The Development of A Psycho-Educational Program/Didactic Group Introducing the Concept of Covert Incest.

by

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ABSTRACT

Psycho-educational programs and didactic groups are being developed and used with increased frequency and effectiveness by a wide variety of agencies, businesses, schools, and colleges that provide human resource services. This approach has also been successful in working with individuals and families within the mental health field, especially with resistant clients and or sensitive topics.

Covert incest is one such topic. Not only are affected clients and families resistant to examining it, our society as whole responds with denial. Using a psycho-educational/group didactic approach provides a non-threatening and supportive process, removing the taboo and allowing clients and families healthy growth and recovery.

A descriptive method was used to determine what elements were needed for a psycho-educational/didactic group introducing covert incest. The format was
designed to be used as a self-help experience or as a supplement to a counseling/therapeutic program. The key is to promote healing and growth by providing awareness, understanding and skills for appropriate family interactions.
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Introduction

Incest is usually defined as a sexual relationship involving physical contact between a parent and a child. Another form, involving the psychological/emotional aspects of the parent/child relationship, is covert incest.

Covert incest occurs when "the relationship with the child exists to meet the needs of the parent rather than those of the child" (Adams, 1991, p. 9). What appears to be loving and close relationships between parent and child can be damaging enmeshments that rob the child of selfhood and childhood. Such a relationship and its consequences often continue into adulthood, negatively impacting and/or destroying the marital relationship.

Covert incest is not always recognized or treated in marriage counseling. Education is seen as an important component of recovery and prevention. A psycho-educational program dealing with the effects of covert incest in relationships may provide needed assistance in such marriages prior to being ready to
confront the stressors individuals/couples may experience within a counseling or therapeutic situation, or as an adjunct to the counseling.

While both sons and daughters can be covertly incested, this study will primarily address the issue as experienced by sons. This study is focused on the design/content of a psycho-educational program on covert incest and its impact upon marital relationships for use by professionals and individuals/couples.

Background of the Study

Historically, incest has been described as a sexual relationship between a parent and a child. Defined as overt incest, this form is more likely to be recognized since tangible evidence of the sexual abuse exists. More recently, the mental health field has expanded the definition of incest to include covert (emotional/psychological) sexually-related interaction between the parent and child.

Adams (1991) believes the covert incest victim's response to the emotional sexual abuse is similar to the reactions and responses of overt incest victims to the physical sexual abuse. The same feelings and dynamics are involved in both situations (p. 8).

Adams (1991) does point out a key difference between overt and covert incest. "... While the overt victim feels abused, the covert victim feels idealized
and privileged. Yet, underneath the thin mask of feeling special and privileged rests the same trauma of the overt victim: rage, anger, shame and guilt" (p. 10).

Within the covertly incestuous relationship, the child becomes a surrogate spouse to the opposite-sex parent, providing what the neglectful, dysfunctional or absent partner cannot give. The enmeshment is camouflaged, and the parent appears to be loving and supportive of the child. Little attention has been given to the effects of covert incest because of the positive illusion that a covertly incestuous relationship creates. Adams (1991) reports that a common reaction when hearing information about being a covert incest victim is, "if it weren't for my mother, nobody would have cared about me" (p. 39).

It is a distortion in perception to believe that the mother's excess attention given in a covertly incestuous relationship saved the child. On the contrary, it robbed the child of the freedom to be autonomous and to feel worthy. Vitality is lost under the insidious, life-long trap that "I should keep being there for my mother; after all, she was always there for me." Again it can not be stressed enough that the mother's preoccupation with the child is not a statement of love for the child, but a statement of dire neediness by the mother. . . . The real needs for love, nurturing, security and trust are never met. Worse yet, the child is made to believe they are met. (pp. 39-40)

According to Adams (1991), while overt incest usually ends during the child's late teens, the covertly incested child finds the relationship inescapable with the surrogate spouse role continuing on into adulthood.
The enmeshment precludes the development of a sense of self and any intimate or close relationship with others (1991, p. 12). Grubman-Black (1990) describes the long-term effects of sexual victimization as varied, but recognizes a common theme of dysfunctionalism in various life areas. "this may involve poor interpersonal relationships: problems with intimacy, commitment, sex, and trust" (p. 106).

Hunter (1990) says the effects do not become apparent until the victim is an adult and a major life event, such as marriage or the birth of a child, takes place. He notes that a child who seemed unharmed by childhood abuse can develop crippling symptoms later and can have a difficult time connecting his adulthood problems with his past.

While no structured criteria has been developed, the effects of covert incest include low self esteem, lack of identity, repressed emotions and needs, issues with control, dependency, trust, and intimacy, inappropriate boundaries and role confusion, multiple relationships and difficulty with commitment, compulsive behaviors and addictions. Such effects can significantly impact an individual's ability to appropriately interact with others, especially in the development and maintenance of a healthy and committed relationship or marriage.

Bradshaw (1988) defines a healthy functional
marriage as a commitment to each other which is based on unconditional love. He describes a good relationship as, "it's not some maudlin feeling-- it's a decision" (p. 47).

A healthy functional relationship is based on equality, the equality of two self-actualizing spiritual beings who connect at the level of their beingness. Each is a whole person...

Each partner in a functional marriage knows that in the final analysis they are responsible for their own actions and happiness. Happiness cannot be the fruition of a mature process if it is dependent upon something outside itself. Life is a process of moving from environmental support to self-support. From puberty on, growing up and becoming mature means standing on one's two feet and being independent and self-supporting. No relationship is healthy if it is based on incompleteness and neediness. Healthy relationships are mature, which means equal and self-responsible. (p. 47)

Marriages are affected because the covert incest survivor has no sense of identity as a whole and separate person and often is lacking mature relationship skills. If the skills do exist, they are inappropriately directed at the relationship with the covertly incesting parent rather than the marital partner.

While covert incest is not a new phenomenon, it is often misdiagnosed by professionals and unrecognized by the families/couples experiencing it or its effects.

Purpose of the Study

The purpose of this research project is to design
an educational program/didactic group which addresses the issue of covert incest and its impact upon marital relationships.

Research Question

What is the content of a psycho-educational program on covert incest and its impact upon marital relationships that can be used by professionals in the mental health field and by individuals/couples?

Theoretical Basis for the Study

The theoretical basis for the study is the research on effective psycho-educational programs. According to Corey and Corey (1992), the use of groups structured to focus on a specific issue is on the increase by agencies, schools and college counseling centers. These groups "share the aim of providing members with increased awareness of some life problem and the tools to better cope with it" (p. 13).

Group counseling has preventive and educational purposes as well as remedial aims. The group involves an interpersonal process and problem-solving strategies that stress conscious thoughts, feelings, and behavior. ... The group provides the support and challenge necessary for honest self-exploration. (Corey and Corey, 1992, p. 11)

Significance of the Study

The results of this study should be of value to
professional counselors/therapists and mental health agencies who offer services to individuals and couples who may be influenced by the effects of covert incest. Couples affected by covert incest can benefit in the psycho-educational program either as a self-help experience or as an adjunct to therapy.

**Definition of Terms**

**Covert Incest.** The relationship with the child exists to meet the needs of the parent.

**Didactic group.** A group focused on an educational process.

**Emotional incest.** Same as covert incest.

**Emotional cutoff.** Bowen's term for flight from an unresolved emotional attachment.

**Enmeshment.** Entangled relationship which results in a loss of self.

**Impingement.** Same as covert incest.

**Marriage.** A relationship involving commitment to a spouse or partner.

**Overt incest.** Physical sexual contact between a parent and child.

**Psychological Marriage.** The child is placed in a spousal role.

**Surrogate spouse.** A child or non-spouse taking on the role and responsibilities of a spouse to a partner who already has or had a spouse who is not fulfilling his/her role.

**Transgenerational process.** A continuation of family patterns passed on from one generation to the next generation.
Limitations of the Study

The limitations of this study are the lack of external and internal controls. Also the results are not generalizable, but are restricted to the specific setting and circumstances in which the research was done. The narrow scope of this study was focused on the male covert incest victim/survivors, although it is acknowledged that females are also covertly incested. The researcher is married to a covert incest survivor and may be biased.

Organization of the Study

Chapter two provides a literature review.

Chapter three describes the methodology used, including the design of the study, the sample, the instrumentation, data collection and data analysis.

Chapter four presents the analysis of the data.

Chapter five includes the summary, conclusions and recommendations.
CHAPTER 2
LITERATURE REVIEW

Introduction

The Literature Review is organized into five sections: (1) defining covert incest, (2) the effects of covert incest, (3) defining functional families, (4) the effectiveness of psycho-educational groups for covert incest survivors, (5) the summary.

Defining Covert Incest

The term covert incest is not widely used in the literature. The concept is also referred to in general as enmeshment, separation and bonding problems, parentification, lack of or dysfunctional parent-child boundaries, the child parenting the parent, and surrogate spouse. More specific terms have been coined and include "impingement" (Gurian, 1994), "emotional sexual abuse" (Mellody, 1992), "cross-generational bonding" (Bradshaw, 1992), "over-mothered and under-fathered" (Friel, 1991), "emotional incest" (Love, 1990), "fusion", "stuck-togetherness", and "undifferentiation" (Kerr and Bowen, 1988). Often, it is mentioned (by whichever term the author favored) as a
side-bar to the topic of overt incest. All of these terms, however, could be defined as a parent/child relationship which robs the child of his own identity and creates isolation which reinforces the child's need for the parent.

While there are numerous theories on children's needs and developmental stages, it is usually agreed by most theorists that children have three basic needs—to be protected, nourished and nurtured. When these three needs are fulfilled by the parent, a healthy bonding occurs. That bonding is the basis for the growth of a sense of self, self-worth, personal responsibility and independence. Within the covertly incestuous relationship, the bonding becomes enmeshment.

Mellody (1992) describes bonding as an emotional umbilical cord going from the parent who is rooted in a mature, stable place, to the child, who receives support and nurturing. She describes enmeshment as the opposite of bonding with the parent being supported and nourished by the child. "These enmeshed children get drained dry and used by Mom or Dad's need for companionship, attention and love" (pp. 43-44).

Such parents are unable to fulfill the commitments of an adult to adult relationship. A relationship with a child is safer, easier to control, and carries little possibility of the child abandoning the parent.

Love (1990) describes three types of emotionally
incesting parents. The romanticizing parent turns to the child of the opposite sex for the love and intimacy normally found in adult relationships. This child becomes a surrogate spouse. The best friend/buddy parent lacks romantic overtones and the parent becomes enmeshed with a child of the same sex, who then is expected to fulfill the parent's hopes and dreams, regardless of what the child's needs or wants may be. The critical abusive parent uses the child for emotional support as well as a release of anger and tension. The child is an easy target for a parent with little self-control or self-esteem.

The Effects of Covert Incest

Gurian (1994) believes that impingement is destructive to both sons and daughters, yet more so for sons because

...its destructiveness to sons has a peculiar edge to it— for the son, if impinged on too severely, will not be able to discover what a man is separate from Woman. And especially if, for whatever reason, the mother-father-son triangle gets distorted and dangerous in the family, he will grow up deeply wounded, and unclear on his boundaries, overreliant on his mother and women to define him, and unable to develop a true male self. (pp. 61-62)

The covertly incested child experiences feelings of love, specialness and importance. However, he also feels anger, guilt and shame as his own needs are ignored.
"Over time, the child becomes preoccupied with the parent's needs and feels protective and concerned. A psychological marriage between parent and child results. To the child, the parent's love feels more confining than freeing, more demanding than giving and more intrusive than nurturing" (Adams, 1991, p. 9). As an adult, the covert incest victim "is stuck in a pattern of living, aimed to keep the special relationship going..." (Adams, 1991, p. 9).

Greenberg and Mitchell (1983) describe covert incest as the child becoming "prematurely and compulsively attuned to the claims and requests of others" (p. 58).

He loses touch with his own spontaneous needs and gestures, as these bear no relation to the way his mother experiences him and what she offers him. The child's true self, the source of spontaneous needs, images, and gestures, goes into hiding. becomes detached and atrophied. The false self provides an illusion of personal existence whose content is fashioned out of maternal expectations and claims. The child becomes the mother's image of him. (Greenberg and Mitchell, 1983, p. 58)

The mother's image is that of the perfect love, a never ending romance with a fantasy lover who will never get away and who will always fulfill her needs. The reality is the child becomes a surrogate spouse, unable to experience life on his own terms. set appropriate boundaries. achieve intimacy or recognize the toxicity of the relationship.

As a surrogate spouse, the child's sense of self is
depleted over and over again as he attempts to become whatever is needed by the covertly incesting parent. The unmet needs and issues from childhood are transferred to adult relationships which too often mirror the relationship with the covertly incesting parent. Some victims unconsciously chose partners with the same traits and behaviors as their abuser. Others project onto their partners their parents' characteristics and or act out, recreating the original situation.

McClure (1990) says adults "raised in enmeshed families or emotionally incestuous environments still need to take stock of their losses and begin the process of recovering a sense of true self and the capacity to have healthy relationships" (p. 8).

While there are no set criteria for the structure and behavior of the covertly incestuous family, its dynamics replicate those of the alcoholic family. Common to both the alcoholic and covertly incestuous families is the adherence to Black's (1990) rules of the dysfunctional family: don't talk, don't feel, don't trust (p. 9).

Adams' (1991) viewpoint emphasizes a strong correlation between chemical dependency and covert incest, claiming, "alcoholic families are a true breeding ground for covert incest. ... The vacancy created by the progressing disease makes room for a
surrogate spouse... (a role which is) a gratifying source of self-worth in a family with little worth to offer" (pp. 15-16).

Friel (1991) lists the following traits as indicative of men who have been covertly incested or over-mothered and under-fathered:

1. **Lacks essential maleness**
   What distinguishes men from women psychologically, regardless of whether the person is gay or straight.

2. **Questions own sexual preference/gender identity**
   Having a difficult time deciding sexual preference and gender identity.

3. **Overly masculinized/homophobic**
   Very dysfunctional—macho. Terrified of homosexuality. Often sexually addicted and female dependent. Likely to be emotionally and physically abusive, especially to women.

4. **Sweet guy/nice guy**
   A pleaser—able to talk about feelings, but rarely expresses them. Easily seduced, used and discarded by women repeating the pattern of his childhood bonding with an abandoning father and an emotionally seductive mother.

5. **Passive-aggressive**
   Unable to express anger directly or ask for what he needs.

6. **Female dependent**
   Feels cannot exist without a woman in his life. May allow female child to become his surrogate parent. Very controlling with women (using brute strength, age, money, or other forms of power). Control may be manifested by helplessness around the house—needing a woman to "do" for him.
7. Rager
Acts out hurt, shame, or fear. Often a response to a mother who smothers or learned by watching his parent(s) cope by raging.

8. Rescues women
Most common and debilitating results of emotional incest with Mom. Unconsciously finds dysfunctional women to fix/rescue.

9. Hates women
Hatred seen in sexual addicts—use and objectify women, men who batter women. Men who are terrified of women, find female sexuality disgusting, think of women as second-class citizens/slaves, and or discriminates against women. Believes women "owe" men something—usually their bodies.

10. Used/victimized by women
Re-enactment of the relationship with Mom. Used and victimized by women who are sexually addicted, unable to make commitments, rageful and controlling. (p. 15)

Friel (1991) summarizes his list of traits with the following description of the process and effects of covert incest.

It is this dynamic. I believe, that causes so many men so much pain. It is this dynamic which causes so many men and boys to renounce their maleness. And by renouncing his maleness, a man renounces his identity and power. Once a person renounces his/her identity and power, all that can remain is abuse of self, abuse of others, serious dysfunction, painful relationships and little personal dignity. (p. 15)

The following characteristics are described by Adams (1991) as typical of covert incest victims:

1. Love/Hate Relationship.
Having intense feelings of love and hate for the opposite-sex parent. Feeling special because of the relationship and feeling guilty for not doing more for that
parent. Feelings of guilt result in rage that is seldom expressed directly.

2. **Emotional Distance From Same-Sex Parent.**
   Feel abandoned by the same-sex parent. Also feelings of competitiveness and contempt.

3. **Guilt and Confusion Over Personal Needs.**
   Difficulty identifying personal needs. Feel guilty about personal needs. Use caretaking of others to meet personal needs.

4. **Feelings Of Inadequacy.**
   Likely to have chronic feelings of inadequacy and unworthiness. Self worth is determined by what one can do rather than who one is.

5. **Multiple Relationships.**
   Establishing intimacy is difficult. Always looking for the perfect partner—in and out of many relationships without finding satisfaction.

6. **Difficulty With Commitment.**
   Generally experience ambivalence—one foot in and one foot out of the door—regarding commitment.

7. **Hasty Commitment.**
   Too quickly commit, then feel too guilty to leave when it doesn't work and over-invests in trying to make it right.

8. **Regret Over Past Relationships.**
   Look back at previous relationships, wondering if they would have worked if one had stuck it out.

9. **Sexual Dysfunction.**
   Feel sexually shut-down or driven and compulsive in pursuit of sexual highs or conquests. Sex may be addictive.

10. **Compulsive/Addictions.**
    Have other compulsions. Driven in areas of work, success and achievement. May compulsively overeat, starve, or binge and purge. (pp. 3-4)
Combining the list of traits by Friel (1991) which focuses on behaviors and the list of characteristics by Adams (1991) which focuses on feelings provides a broader overview of the impact that covert incest has on the victim's adult life. Any combination of these behaviors and characteristics can create problems within a marriage and could serve as an indicator to consider the possibility of covert incest.

Woititz writes (1985) that "wanting to be involved in a healthy, intimate relationship is a universal condition. And defining just exactly what "healthy" is, is a universal question" (p. 19).

Each couple defines their own relationship built on shared values and interests. First, they must decide what they each value as individuals and then they build a oneness out of their separateness. Some of their differences are unimportant, and can either be ignored or worked out. For example, issues such as "You always leave the cap off the toothpaste." or, "I hate church socials." can easily be worked out.

Other differences are significant and need to be worked out, if the relationship is to remain healthy and survive. Examples of more critical issues are. "I don't want any children." or, "I'll never have anything to do with your mother again."

Many experiences are enhanced because the two of you are a couple...

A healthy relationship creates an environment where I can grow. In this climate of support, I also encourage you to do the same. Through the directions of our individual growth, we develop together as a couple.

A couple also grows together by developing mutual goals and working together on ways to achieve them. Interestingly, it is the journey toward the goals, and not necessarily the goals themselves, which help the relationship grow. (Woititz, 1985, pp. 20-21)

The effects of covert incest on a marriage cover a
wide range of dysfunctional beliefs and behaviors which block individuation, intimacy, growth, and commitment. The marital relationship is illusive. The covert incest survivor is already psychologically married—the surrogate spouse of his parent. His wife is often treated as if she were the other woman or his mother. Role confusion, poor communication skills, inappropriate boundaries, issues with control, abandonment, and commitment interfere with the building of a healthy and intimate relationship, as well as a functional family system.

Defining Functional Families

Gravitz and Bowden (1985) describe the functional family as able to "promote children's sense of well-being: they are relatively consistent, somewhat predictable, minimally arbitrary, and only occasionally chaotic" (p. 10).

In terms of family roles, there is appropriate delegation of authority. Youngsters are not expected to drive cars, or do the grocery shopping, or run the household. Children are not given the responsibilities of parenting. The parents are not children and the children are not parents...

In a functional family children depend on adults. Children trust that they will be cared for. They are allowed to be children and they know that it will be that way tomorrow, too. In a functional home, children are taught how to cope and how to assume responsibility. New roles are not thrust upon them in one drunken weekend, but are conveyed over years of nurturing...

Children do not live in fear in a functional family... In a functional family children know
there is someone more resourceful than themselves. In a functional family children know they will not be abandoned regardless of what they do...

Still, functional families are human: they are not perfect. That is important to know. In a functional family there may be yelling and screaming—but not typically. There may be anxiety and tension—but not on a daily basis. There may be unhappiness—but not usually. And there may be anger and hurt—but it is not chronic. (pp. 10-12)

Gravitz and Bowden (1988) describe the rules in a functional family as explicit and the rules do not change from day to day. Rules tend to be flexible and suited to the particular circumstances. The rules are humane, realistic and within the child's ability to follow. Children may give feedback about the rules because communication is open and feelings are expressed, listened to and accepted. "It is also permissible to be separate, have your own things, and your own identity" (p. 11).

Wegsheider-Cruse (1989) writes that "becoming whole persons depends a good deal on the families in which we grew up" (p. 44).

Blood ties are not required. Even an absent or deceased person may continue to be a "member" if he still exerts a strong effect on the functioning of the family—for example, as author of the rules, silent critic, or model of what to be or not to be.

All members are linked together by family rules. These rules determine the functions of each person, the relationship between each person, the goals towards which they are all heading, how they intend to get there, and what will be required and forbidden along the way. (pp. 46-47)

Wegsheider-Cruse describes four categories of rules which include: human rules which accept each
person for who he is, validate everyone's worth, and are made for the benefit of the whole family, not just the rulemaker; inhuman rules which are made for another's benefit or to uphold an impersonal principle or institution and are not for the good of those who must follow them: rigid rules which make no allowance for differences in people or circumstances and which discourage change: flexible rules which recognize differences in people and situations and accept and encourage change (pp. 51-52).

The rules determine how well the family functions. Bradshaw (1988 a) states that the functional family has rules that are overt and clear, and that allow for flexibility and spontaneity. Each member may express feelings, thoughts, desires. Each member can be different and can get their needs met. Family roles are chosen and flexible. Mistakes are considered learning experiences. The family system exists for the individual; not the individuals existing for the family system (pp. 53-55).

Friel and Friel (1990) believe that family rules are learned by "osmosis" or a "hypnotic process of rule learning, in which day after day... we are exposed to the behavior, facial expressions, eye movements, body language, smiles, frowns, grunts, cries, tears, rages and other feelings and behaviors of our family members" (pp. 42-43).
It's all around us, every day, in those overt and covert behaviors of Dad and Mom and everyone else. But it's hard to go back and figure out what those rules were, because they were all absorbed into our unconscious as we went about our everyday tasks of growing up. So when you wonder why you do some of the painful things you do, like reach for that piece of pie when you get "dangerously close to a feeling" (Petrini, 1988), remember that you learned to do that somewhere. You will continue to re-enact or repeat the pattern until you first figure out where you learned it and then have your feelings about it and about the folks who taught it to you. (p. 43)

Adams (1991) stresses that the family system seeks balance even in adulthood. When the family roles and rules continue the abuse experienced in childhood or the childhood abuse remains buried within, the family system is recreated again and again in adult relationships (p. 13).

The Effectiveness of Psycho-educational Groups

Woititz (1985) writes that part of being in an intimate relationship will "drag out all things, old and new, that you have experienced before" (p. 12).

You will play it all out again. With work, the process and the outcomes will be different, but the struggle cannot be avoided...

... It is important that you recall some of the early inconsistent messages you were given by your parents. Like it or not, want to believe it or not, these messages are still influencing you on an unconscious level throughout all aspects of your life. To change your life, you must change the message.

And, awareness is the first step toward changing the message. The knowledge of how your current patterns were formed will begin to release you... (pp. 12-13)

The first step is to recognize that abuse has
occurred and that it is having an effect on one's life.
The greatest change occurs in the victim's self-
perception, which then creates a domino effect on all of
his perceptions, including his perceptions of the
abuser. Grubman-Black (1990) quotes a victim who shares
his experience after reading Alice Miller's "Drama of
the Gifted Child":

She opened my eyes to the kinds of twisted paths I
have been forced to take in order to try to satisfy
a parent who was insatiable and narcissistic, self-
centered and selfish. Nothing I was ever to do
would have been good enough, but I had tried for so
long, losing myself more and more... I had been
forced to neglect me because she was so busy
worrying about her and her own needs and comforts.
(pp. 24-25)

Kritsberg (1993) calls this first step the
"discovery stage" where the victim experiences an
emotional roller coaster of extreme feelings of fear,
rage, grief, shame, hurt and disbelief. Repressed or
temporarily forgotten memories may surface. Often,
there is a struggle against accepting that the abuse has
occurred (pp. 77-78).

During this stage, the marriage may become more
conflicted, as the victim usually responds with an
increase in old coping skills, attitudes and behaviors
including denial, isolation, a need to be in control,
overwhelming feelings of rage, guilt and shame, fear of
talking about the abuse, or by talking about the abuse
to others who downplay its significance or continue to
perpetrate it. The victim may attempt to reduce his own
anxiety by blaming his spouse and canonizing his parent. Or he may frequently switch loyalty from parent to spouse and back again. Intellectually, he can explain the difference between a mother and a wife, but emotionally the roles are blurred (Kritsberg, 1993, pp. 77-78).

Active healing is the second stage of the recovery process (Kritsberg, 1993). The focus moves away from whether the abuse occurred or not, and onto what can be done to heal. The emotions are still intense, but the roller coaster effect begins to level off as the victim makes contact with other survivors and receives validation. At this point, it is important to establish support systems, including therapy, support groups and educational resources.

Kritsberg (1993) refers to the last stage as "integration." The victim is now a survivor who has reclaimed his history, feelings and his personal power. He is able to establish and sustain quality relationships. He has interrupted the transgenerational process (pp. 77-78).

Individuals/couples have their own starting point in dealing with covert incest. All experience different levels of fear, pain, anger, confusion, shame and guilt. They also have different levels of knowledge about covert incest, different abilities to interact with
other individuals and groups, and different strengths and weaknesses. Self-help resources may seem less threatening to the victim, but McClure (1990) warns, "Recovery from sexual abuse and emotional abuse is not a solitary process..." (p. 43).

A didactic group process may provide the for the newly aware individual/couple (in Kritsberg's stage of discovery) a safe arena to explore the issue of covert incest. Presenting it as an educational program removes the stigma of therapy and may provide less resistance to seeking counseling in the future. Using the format of an educational program as opposed to a therapy group still provides the contact with other survivors, validation, and support system Kritsberg (1993) described in the active healing stage.

According to Corey and Corey (1992), the group process is characterized by a growth orientation, with an emphasis on discovering inner resources of personal strength and constructively dealing with barriers that are preventing optimal development (p. 11).

The group process provides a sample of reality, with the struggles that people experience in the group resembling their conflicts in daily life. Through feedback members are encouraged to see themselves as others do. They have a chance to experience themselves as they did in their original family, reliving conflicts they had with parents and siblings. There is also a chance to practice new ways in behaving, for the empathy and support from other members to help identify what they want to change and how to bring about change. (Corey and Corey, 1992. p. 11)
According to Nichols and Schwartz (1994), Bowen theorized that "change occurs when anxiety is low, and that understanding, not behavior, is the critical vehicle for change" (p. 384). He also believed that "meaningful change does not require the presence of the entire family..." (p. 384).

Instead he believes that change is initiated by individuals or couples who are capable of affecting the rest of the family. His program of treatment can best be described as proceeding from the inside to out. Differentiation of self, which begins as a personal and individual process, is the vehicle for transforming relationships and the entire family system... Bowen's work is predicated on the idea that well-motivated individuals are more capable of change than are larger family groups. (Nichols and Schwartz, 1994, p. 384)

**Summary**

Numerous terms are used to describe covert incest, but all can be combined as a child's loss of self and identity in a relationship that serves only the needs of the parent. The effects of covert incest cover a wide range of dysfunctional beliefs and behaviors and can seriously impact adulthood in all areas, especially relationships. Family roles and rules determine how the family functions. While not perfect, functional families promote each member's well-being and individuality. Although covert incest is a family issue, treatment/recovery can occur through the initiative of a single individual or couple. A psychoeducational or didactic group process may provide validation, support and resources.
Chapter 3
METHODOLOGY

Purpose of the Study

The purpose of this research project is to design a psycho-educational program/didactic group which addresses the issue of covert incest and its impact upon marital relationships.

Research Design

A descriptive study was used to determine the format and content of a psycho-educational program about covert incest. The descriptive study describes "what is." It allows the researcher to observe events, eliminating the contrived or manipulative techniques used in experimental methods. (Merriam and Simpson, 1984, p. 63)

Sample Population

The respondents consisted of ten counselors currently working with individuals and or couples. The participants were drawn from Phoenix area counseling agencies and the Master's Program at Ottawa University. Phoenix, Arizona. Counselors, faculty and students who
are currently counseling individuals and or couples were invited to participate in the study.

**Instrumentation**

A questionnaire containing six items was used to structure the oral interviews used to collect the data. The questions were designed to allow the researcher to observe what treatments are already utilized successfully with covertly incested clients, as well as to allow the counselors to introduce important aspects that the researcher did not anticipate. Using an oral interview allows the researcher to establish rapport and gather a wider range of information. The questionnaire is listed in Table 1.

**Data Collection**

The researcher called each participant to explain the purpose of the study and to schedule an appointment for the interview. The data were gathered during the fifteen minute scheduled interview with each participant. The researcher read each question and tape recorded each participant’s responses.

**Data Analysis**

The responses were evaluated for similarity of viewpoints, concepts and techniques which could be incorporated as the basis of the educational program.
TABLE 1

Questionnaire

1. Would you agree to use the term covert incest as defined as follows:

   It is a parent-child relationship in which the relationship serves to meet the needs of the parent rather than the child, and thereby robs the child of his own identity, and creates isolation which reinforces the child's need for the parent. This relationship not only disrupts normal childhood development, but negatively impacts adulthood.

2. Do you believe that certain marital problems may not be within the domain of the particular marital relationship, but may actually be the acting out of problems created by the primary relationship between the parent and child?

3. How frequently do you counsel individuals/couples who are impacted by covert incest?

4. How do you address the issue of covert incest with an individual?

   4a. a couple?

5. What presents the most difficulty in counseling a covertly incested client?

6. If you were designing a psycho-educational program/didactic group for covertly incested clients, what kinds of things would you highlight or implement?

   6a. information needed?

   6b. skills needed?

   6c. insight needed?
In addition to similarities, a wider range of information was analyzed based on the individual experiences, training, personality and knowledge of each of the participants. This information introduced aspects not previously anticipated, and provided a focus on areas needing more development and resources.
CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

Data Analysis

The ten participants in the study have the following credentials and experience:

#1 PH.D in Clinical Counseling, Certified Marriage and Family Therapist, AAMFT Certification

#2 Certified Chemical Dependency Counselor in Arizona and Colorado--16 years experience

#3 Master's in Counseling, Certified Professional Counselor, Certified Chemical Dependency Counselor, National Counseling Certification--20 years experience

#4 Addictions Counselor--4 years experience

#5 Addictions Counselor specializing in relationships, parenting, and family counseling--3 years experience

#6 Domestic Violence Counselor, specializing in Chemical Dependency--4 years of experience

#7 Master's in Counseling, specializing in Marriage and Family--9 years of experience

#8 PH.D Clinical Psychology, specializing in Family Systems--14 years of experience

#9 Master's in Social Work, Certified Independent Social Worker--15 years of experience

#10 Crisis Counselor, specializing in Chemical Dependency, and Youth Sexual Offenders--6 1/2 years of experience
Each of the participants agreed to be interviewed about covert incest, with seven of the participants asking for a definition of covert incest preceding the actual interview. Ten out of ten participants agreed with the researcher's definition with one therapist remarking, "I would never use the term covert incest. I do not like this term." Throughout all of the interviews, the participants used various terms they felt were synonymous with the term covert incest, including triangulation, surrogate spouse, codependency, and enmeshment.

All of the participants agreed that certain marital problems may actually be the acting out of problems between the parent and (adult) child. One participant stressed that he viewed this as only "a portion of the marital problem." Seven of the participants reported that they frequently counsel individuals/couple who have been impacted by covert incest. One participant stated, "I hear it from almost everybody." Another participant reported, "One out of four of my clients has been covertly incested—usually behind codependency is covert incest." One participant sees it infrequently because "My focus is on domestic violence." Two participants say they don't counsel anyone who has been impacted by covert incest—with one stating he does not gather that kind of information and the other saying, "This is not
my area of expertise, so I would refer this kind of client."

Although two of the participants do not work with individual/couples who are dealing with covert incest issues, they agreed to complete the questionnaire from the perspective of an individual/couple coming into the counseling session for the first time. One participant would explain what a healthy marriage entails, what he suspects the issue may be and refer the client to someone with expertise with covert incest issues. The other participant would explore the beliefs and types of behavior the person engages in and whether those are helpful or harmful in other areas of the client's life. The focus would be on what's happening here and now.

The eight participants who do work with covert incest issues presented similar responses in addressing covert incest issues which included: awareness; exploring family structure; patterns, and roles; empowering the client; healthy boundary setting; accountability; and working with feelings. However, the techniques used in the common areas could vary. One participant said. "I would have the client work with the anger of being trapped, and then with the grief of having to let go of the fantasy. I would confront with the reality that mom was not there for you—you were there for mom." Another participant said. "I would
educate the client regarding his irrational belief system and how it impacts his interactions and reactions. Rather than focusing on getting in touch with angry feelings, I find these clients are already angry enough. They need to focus their anger in a different direction, making it more here and now, so they can use it to be more productive for themselves." Six of the participants emphasized helping the client develop awareness of where the problem is coming from and what changes the client wants to make, such as establishing boundaries and setting goals.

All of the participants would basically use the same techniques with an individual or a couple. One participant stressed going more slowly with a couple and using an educational approach. Another participant said, "I would educate the wife on the challenges he (the covertly incested husband) is facing. I would help her determine her willingness and patience to wait for him to have awareness. I would help her develop communication skills, to use 'I' messages and reflective listening. I would advocate a support group for the wife because the dynamics involved are like being the wife of an alcoholic."

Five of the participants said the client's denial presents the most difficulty in counseling a covertly incest client. One participant said getting the client to "let go of past issues" presented the most
difficulty. One participant said dealing with the client's guilt, "always feeling responsible for everything." was the most difficult aspect. Another participant said. "Codependency—the client's desire to do for others, focusing on other's problems as a way to empower themselves and maintaining the victim/martyr role" caused the most difficulty in the counseling session.

In designing a psycho-educational/didactic group, all of the participants would highlight information about awareness, family structure, accountability and feelings. Four participants would include information on developing skills for healthy relationships. Four participants suggested teaching communication skills. One participant felt current issues around sexuality should be included.

One participant stressed the importance of the client being able to participate and benefit from a group experience. The participant suggested preparing the client for the group process, making sure he knows what to expect and is comfortable in the group setting. Also that it is important to explore with the client his feelings and fears about having his spouse in the group.

One participant said. "The therapist leading the group should be knowledgeable about denial, taking sides, family secrets, and how one family member can
become the scapegoat for the family system. The therapist leading the group should come from a position of not knowing rather than being an authority on the family—"the family is the authority on the family."

Other topics mentioned by the participants included: cultural diversity, defining a healthy marriage, assertiveness training, personal needs versus other's expectations, having enough time, and keeping the group small to allow plenty of interaction and discussion time.

All ten of the participants indicated that a psycho-educational/didactic group could serve as an effective resource for individuals/couples impacted by the effects of covert incest.
CHAPTER 5
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Covert incest occurs when the relationship between the parent and the child serves the needs of the parent rather than the child. This relationship not only disrupts normal childhood development, but negatively impacts adulthood. Certain marital problems may actually be the acting out of problems resulting from the covertly incestuous relationship between the parent and the child. While covert incest is not a new phenomenon, it is often misdiagnosed by professionals and unrecognized by the affected families.

Professionals in the behavioral health field emphasize education as an important part of counseling and therapy. A psycho-educational program/didactic group may serve as an important resource for professionals, individuals and couples dealing with the effects of covert incest. Therefore, the purpose of this study to design an educational program/didactic group which addresses the issue of covert incest and its impact upon marital relationships was supported.

The basic findings of this study indicate that a
psycho-educational program/didactic group would be a valuable resource for behavioral health professionals who work with individuals/couples impacted by the effects of covert incest. This psycho-educational program would be effective as a self-help experience or an adjunct to therapy.

Conclusions

After analyzing the data, an eight session psycho-educational program/didactic group format was developed to address the issues of covert incest and its impact upon the marital relationship.

The group would meet weekly for ninety minutes. Each weekly session would include (approximate times) a five minute check-in, a twenty minute presentation which may include experiential techniques and activities, a ten minute break, and the remaining fifty-five minutes will be used for group discussion, processing feelings, feedback and support.

Members of the group are to be voluntary adult participants, either individuals or couples, enrolled by the agency sponsoring the group. Members determine the group rules about absences, lateness, etc. While the group is not a therapy group, confidentiality is stressed. Each member makes an individual contract with himself/herself about what he/she wants to gain from the group experience.
The group is facilitated by a therapist trained to do group work and knowledgeable about covert incest. The therapist is to use the following presentation schedule:

**Session One**
Introductions--icebreaker
Group Rules and Individual Contracts
Define Covert Incest and Brief Overview

**Session Two**
Families
Family Rules and Roles
Genogram

**Session Three**
Genogram

**Session Four**
Feelings

**Session Five**
Becoming Empowered
Assertiveness Training
Communication Skills

**Session Six**
Letting Go

**Session Seven**
Reality Checks

**Session Eight**
Loose Ends
Review Individual Contracts
Certificates of Awareness

While the numerous terms used to describe covert incest creates confusion, they also help to underscore how prevalent it is. Regardless of how therapists refer to it, it is an issue that needs to be dealt with in two areas. The first is in training professionals to recognize and effectively treat it. The second area is to bring it out into the public arena in order to
develop and implement prevention programs.

Recommendations

It is recommended that continued research be done in this area, exploring the impact that primary relationships have in adulthood. Related areas that could be considered are effective parenting and parent and (adult) child relationships.

It is also recommended that the psycho-educational program/didactic group developed in this study, be implemented by others thus allowing both therapists and clients to evaluate it. This feedback could provide information for the refinement and increased effectiveness of this psycho-educational program/didactic group.


Appendix

A Lesson Plan for A Psycho-educational Program/Didactic Group Introducing Covert Incest With Supporting Materials
**Session One**
Introductions and icebreaker activity
Group Rules
Individual Contract
Define Covert Incest and Brief Overview

**Session Goals**
Create a warm and friendly atmosphere.
Empower members to create a safe and supportive group.
Encourage self-awareness and setting goals.
Begin developing awareness of covert incest and its impact in members' lives.

**BINGO**
Pass out bingo sheets. Instruct members that they have five minutes to fill out the sheet. When the time is up, have everyone return to their seats. Have each person introduce another person, using the information on the bingo sheet.

**Group Rules**
Facilitator sets the first rule - Confidentiality.
The members decide appropriate behaviors for the group.
Examples:
One person speaks at a time.
Give feedback about the situation, not criticism of the person.

A list of the rules should be passed out at the next session.

**Individual Contract**
Each member briefly writes what he/she wants to gain from this class and how he/she will achieve that goal. Facilitator collects contracts which will be returned to the members at the last class.

**Covert Incest**
Pass out handout. Read or have members read each definition aloud. Ask members for feedback.
Encourage discussion—use open-ended questions, such as, Have you experienced this? What do you think about ___ and What do you feel about _____? or Looking at the definitions, what does not apply to you?

Always validate feelings and show appreciation for the sharing members do.

Encourage members to give feedback as well as validation to each other. Ask questions, such as, Who else has experienced what Matt is talking about? or How would the
rest of you feel in that situation?

Remind members that the focus is not on parent bashing, but on creating a better quality of life and family relationships by examining what has occurred and developing better skills and boundaries.

**Ten Minute Break**

Breaks may be taken at any time, however, it is best to break at the completion of a section. If the members seem to be emotionally overwhelmed by the material, it might be helpful to allow several smaller breaks throughout the session.

**After Break**


Questions from members.

Summarize main points covered in presentation.

**Homework**

Be prepared to briefly introduce yourself to class next week. Hopefully, some of tonight's information will give some insight to who each of us really is, separate from how our families or spouses may view us.

Members fill out evaluation sheet.
Definitions of Covert Incest

1. Covert incest occurs when a child becomes the object of a parent's affection, love, passion, and preoccupation.

The boundary between caring and incestuous love is crossed when the relationship with the child exists to meet the needs of the parent rather than the child.

*Kenneth Adams, "Silently Seduced"

2. When one parent has a relationship with the child that is more important than the relationship they have with their spouse, there is emotional sexual abuse. *Pia Mellody

*John Bradshaw, "Bradshaw On: The Family"

3. It is very common for one or both parents in a dysfunctional marriage to bond inappropriately with one of their children. The parents in effect use the child to meet their emotional needs. The daughter may become Daddy's little princess, or the son may become Mama's little man. In both cases, the child is being abandoned. The parent is getting his needs met at the expense of the child's needs. The child needs a parent not a spouse.

*John Bradshaw, "Bradshaw On: The Family"

4. There is a proper close parent-child relationship called bonding, a functional activity on the part of the parent to the child. This emotional connection is like an emotional umbilical cord that goes from parent to child so that the parent, rooted in a mature, stable place, nurtures and supports the child. Enmeshment is the opposite. The emotional connection between parent and child is also like an umbilical cord, except the energy flow is being extracted from the child to nourish the parent. These enmeshed children get drained dry and used by Mom's or Dad's need for companionship, attention and love.

*Pia Mellody, "Facing Love Addiction"
5. Parents in conflict may triangle the most vulnerable child in the family and develop a fused relationship with this child. The triangulating parent may devote exclusive energy and attention to one child, often inappropriately using this child as a confidant. This overly intense relationship results in damage to the child.

Klausner and Hasselbring, "Aching for Love."

6. I think it's important to understand that parents recreate their own family systems. Most parents are not malicious and are not aware of the effect they have on their children because a part of their own childhood is buried within. Sadly, if one's own childhood is not seen for what it really was, the pain of the incestuous relationships gets passed on from one generation to the next.

Kenneth Adams, "Silent Seduction"
Covert Incest
By Christy McAuley

To an outside observer, the covertly incestuous family seems enviable—parents appear involved, loving, and may generously give of their time, understanding, praise, and gifts. The child feels privileged, special and the center of the parent(s)' exclusive attention.

Without the camouflage that denial creates, the outside observer would see the insidious dynamics of covert incest. The parent(s) are using the child to satisfy unmet needs, while neglecting the needs of the child. Bradshaw (1988) calls this cross-generational bonding (p. 50).

It is very common for one or both parents in a dysfunctional marriage to bond inappropriately with one of their children. The parent in effect uses the child to meet emotional needs. The relationship can easily become sexualized and romanticized... The parents are getting their needs met at the expense of the child's needs. The child needs a parent not a spouse. (Bradshaw, 1988, p. 49)

To herself, her son, and the world, the mother would deny using her son as a surrogate spouse. She would point out all that she does for him: much of which he is capable of doing for himself, that he does not expect or want her to do for him. and most significantly, she does not do for her husband.

Mellody explains. "When one parent has a relationship with the child that is more important than the relationship they have with their spouse, there is
emotional sexual abuse." (Bradshaw, 1992, p. 125) The mother is usually over-protective and becomes increasingly possessive and jealous as her son matures and becomes interested in his peers, and especially girls. She denies that such feelings are anything more than a good mother wanting the best for her son.

The son experiences conflicting feelings—the pleasure at being chosen, idealized, and needed, anger at being used and manipulated, and guilt: feeling responsible for what is happening and at the same time feeling that he’s not doing enough for his mother.

Being linked with a parent resulted in a heady sense of entitlement. After all, they had won out in the only competition in life that really matters: the competition for a parent’s love and attention.... But what was so confusing to my clients was that these positive qualities were offset by negative ones. Strangely, they felt both privileged and victimized, both talented and worthless, both blessed and cursed. For every positive trait, they experienced its polar opposite. (Love, 1990, p. 47)

There may also be feelings of anger with his father for not protecting him from his mother, and guilt for betraying his father with his mother. Denial is used by the son to anesthetize painful feelings and avoid dealing with his anger. It allows him to deny that he has been abandoned by his parents and lost his childhood. Denial maintains his position of importance to his mother and worthy opponent and rival of his father.

The father may use denial to cover his own
inability to deal with the roles of husband and father.

Both parents are active participants in this covertly incestuous relationship. One is getting some needs met through the child and the other is relieved at not having to deal with the reality of the dissatisfied partner. Covert incest victims often report that the same-sex parent encouraged them to comfort the opposite-sex parent after a marital fight or in their absence, for example, "You take care of your mother while I'm gone; I'm counting on you." The child hoping to get some of his own needs met readily obliges. (Adams. 1991, pp. 12-13)

The father may feel angry, resentful or jealous. The combined denial of his wife and son that anything out of the ordinary was occurring added to society's myths about men, women, and incest leave him without credibility or recourse. After all, who would fault a mother for loving her child? What kind of man would be cuckolded by his son and if it did happen, would admit it? There's no law against it and no proof that it happened, so he either "grins and bears it" or leaves. Part of the "grin and bear it" choice, includes becoming passive and uninvolved, or using work, hobbies, civic activities, alcohol and drugs, extramarital affairs or partnering with another child in the family to overcome his feelings of rejection and abandonment. In some cases, he becomes an abuser/competitor and the stakes for all involved become dangerously high. Love (1990) explains that the parent who is allied with the child sets virtually no limits, and the left-out parent counters by being abusive.
I have heard horror stories of jealous parents pushing their children down stairs, locking them out in the cold, and imprisoning them in closets—behavior that brings to mind the torture meted out by wicked parents in fairy tales. When the parent's anger is this extreme, it's more than an attempt to temporize a spouse's leniency— it's an expression of intense, uncontrolled jealousy. (Love, 1990, p.49)
Weinhold and Weinhold (1989) describe a four stage process of development that should be completed by the age of twelve. The first stage begins at birth and lasts about nine months. The developmental tasks being completed by mother and child are bonding and developing trust. In stage two, the process is counter-dependency with the primary task being separation. This gradually occurs over a period of two to three years. During the third stage, the developmental task is independence and lasts until the age of six. The fourth stage, lasting from six until twelve years of age focuses on the child's ability to move comfortably from oneness and separateness with others (pp. 39-40).

A critical factor in these two early stages (bonding and separateness) is the degree to which the mother and father have completed their own issues of oneness and separateness. Most of us were raised by parents who never completed the bonding and/or separateness process themselves. As a result, they are unable to provide us with the support, information and skills needed to complete this important task on schedule... Parents who never completed their own separation process have a fear of closeness and a fear of separation. Their fear of closeness may create anxiety that they will be engulfed by their child and lose their own somewhat fragile sense of separateness. On the other hand, their fear of separation may arise when the child pulls away to become a separate, autonomous person. Both of these things happen frequently between child and parent. These two conflicting sets of needs and fears cause parents to send out conflicting messages to their children, often interfering with the normal developmental process. (Weinhold and Weinhold. 1989. p. 46)
This developmental approach is considered a continuous process beginning at birth and ending only with death. Developmental tasks are believed to be sequential, meaning that one task should be completed before one moves on to the next one. Incomplete tasks are carried along as what Weinhold and Weinhold (1989) describe as "excess baggage" and will press for completeness whenever possible (p. 38). Triggers can bring the unresolved issues forward causing overreactions to situations and certain people. Weinhold and Weinhold (1989) state that incomplete tasks can be brought to completion through increased awareness of the causes of the problems and increased communication skills (p. 38). Sadly, neither of these are dynamics of the incestuous relationship.

For the psychological birth to be completed successfully around the age two or three, it is necessary for both parents to act as a buffer between the child and the other parent during the separation process. It is this parental support that helps the child complete the differentiation process— to know self from other and to think in ways that recognize both good and bad qualities in himself or herself and others...

There are several things that either parent does that can interfere with separation and differentiation...

Fathers often get scared about being in the middle of what seems like a battle of wills between mother and child, and they withdraw into the woodwork or other activities that take them out of the picture. Some fathers get so frightened that they even leave the relationship completely rather than be drawn into the power struggle. A dependent mother can also feel threatened that the child's father will drive a wedge between mother and child, that she may try to force a weak father out of the home at this stage. This leaves mother
and child to fend for themselves and, as a result, the likelihood of the psychological birth getting completed is reduced to almost zero. (Weinhold and Weinhold, 1989, pp. 49-50)
Evaluation Sheet for Session #

By Christy McAuley

1. What did you learn in this session?

2. What did you like about this session?

3. What did you dislike about this session?

4. What would you like to learn in future sessions?

5. Circle the word that best describes this session.
   excellent  good  average  needs improvement

4. Comments:
Session Two
Introductions
Families
Family Roles and Rules
Genogram

Session Goals
Re-establish warm friendly atmosphere and self-awareness
Define what a family is—the fantasy and the reality.
Examine who's who in our family and how it functions.
Create awareness of our own family patterns.

Families
Each member briefly introduces him/herself.
Pass out group rules and briefly review them.
Ask members to define what a family is.
Ask members to define family roles.
Ask members to define family rules.
Encourage members to discuss what they wanted their families to be like and what their families were really like. Ask questions, such as, Where did our expectations come from?: Where did the rules come from?: What are our expectations now that we're adults?: Do we still follow the rules now that we're adults?: "Do the rules work or make sense in our adult life?
Pass out handout.

Break

Genogram
This is a family history presented in a diagram form.
Our genogram will be focused on covertly incestuous relationships using the list of definitions from last class. Invite a member to volunteer his/her family history and begin his/her genogram on the board for the members to see how it's done. If no one volunteers, have members make up a family history.

Questions from members.

Summarize main points covered in presentation.

Homework
Complete genogram. Each person will present his/her genogram to the class.

Fill out evaluation forms.
Family Rules
By Christy McAuley

While there is no exact criteria for the structure and behavior of the incestuous family, its dynamics replicate those of the alcoholic family. It is not surprising then, that chemical dependency and incest often coexist in the same family. Black (1990) cites several small studies documenting that more than 50 percent of known incest victims have lived in homes where alcohol abuse was a major problem (p. 46). A more recent study by Sexton and Conte (Black, 1990) showed that of six hundred adult survivors of child sexual abuse, 60 percent were self-described children of alcoholics (p. 46). Black (1990) states that this is not meant to imply that one causes the other, but suggests that both frequently occur in the same family (p. 46).

Adams (1991) puts more emphasis on the correlation of chemical dependency and emotional incest, claiming "Alcoholic families are a true breeding ground for covert incest" (p. 16).

There are an estimated 28 million children of alcoholic parents in this country, according to the national Association for Children of Alcoholics. Of that group, many have played the role of a parent's partner to fill in for the emotionally or physically absent alcoholic... Someone whose attachment is to the bottle cannot be emotionally attached to a partner. The vacancy created by the progressing disease makes room for a surrogate spouse. The hero or responsible child (roles in the alcoholic family as described by Wegsneider Cruse (1989) and Black (1990)) fills that space through
no choice of his or her own. The child is compelled to play the surrogate partner because it is a gratifying source of self-worth in a family with little worth to offer. If the co-alcoholic is not in recovery, he or she invites and seduces a partnership with the child out of desperation to have needs met and to deny the progressing alcoholism. Adams (1991, pp. 15-16)

Common to both alcoholic and incestuous families is the adherence to Black's (1990) rules of the dysfunctional family: don't talk, don't trust, don't feel (p. 13).

Family rules in incestuous families are strict and not easily altered. To be able to adapt easily to changing circumstances people need to have a high self-regard and not need to cling to what they already have. This is exactly the opposite of most incestuous families: change upsets them, throws their balance off kilter, and since they are poor communicators (there is too much to hide for free communication to be possible) they cannot help each other to change. Children brought up to follow family rules blindly are often confused when they find school friends have quite different family rules, which is yet another reason why friendships with outsiders is strongly discouraged. As children grow older and develop natural desires for outside relationships, so the more powerful is the pressure put on them to remain within the family for all their social and emotional needs. This is not out of simple fear of family secrets being revealed, though this of itself is enough to keep the family isolated, but more out of a dread of the family system collapsing. Eventually, of course, the children will grow up and leave home, but even then a powerful feeling of responsibility and involvement is likely to continue. (Renvoize, 1982)

The rules of dysfunctional families: don't talk, don't trust, and don't feel create secrecy, isolation, and denial which are primary factors in incestuous relationships. The characteristics of codependency are
frequently attributed to the incestuous family. These characteristics include low self-esteem, lack of boundaries, fear of abandonment, repressed anger, guilt, and shame, issues of control, feeling powerless, the need to be perfect, and using food, alcohol, drugs, work, sex, or relationships to avoid feelings.

... families operating under codependent rules create the potential for a covertly incestuous relationship. Codependent families originate from marriages which operate in a code of silence. Even though there is no obvious break, healthy intimacy and sexuality have no chance to grow. One or both partners will feel dissatisfied. Trapped by a set of rules which do not permit the healthy expression of feelings and problems, a parent can easily turn to a child to get needs met. This child lessens the parent's loneliness and helps the parent to deny the breakdown inherent in a marriage built on codependent rules. (Adams, 1991, p. 20)

Weinhold and Weinhold (1989) say that codependency is caused by the failure to complete one of the most important developmental tasks of early childhood that of establishing psychological autonomy (p. 6).
Session Three
Genograms

Session Goals
Develop awareness of own family system.
Begin to consider what changes the individual wants to make.
Members receive validation and support from group.

Genograms
Each member presents his/her genogram. At the end of each presentation, encourage the presenting member to share any insight doing the genogram gave him/her and encourage members to give each other validation and support.

Break

Genograms
Finish presentations.

Summarize main points covered in presentation.

Homework
Based on insight from genograms—document each time you are aware of your family's impact upon you this week.

Evaluation forms
Session Four
Feelings

Session Goals
Develop awareness of feelings
Learn individual responses to feelings
Determining accountability for feelings

Feelings
Discuss homework assignment. Was there anyone who did not experience any kind of impact from his/her childhood family? Anyone experience any impact five times or less during the week? How about five or more times? Encourage members to discuss their reactions to what they experienced in doing this assignment.

Pass out feelings chart. Ask each member to "date" the last time he/she experienced each feeling. Discuss members' responses.
Next, ask members to mark how often they experience each feeling—write the word that applies—always, usually, frequently, occasionally, rarely, or never. Discuss members' responses.
Now, ask members to circle the feelings that were not appropriate to have while growing up. Discuss members' responses.
Finally, ask members to draw an "x" through any feelings that he/she cannot have around family members today.

Discuss family rules about feelings. What feelings are acceptable? Are some feelings okay for some members, but not for other members? How do you control your feelings? How do you express your feelings? What are the consequences of controlling and expressing your feelings? Did this affect your participation with the homework assignment?

Break
Discuss accountability for feelings, and appropriate ways to express feelings.

Questions from members.

Summarize main points covered in the presentation.

Homework
Keep a feelings diary for the week. Jot down a feeling, the situation, and your response.

Evaluation forms
Session Five
Assertiveness Training

Session Goals
Becoming empowered.
Developing communication skills.
Learning to set boundaries.
Knowing the difference between assertiveness and aggressiveness.

Assertiveness training
Discuss feelings diary. Did anyone experience a range of feelings? Any new feelings occur? Was there any pattern between types of situations and the feelings you experienced. Did your responses to situations change because you were more aware of your feelings?

Assertiveness training means to learn how to assert yourself- to take care of yourself while at the same time being appropriate in your interactions with others. Have the group define and discuss differences between assertiveness and aggressiveness.

Pass out handout on rights of the individual. Discuss the handout. Do you have these rights at this time? Do you need to earn them or should they be given freely? How can you get these rights if you don't already have them?

Pass out handout on "I" messages. Discuss handout. Have members choose a partner and practice using "I" messages. Afterwards, discuss feelings that occurred during the exercise.

Pass out handout on Boundaries. Discuss handout and have members give examples of boundaries versus barriers from their own family experiences. Discuss techniques for setting boundaries.

Questions from members.

Summarize main points covered in the presentation.

Homework
Practice using "I" messages this week with everyone you interact with.
Set a boundary with someone. Use "I" messages. Write down feelings that occurred while doing it and feelings that occurred afterwards.

Evaluation form
Assertive Rights

Our human rights flow from the ideal that we are all created equal in a moral sense and we are to treat one another as equal. In social relations between two equals, neither person has exclusive privileges, because the needs and goals of each person are to be equally valued. There is no universally correct form for these social accommodations, but whatever the agreement, it rests on the idea that we are equals with the same rights. The object of assertive behavior is to speak of for one’s rights without aggressively putting down other people and trampling on their rights.

Some Assertive Rights Are:

1. I have the right to express my feelings.

2. I have the right to not offer reasons, excuses, or justifications for my behavior.

3. I have the right to say “no” to others. I have the right to say it again if they do not hear me the first time.

4. I have the right to get what I pay for.

5. I have the right to say “I don’t know.”

6. I have the right to make mistakes.

7. I have the right to ask for things, as long as I accept the fact that others have the same right to say “no” also.

8. I have the right to change my mind.

9. I have the right to set my own priorities in life.

10. I have the right to be treated as a human being.

11. I have the right to obtain the positive feelings of self-respect that being assertive will help me feel.

12. I have the right to be myself, to take responsibility for myself and to make improvement in those areas I feel I need it.

STEPS TO ASSERTION: A CHECKLIST

1. Clarify the situation and focus on the issue. What is my goal? What exactly do I want to accomplish?

2. How will assertive behavior on my part help me accomplish my goal?

3. What would I usually do to avoid asserting myself in the situation?

4. Why would I want to give that up and assert myself instead?

5. What might be stopping me from asserting myself?
   a. Am I holding on to irrational beliefs? If so, what are they?
   b. How can I replace these irrational beliefs with rational ones?
   c. Have I, as a woman, been taught to behave in ways that make it difficult for me to act assertively in the present situation? What ways? How can I overcome this?
   d. What are my rights in this situation? (State them clearly.) Do these rights justify turning my back on my conditioning?

6. Am I anxious about asserting myself? What techniques can I use to reduce my anxiety?

7. Have I done my homework? Do I have the information I need to go ahead and act?

8. Can I:
   a. let the other person know I hear and understand him/her?
   b. let the other person know how I feel?
   c. tell him/her what I want?

EVALUATE YOUR ASSERTIONS

1. Did you say what you wanted to say?

2. Were you direct and unapologetic?

3. Did you stand up for your own rights without infringing on the rights of the other person?

4. Were you sitting or standing in an assertive posture?

5. Did your voice sound strong and calm? Were your gestures relaxed?

6. Did you feel good about yourself after you finished speaking?

Theory for eliminating self-defeating behaviors

Self-defeating behaviors are behaviors that when practiced they work in some way against us.

To change self-defeating behaviors:

1. You must clearly identify the behavior to be changed. Admit it and identify it.

2. You must understand that YOU are the one keeping this behavior going. Claim it.

3. Identify the price you are paying for this behavior. Admit the negative consequences, both external and internal.

Normally, we go externally to change things. Such as, remove the alcohol from the alcoholic. To be effective, we must go internally. We must look at our thinking to find out how we got here. Self-defeating behaviors are thought processes we use to cope that don't work. (But we keep using them anyway!) They are learned behaviors and can be changed. To change them, we need to look at the reasons behind the behaviors and change our thinking.

BOUNDARIES

Having boundaries means that individuals can protect themselves and will not abuse someone else's boundaries.

There are four areas in which everyone needs a good sense of boundaries:

PHYSICAL--SEXUAL--EMOTIONAL--SPIRITUAL

We develop boundaries in these areas when we are children in our family of origin. Severely abused persons have no boundaries at all in the area in which they have been abused. Offenders have no boundaries in the areas in which they offend people. You can have boundaries in one or more areas and none or poor boundaries in one or more areas.

An important part of our recovery from Co-dependency is to build healthy boundaries in all four areas.

NONE     DAMAGED     WALLED     INTACT

BOUNDARY AFFIRMATIONS

PHYSICAL BOUNDARY SETTING;

I HAVE THE RIGHT TO DETERMINE WHEN, WHERE HOW, AND WHO IS GOING TO TOUCH ME.

SEXUAL BOUNDARIES:

I HAVE THE RIGHT TO DETERMINE WITH WHOM, WHERE, WHEN AND HOW I AM GOING TO BE SEXUAL WITH SOMEONE.

EMOTIONAL;

WHAT I THINK AND FEEL AND DO OR DON'T DO, IS MORE ABOUT ME AND MY HISTORY THAN WHAT YOU ARE SAYING OR DOING IN FRONT OF ME. AND CONVERSELY, WHAT YOU THINK AND FEEL AND DO OR DON'T DO IS MORE ABOUT YOU AND YOUR HISTORY THAN WHAT I AM SAYING OR DOING IN FRONT OF YOU.

SPIRITUAL;

I HAVE THE RIGHT TO THINK WHAT I WANT TO THINK, I NEED ONLY TO FACE THE CONSEQUENCES OF MY OWN THINKING. I HAVE THE RIGHT TO MY OWN DEFINITION OF THE HIGHER POWER.

Session Six
Letting Go

Session Goals
Increase self-worth.
Let go of the fantasy.
Develop resources and support systems.

Letting Go
Discuss using "I" messages. Was it hard to do? How did it feel? Did any changes occur with the situations, the people involved or with yourself? Have members share what occurred and how they feel about it.

Ask the members to define self-worth. Where does it come from?

Does being assertive affect self-worth. In what ways?

How does setting boundaries affect self-worth?

What are some ways individuals can build self-worth?
What resources and support systems are available?

What destroys self-worth? Did any of this ever occur in your childhood family? Does it still occur now? What can you do to counter it?

Break

Pass out the handout on letting go. Discuss the feelings this creates. How much does the fantasy cost? What are the consequences? Does the fantasy affect your current relationship? In what ways?
Ask members for techniques for letting go of the fantasy. What resources and support systems are available?

Questions from members.

Summarize main points in the presentation.

Homework
Write a description of your fantasy family from your childhood. Describe who and what you wanted and needed. Write a description of what your fantasy family is like now. Describe who and what you need and want.

Evaluation forms
"LETTING GO"

To "let go" does not mean to stop caring. It means I can't do it for someone else.
To "let go" is not to cut myself off, it is the realization I can't control another.
To "let go" is not to learn for someone else, but to allow them to learn from natural consequences.
To "let go" is to admit powerlessness, which means the outcome is not in my hands.
To "let go" is not to try to change or blame another, it is to make the most of myself.
To "let go" is not to fix, but to be supportive.
To "let go" is not to judge, but to allow another to be a human being.
To "let go" is not to be in the middle arranging all the outcome, but to allow others to affect their own destinies.
To "let go" is not to be protective, it is to permit another to face reality.
To "let go" is not to deny, but to accept.
To "let go" is not to nag, scold, or argue, but instead to search out my own shortcomings and to correct them.
To "let go" is not to adjust everything to my desires but to take each day as it comes, and to cherish myself in it.
To "let go" is not to criticize and regulate anybody but to try to become what I dream I can be.
To "let go" is to not regret the past, but to grow and to live for the future.
To "let go" is to fear less and to love more.

Session Seven
Reality Checks

Session Goals
Continuing to develop awareness.
Gaining from the losses.

Reality Checks
Ask members to share the descriptions of their fantasy families. Are the fantasy families from childhood different from the fantasy family of the adult? What did you need from those relationships? What do you need from your current relationships?

Sometimes, we need and want our family and relationships so badly that we are willing to accept any type of treatment from them. It is important to realize that as we begin examining the reality of our family experience we will feel confused, guilty, hurt and angry. Sometimes, we will want to put everything back the way it was because it feels too painful to go on or we fear we are losing everyone we care about. Using reality checks allows us to take a moment and evaluate what's really going on, what we're feeling and if we need or want to take action. It's a way of self-validating ourselves. It also keeps us from getting caught up in the old family myths and fantasies.

Pass out handouts. Discuss with the class.

Another reaction to what you are learning is to confront your family. One style of confrontation is to want to "save the family" by forcing everyone into therapy. The other style is to attack and accuse. Both styles often fail to get the desired response. Remember, that you have experienced an intervention in your beliefs, attitudes and behaviors. Your family has not had that benefit and may not be ready to accept change.

This does not mean that you cannot make any progress. It means you must stay focused on yourself. As you change, your family will have an opportunity to change also. If you set a boundary with your mother, that you will no longer fill in for your father, then she will have to adapt to the changes in you.

Encourage members to discuss how they are sharing this information with family. Confrontation may be most successful with the help of a therapist trained in family counseling with an understanding of covert
incest.

Questions from members.

Summarize main points of the presentation.

Homework
Write a brief description of the resources and support systems available to you. These may include one-on-one counseling, a supportive friend or family member, etc.

Evaluation forms
Rights of the Individual
(Reminder for Those Affected by Covert Incest)
By Christy McAuley

1. I have the right to be myself.
   A complete and separate person from you.

2. I have the right to make my own choices.
   I can choose my own car, clothes, career, friends, partner, home and lifestyle.

3. I have the right to make mistakes.
   I don't need to learn from yours. I can learn best from my own.

4. I have the right to be less than perfect.
   Raising an imperfect child does not make you a bad parent.

5. I have the right to my feelings.
   I don't need yours.

6. I have the right to my own opinions and beliefs.
   I will ask for yours if I need them.

7. I have the right to change my mind.
   Without warning, explanation or your permission.

8. I have the right to say no.
   I don't owe you any explanation.

9. I have the right to set boundaries.
   You need to know when enough is enough.

10. I have the right to privacy.
    I don't owe you my life because you raised me.

11. I have the right to be treated with courtesy.
    I am not "less than" because I am your child.

12. I have the right to enjoy life.
    Even when I'm not with you.
Session Eight
Loose Ends
Review Individual Contracts
Certificates of Awareness
Refreshments

Session Goals
To validate the progress made.
To encourage continued growth and learning.

Loose Ends
Answer any questions.
Return individual contracts and have members briefly evaluate how they fulfilled their contract.
Award Certificates of Awareness