking that always cause trouble (Dell, 1989). Madanes (in Keeney, 1983) emphasises that power cannot be ignored. It is present in the domination of one nation by another and the exploitation of the poor by the rich. It remains an important factor in human relations and cannot be denied when men abuse women, when people get locked up for their crimes or when people spend their entire lives helping others.

Bateson claims that power as a lineal construct is completely inconsistent with the systemic view. This disqualification of power has provoked strong protests from feminists who are concerned about inequality, violence and abuse. Many Batesonian followers believe that the ideal of patriarchal oppression of women is lineal and that it has no valid place in a therapist's work with families. MacKinnon and Miller (in Dell, 1989) outline the systemic indictment of power as a valid theoretical concept as follows:

Perhaps nothing could more easily provoke feminist criticism than the new epistemologist's dismissal of the concept of power. Power, as understood within the cybernetic paradigm, is a linear construct. To ask whether or not power exists, is an epistemologically irrelevant question (Keeney, 1983). With these arguments, the new epistemologists have closed any further exploration concerning the nature of power. (p.7)

James and McIntyre (in Dell, 1989) criticise systemic theory's total inability to address the power politics of traditional sex roles, the family's division of labour and women's status in families and in wider society:

In the context of family therapy, it is not that systems theory sets aside a series of questions for the sake of therapeutic intervention. Rather it makes it impossible to pose them Systems theory's *inability*, as distinct from its failure, to frame these questions is its own indictment. (p.7)

These feminists state the systemic view's inability to speak of power. This matter does not rest with an unresolvable conflict between the feminist and systemic view. A closer look at Bateson's theorisation of power reveals that the matter is more complex. I think that it is very hard not to believe in power, but when Bateson speaks of power and its lineal control,

he is speaking in a different domain than the rest of us do when we speak of power. Bateson is speaking in the domain of scientific explanation, whereas the rest of us, when we believe in "power", are speaking in the domain of experience and the domain of description. It is profoundly different to speak of power and lineal causality in the domain of experience or description (as opposed to speaking of these matters in the domain of scientific explanation). When we describe

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our experience, we are permitted to use the metaphors of power and lineal control! (Dell, 1989, pp. 8-9)

Paré (1996) on the other hand, believes that within postmodern discourse, the issue of power is extensive. He describes the use of power as playing an important role in privileging some voices or stories while silencing others. But because power is a mechanical rather than a social construct, this dynamic is not explored within a system's metaphor. These contextual restraints impair the possibility for individuals or families to re-author their lives (Epston & White, 1990). The family is seen as a joining of two individuals with unique (or possibly overlapping) cultural backgrounds to create the new culture of their family. Within the family context, the parents are seen as the dominant culture and the children as the less powerful subculture (Paré, 1996). The children therefore inherit a blend of social constructions from both founding cultures.

But what does this have to do with the social construction of power? In the domain of description we simply describe what we're experiencing and what we see to be happening. Therefore, I may say "Mrs Khumalo takes control in solving family problems" – because this is what I see happening. What did I experience? I have repeatedly seen Mrs Khumalo seeking advice and deciding what course of action to take regardless of others' punctuations. So I say "Mrs

Khumalo takes control in solving family problems"². But although this is an adequate description of my experience of the Khumalo family, this very sentence is inadequate and incorrect in terms of Bateson's scientific explanation.

A satisfactory scientific explanation would be a socially constructed description containing contextually formulated patterns that organise the experience and make it meaningful. In providing a scientific explanation, we must take into account all the contextual variables that support and permit the occurrence of events that we have experienced and thereby create multi-faceted meanings. Therefore from an experiential position it is valid to describe Mrs Khumalo as taking control, but it is not valid to describe Mrs Khumalo as having power over her family from a scientific or socially constructed explanation.

It is necessary to consider the social constructionist's idea that:

we live with each other in a world of conversational narrative, and we understand ourselves and each other through changing stories and self descriptions [when reconstructing their stories and self descriptions]. (Anderson & Goolishian, 1988, p.380)

According to Michael White's narrative therapy, this is done by using unique outcomes and externalisation of the problem. But narrative alone does

² As the reader you may find that the statement "Mrs Khumalo takes control in solving family problems" is only one of many possible punctuations of my experience. This is unequivocally true. Experience is inherently lineal and, consequently leads to descriptions of a lineal nature. Our daily coping skills and our sense of agency are also founded on immediate "if-this-then-that" possibilities of our interaction with the environment. Therefore, in reporting our experience, we tend to give preference to our lineal attributions. The opposite is also true, namely, that descriptions which do not give preference to lineal attributions almost always disqualify our experience (Dell, 1989).

not address the fundamental issues of power and how and by whom it influences the narratives which are constructed. White examines the role that power plays in constructing knowledges. According to White (in Hart, 1995) "certain knowledges of persons are subjugated to the dominant discourse that denies them validity" (p.184). According to White (in Hart, 1995, p.184) unique outcomes are then used as a means of "resurrecting the subjugated knowledges" which enables a person to realise new meanings about themselves and within their relationships. Conversations are externalised by externalising the private stories and cultural knowledges which have been entertained about themselves. In this way it becomes easier for a person to orientate him/herself to aspects of experience which contradict these knowledges (Hart, 1995). Spence (in Horner, 1995) disagrees with the concept of "reconstruction" and suggests that we think only in terms of "constructions" because "the historical material that comes up in the therapy hour – irrespective of whether it is 'created' primarily by the client, or by the client and therapist together – is certainly different from *whatever* actually happened 'back then'" (pp.11-12).

During my investigation of a family that had become a victim of incest, I was continually faced with power as narrative. As a researcher I risked reproducing power relations simply by being a member of a dominant group. Even the assumptions of choice as preferred narrative gives an indication of my privileged place in our culture. As a narrative researcher (and/or therapist) the awareness of these power relations may assist me to address the inequity of the incest relationships. Bateson's belief in power as an epistemological error does not detract from the pain and suffering brought on by a father's abusive power over his daughter and her lack of choice. McLean (in Elliot, 1997) suggests that power differentials based on ethnicity, class, race, gender and sexual preference

are part of society and act as restraints on our sense of choice. The dominant power narrative is carried both through the vehicle of language and by other practices. It therefore, becomes significant that power as narrative be re-authored to reshape our thinking and our behaviour.

Narrative Structure

Stories serve to organise experience by bringing together episodes, actions, accounts of actions, time and place and even the fantastic and imaginative and provide a sense of connectedness or coherence and temporality (Gergen & Gergen, 1988; Sarbin, 1986). Bruner (1986) places stories within a structure of dual landscapes enabling organisation of stories. He refers to these as a "landscape of action" and a "landscape of consciousness".

The landscape of action is composed of a) events that are linked together in b) particular sequences through the c) temporal dimension - through past, present and future - and according to d) specific plots. The landscape of action provides a reader with a point of view on the unfolding theme of events across time.

A part of the deconstruction of narratives entails White's (1991) use of landscape of action *questions*. These questions connect preferred developments of the present with the past and encourage persons to "identify the history of unique outcomes by locating them within particular sequences of events that unfold through time" (p.128).

The landscape of consciousness comprises the interpretations made by the characters in the story and also by the reader as he or she enters the consciousness of these characters at the invitation of the writer. The landscape of consciousness describes the meanings used by characters and readers

through their “reflections” on the events and plots as they unfold through the landscape of action. People’s perceptions, thoughts, realisations, contemplations, and conclusions dominate this landscape, and many of these relate to the way in which:

1. characters determine their desires and preferences;
2. they identify their personal and relationship characteristics and qualities;
3. they clarify their intentional states, for example, their motives and purposes;
4. they substantiate their beliefs (White, 1991).

The elaboration and unfolding of these desires, qualities, intentional states and beliefs through the text, allow them to blend into commitments that determine particular careers in life – referred to as lifestyles (White, 1991).

Assuming that there is a similarity between the structure of texts and the structure of narratives that people live by, we may consider the details of how people live their lives through landscapes of action and landscapes of consciousness.

Conclusion

Narrative therapy evolved within a postmodern climate which is characterised by a loss of faith and trust in the one true story characteristic of the modern era. This has affected both clients and therapists in their search for meaning and guiding frames of reference. Some therapists have adopted a constructivist position which, in its most radical form, believes that all stories are equally valid and that utility and usefulness are the prime criteria for story selection. Other therapists have taken on a more social constructionist position, which emphasises the cultural component in the creation of dominant stories. Within this frame of reference, all stories are not equally valid, especially those

that seek power and control via the exclusion, objectification, labelling and marginalising of certain groups of people.

Although this chapter is largely an encouragement towards creating a more open and interdependent kind of therapeutic and research work, we must be careful not to move towards a stance where every "truth" is accepted and in which no action may be taken because the "truth" of each individual must be honoured (Horner, 1995). The honouring occurs in the co-creation of the story, in the careful co-construction of the detailed context and in the knowledge that our narrative can inadvertently play an oppressive and directive part in the story that the client chooses to share. Whatever we choose to do, even if it is rather more directive, or whether focused on performing interventions, will be far more respectful and accurate, in terms of allowing for multiplicity, a culture atmosphere of alternatives, acceptance of unique perspectives, and other prerequisites for re-authoring, if we have commenced from a constructionist position. There are times to take a stand³, especially when abuse is involved. We must often resort to setting limits and to protecting where women and children are involved. If we therefore begin with open listening, with the acknowledgement of our part in the co-construction, with beliefs about the obscurity of "truth", we may do less harm and allow for more creativity and change. As a researcher immersed in describing process, I must be aware of the limiting nature of dominant narratives. This does not imply that I exclude power narratives, for example, but point out, through questioning how they fit

³ By "taking a stand with" certain ideas or practices one can be seen as responding from a particular ideological point of view. But, "taking a stand against" seems to imply a polarisation which might not be necessary (Elliot, 1997).

within the wider system of narratives, thereby allowing all voices to be heard.

The next chapter defines incest and discusses the different models for the occurrence of incest. Chapter 3 points out the limitations of certain models for the occurrence of incest thereby highlighting the need to utilise a narrative approach.

CHAPTER 3

A REVIEW OF THE LITERATURE

Incest Defined

Incest is emotionally devastating to a child as it involves betrayal by, and the inevitable loss of trust in, the adults in the child's life. These relationships are characterised by imputed trust and a power imbalance between victim and perpetrator (Lesniak, 1993). Bronson's (1989) legal definition of incest, which describes it as sexual contact between an adult and a child within the family relationship, needs to be reviewed. He fails to define the nature of the adult/child relationship as well as excluding the child/child incest relationship. An adult in an incest relationship can involve an adult child and a younger child and *does not* necessarily focus exclusively on parent/child incest. A more distinctive definition of incest includes any sexual contact or behaviour for the purpose of sexual stimulation, between an adult or another child in a position of power over the victim, and a child related within a family structure (Cole, 1992; Russell, 1984). This would include contact such as fondling, indecent exposure, masturbation, oral-genital contact, or intercourse, as well as such activities as showing erotic materials or making sexually suggestive comments to a child. The relationship within a family is extended to include stepchildren and stepparents of reconstituted families. Such sexual interaction is always considered abusive as it is never consensual in nature; rather the involved child is exploited to meet the sexual wishes of the perpetrator. A child is neither emotionally nor cognitively able to fully appreciate the consequences of such behaviour (Cole, 1992).

Despite an apparently “universal taboo”, incestuous relationships have occurred throughout history and in virtually all societies. Incest occurs across the entire spectra of age, race, religion, nationality, family relationships and socio-economic class (Fruman, 1992). One of the reasons why incest is reported so rarely is the incest taboo, which seems to be more effective in preventing disclosure than in preventing the incest itself (Fruman, 1992).

The impact the abuse will have on the victim is proportional to the severity of the abuse and the proximity of the relationship of the victim to the offender. Adverse consequences of incest have been shown to persist for many years and include promiscuity, sexual dysfunctions, and a propensity for substance abuse and revictimisation through adult relationships with abusive partners (Cole, 1992). Studies of the past decade have done much to draw attention to the magnitude of the problem of intrafamilial sexual abuse. The focus in working with incest has shifted to include the whole family in the disclosure of the incest as well as in therapy, but other models focusing only on intervention with the victim and/or perpetrator still persist. The inclusion of offenders and other family members in studies of incest is in no way intended to negate the impact on the victim or to abrogate the responsibility of the offender. Rather, a true appreciation of how to best intervene with these problematic families can only be accomplished by the evaluation of all parties.

Reviewing available literature, it becomes clear that the reported experiences and clinical interventions traditionally have involved primarily women who have been sexually abused or exploited by fathers, stepfathers or other paternal figures. Although mother-daughter, father-son, mother-son, sibling-sibling, and adult-adult incestuous relationships are reported, there is little epidemiological or clinical information available for these specific situations.

For that reason the remainder of this study correspondingly focuses on the issue of intrafamilial sexual abuse of girls during childhood or adolescence by male authority figures or caretakers (primarily fathers and stepfathers).

Models for the Occurrence of Incest

Regina and LeBoy (1991) report that clinicians who have worked with incest survivors, perpetrators and families in which incest has occurred, know and agree that the ramifications of violating the safety and trust of that generational or familial boundary has lasting effects on all involved. Beyond this concurrence it seems that few agree as to the etiology and dynamics of incestuous behaviour or the most effective treatment modality.

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Many clinicians prefer to adhere exclusively to specific theoretical perspectives, thus limiting their ability to explore alternative treatment options which could yield positive outcomes and effective healing of the family system. For example, some seek to remove the child from the home and deny him or her any kind of relationship with the perpetrator (O'Connell, 1986). This reaction may be due, partly, to the exploitative nature of the offence and the instinct to protect children from harm (Regina & LeBoy, 1991). There are various models for conceptualising incestuous behaviour and incest families.

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treatment

Psychoanalytic Framework

Within a psychoanalytical framework mothers are viewed as dysfunctional and are seldom able to provide the young infant with the emotions needed for a gratifying symbiosis. This results in a weakened foundation for the development of basic trust and of the stepping stone from which separation-individuation would generally follow. A dysfunctional father fails to assure a safe environment for the growing child, unable to portray a healthy object of

identification. He also fails to help liberate the child from a too-close relationship with the mother. Sexual abuse occurring early in childhood with either parent interferes with the normal separation-individuation sequence. As a result, abused children display depressive features, problems associated with separation, and splitting of good and bad object and self (Kramer, 1991). This results in compromised symbolic thinking and reality testing because parents do one thing and say another. The child is left with an overwhelming sense of impotence coupled with confusion, and is unable to trust his or her own perceptions. The child, who is normally self-centred at that age, accepts the burden of the parental sexual molestation and its secrecy (Kramer, 1991).

Within this framework a psychopathological model is adopted and treatment focuses on long-term individual and group therapy. Victims were also often described to be mentally incompetent and therefore more likely to engage in inappropriate behaviour (Haugaard & Samwel, 1992; Regina & LeBoy, 1991). This type of individual deviance is currently believed to explain only a minority of incest cases. The view of the perpetrator as psychotic is countered by research showing that he often functions well in society and shows few overt signs of disturbance (Haugaard & Samwel, 1992).

Mother Blaming Model

Although this model encompasses the view that incest is a collective psychopathology of the members of the family, the mother nevertheless plays a role in specific interpersonal and intrapersonal dynamics that increase the possibilities of incest occurring and being perpetuated over a long period of time, regardless of whether or not it may have been discovered. The mother is perceived as creating opportunities for incest; her actions contributing to, or

perpetuating the behaviour of the abusive partner (Elbow & Mayfield, 1991; Tinling, 1990). Her passive behaviour is seen to tacitly condone the incest, making her a silent partner in the damaging relationship. Fruman (1992) describes the mother as having a poor self-image, feelings of unworthiness, fear of abandonment and of relationships. The mother is afraid to share her secrets or those of her family for fear of rejection, thereby remaining isolated and silent. Fruman describes the mother's recognition of the abusive activity and failure to perceive it as bad, as delusional thinking. This recognition of the abuse, and the mother's attempt to minimise it, should rather be viewed as denial and not as delusional thinking. She may be denying the impact of the abuse by minimising the impact thereof, for example "He only touched her, it wasn't serious". The mother is therefore aware of what has taken place and prefers not to take responsibility for this knowledge.

A Multiple Systems Perspective

Workers in child protective services and correctional institutions typically emphasise victim advocacy, external control of incestuous families and an individual approach to treatment. Therapists working within a family orientation often argue that incest is best understood and treated from a systems perspective, meaning that incest is a symptom of distorted elements in family processes. The incestuous family can further be described as a closed system that remains isolated and condemned, interacting only minimally with their environment. These interactions can be negative and hostile as the family feels a need to protect their system. Lesniak (1993) describes the family as living in a state of entropy which may be characterised by chaos, unresolved intergenerational conflicts and ineffective internal information exchange.

This prevents the differentiation of roles, functions, and age-appropriate developmental tasks that normally serve to facilitate the growth of individuality and the sense of separateness. Avoiding growth and change creates a climate of dynamic homeostasis that fosters strong dependency needs, violates each individual's sense of personal space, and discourages interrelating with the environment (Lesniak, 1993).

However, even therapists who are concerned about the entire incest family differ in their theoretical orientations, have different therapeutic skills, work in diverse contexts and consequently develop treatment programmes which are differentially effective with the incest family population (Larson & Maddock, 1986).

Rist (in Alexander, 1985) applies Haley's theory of an interpersonal triangle to incest. This triangle involves two generations in which the mother is aware of the incest but openly denies its occurrence, thereby creating a family "secret". Although it is useful to formulate family interactions in this way in the treatment of incest, little attention is given to the interaction of the family system with its environment.

Structural Analysis of Incestuous Behaviour

Structural family therapy focuses on the family as an integrated whole, as a system. Key constructs of this theory include: structure, subsystems and boundaries. The basic structure or organisation of a family is sustained by the patterns of interaction within the family. For Minuchin (1974) structure refers to the invisible set of functional demands that constitutes the way the family interacts, or the consistent, repetitive, organised and predictable expressions of

family behaviour that allow us to consider that the family has a structure in a functional sense.

The subsystems defined by structural theory include the parental subsystem and the sibling subsystem. Functionality within the system implies that the subsystems are organised hierarchically ensuring appropriate boundaries between generations. Boundaries within the system are invisible, but nevertheless delineate individuals and subsystems and define the amount and kind of contact permitted between members of the family (Becvar & Becvar, 1996).

Minuchin describes the ideal family as one in which the parental subsystem is accommodative, nurturing and supportive of its uniqueness. The spouses have obtained a measure of autonomy from their family of origin and have achieved a balance between proximity and distance. In this ideal family the sibling subsystem feels the strength and security of both spouse and parental subsystems, providing the children with the basis for increasing levels of independence and responsibility (Becvar & Becvar, 1996).

From a structural viewpoint incest can be understood as a representation of "boundary disturbances". Larson and Maddock (1986) propose that these disturbances occur in four areas: 1) the boundary between the family and its social environment; 2) the boundary between the adult and child generations in the family; 3) interpersonal/role boundaries between family members; and 4) intrapsychic boundaries within family members. A boundary delineates the organisational wholeness, or autonomy, of a given system (Keeney, 1983). The more autonomous, the more organisationally closed the system is. In the view taken by Larson and Maddock (1986) incest reflects a family system that is essentially closed, indiscriminate and rigid in both structure and function.

The incest family protects the boundary between themselves and society largely by constructing barriers around their sexual secret and insulating themselves from critical social feedback that could influence their behaviour (Larson & Maddock, 1986). Family members utilise only internal emotional support, maintain their own self-esteem and seek internal reality testing. Outside social and/or legal systems only serve to strengthen their boundaries in an attempt to maintain homeostasis and keep the family undivided (Larson & Maddock, 1986).

Intergenerational boundaries are blurred by dependency problems and enmeshment produced by the emotional isolation of incest family members. The need for family members to meet each other's needs, regardless of age, is described by Larson and Maddock (1986) as "role-confusion" or "role-exchange" among all family members. The nurturance needed for healthy development is therefore not available to children, creating deficits in important areas of psychosocial development and exposing them prematurely to adult tasks, including the incestuous contact.

Interpersonal boundaries in incest families are often characterised by boundary diffusion, that is, lacking autonomy and the power of self-differentiation. This self-differentiation, which involves independent thought, emotion, desire and behaviour by family members, is threatening to the structure of the incest family system. Difference is experienced as distance, and individuality is viewed as alienation and disloyalty. "Control becomes a critical factor in family structure, and members who threaten the system through autonomous behaviour can become the targets of scapegoating and escalating abuse" (Larson & Maddock, 1986, p.31).

Intrapsychic boundaries in family members are often obscured by various defence mechanisms, most often denial. Denial "enables family members to engage in exquisitely distorted thought patterns which lead, in turn, to intricate rationalisations of symptomatic and/or problematic behaviours" (Larson & Maddock, 1986, p.31). The family members can easily find themselves in a state of crisis when the incest secret is revealed and/or needs to be dealt with openly in the family. The continuation of denial causes the family to unite and resist change.

The four boundary disturbances in the incest family can together reveal a distorted family structure in which "sex is a reflection of 'dis-ease' and a vehicle for abuse, exploitive interaction" (Larson & Maddock, 1986, p.31).

A Functional Typology of Incest Families

The functional explanation of incest is based on the assumption that behaviours within a family system are interrelated. Incest is meaningful within the context of shared family experience since it demonstrates behaviour as created and maintained by a circular and reciprocal process of "meaning-making" (Larson & Maddock, 1986). The system maintains its homeostasis, functioning within a range that is comfortable for that system. The behaviour of family members reciprocally influence the range of behaviours displayed by other family members. The function of the incest therefore originates from the network of meanings between family members and influences their patterns of interaction (Haugaard & Samwel, 1992; Larson & Maddock, 1986). According to this perspective, incest does not benefit any members of the family, but rather serves to maintain a set of behaviours with which the system can function most coherently. One hypothesis about the function of incest is that it

reduces parental conflict. Sexual activity between father and daughter allows the father to withdraw physically and emotionally from the mother and consequently, the mother to withdraw from the father (Haugaard & Samwel, 1992). The distance between parents stabilises a marital conflict that may have led to the break-up of the family. There is therefore pressure from the system for the incest to continue.

Many family theoreticians have speculated on the function of incest in families, each reporting different conclusions. Incest does not necessarily serve the same function in each family, its motivations and purposes remaining problematic.

Feminist Perspective

Feminist literature concerning incest accentuates the male-dominated culture that reprieves violence against women and children, and the economic realities which place men in the positions of power. This often allows them to act as they please within the confines of their families. Mothers and children who are dependent on the father for economic well-being may find it impossible to deny the father's demands (Haugaard & Samwel, 1992). Women and child victims of incest experience devastation and are emotionally powerless in relation to the perpetrator. The father's power is greater than that of other family members, reflecting their status in the wider socio-economic system (James & MacKinnon, 1990). Incest results from the father's abuse of this power.

Feminists assert that abusive fathers have been socialised to use sex as a way to obtain power, express emotions and maintain a sense of adequacy. Consequently, feminists maintain that incest should be viewed as a form of

rape. This approach advocates that incest should be regarded primarily in a legal context that categorises participants as either victims or victimisers. They therefore believe that the emphasis should be on prosecution of the perpetrators and treatment and compensation for the victims (James & MacKinnon, 1990; Regina & LeBoy, 1991). Mothers, on the other hand, are viewed as relatively powerless within the patriarchal family structure and wider society. They are, however, held responsible for the well-being of their children by society and often by their daughters who frequently experience deep feelings of rage towards their mothers (Sen & Daniluk, 1995). Daughters who are sexually abused are also powerless and silenced by the use of implicit or explicit rewards, threats of punishment or other disastrous consequences of refusal (James & MacKinnon, 1990). Daughters may experience and express more rage towards their mothers who are perceived as not having protected them, than at the fathers who sexually abused them (Sen & Daniluk, 1995).

In adopting a feminist position, therapists need to help daughters shift their assumptions of father-daughter incest as a manifestation of individual dysfunctional families and see it rather in terms of another form of violence against women and children inherent in relationships defined by patriarchy. A mother's inability to protect her children should therefore be seen in view of their social powerlessness (Sen & Daniluk, 1995). According to Jacobs (1990) "It is a painful consequence of mothering in patriarchal society that daughters in abusive families need to devalue mothers, and women in general, in order to achieve a sense of self" (p.513). In summary, feminists view incest as a forceful act performed by men who control and subordinate their spouses and their children. Feminists' views differs from those of family systems theory that views incest as a symptom. They view it as one of the organising forces behind

the family's pattern of interaction which follows a natural development in a family system which affects and is affected by patriarchal society (Barret, Trepper & Fish, 1990).

The Narrative Approach

Social constructionist conceptualisations influence narrative approaches to psychotherapy by arguing that the "self" is a socially created phenomenon. A person's sense of "self" emanates from interpersonal conversations which are internalised as inner conversations. These conversations develop into organised stories which are used to understand our experiences (Adams-Westcott & Isenbart, 1996; Epston & White, 1990). Most of the abovementioned models identify the person (perpetrator, victim or mother) as the problem or the problem as residing within the person. The narrative approach prefers to depict the problem as external to the person. In doing so, it does not objectify the problem as a separate entity, but views it as a linguistic counter-practice that provides more liberating constructions (Roth & Epston, 1996).

The narrative therapist is interested in the meaning attributed to the experience of the sexual abuse by the young person(s) involved and how this meaning influences the story which is developed about the self. Durrant and Kowalski (in Adams-Westcott & Isenbart, 1996) have worked with many people who interpret the events that have occurred in their lives through an "abuse-dominated lens". These people tend to recognise information that reinforces a perception of self as powerless and to disqualify information that is not consistent with this view. They either neglect to notice or explain away experiences in which they behaved in a competent manner or where other people treated them as a person of worth. This abuse-dominated lens may

reinforce interpretations that something is wrong with them. They may also engage in self-pathologising behaviours that invite other people to interact with them in a disqualifying manner (Adams-Westcott & Isenbart, 1996).

The narrative therapist does not assume that people who have experienced incest are inevitably damaged. There are those who, as young people, have had the support of a trusted adult who validated their experiences and have subsequently ascribed a different meaning to the experience of abuse. These young people acknowledged that they had been victimised, but they did not begin to view themselves as victims. The responsibility for the abuse was placed on the perpetrator who exploited them, rather than on themselves (Adams-Westcott & Isenbart, 1996).

Conclusion

The universality of incest in different cultures has engendered diverse attempts at using an array of theoretical approaches to understand its etiology. Starting with Freud's psychoanalytic approach, father-daughter incest has been extensively investigated in terms of the personality of the individual participants. Freud observed the characteristics of the father, mother and daughter independently from the family, placing the father in a patriarchal role struggling with masculine identity, the mother in a weak ineffectual role with feelings of hostility and dependence and daughters in a pseudomature role seeking oral gratification from the father resulting from mother rejection (Alexander, 1985).

Subsequent theories focused on blaming the mother for her inability to protect her daughter and describe her passive behaviour as maintaining the abuse. Mother involvement can be perceived as an independent model or as an element of the multiple or family systems perspective, which includes the whole

family within its approach. Structural analysis of incest falls within the family systems perspective, but focuses mainly on structure, subsystems and boundaries. The functional approach to incest is another approach to family theory and views incest as meaningful within the context of shared family experience.

The feminist model of incest arose largely in response to family therapy's attempt to hide and obscure sexual abuse and violence against women and children through the process of systemic conceptualisation. The narrative approach arose to remove the abuse-dominated lens which becomes entrenched after the occurrence of incest. The narrative therapists focus on validating experiences of abuse and subsequently ascribing different meaning to the experience of abuse.

Much has evolved since the emergence of Freud's theory of incest, with many of the subsequent theories having developed concurrently. The focus has changed from understanding objectively the individual in isolation, to the assumption of subjectivity and the consideration of an individual as part of a system within his/her context. An understanding of context requires exploring an individual's perceptions and meanings, as well as the consideration of the ecology of ideas and the wider social systems of which relationships form a part. The therapeutic context becomes one of participation between therapist and client, not one where the *expert* therapist observes the client. Although many of the earlier approaches are consistent with a modernist view, namely the psychoanalytic, mother blaming and family systems approaches, they continue to be applied in practise today.

The next chapter outlines the implications that incest has for therapeutic practice when it applies a postmodern approach to incest families. The

postmodern approach to therapy can be understood as a dialogue whose goal is the creation of a context in which the needs and desires of all participants are accommodated.

CHAPTER 4

THE POSTMODERN CONDITION: IMPLICATIONS FOR THERAPY

Introduction

Narrative approaches to psychotherapy emphasise the impact of the stories or narratives we construct which configure our reality and behaviour. This chapter briefly describes narrative assumptions and practices and the consequent role of the therapist. This description is followed by a more extensive discussion on a multimodal approach based on Michael White's narrative therapy model.

Postmodern models of therapy emphasise the participation of the clinician in a nonhierarchical, non-objectifying role, highlighting the fluidity and embeddedness of social interaction in the construction of meanings within the therapeutic relationship (Kogan & Gale, 1997). This perspective shifts the role of the therapist from a systems analyst who diagnoses a family dysfunction, intervening to correct it, to a participant observer of family interaction whose emphasis is on "perturbing" meaning systems (Varela, 1989) and expanding families' "reality" (Anderson & Goolishian, 1988).

Before working with families where incest has happened, it is important for therapists to examine their own assumptions, biases and beliefs regarding the family and its role in the structure of society. Such reflections, when left unexplored can negatively affect assessments, judgements and recommendations, as well as hinder effective intervention. Awareness of one's own ideas and expectations regarding what constitutes good parenting and how these ideas can or cannot be realistically applied to the family is essential.

Unacknowledged expectations, when applied to one who is struggling with real limitations and censures, can result in the communication of judgmental attitudes and the development of interventions ill-suited to the actual situation. As a result, additional problems and obstacles are created where many already exist. Part of the problem for therapists seems to stem from the fact that feelings about the perpetrator of incest are often related to assumptions that are not conscious and therefore have an impact in subtle and insidious ways. However open-minded a therapist would like to be when interviewing a perpetrator, feelings of intensity and confusion may abound in the interview. This is an especially difficult problem when dealing with sexual abuse because one is contending with the intimate violation of a child. Because the postmodern therapist cannot fall back on the more traditional suspension of personal values, it is imperative that the therapist is cognisant of personal beliefs and biases and that these are thoroughly explored.

Given the range of responses families of disclosing victims⁴ present, it is important to assess the abused child's current position in relation to other family members with regard to support and protection. Safety is the paramount issue in managing incest, but the usual response of the social service system does not always contribute to insuring safety and often results in the family becoming preoccupied with defending itself rather than taking on responsibility, holding its members accountable and caring for them. Abused children and their family members are frequently quite reluctant to talk about certain aspects of their incest-related experiences. It must therefore be recognised that there are difficulties facing abused children (and their families) in articulating and

⁴ The term victim is used to denote the abused child in the family, although each family member could clearly be described as a victim of abuse.

understanding aspects of their experience. The therapeutic context should make a space for the “not-yet-said”, in other words, for the stories that have not yet been told (Anderson & Goolishian, 1988).

This context should open space for as many stories as possible, even those that contradict each other. To create such a space for therapy it is essential for the therapist to create a safe context (Anderson & Goolishian, 1988). It should be a context in which clients experience respect and empathic recognition of the stories they tell. If the client does not feel confident that his or her story will be met with respect and empathy by the therapist, it is unlikely that he/she will tell that particular story (Rober, 1998).

The mode of therapy applied therefore differs according to the emotional status of family members and their willingness to participate in different therapeutic contexts. A multimodal therapy approach utilising different therapeutic modalities, such as, family, couple and individual therapy, may provide a variety of relationships, information and perspectives on the incest experience. When utilising a multimodal approach, information should be transferred from one modality to another recursively, allowing information from one therapy context to be transferred into another and back again. This practice assists in the generation of a more comprehensive understanding of each family member’s unique experience (Sheinberg, et al., 1994). The goal of this approach to therapy is not to dismember a family, but to create a non-threatening space for each member or family subsystem to articulate their narratives. These members are then reintroduced into the family, facilitating the process of healing. Each member’s involvement allows him or her to redevelop a multiplicity of self accounts within a family context. This process assists in

breaking the assumption that incest is so taboo that families need to be separated forever.

Epstein (1995) likens these pieces of different selves in different contexts and these different stories, to pieces of a puzzle. But rather than a puzzle in the romantic sense, where the matching of the pieces would reveal deep and mysterious qualities previously unknown to the self, or a puzzle in the modern sense, whose solution furnishes a singular logical answer, this can be seen as a postmodern puzzle which can be put together in a multitude of ways. These different selves, or pieces of puzzles are continually being arranged and rearranged in response to the changing contexts of our dialogues (Epstein, 1995). Postmodern narrative therapy allows the possibility that self narratives may change context and become something more or other from that which they have been.

It must be recognised, however, that there are instances of severe, chronic abuse in which the abuser is not willing to change. In those cases, it is healthier for the abused or the abuser to be separated from the family. Family therapists are then required to utilise their skills in family systems to disband families causing the least possible harm (Markowitz, 1992).

Narrative Therapy

When people seek therapy they have a story to tell. Through the narratives that people have about their own lives and the lives of others, they make sense of their experience. These stories determine the meaning that persons give to experience and they also largely determine which aspects of experience people choose to express. Our consciousness of ourselves is constructed out of the stories we tell ourselves about ourselves in relation to

the world, as well as those told about us that we come to believe (Parry, 1997). These stories then become the foundations on which people shape their lives (White, 1991).

The narrative metaphor should not be confused with stories mirroring life, but rather, as White (1991) explains, "persons live their lives by stories – that these stories provide the structure of life" (p.123). We become the stories we tell ourselves and then accept as the truth. With these stories we create a world that we defend because it supports our identity. Narrative therapy externalises these stories to encourage the process of self-healing (Parry, 1997).

Narrative therapy subverts the notion of a "true self" rather embracing the notion that people are communities of selves, each person containing a multitude of voices with varying points of view (Doan, 1997). Narrative therapists are interested in stories that honour and respect the community of voices, which form an intrinsic part of individuals, and how these stories can be respected within a particular system. They want to help individuals with *"stories that have gone awry or outlived their usefulness* and families in which *stories are in collision"* (Doan, 1997, p.131).

Narrative therapists recognise the connection between all stories and the difficulty of one story superceding others at their expense without causing interpersonal conflicts and misunderstandings. Doan (1997) suggests that narrative therapists are interested in "deconstructing stories that dominate, marginalise, subjugate, objectify and exclude people" (p.131). Narrative therapists above all encourage people to become their own authors.

The narrative approach embraces the therapist's expertise in the arena of creating and maintaining a space for dialogue. This space is one in which all views may be expressed, respected and opened for further examination and

exploration. This approach frees therapists from problem solving and allows them rather to maintain the dialogue of new meanings which are continually evolving toward the "dis-solving" of problems (Anderson & Goolishian, 1988; Epstein, 1995).

Narrative Assumptions And Practices

Table 4.1 (page 66) provides a brief overview of narrative assumptions and a general description of the therapeutic practices they inform (extracted from Doan, 1997, p.132).

Therapeutic Guidelines and the Role of the Therapist

Anderson and Goolishian (1988) provide some general and interrelated elements central to a therapeutic conversation:

1. The therapist keeps inquiry within the parameters of the problem as described by the clients.
2. The therapist entertains multiple and contradictory ideas simultaneously.
3. The therapist chooses cooperative rather than uncooperative language.
4. The therapist learns, understands and converses in the client's language.
5. The therapist is a respectful listener who does not understand too quickly (if ever).
6. The therapist asks questions, the answers to which require new questions.

7. The therapist takes the responsibility for the creation of a conversational context that allows for mutual collaboration in the problem-defining process.
8. The therapist maintains a dialogical conversation with himself or herself. (pp. 382-383)

The role of the therapist is, then, twofold. The therapist is firstly a participant observer and, secondly, a participant manager of conversation. As a participant observer, the therapist becomes a member of the problem system taking on a nonhierarchical and, therefore, equal position as the other members. This framework moves therapy toward a process in which all participants, including the therapist, can be open to change (Anderson & Goolishian, 1988).

As a participant manager of conversation the therapist is responsible for creating a space in which dialogical conversation can occur and for continually steering the conversation in a dialogical direction (Anderson & Goolishian, 1988).

The approach taken is thus multipositional, requiring the therapist to entertain alternative meanings and opinions.

TABLE 4.1

Narrative Assumptions and the Therapeutic Practices They Inform

| Assumption | Therapy Implication |
|---|--|
| 1. People live their lives by the stories they tell themselves or allow others to tell them. Stories are constructed of events as well as the application of meaning to events. | The therapist is interested in liberating the client's voice and perceptions and in understanding how individuals were recruited into their current stories and meanings. |
| 2. The stories that people tell themselves are not representations of the world; they are the world. The map is the territory. | It is the client's voice, not the therapist's, that informs and constructs his or her world. Therapy seeks to liberate alternative voices from the client rather than from the therapist. |
| 3. The narratives we tell ourselves are not neutral in their effects. Neither are their effects imagined. Stories have formative and creative effects, and some stories are more useful than others. All accounts are not created equal. | Therapists challenge and critique stories, but not from a knowing stance. Rather, curiosity guides the therapist in a collaborative exploration of story lines, authors and meanings. Together they search for the story that would match the preferred intentions of the client. |
| 4. Most clients are unwittingly cooperating with a singular account, one that leaves little optionality or choice. They are being lived by a story rather than being the author of multiple accounts. | Therapists seek to provide space for alternate accounts from clients. Therapy is a comparison of at least two stories (problem story versus preferred story). Choice creates options. |
| 5. Stories are negotiated between people and the institutions of their culture. Most accounts are the result of an interaction between individuals and their families and their cultures, that is, stories are socially constructed and informed. | The therapist actively explores the familial and cultural history/herstory of clients. Authors other than the client are identified and held up for inspection. Past events may not be changeable, but it is possible to alter the meanings attached to events (for example, "I'm bad" versus "Bad Things Were Done to Me"). |
| 6. It is useful to speak of problems as problems rather than of people as problems. This reframes the socially constructed story concerning labelling and locating problems inside of persons. | Therapists engage in externalising dialogues with clients rather than internalising ones. People are far more than the problems that visit them on occasion. Problems are objectified rather than people. The therapy allows the client to analyse the problem separate from his or her identity. |

Therapeutic Conversations with the Abused Preadolescent

Allowing the abused child the freedom to express her narrative apart from that of the abuser strengthens the boundaries that have been broken by him. In this way she can become aware of her private spaces within the family and of the reality that these have been violated. Larner (1996) suggests that the use of narrative child's play be introduced to the family as a therapeutic conversation after engaging with the child. The child's play and art is expressed and understood as a narrative on the problem which initiated the therapy. The play material is not interpreted by the therapist, but meaning is jointly constructed in therapeutic conversation with the child and family. According to Larner, this process "highlights the relevance of the child's story in the development of the family narrative and enhances his or her voice in the therapeutic session" (p.423).

In order to contribute to a safe therapeutic context for the child it is important to have a child-friendly consultation room. It must be clear to the child that she is welcome in the room, which should be free of expensive designer furniture, breakable objects, et cetera, and full of toys, crayons, fingerpaint, drawing paper, and so on. This material should be in the middle of the room and in easy reach (Rober, 1998). This safe context provides the child in distress with a space in which her self narrative can emerge. The narratives encompass not only verbal, but also nonverbal, symbolic and written mediums of expression (Larner, 1996).

According to Sheinberg, et al. (1994) therapeutic programme, ideas and themes associated with the dominant therapy discourse on incest (for example, shame, guilt and secrecy) are introduced *only* if the child has provided relevant material. The focus is on allowing the child to express her unique experience of

incest and the effects of this experience on her self accounts in her own way and on her own time. This unstructured format discourages the therapist from seeing symptoms or locating feelings in the child where they may not exist.

A dialogic space is created with the child, not essentially through direct conversation and questioning, as with adults, but largely through providing opportunities for symbolic representation through play and art. Children attempt, through the process of play, to reduce overwhelming events into manageable situations through symbolic representation, thereby creating an opportunity for self-expression (Johnston, 1997).

For the therapist working from the narrative position, the function of play is to construct an evolving story between client and therapist (Larner, 1996). Stories allow children to develop a personal voice which expresses their unique way of thinking and feeling about themselves in the world. Children's therapeutic narratives are more likely to emerge through the opportunity of play as it is a natural way in which they construct understanding and meaning (Larner, 1996).

In the session(s) with the child, interpretation is used mainly to elucidate and expand on the child's meaning of the story. The therapist's role is one of curiosity, expectancy and patience, waiting to see what the child will say or do during play (Larner, 1996). Drawing and writing tasks may however be initiated after the child has introduced themes which centre around the abuse. This assists in engaging the child in specific dialogue concerning the problem. The child is asked to draw a picture and/or write/tell a story about the specific theme which is introduced and about related aspects of family life.

The child is also encouraged to make decisions regarding the transfer of any information from one therapeutic modality to another. When discussing

significant information, the child is asked to consider if, when, how and with whom she wants to share it. For example, when disclosing the details of the abuse, she can decide if she wants it discussed in equivalent detail with her mother. Making these important decisions improves the child's personal agency and invites her to reconnect with trustworthy family members (Sheinberg, et al., 1994).

Therapeutic Conversations with the Abused Adolescent

For many young people, the experience of sexual exploitation by a trusted adult is one of profound helplessness and powerlessness. As the child becomes an adolescent new problems become apparent. The adolescent is negotiating her personal and sexual identity and peer relationships become progressively important. At this age she may experience a real desire to terminate sexual abuse. The adolescent victim may rebel (behaviour typical of adolescents in general) and, in order to maintain both the relationship and secrecy, the offending parent may resort to increased threats or force. Protecting the family may still be important, but the adolescent now feels anger and resentment at being used, emotions which conflict with her loyalty towards the family. Many adolescent victims want to see the molesting parent punished, and despite any guilt and shame, will report the incest (Fruman, 1992) while others may not, and may instead manifest an increase in delinquent behaviour.

The abused adolescent may come to therapy with an overriding sense of guilt and shame and a sense of anger at her parents for failing to protect her. She may also, however, display a deep sense of loyalty towards her family. In working with her contradictory feelings, the therapist must take a "both/and"

position towards the young girl's narrative. She can view her father as both the "monster father" and the "good loving father". Even though the father perpetrated the abuse the strong ties of family loyalty often express themselves in statements like "He's still my father" (Dwyer & Miller, 1996).

The narrative therapist approaches change within the context of the rites of passage analogy⁵ (Epston & White, 1990). This model assumes that people seek therapy when their lived experiences contradict the dominant story about themselves and their relationships. When crises occur they are considered evidence of progress since they indicate that the person has begun separating from a story which is no longer useful.

The separation process is facilitated by externalising conversations (Epston & White, 1990). These conversations locate the problematic beliefs, behaviours or stories outside of the person. Conversations that externalise the effects of abuse help adolescents begin to understand their experiences within a context of oppression. The narrative therapist asks questions to help the adolescent identify unique outcomes. These include events from her lived experience that contradict stories of personal deficits and permanent damage (Adams-Westcott & Isenbart, 1996). The adolescent and therapist work towards separating her from victim life stories and she begins to understand these unique outcomes as heroic examples of her struggle against the effects of abuse. She is then encouraged to experiment with other preferred stories about herself and her relationships.

⁵ The rite of passage begins when a person starts to separate from an old status that no longer fits. The person then experiences a transitional period characterised by disorganisation and experimentation with different ideas and behaviours. When the transition is successfully negotiated, new ideas and behaviours are incorporated into the person's evolved description of self.

When she rejoins her family in therapy other family members can offer her narratives that are not coloured by the “abuse-dominated lens” (Adams-Westcott & Isenbart, 1996). They can assist her in giving meaning to experiences that do not fit the disqualifying story. The family can also turn down invitations to pathologise her or treat her as a victim while adopting other preferred stories by interacting in a way that recognises her competence and validates her worth.

Therapeutic Conversations with the Perpetrator

When commencing therapy with the perpetrator it is wise to let him know where you as a therapist stand on the issues relating to sexual abuse. This can be undertaken through conversation and through encouraging him to ask the therapist questions so that he can get a clearer picture of where and for what the therapist stands in relation to these issues. In this discussion you may get involved in how these ideas or ideals do or do not reflect themselves in how he lives his life (Keenan, 1998).

Keenan (1998) believes that this practice is essential in working with men who are often very defensive, in order to enable them to assess the safety to speak or not to speak. In telling his story of how he abused his child(ren) he can begin to add many sub-plots or “not-yet-told” stories to the dominant plot of his life and thus begin to re-author his very way of being (Keenan, 1998).

The literature cites that most men who sexually abuse tend to deny, minimise and justify their abusive ways of being (Barrett & Trepper, 1992; Jenkins, 1990; Keenan, 1998; Kennedy & Grubin, 1992). They also tend to hold other people, including the victims of abuse, responsible for its occurrence. Incest is nurtured in a climate of denial and, if it remains unchallenged by the

therapist, this will implicitly condone the abuser's behaviour. Consequently the daughter may grow up doubting her own understanding of events and communicate to the entire family that there are no negative consequences to living a life of malignant fabrications (Barrett & Trepper, 1992). Not taking a stand means that the therapist is perpetuating the family's narrative of silence.

When working with a father who has sexually abused his child, the therapeutic framework encapsulates a view that says this is destructive and wrong and that this abusive practice is bringing with it very negative consequences for the abused child and other family members. As therapists we have to navigate our position with regard to the perpetrator with critical care as we too may become involved in perpetuating aspects of the abusive practice.

Although it is important to put pressure on the abuser to take responsibility and admit the facts, the therapist does not become an adversarial prosecutor or therapeutic police agent. The therapist must, by all means possible, gain the respect and trust of the offender so that the therapy can be effective enough to stop the abuse permanently and so that he can become a responsible parent. It is Barrett and Trepper's (1992) belief that every offender is alarmed by his own deeds and desperately wants to find inner peace and satisfaction within healthy relationships not based on power, manipulation and secrecy. Nevertheless, because of the destructive truth of abuse, denial is deeply entrenched and a therapist who is insufficiently challenging and excessively concerned with being nice will make little progress with these clients (Barrett & Trepper, 1992).

For the therapist working from a social constructionist and narrative perspective, therapist and client become part of the unfolding narrative and action in therapy. The therapist becomes a conversational co-participant in the

dialogical creation of new meaning, narrative and social practice (Keenan, 1998). The client working within this perspective, gets an opportunity in therapy to tell his story and be part of creating or discovering the many “not-yet-told” stories of his experience. This encourages the dominant plot or story of his life, which actually shapes his definition of himself and his way of being, to lose dominance. Consequently, another way of going forward in the world can become a real possibility (Keenan, 1998).

It is Jenkin’s (1990) experience that the therapeutic process with perpetrators of abuse involves a series of invitations to take responsibility. He suggests that the man be invited to challenge the personal, familial and social restraints, to accept responsibility for his own actions, and to acknowledge, highlight and affirm any evidence, no matter how small, of his acceptance of responsibility for his way of behaving. This process is in keeping with a fundamental assumption that only the man himself can ultimately change his beliefs and behaviour.

White (in Keenan, 1998) suggests that it is important that abusers be helped to separate from some of the dominant ways of being and thinking that have led to the abuse. It is therefore crucial for therapists to engage with these men in the exploration of alternative ways of being and thinking that bring with them suggestions for action in their relationships with their children and wives and that these suggestions be accountable to these family members. White (in Keenan, 1998) goes about this practice by involving men in “externalising conversations”. These externalising conversations allow deconstruction of the problem via dialogue surrounding the attitudes and beliefs that are used to justify abuse and domination, including the historical forces that have played an important role in recruiting these men into these ways of being and thinking.

White (in Keenan, 1998) does not permit the language of "cure" nor the language of "sickness" when working with men who have perpetrated abuse.

Integrating Therapeutic Conversations within a Family Context

The incest family needs ultimately to be brought together in a way which minimises the destructive effects of direct confrontation, while still facilitating the family's restoration. When the child feels sufficiently comfortable to bring her symbolic play narrative into the family, she joins the family story in its new therapeutic conversations. The presence of siblings in the family session is important for the creation of a safe environment for the abused child. Siblings remove some of the pressure and offer their own narratives, which may prove to be even more unhappy than that of the victim. These narratives, which are a rich source of information and interaction between siblings often reflect metaphorically the relationship between the parents (Rober, 1998). Talking about the interaction between the siblings, can also open up a space for stories about the relationship between the parents.

Rober (1998) cautions against making interpretations about the so-called "real meaning" behind the manifest phenomena. Interpretations can disclose painful viruses before the child and the family are prepared for them. If a painful theme (or details of the incest) is uncovered in the child's play, the therapist has to be respectful and cautious with such sensitive information and not put the child on the spot as she may feel guilty for betraying her family. When the therapist and family create meaning together, it develops respect for the tempo and vulnerability of the family.

It is, however, crucial to name or give words to themes (for example, grief, guilt, sexual abuse) that are clearly present in the family, but which have

not yet been named. Therapy is voicing the "not-yet-said" which may be too threatening, scary, embarrassing, sad or painful for the family to express. By cautiously expressing these themes the therapist displays that he is not afraid to talk about them and therein invites family members to speak about them.

In terms of the offender's role in the family narrative Madanes (in Markowitz, 1992) focuses on offenders getting in touch with their remorse for having harmed a loved one. She devises therapeutic rituals in which offenders apologise to their victims on bended knee. A number of abused victims express that it would have made a tremendous difference in their healing process if those who had wronged them had expressed remorse.

In cases where the father has been removed from the family for safety purposes, rejoining the family and access to the child should be gradually introduced and preceded by public meetings of therapist and family members. Jenkins (1990) believes that the perpetrator's mission is extended and intensified as he faces the responsibility of active boundary setting with the victim.

His job is to demonstrate unequivocally clear, appropriate and respectful boundaries in every contact he has with the child. Everything that he does and says will give the child a message either of respect of his/her rights, body, privacy or one of disrespect. (Jenkins, 1990, p.191)

Conclusion

In her work with survivors of sexual abuse, Keenan (1998) has experienced that adolescents and children who have not acknowledged the

abuse and maintain the secret, lived with a burden which contributed to some intensely negative consequences in their lives. These experiences shaped the development of very negative stories about who they were as people, usually involving themes of culpability and unworthiness.

The multimodal approach to expressing incest focuses on the belief that the incestuous family's future is best protected by helping them accept the complexity of their many realities, to participate in decisions about their lives and to improve their connections within the family. Where different narrative therapies "speak" to one another, a context is created wherein family members may see themselves in many ways and accept the multiplicity of feelings that organise their experience (Sheinberg, et al., 1994).

Although therapy is not central to this study, it is important for the researcher to create a context in which family members find a space to talk freely about their experiences. Research questions are often in line with questions posed in therapy, allowing the therapist to continue where the researcher ends. The following chapter describes the researcher's process and intentions in discovering the narratives of incest.

CHAPTER 5

CO-CONSTRUCTING THE RESEARCHER, CO-CONSTRUCTING THE FAMILY: A RESEARCH PROCESS

Introduction

The social constructionist perspective has been clearly outlined in chapter 2 providing the reader with an overview of my epistemology in approaching incest. There is however, a need to translate this epistemology into the language of research. This chapter, therefore, explains the methods used to operationalise the selection of those narratives that have been subjugated and highlights the process of deconstructing dominant incest narratives across systems.

My primary interest as researcher is to explore how people make sense of their world; how they incorporate their encounters to fit the meanings of their world. I believe that the explanations implicit in people's accounts of events provide important, tangible links between belief and action. Tacit knowledge – an individual's understanding of everyday life – may be more important in explaining everyday occurrences than formal models of behaviour. Traditional research methods seem inadequate to examine this complexity. I am not suggesting that tacit knowledge is necessarily more accurate or profound. On the contrary, declarative knowledge is more open than tacit knowledge to rational re-examination and correction, as well as to clear communication. The two methods are however interdependent in that we can always put more of what we know into words and conversely, stories and theories contribute to our tacit understandings and skills (Stiles, 1995).

It is essential to consider these common-sense understandings as they occur in their everyday contexts (Callahan & Elliott, 1996). One way of understanding people's complex behaviour is through the stories they tell. Stories notably embody individual's intentions, which may or may not be congruent with their action.

A Social Constructionist Consideration of Qualitative Research

Empirical versus Post-empirical Research

Research in the logical-positivist, empirical tradition, based on a belief in the possibility of objectivity and with a focus on reductionism, has become suspect, and a more qualitative approach being advocated instead. Social constructionism and the postmodern era has brought about greater acceptance of a higher-order awareness leading to an examination of the totalising discourses that organise our society. Attention is also given to an awareness of knowledge as framework-relative, challenging the hierarchy of the expert with his/her privileged information, or power. Within a postmodern paradigm all people thus regain the right to develop their personal expertise relative to their own lives. At the same time, the concept of relatedness consistent with that of the systemic cybernetic perspective is understood to be of primary importance. All of these changes in assumptions acknowledge the equal participation of subject and researcher as co-creators of a shared reality (Becvar & Becvar, 1996).

If we cannot know truth or reality in any objective sense, but can only evaluate from within a perspective, then the traditional Logical-Positivist scientific enterprise becomes suspect. No longer are we able to think of the outcomes of empirical research as representing the "real world", but rather we

must consider the subjectivity of the researcher and the likelihood that we may produce only partial images that are more or less useful (Becvar & Becvar, 1996).

My belief system, by virtue of my theoretical orientation, will certainly influence how fragments of the family members' narratives are integrated into more complete self-understanding.

Research as Conversation

When we ask someone to tell a story that evokes particular normative-affective factors, we invite that person to translate symbolic significances into concrete examples. The examples that storytellers provide make the conceptual elements – as conceived in their everyday context – more accessible for examination. On a practical level, storytelling is a task that is perceived by the subject or respondent to be an interesting and creative mode of self-expression. It is neither tedious nor threatening: narrators have a sense of control over how they will be perceived by others. They are not being “tested”, they are being listened to (Callahan & Elliott, 1996).

Listening is clearly a necessary component of the communicative process. Research as “conversation” provides another interesting metaphor: listening to the stories people tell is more like a conversation than the standard method used by most researchers. Researchers do not commonly listen to their subjects –they are like bad conversationalists. They tell subjects how to frame their responses, and even choose their words for them. They interrupt by limiting what can be communicated and they ignore all but what they find relevant to their specific goals. Perhaps worse, after providing contexts and

limiting content, researchers confidently assume they know what subjects meant to say (Callahan & Elliott, 1996).

Good listening requires that each must be willing to adopt the frame of the other. Good conversation also requires that speakers be allowed to finish their own thoughts and to make their own points, in order to communicate the specific meanings they intend to convey. The narratives of people's lives are not learned responses to questions reflecting the researcher's theoretical constructions. Rather, as a researcher, I need to think about what their experiences might be when their stories are solicited rather than considered (and perhaps trivialised) as evidence of the incest. I need to consider what is different about their experience when stories, instead of themselves, are examined.

In everyday life, individuals have large repertoires of narratives that serve to make sense of the world. People willingly tell stories that reflect their basic values, norms, emotions and theories about why and how events take place. By listening carefully to these stories, I stand to learn a great deal about what they understand and the fundamental principles which frame this understanding (Callahan & Elliott, 1996).

The Question of Validity and Generalisation

Positivistic research depends on internal and external validity to determine the trustworthiness of a study. Internal validity concerns itself with "the extent to which variations in an outcome (dependent) variable can be attributed to controlled variation in an independent variable" (Lincoln & Guba, 1985, p.290). The naturalistic researcher, on the other hand, implements credibility as opposed to internal validity to demonstrate "truth value".

Credibility is determined by carrying out the study in such a way that "the probability that the findings will be found to be credible is enhanced" (Lincoln & Guba, 1985, p.296), and to illustrate the credibility of the findings by permitting the constructors of multiple realities who are being studied to approve them.

Within this new paradigm of research reality is viewed as a process, always emerging through a self-contradictory development, always becoming. Reality embodies neither subject nor object, but is, at once, entirely independent of me and entirely dependent upon me. This means that any assumption of validity must be interested in both the knower and with that which is to be known. Valid knowledge is therefore a matter of relationship. This validity can be enhanced if we move towards an intersubjectively valid knowledge beyond the limitations of one knower (Reason & Rowan, 1981).

External validity is defined by Cook and Campbell (in Lincoln & Guba, 1985) as "the approximate validity with which we infer that the presumed causal relationship can be generalised to and across alternate measures of the cause and effect and across different types of persons, settings and times" (p.291). The naturalistic researcher disputes the notion of generalisability. They prefer to look at generalisations in terms of working hypotheses, not conclusions. Working hypotheses are provisional in both the circumstances in which they first appear and in other circumstances; there are always differences in contexts and even a single circumstance differs over time. Continuous change operates against conclusions that seek one truth; any conclusion can only be said to be true under certain conditions and circumstances.

Reflexivity in the Research Process

The importance of reflexivity or self-referentiality should be noted as it plays an important role throughout this study. Because "the observer is placed in that which is observed, all description is self-referential" (Keeney, 1983, p.77). All my descriptions and assumptions are therefore paradoxical in the way that I (or the reader) cannot know them as true in any absolute way, and their truth exists only in terms of my punctuation of reality (Becvar & Becvar, 1996). This paradox cannot be avoided in any system of thinking, because all systems include the thinker. The position of objectivity is therefore erroneous in that it assumes a separation of the observer and the observed (Keeney, 1983). Reflexivity's role in research is marked by a concern for identifying that constructing reality is a social process, rooted in language, and is not present inside one's head (Steier, 1991).

Bannister (in Reason & Rowan, 1981) highlights the implications of reflexivity for research:

1. The researcher's questions should have personal meaning and significance for the researcher. So-called scientific issues cannot ultimately be separated from personal issues.
2. Personal experience is a rich and relevant source from which to obtain, and in terms of which to argue, psychological issues and has a closer relation to *real* life.
3. The researcher experiments conjointly *with* her subjects and not *on* them.
4. The research becomes a *relationship* between the researcher and her subjects and that relationship is not neutral, but for good or ill.

5. Any statement made by the researcher is a statement about the nature of humankind and consequently a statement about the value placed on humankind.

Narrative Principles of Research

The importance of narrative principles as referred to by Epston and White (1990) is outlined here.

Experience

Narrative principles of research point out the significance of lived experience as opposed to reified constructs, systems of classification, diagnoses and classes of events preferred by the traditional empirical method.

Time

The passage of time is of utmost importance in the narrative approach where stories live within a plot which unfolds through time. To determine “storied sense” it is necessary to sequence events in a linear fashion.

Language

The narrative approach values linguistic practices that depend upon the subjunctive mood in creating implicit rather than explicit meanings. This approach wishes to extend possibilities by “triggering of presuppositions”, discovering “multiple meanings” and by engaging readers in unique performances of meaning. Complexity and subjectivity of experience are highly appreciated.

Personal Agency

The person in this approach becomes the protagonist or participant in his/her own storied world. Persons are therefore seen to be participating with others in the "re-authoring" of their world by shaping their lives and relationships.

Position of the Observer

The narrative approach redefines the observer-subject relationship by placing them within the "scientific" story being told. In an unstructured interview, questions flow in accordance to the interviewee's narrative. These questions are based on the reality of the researcher within a context of participation. Within this context the researcher cannot delineate more accurate descriptions of reality. The researcher and the observed are consequently inextricably bound up with each other. This makes objectivity impossible. This is referred to as an "epistemology of participation" (Becvar & Becvar, 1996). Steier (1991) points out the observer(s) responsibility which emerges from any act of observation which is then reflexively made part of any system of description.

Within a context of full participation, the attempt to question, describe, or attribute meaning, are all part of interactive processes involving perturbations and compensation. According to Maturana (in Becvar & Becvar, 1996)

a problem is a question. A question is a perturbation that the questioned system must compensate for by generating a conduct that satisfies certain criteria specified in the same domain as the

perturbation. Therefore, to solve a problem is to answer a question in the same domain in which it is asked. (p.469)

The Research Process

Purpose

Throughout this study I wish to focus on the meanings people attach to incestuous events to understand the behaviour surrounding the incest. Certain meanings arise in relation to the interaction of father and daughter, as well as the meaning of the actions of others who map out their own line of action in light of such interpretations (landscape of action). Each person's narratives and actions are founded on their interpretation of the incest (landscape of consciousness). I am therefore concerned with identifying the process of narrative in relation to what the people involved perceive (for example the daughter's perceptions of her father's behaviour), how this is assessed and interpreted (for example, what the daughter thinks her father's behaviour indicates and means) and what kind of action they mapped out as a result. I am also concerned with the ways in which these narratives and actions might maintain secondary abuse, via narratives and actions, within the family and via associated systems.

By exploring narratives I also intend to identify the dominant narratives that subjugate others' knowledges and in turn influence their actions. Narratives of the members of collaborating systems (namely the policing and therapy systems) will also be included in order to determine their dominance and influence in assisting the incest family.

Sample

Three families agreed to be interviewed for this study, but the first two families withdrew, the first as a result of unforeseen difficulties arising during the storytelling process and the second indicating that it would be too threatening for the family unit. The third family used in this study was selected at my place of employment during my year of internship. My decision to choose a family attending the clinic where I worked was to allow a continuous flow of information and since I could rely on an established involvement throughout the research process. The family was recruited among the clients who visited the satellite clinic which I attended with a resident counsellor and two translators. The satellite clinic was situated at a police station in an underprivileged community. Most of our referrals were therefore received from the policemen and women working there. The family that was selected for this sample was referred by Vivian, a female sergeant working at the police station.

Method

The mother in the family was approached to obtain permission to include the family stories in this study as she was the first contact person. Although she was referred to the clinic with her daughter, she attended alone for the first interview. The mother was only approached after having told her story to the counsellor, who then requested the team for assistance. The researcher then obtained her permission to document the incest narrative and requested that she obtain each family member's consent before interviewing commenced. The family members were also informed of the presence of other stories within the study. The names of the family members, as well as all the members of

collaborating systems, have been changed, due to the sensitive nature of the stories.

After informing each family member of the purpose of the study, I deemed it necessary to interview them individually to ensure cooperation in the study. Each member was initially interviewed for approximately 50 minutes, with the counsellor present, to explore the role of dominant narratives in the construction of incest realities. Shorter interviews of approximately 30 minutes each were undertaken at infrequent intervals throughout the week in order to map the emerging process of narratives. Similarly, members of the therapeutic team, including the counsellor and senior psychologist, were interviewed, as well as the policewoman whose narrative was a central part of the research process.

No audio-visual or audio recordings were made of the interviews due to the sensitive nature of narratives and the possibility that certain members may fear litigation. Records were kept in terms of *post hoc* written notes only, providing verbal and non-verbal information as well as the researcher's reflections. My observations became part of my descriptions of the family and the questions posed to members of the family, and later of those involved in assisting the family. My observations and assumptions were fed back to those involved in the study within the process of investigation in order to develop credibility within the co-construction of multiple realities. The questions posed to the subjects will not be mentioned here as they were unstructured and part of the evolving process. My presence, however peripheral, was a perturbation of all systems involved and cannot be excluded from the process.

Research as Emergent Design

While exploring the subject of incest it was my intention to find a family whose members were eager to explore the incest and their experiences, in the greatest detail, with me. Unfortunately people are not that willing to expose such a delicate and private subject as they clearly prefer to keep its development and effects a secret, protecting themselves from scrutiny. Not only are people afraid to talk, but many do not know how to express the trauma. Guilt and shame often suppress their narratives from being voiced in dialogue. Incest narratives are therefore often expressed in the “not yet said” which needs to be explored with a great deal of gentleness.

During my investigation, my assumptions about incest families shifted, compelling me to revise my initial research design to one which included the needs of the family and all other participants. I have therefore preferred to select a research design which emerged along its natural path rather than being constructed preordinately because not enough could be known about the family and associated systems prior to the storying process. The unfolding multiple realities could not be sufficiently known to discover the design of a method in advance of listening. What emerged from the interaction between myself and those involved in the research was largely unpredictable. I was unaware of the patterns of mutual shaping which would become apparent between all systems involved. The various value systems of those involved (including those of the researcher) interacted in unpredictable ways, influencing the outcome of the research (Lincoln & Guba, 1985).

Conclusion

The notion that, as a researcher, I possessed the expert knowledge of defining the problems implicit to an incest family, has moved in the direction of a collaborative problem definition that began with my curiosity about who is concerned, what it is that they are concerned about, and who are the performers that make up the communication system. Electing to use an emergent design encouraged me to include family members in the design of the research, creating a space for the unfolding of narratives in their natural context. The research process was a mutual process of discovery in "the coevolution of a conversational context" (Anderson & Goolishian, 1988, p.388). By employing a narrative mode of investigation I am ready to incorporate the influence of multiple contexts into the stories which I encounter.

This research will take its shape from the emergent qualities of the conversations that have inspired it, and will hopefully create an emancipatory discourse rather than reinforce the confining one that is regularly evident in other approaches.

Reflexivity or self-referentiality is central to this study. By examining how I, as a researcher, am reflexively part of the systems I study, I am able to create an awareness of how reflexivity becomes a useful way of understanding what others are doing. By examining how I am a part of my data, my research becomes a reciprocal process rather than a self-centred product of my understanding of incest. The voices of the people with whom I interact, my reciprocators, respondents, informants and subjects, are enhanced rather than diminished. My reflexivity therefore permits me to hear what my subjects are telling me, not by imposing my framework on them, but by trying to see how my framework may not fit.

CHAPTER 6

UNMASKING INCEST FAMILY NARRATIVES

Introduction

The story I will tell about the Khumalo family is not a description of reality. It is my personal history; I am the one putting it into words. It is an epistemological stance which necessitates that I continually try to create meaning out of what perturbs me.

At the same time, in order for meaningful dialogue to arise between researcher and the people and processes being researched, it is essential that I not only try to understand the other's reality, but allow those involved to learn about my own constructions of reality as these emerge over time.

As the research involved the collaboration between two systems in exploring the incest, that of the policing system and the therapy system, the researcher had to create a context in which no one perspective was exclusive. This required not only listening and remaining receptive to multiple and different perspectives between systems and within each system, but also a readiness to validate their coexistence. The researcher had therefore to be aware of language that was polarising and make this awareness public in order that alternatives could be introduced and investigated. The greatest split in this particular incest discourse was between the police perspective, adopting a language of justice, and the psychological perspective adopting a language of care. However, each system voluntarily adopted the other's perspective during the research process.

During investigation it becomes difficult, as a researcher, to abandon all ideas, hypotheses, opinions and impressions of the victim and her family before

embarking on the research conversation. In order to make room for different voices, the researcher had to develop a clear personal moral frame within which incest could be considered as *both* a crime *and* a psychological problem. When discussions concerning the incest and its implications seemed to take on a judgmental tone, the researcher would introduce a language of care and vice versa. Recognising that we all participate in several realities that constitute the broader culture, the researcher assumed that flexibility is a likely though frequently overlooked possibility. The difficulty with reasoning from another perspective does not lie in my inability to do so, but rather that it may threaten my professional identity. Using a both/and paradigm, therefore, values the tension of maintaining contradictory themes.

Background Information of the Khumalo Family

The Khumalo family consists of four members, namely John⁶, 42, Anna, 43, Carol, 16, and Susan 12. John and Anna have been married for 18 years.

John is unemployed, but occasionally preaches at his church as a part-time pastor. He receives no remuneration for his services. He had worked as a carpenter for ten years but has lost his job as a result of the company becoming insolvent. He has been unemployed for approximately one year at the time of the present study. His inability to find employment over the year has upset him tremendously and makes him feel ineffectual within his family. His family traditions have always been patriarchal, and the notion that his wife has to support him and the family are disconcertingly alien to him. These feelings of inadequacy have created problems between him and his wife. Anna is the breadwinner of the family and works long hours in a factory to make ends meet.

⁶ All names have been changed to protect the identity of the incest family members.

She often works night shifts leaving her daughters in the care of their father. Anna has felt enormous pressure ever since John lost his job. She finds it difficult to communicate with him as he is always moody and she is too tired to speak to him. She feels that he remains the head of the household, even though he does not work.

Carol is in her tenth grade at school and is five months pregnant. She became pregnant by her own father after he sexually abused her. Susan is in her seventh grade in primary school and is unaware of the abuse or her sister's pregnancy.

Background Information of Associated Systems

Vivian is the policewoman who initially became involved with Carol and then with her mother, Anna. She has been working at the police station for five years and has witnessed many abuse-related crimes. She met with Carol and eventually decided that the counselling team should become involved with Carol's family.

Nancy is the counsellor to whom Vivian first referred Anna. Nancy is a lay counsellor working for a community clinic on the East Rand and attends the satellite clinic at the police station once a week.

Jane is the senior psychologist who started the community clinic approximately six years ago. She is well known in the community and is well respected by all who work for her. She has also engaged with narratives of many traumas during the past years, amongst them physical and sexual abuse.

Narrative Expressions

Persons generally attribute meaning to their lives by plotting their experience into stories permitting these stories to shape their lives and

relationships. Most conversations are shaped by at least the fundamental requirements of a story – they have a beginning, a turn of events and an ending. In entering the storied world of the Khumalo family, I wish to outline these fundamental requirements by extracting certain dominant narratives which describe events in terms of:

- a beginning;
- a crisis; and
- an ending.

These narrative structures link events in terms of Bruner's (1986) dual landscapes, namely those of action and consciousness.

This temporal organisation of events will assist the reader in understanding and recognising the effects of each protagonist's narrative on their actions. These narratives involve multiple elements and change over time. The events and narratives discussed were recounted within a working week. Details of the abuse are not mentioned within this discussion as Carol preferred them not to be disclosed in this study.

I was not involved in the initial disclosure and only became part of the plot when Carol's mother was referred to the police station clinic where I worked. I have, however, related the story in its temporal sequence to make for easier reading and description. I had spoken to each member mentioned below individually as it was difficult to bring everyone together based on the nature of the "problem" and its sensitivity at the time of disclosure.

The Beginning - Disclosure

The beginning of the shared narrative was initiated by Carol's disclosure of incest to Vivian, the police sergeant who referred her and her mother to the

clinic. The disclosure of the incest started the process of events that was to change Carol's narrative over time and ultimately her actions. To determine the landscape of Carol's actions it is necessary to discover what made her ready to disclose the incest. At the individual level, she had constructed a number of "what if" scenarios entailing the consequences following disclosure. She had believed her father's threats of denial of abuse, rejection and abandonment as well as the possibility that no one would believe her. She believed that the only way to end the trauma was by committing suicide after disclosing the truth to a trusted member of society. At the relational level, Carol felt that she would lose her mother's trust. At the macro or community level, her beliefs would be substantiated by her conscience which was immersed within the cultural morals which claim total antipathy towards incest. Regardless of the taken-for-granted realities, Carol disclosed her secret (landscape of action). She gave Vivian a detailed description of events over the previous five months relating throughout her narrative her fear of disclosing such a secret. Her decision to disclose at that particular time was due to her inability to hide her incest pregnancy any longer. Her school teacher was becoming suspicious and discussed her suspicions with a close friend of Carol. Carol's pregnancy was therefore a significant determining factor in her decision to disclose and consequently her need to approach someone to help her (landscape of consciousness).

Vivian's decision to refer Carol to the clinic rather than pressing charges against Carol's father was based on Carol's fear of disclosing the incest at the community level. Vivian's decision was based on previous attempts at convicting perpetrators of abuse, which had led her to recognise a family's need to solve the problem together and not to dissolve the family system (landscape of action). She decided that, as a policewoman, she was unable to provide

such assistance. Vivian decided that if the problem could not be resolved via therapeutic means, steps would be taken to press charges against Carol's father. (This was the first attempt in the incest narrative in viewing the problem as *both* criminal *and* psychological). Carol felt that she would fall prey to the community's insults as much as her father would and felt a need to protect herself from that. Although she did want her father punished, she did not want to be retraumatised through his punishment. The community in which Carol resides is well known for protecting its members. Where the judicial system has failed they often take steps to uphold the law and punish criminals by beating them severely. Carol felt that her father would be punished in this way thereby exposing him to more hatred and abuse, something which she felt would be countereffective. Although she disliked what her father had done to her, she claimed that "he is still my father". Carol has found that there are different voices that express her feelings for her father. She considers him as *both* an abuser *and* a father. Although she considered the possibility of contradictory feelings, they remained confusing.

Following a lengthy discussion with Vivian, Carol decided that committing suicide would not be the answer as too many secrets would die with her, and she consequently opened herself to professional help. She had also decided that her mother should know the truth and asked if Vivian would tell her mother about the abuse⁷.

Vivian contacted Anna and relayed Carol's narrative to her, omitting certain details as she felt they were too obscene to be repeated. Anna's

⁷ Before continuing, I think it is important to make the reader aware that the atrocities of the abuse were only told once to Vivian by Carol and it was Vivian's choice not to relay the physical experiences which Carol endured to Anna. This may have been the initial, inadvertent attempt at externalising (White, 1991) the abuse by disallowing the "problem" to become a part of Carol.

response to the incest was one of shock and disbelief. She could not believe that while working so hard at work, the person to whom she was married would undertake to compromise the safety of her children. Her perceptions were altered with regard to herself, her husband and her daughter creating difficulty within her relationships with them.

Anna to a large extent felt to blame for not protecting her daughter against her husband's abuse. She expressed a great sense of guilt that propelled her into taking the role of "supermom" and "superwife" (these are the researcher's constructs) who was suddenly placed in ambiguous roles of wanting to be loyal to both daughter and husband. At this point Anna felt that her family was collapsing and that she had to rescue the family before it totally disintegrated. She however knew that she wanted to do her utmost to help Carol and "solve" her problem, namely the pregnancy. Anna approached the incest in a different way to Carol. Her action was mapped out in terms of her own need to protect her family against the threat of dissolution by assisting her daughter in securing an abortion. Her behaviour was motivated by the visibility of the "problem". Her dominant narrative was therefore, one of "problem solving" to maintain family stability. The fact that she preferred not to tell her youngest daughter Susan, could be seen as a further attempt at maintaining family cohesion (landscape of consciousness).

Anna had spoken to John about the incest and he apparently broke down and apologised to Anna for what he had done and was petrified of being incarcerated for his actions (landscape of action). Anna was also fearful of losing her husband, and therefore focused mainly on Carol's pregnancy when consulting the counsellor. Anna's attempt at maintaining the secret was evident when she expressed her need not to include her younger daughter in the

process of disclosure. She substantiated her belief by maintaining her need to protect her family from community insults and protecting her daughter from the abuse of her father. After some discussion around the abuse I asked Anna whether she could recruit any family members to assist her in her struggle against the problem. She was initially confused, but after elaborating, she felt that her daughter, and her husband, who she felt needed to be punished, could and should help her in her struggle. She would recruit Carol in finding a "solution" for the pregnancy, and draw on her strengths of survival. John would be recruited to take responsibility for the abuse and take part in therapy (externalising of the problem). (Please take note that it took a long process of questioning and deliberating to reach this point).

John, who only contacted the clinic after Anna and Carol had spoken to us, responded fearfully to the disclosure. This response was reported by Anna, as he may have felt threatened by the possibility of incarceration and did not volunteer any information regarding the abuse when meeting with the counsellor and myself. He appeared embarrassed and ashamed. His dominant narrative centred the misfortune he had endured over the past year in terms of his inability to find employment as well as his wife's role as caretaker of the family. His narrative followed a pattern of denial of responsibility by subtly shifting the blame for incest onto his wife and daughter (landscape of action). His motives for doing so were clearly for self-protection, as he attempted to maintain some dignity in the face of disclosure (landscape of consciousness).

When asked how he managed to attend a meeting knowing that we all knew about the incest and held him responsible (landscape of action question) he became defensive and guarded. He clearly did not want to implicate himself in any wrongdoing. As a result he did not explicitly articulate his version of the

events concerning the abuse. He spoke mainly about being out of work and losing his position as the head of the household. He was not forced into a position of confession. His inability to express his role in the abuse was respected as it was his first exposure to public scrutiny after disclosure of the abuse.

It was very difficult to engage him in any kind of conversation concerning the abuse and his involvement therein. The need for a confession may have come across in a very punitive manner especially in a context wherein John came across as a victim within his family. He was however given the opportunity to express his narrative in therapy with the senior psychologist, an appointment which he subsequently neglected to attend (landscape of action). The benefits of therapy were explained to him and he was also made aware of the fact that his daughter had reported the abuse to the police. The counsellor's need to express the importance of therapy was based on resolving the family conflicts and effects of the incest without breaking up the family unit. However, the more she attempted to do so, the more John withdrew from possible exposure to the truth. An acceptance of assistance would lead to acknowledgement of the abuse and encourage him to continue painting himself in a solemn light by expressing his need to find work and his unhappiness about the possibility of an abortion. He was still trying to regain some element of recognition in his family.

Disclosure clearly had a different meaning for different members of the family. For Carol, disclosure opened new possibilities and answers to her problems concerning the unborn baby which became a motivating factor for her actions after disclosure. It also brought about new concerns in terms thereof, but concerns that were now supported by her mother, at times, and by the

professional team. Carol's feelings towards her father and mother were given the opportunity of expression. She was now able to articulate her feelings of shame and doubt towards herself and her feelings of fear and anger towards her father. Her feelings of disappointment towards her mother were also emphasised in the research interview. Her dominant narrative shifted from one where secrets were essential for protection, to one where disclosure would bring about new answers to her problems and support. Her taken-for-granted realities were questioned, generating alternative knowledges which would assist her in re-authoring her life (landscape of action).

Anna responded differently to disclosure. She fell rigorously into her patriarchal role by approaching every possible resource in search of different means to protect her family. For her it was about solving a problem and protecting her whole family from being scorned by the community. Anna attempted to disregard the notion of her husband as an abuser (only in her difficulty in voicing her pain and disappointment) and was motivated entirely by her daughter's pregnancy. It became difficult for her to recognise others' narratives, hers being dominant and charged by the need to solve the family problem. Her dominant narrative initially subjugated others' knowledges in terms of assistance at the family level. Her narrative was charged by the necessity to solve the problem to restore family dynamics and attempted to disqualify all other attempts at assistance by amplifying the *crisis* (the pregnancy and its need to be resolved).

For John disclosure meant that his secret was finally out and, to protect himself, he responded by denying responsibility. He side-stepped the main issue of abuse to focus on his own problems in the past in terms of his inability to secure permanent employment. John became very fearful of the possible

consequences following disclosure. This inference was made due to his reluctance to speak about the abuse or his daughter in any way. His behaviour was driven by the perceived fear of incarceration and community involvement.

The reality of disclosure eventually brought about the need to manage the crisis which entailed Carol's incest pregnancy.

The Crisis - Pregnancy

When the need arose to determine how Carol's pregnancy was to be managed, the counsellor discussed the options that were available to her with Anna, as Carol was not present at this time (a possible attempt on Anna's behalf to control the decision making process). The options discussed included the possibility of abortion and adoption as well as the possibility of Carol entering a place of safety until the baby was born. Nancy (the counsellor) also discussed with Anna the importance of individual as well as family therapy following such a traumatic event. Anna was thereafter requested to discuss these possibilities with Carol before a decision was to be taken, as Carol was ultimately responsible for making the choices which would determine the future of her unborn child, excluding of course the possibility of being dominated by others' narratives. The counsellor made every attempt at inviting other family voices into the room so as not to denigrate their narratives and future involvement in decisions and therapy. After expressing her guilt and self blame, I asked Anna how she managed to approach us for assistance in view of her feelings (landscape of action question). She told me she needed to protect her children and that was most important to her. I then asked her if she nearly turned back and she agreed that she thought about it many times. She stopped herself from turning back because she could "not cope on my own". This was

expressed in terms of an achievement on her part and she was encouraged to follow such preferred actions in future. (At this point I think it is necessary to enlighten the reader as to the sequencing of narratives. The pregnancy and the need to obtain assistance precedes the disclosure narrative in terms of temporal sequencing).

After meeting with Anna, an appointment was made for Carol to meet with the counsellor and the researcher for the first time. The researcher never interviewed any member of the family alone to prevent repetition of narratives and to observe and participate in the process of disclosure and therapeutic interaction. Carol did not say much about the abuse as she had spoken in great detail to Vivian. She was not compelled to repeat the horrors of the abuse as we felt this would lead to retraumatisation (at this time I was unaware of the details as I had not yet consulted with Vivian).

She expressed her feelings of anger towards her father and about living like a prisoner in her own home. It was the counsellor's concern that she be protected after hearing that Carol had to lock herself in her room when her father was home. The counsellor discussed the possibility of laying charges against her father, if not now, then at a later date. This alternative was discussed to protect Carol against further abuse. Carol's response was to think about it and talk it through with her mother. Abortion was discussed with her and the possibility of it *not* being an option due to the advanced stage of pregnancy. Carol was strongly in favour of an abortion which would help in removing the evidence incurred by the incest. If abortion turned out not to be an option, Carol could attend a home for unwed mothers until giving birth and then give the child up for adoption. This home is a place of safety where she could live with girls experiencing similar problems and continue her schooling.

Keeping the child was another point of discussion which Carol felt was not an option at that time. Carol's decision about the pregnancy and commitment to a particular decision would then determine her career in life – her lifestyle (landscape of consciousness).

Throughout the conversation Carol listened attentively and wanted to investigate the option of abortion as well as the possibility of attending a home for unwed mothers and giving the child up for adoption. She was told that more information needed to be gained and was asked to return the following day.

Jane, the senior psychologist, was consulted at this point about the case in question, as Nancy felt it was beyond the scope of her expertise. Jane's response to the incest was to express her anger and judgement about the abuse that had taken place. She expressed her need to press charges against John for his crimes. The relevance of venting her anger was defined by the excessive number of abuse related cases that appeared at the clinic and her feelings of helplessness in bringing these cases to trial. Her dominant judgmental narrative changed after discussing the impact that her role would play in the care of the Khumalo family. This discussion took place between Jane, Nancy and the researcher. Jane agreed to take on the role of crisis manager (in the absence of a social worker) and principal psychologist and contacted hospitals to determine whether or not Carol would be a candidate for abortion at 20 weeks of pregnancy. An appointment was made for Carol to visit an abortion clinic in another area, as the risk of discovery was too great in her residential area. Jane did not want Carol to experience secondary abuse by the abortion clinic staff, who were known to offend teenagers seeking abortion. Carol and Anna were counselled on the procedure of the abortion and its advantages and

disadvantages. The question of having the baby was raised once again and met with disapproval by both Carol and Anna. The possibility of not being an abortion candidate was also mentioned and the consequences discussed. It appeared that both Carol and Anna were too afraid to even consider the possibility that abortion would not take place. Carol attended the clinic with her mother to determine what plans had been made in terms of the abortion. The details of the appointment at the abortion clinic were given to them and they were requested to inform us of the results.

Carol returned the following day to discuss the results of their visit to the abortion clinic. She was unfortunately refused abortion as a consequence of the stage of her pregnancy even under the special circumstances, for instance genetic implications for the child. The crisis had now taken on new proportions. Carol had then decided that she would attend a place of safety until the birth of her baby and give the baby up for adoption. Her narrative remained focused on the pregnancy as a crisis needing to be managed and solved. She refused to accept therapy at that time and spoke very little about what she was experiencing. She did mention that she felt as if she was on a roller coaster ride of abuse, especially when faced with adversity every time she attempted to find a solution. Her behaviour had once again changed as a consequence of the process of narratives that had taken place between her and Anna, and between her and the helping professionals. Strangely though, her behaviour was not affected by her father, the perpetrator of the abuse, who had been totally uninvolved in any way in helping the family. Carol had been met with disappointment and found it difficult to live with the evidence of the incest within her body. Her narrative appeared to be immersed into her mother's dominant narrative of problem solving.

During the days that followed, an attempt was made to find a suitable place of safety for Carol. During this time Anna telephoned Jane and expressed her and John's need to keep the baby. They had decided that Carol should remain at home and have the baby which would be brought up by them. Any attempt by Jane to investigate their decision and organise a family meeting to ensure Carol's safety and reach a decision which would include her needs was met with disagreement. The Khumalo family made no subsequent contact with the professional team thereafter and no attempt was made to utilise the clinic's services. The Welfare Department was consequently contacted and the case was handed over to them.

The Ending - Narrative Closure

When a story has "open" elements, these locations can be easily challenged by the readers of the story. Carol's story has many open sites. Because the disclosure was so recent and the need to resolve the pregnancy so great, Carol found it difficult to express her emotions about the abuse. For instance, she did not explore the ambiguous feelings she had about her father. The reader may feel that she should hate him for what he did to her, but finds him/herself maybe blaming Carol for being in such a predicament. As narrative closure was not provided by the family, beyond their decision to end contact with the clinic and its professional team, as well as their refusal of therapy, closure is therefore provided by the researcher which forms part of the following chapter.

CHAPTER 7

RESEARCHER'S NARRATIVE - A META PERSPECTIVE

The theories I have used as a researcher influences how I construct the world, how I see the people being investigated, what questions I ask and what I find. However, by trying to observe with the people being investigated how these stories influence my communication system and its feedback mechanisms, these professional stories too may change. My views became an essential component throughout this study in terms of the theoretical frame through which I chose to view incest, namely social constructionism. Within this perspective I chose to focus on White's narrative approach and also focused on the notion of power and dominant narratives. Within this chapter I hope to reveal my assumptions about incest and how they shifted during the process of investigation and participation.

Within a family exposed to incest there are many experiences and emotions that do not find a space for expression. These silences add to the problem which lies in the not-yet-said. By languaging about the problem certain taken-for-granted realities are questioned by exposing them through language and the deconstruction of existing dominant narratives. According to White (1991), for deconstruction of narratives to take place, the problems introduced have to be objectified. This means that people must engage in externalising conversations about the problem and not internalise these conversations. This process of externalising is known as "exoticising the domestic" which encourages people to identify their private stories and the cultural knowledges that they live by, thereby unmasking the taken-for-granted realities underlying

the dominant narrative. These are the stories and knowledges which guide their lives and speak of their identity (Nicholson, 1995; White, 1991). This research attempted to initiate externalising conversations to identify the practices used to inform behaviour. No attempt was made by the researcher to extend this knowledge into therapy, although the questions asked were in line with therapeutic practice. In therapy, the therapist creates a space in which "the opportunity for dialogical communication between self and self and between self and other is maximised" (Anderson & Goolishian, 1987, p.535). Therapy (and similarly research) is therefore viewed as an emerging context that encourages the unlimited amendment and elaboration of meaning. There exists therefore, a very fine line between researcher and therapist.

It was initially my assumption that the resources which the incest family would approach for assistance would perpetuate the abuse voice by perhaps blaming the mother, removing the "victim", and incarcerating the father (perpetrator), thereby breaking up the family system. I questioned my assumptions throughout the process and was thrown into circumspection by the systems involved. Personally, I questioned my inability to restrain my emotional involvement which could potentially have led to a punitive approach to John in Carol's defence. From the police system's point of view, my assumptions were implicitly disputed by virtue of the policewoman's narratives and actions when she took an entirely postmodern approach to the disclosure of incest by constructing a context in which the grand narrative or taken-for-granted realities could be questioned and different voices could be heard. It was evident at this point that Vivian had taken on a language of care while being equally aware of her voice of justice. This may however be viewed as an inability, on her part, to protect Carol from further harm or as exposing her to secondary abuse by

implying that her father was not wholly responsible for the abuse and therefore need not be jailed. But the decision not to press charges against John was co-constructed in a context of concern initiated by Vivian, in which Carol was given the option of involving her mother and counsellors in assisting her.

Brunner (in Hart, 1995) expresses the importance of realising that there are always emotions and lived experience which are not always fully encompassed by the dominant story. This, of course, applies to the dominant story constructed by the client as well as the dominant story of a therapist or researcher in understanding the client's experience. My assumptions and theories may leave out aspects of the Khumalo family members' lived experience, as I have focused, through my questioning and punctuations, on certain aspects of their lives consistent with these assumptions and theories. My punctuations about the Khumalo family's and related narratives can therefore never encompass all of their experience.

Realistically, as a researcher, I have to select pieces of the presented information as it is not possible to respond to every word, action and nuance that can be observed and experienced. Therefore, I have focused on those aspects of the individuals' and family's presentations most consistent with my own orientation. My research focused on uncovering the dominant narratives or life stories and describes how they shifted through the process of investigation. Developing a life story is not, however, a once and for all accomplishment. People's life stories change throughout their lifetime. The reader is only exposed to a fragment of lifestyles that cannot be generalised to the wider population of incest families as these are their personal stories.

The beginning of Carol's narrative places her in a lifestyle that is hopeless and powerless and can only be resolved through suicide. Her definition of the

problem at this time focuses on disclosure of the incest and its possible implications. Through language, specifically by disclosing the incest, Carol was able to gain new perspective on the problem. Although the incest and the pregnancy remained the underlying problem throughout the story's plot, it was now a problem with the possibility of being shared. Vivian's ability to provide a space in which a multiverse of realities (instead of a unilateral decision in which she became the expert policewoman), and Carol's acceptance thereof, allowed for the development of new narratives. Vivian's and Carol's co-constructed narrative therefore shaped the interactional context and was shaped by that context. Carol's powerless-dominated narrative consequently evolved into a shared narrative that was willing to embrace alternative meanings. Palombo (in Focht & Beardslee, 1996) expresses the importance of dialogue which serves as a vehicle through which meanings are acquired. It facilitates the movement from personal or privately held beliefs to public or socially negotiated meanings. Disclosing the incest also encouraged Carol to review the negative view of herself as responsible for her own unhappiness and victimisation. Alternative narratives were given the possibility of replacing old narratives. Although Carol's narrative shifted from one of self blame to blaming her mother, it ultimately shifted to one in which she held her father responsible for the incest. This only occurred after she experienced her mother as being supportive and understanding and taking on the role of "problem-solver".

Carol's private narrative was permeated by her father's power over her. This power was instilled through his threats that formed part of Carol's fear of disclosure. This fearful "truth" specified the actions that dominated Carol's experience until the time of disclosure. These "truth" discourses were exposed by encouraging Carol to identify her beliefs about herself as being partly

responsible for the incest, her belief about her mother's inability to protect her and her relationship with her father which reinforced and confirmed the continued presence of the problem. By externalising the problem Carol is given the opportunity to identify and separate from unitary knowledges and "truth" discourses that subjugate her (Epston & White, 1990). Through the process of therapy she would be given the space in which to find unique outcomes for her stories.

Carol was experiencing a negative or repressive power from her father. Foucault (in Epston & White, 1990) argues that one can also experience the effects of a positive power, one that is constitutive of the lives of people. This positive power is evident in Anna's dominant problem-solving narrative which may, on the one hand be viewed as her attempt to disregard others' narratives, but on the other hand, it expresses her need to help and support her daughter. This latter view prompted a modification of Carol's belief that her mother was partly to blame for the incest. Anna's behaviour and need to help her daughter created a context for new meaning which eventually included Carol and John in Anna's problem-solving narrative.

Through engaging in a discourse which pursued mother and daughter's shared interest of making a decision about the unborn child, the discussion with both mother and daughter resulted in discovering universal themes of moral positions in life. The immorality of John's actions was revealed and both mother and daughter were granted permission to express this immorality. This created a shift in the discussion, moving away from "problem-saturated" (Anderson & Goolishian, 1988) and essentially blaming narratives to a less oppressive view that connects all family members to finding unique outcomes (White, 1991).

Anna and Carol's double description of John provides the source of new outcomes within the family. The availability of news of difference is essential for the revelation of new ideas and triggering of new responses for the discovery of new solutions. The availability of news of difference allows family members to perceive a contrast between two or multiple descriptions. In this study, the two descriptions that were prevalent throughout and across systems was the idea of John as having done a criminal act, but also as John and his family needing therapeutic assistance, which brings us back to the voice of justice and the voice of care. The initial assumption was that the policing system would provide the voice of justice while the therapy system would provide the voice of care, but it became apparent that both systems utilised a *both/and* language, a double description. The policing system adopted a double description by maintaining that John had transgressed the law, and similarly by not pressing charges, but providing a service in which assistance could be provided for the whole family. The therapy system provided the care, but did not lose sight of the trauma of the abuse and John's responsibility. Carol and Anna's adoption of a double description may have been instrumental in creating a space in which the family could make a decision exclusive of the therapy system, which consequently took on an expert position and focused wholly on problem solving in isolation.

The reader may feel that the severity of the crime has not been dealt with and is lost among the proliferating narratives and the author's epistemology. Incest *is* a serious crime – it is physically and emotionally devastating to the victim, and this should not be overlooked. Throughout the research process I intentionally kept both voices of care and justice alive, mostly to remind myself of the atrocities of incest, and not to become lost in evolving

care narratives. This was necessary to avoid neglecting the impact of the abuse on the family and John's responsibility. By identifying only with the voice of justice, however, I may have maintained the abuse narrative which might suggest complicity in secondary abuse. The incarceration of the perpetrator would not, in my opinion, remove the problem, but would impact on its maintenance in a family whose narratives could get stuck in the secret trauma and ultimately in its denial. By allowing the perpetrator to remain in the system, he would, through therapy, be given the opportunity to take responsibility (this is however not always the case and denial could be persistent).

Family members directly involved in the incest may struggle with conflicting and confusing feelings and the number of people involved in the incest and its disclosure, and their diversity of meanings, can be traumatising in itself. However, failure to recognise the issues of grief can lead to family members being even more confused by their own and others' responses and may inhibit recovery. By becoming actively involved in the construction of future choices and lifestyles, family members can shift from a "victimic" identity of self to an "agentic" identity (Polkinghorne, 1996). The family can engage in story making which plots their futures by not only providing "designs and guides for how they will act, but also express the expectations they have about their power to successfully direct actions that will bring about valued ends" (Polkinghorne, 1996, p 301). Carol has already become an agent of change by disclosing the incest, exposing her father and thereby initiating the process of healing.

John's absence in the process of externalising the problem sustained his dominant denial narrative in perturbing others' behaviour. This denial narrative is a powerful one which precludes family healing. Incest is nurtured in a climate

of denial, allowing the victim to grow up doubting her own sense of reality and communicate to the whole family that there are no negative consequences to living in a cloud of virulent untruths (Barret & Trepper, 1992). Dallos (1997) identifies denial as the strategic use of narratives by a family member to achieve his own purposes of gaining power. This becomes apparent in the family's ultimate decision to distance themselves from the therapeutic team.

My decision not to push John for a confession was taken because it was not my intention to discover the "truth" about the incest, but rather to discover the narratives concerning the assumptions about the incest. What I did discover, however, was that denial became John's essential survival skill to maintain what little shred of safety, security and dignity he had left. My aim was therefore not to strip him of this, but to perhaps describe and expose alternative ways, through my questioning and punctuations, in which the family experienced survival. Throughout this process I made the family members aware of my view of incest being a totally unacceptable and deviant act. This view may have been indirectly expressed in my interview with John as being punitive and as subjugating his knowledges and consequently maintaining the denial. But the reader must bare in mind that acceptance of responsibility for a perpetrator bears enormous consequences and requires a long and arduous process which might only be created in a therapeutic context.

Working so closely with members of this family, I became acutely aware of their intense emotions and how these emotions became a part of story telling. For Carol, the difficulty in dealing with the incest was evident in her inability to talk and in the many tears that were shed. Her emotions were given expression in her silences, whereas Anna's emotions were denied expression and hidden behind her active involvement in helping her daughter and facing the

trauma of the incest. The therapeutic team were not excluded from experiencing emotions. Jane, the senior psychologist, clearly voiced her disapproval of the incest by becoming angry and judgmental towards the perpetrator. This points to an isomorphism between systems levels in which both Jane and Anna took on the role of problem-solver intending to make a unilateral decision which would affect the family unity. Jane had initially adopted a language of justice, one which implied taking a unilateral decision to personally press charges against John. This suggested that she was entitled to take an expert position in which her narratives would replace those of her clients. Carol would therefore not be given the opportunity of taking part in the decision regarding her father's destiny.

It is very difficult to escape such strong vengeful feelings in a community which provides no solutions for the perpetration of sexual abuse. The fact that sexual abuse is deviant remains unchallenged, but the way in which a therapist goes about punctuating the abuse is pertinent in the therapeutic process. Jane's initial solution to the problem may have assisted in the problem's evolution. Jane's consequent adoption of Anna and Carol's shared narrative, which was to attend to Carol's pregnancy, sanctioned the co-construction discourse which assisted in dis-solving the "problem-saturated" narrative. It was my objective as researcher to question Jane's dominant expert narrative. This process of questioning, which perturbs the system, discloses my role as participant-observer, in which I become a part of the system being observed and contribute to it in multiple ways.

Following Carol's inability to secure an abortion, the therapeutic team's need to fulfil Carol's wish to enter a place of safety (namely, a home for unwed mothers) became the new focus. The team did not discuss this new

development with the family (or Anna, it's spokesperson) and went ahead and made the necessary arrangements. The family's decision to cease contact and refuse help from the clinic thereafter should not have come as a total surprise, considering the family's consistent attempts at maintaining family cohesion. By *inviting* new people (professionals at the place of safety) into the incest family narratives, the family was at risk of being exposed and was threatened with disintegration. The team had perhaps not taken cognisance of their own and the family's progressive problem dis-solving narratives.

Dallos (1997) makes us aware that "attempts to reject or dismiss well-entrenched narratives too rapidly may be anxiety-provoking, since these are the foundations of the family's belief system. The new ground has to be established before a migration of identities and beliefs can be embarked on" (p.158). The therapeutic team's attempt to help the family too quickly or solve their problem too efficiently in the absence of the availability of an abortion, threatened family unity and security.

This narrative closure is provided in terms of my assumptions about family behaviour. I can only speculate that they were threatened by exposure. On the other hand the reader could also criticise my assumptions by maintaining that their solution to the problem was a unique outcome which included each member of the family in developing personal agency by allowing them all to take responsibility for the unborn child. I would, though, like to mention that it was never Carol's wish to keep the child, as he/she would serve as a reminder of the abuse. She also mentioned that she did not want the child to become part of the history of incest. She may have changed her mind, but I believe that the pain and silence surrounding the incest were too entrenched for any positive changes to have taken place through this decision. It is my opinion that John's

dominant narratives motivated family decisions. For a more comprehensive description of family resistance to therapy, I would like to mention Trepper and Barrett's (1989) reasons for resistance by incest families:

1. **Extreme crisis.** Incest families mostly enter therapy during an extreme crisis. The family often becomes very self-protective, building barriers to communication around itself, making therapist (and/or researcher) approachability very difficult.
2. **Fear of litigation.** Criminal and/or civil actions against the perpetrator are a real possibility and resistance to complete honesty with the therapist (and/or researcher) difficult. This fear is often shared by the nonoffending parent and children.
3. **Embarrassment.** The family, including the victim, may feel extreme embarrassment at being labelled an incest family.
4. **Uncertainty of the role of the therapist.** Families are often not certain whether or not the therapist is collaborating with the police.
5. **Family dysfunction.** Certain family problems which have contributed to the incest may also contribute to resistance to therapy. The problems could include secrecy, denial, enmeshment, poor communication and rigidity.

These points were all relevant to the Khumalo family in the course of research. The family's need for therapeutic assistance became apparent in a moment of extreme crisis, but they rejected this support when the pregnancy could not be resolved. They were also extremely afraid of litigation, made apparent by John's refusal to disclose. Having been aware of these reasons for resistance prior to the research, I may have approached the family differently.

Throughout the previous chapter I made reference to Bruner's (1986) dual landscapes, namely landscape of action and landscape of consciousness,

which create an awareness of the narrative structure of people's stories. Occasionally I made a reference to landscape of action questions which form a part of the deconstruction of stories by which the Khumalo family lives. In order to establish a space in which the persons in this study could explore alternative and preferred knowledges, I asked them a variety of landscape of action questions. Landscape of action questions are asked to encourage persons to position unique outcomes in sequences of events that unfold through time according to certain plots (White, 1991). White also encourages the use of landscape of consciousness questions to encourage persons "to reflect on and to determine the meaning of those developments that occur in the landscape of action" (p.127). Unfortunately the nature of my interviews and the time constraints precluded me from focusing on landscape of consciousness questions. Had I undertaken follow-up interviews with the family, it would have been necessary to reflect on the meanings of past events.

Some Concluding Comments

Throughout its unpredictable process this study has achieved what it intended to: pointing out the evolving narratives and processes that arose and their associated meanings. The aim of this study to identify dominant narratives which influence others' narratives and subsequent actions was met by questioning each person's life story.

Carol's attempt to language her dominant hopeless and powerless narrative encouraged her to find new meanings associated with her lifestyle, one in which she was not alone with her problems. The problem-solving narrative which motivated Anna's actions shifted to include a wider system in her story. John, on the other hand, maintained his denial narrative, perhaps ultimately

subjugating family knowledges with his power narrative which centred on fears of incarceration. Through John's denial and his decision to keep the baby, secondary abuse is likely to have been maintained. My inability to claim this interpretation as a co-created reality, is due to the inability to feed back my assumptions to the family to determine their validity. This difficulty was maintained by the family's wish (initiated by Anna and John) to cease all communication with the therapeutic team, extending to my involvement with them, and to solve problems within the family. Although they did not reject their involvement in the investigation, they did not wish to comment further on its closure.

Throughout the investigation I was given the opportunity to reflect my assumptions to each member involved, and correct them where necessary. The Khumalo family's refusal to comment may provide a limited description in terms of the ending of the research study, but does not preclude their narrative from closure. This refusal therefore becomes the ending to their multiple stories. This does not, however, imply that the entire research study be abandoned, but that it should be included as an evolving family narrative reflecting the emergent design of the research process. The assumptions made after the family's departure are therefore constructed in their absence, but do include other members of the study.

Contrary to my expectations, the associated systems provided a diversity of narratives. As mentioned previously, it was my assumption that the police system would only provide a voice of justice, while the therapy system would provide a voice of care. They both however, provided both voices intermittently throughout the process, thus reflecting a postmodern approach. The therapy system, however, was ultimately unilateral in its approach to Carol's pregnancy

in seeking a home for her and by not including the evolving narratives of the family, past and present. At this point, as participant observer, I could have intervened to include family narratives, but failed to do so, perhaps because of my need to rescue Carol from the dilemma in which her father had placed her. As a therapist I sometimes find it difficult to give up responsibility and to recognise that ultimately clients have sole responsibility for their lives. At this point I failed to observe myself within my habitual communication system and to point out past patterns of relating and their usefulness in the present context. I have therefore learnt that constructing solutions cannot be done in isolation and often requires a lot of patience and acceptance of historical narratives. During this process, it may have been useful to point out the initial reasons for maintaining family unity.

The reader may also have noticed my lack of elaboration on the topic of incest pregnancy. As it was not initially my intention to include a sample in which pregnancy was a focus, I have omitted to include this aspect of an incest family within my literature review. I did attempt, however, to find material relating to incest pregnancy and its role in the family, but found nothing relevant, perhaps due to the infrequency of incest pregnancy. It would therefore be a significant focus for future research.

This dissertation provides the reader with *my* descriptions and punctuations of narratives and occurrences. They reflect *my* reality which is left open to discussion and change. The narratives do not end here, but continue to evolve in the reader's mind. A postmodern orientation reminds us that all realities are constructions, and some are more influential than others. By opening up the possibility of alternatives, a postmodern view moves beyond existing practices to their transformation.

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