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Emotional Incest

An exploratory study of therapists' perceptions of the phenomenon and their experiences with it in couple therapy practice

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This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, cited and referenced.

Signature: _____ Date: _____

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*“Nothing has greater influence on a
child.....*

*...than the unlived life of the
parent”*

- Carl Jung

**DEDICATED IN LOVING MEMORY
TO MY PARENTS**

University of Cape Town



**GAIL MARY JOHNSON
&
JEREMY TERENCE JOHNSON**

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Abstract

This research study explored the phenomenon of emotional incest; otherwise conceptualised as the emotionally enmeshed parent-child relationship. The study focused on the perceptions and experiences of therapists who have encountered the phenomenon in their work with couples presenting for therapy; where one partner in the couple was or is currently involved in a parental relationship characterised by emotional incest. The research investigated therapists' perceptions of the phenomenon of emotional incest and explored the nature of its manifestation amongst the therapists' own caseloads. The study also examined therapists' perceptions and experiences of the impact that emotional incest has on the relationships of the couples they are working with and explored the approaches therapists take in addressing this issue in practice.

The undertaken research is qualitative, exploratory and descriptive in nature - drawing primarily on psychodynamic theory as a theoretical base for analysis. Participants were selected through a purposive and snowball sampling process. Semi-structured interviews were conducted with fifteen participants; using a semi-structured interview schedule as a guide and a tape recorder to capture the data. Using Tech's (1990) approach to data analysis; the researcher formulated a framework for analysis and later drew the research findings.

Amongst the participants, emotional incest was found and perceived to be a common phenomenon in practice and it was found to be a phenomenon that usually presents as a secondary problem in couple therapy. Therapists were found to be divided on the use of the term "emotional incest" to describe this phenomenon, with some stating that the phenomenon is under emphasised and the term moves towards re-dressing this; whilst others felt that the use of the term conjures a notion of abuse that can be likened to that of sexual incest and thus its use is inappropriate. Despite the differences of opinion related to the use of the term "emotional incest"; it was found that all of the therapists who partook in the study were able to grasp the concept and understood the phenomenon that the term describes. Furthermore, therapists were able to offer case examples of couples affected by emotional incest, describing how emotional incest typically presents, the impact it has on the couple relationship and how the eclectic approach is often found to be best suited in working with couples affected by it.

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University of Cape Town

Chapter One - Introduction

1.1. Introduction

This chapter aims to introduce the undertaken research; describing the problem to be researched and the research questions, objectives, definition of concepts and an overview of the methodology utilised in relation thereto.

1.2. Research Topic

The topic of the research study is: "Emotional Incest: An exploratory study of therapists' perceptions of the phenomenon and their experiences with it in couple therapy practice."

1.3. Rationale for the Research

Interim research has indicated that the issue of emotional incest is a very real experience for more individuals and couples than is widely recognised. Literature such as *"The Emotional Incest Syndrome: What to Do When a Parent's Love Rules Your Life"* by Patricia Love (1991) and *"Silently Seduced - When Parents Make their Children Partners: Understanding Covert Incest"* by Kenneth Adams (1991), provide valuable insight into this complex phenomenon. In *"Implications of Parent-Child Boundary Dissolution for Developmental Psychopathology: Who is the Parent and Who is the Child?"* Kerig (2005) speaks to the phenomenon of emotional incest; stating that *"the concept of boundary dissolution has a long history in both the psychodynamic and family systems literatures and is linked to a number of important processes in developmental psychopathology. However, advancements in the empirical study of boundary dissolution have been hindered by the multiplicity of terms and conceptualisations that have been used to capture the construct"* (Kerig, 2005: 5).

It is important that the researcher state that where boundary dissolution, enmeshment and co-dependency are constructs commonly used to refer to *"a complex set of phenomena involving the loss of psychological distinctiveness between individuals or the confusion of their interpersonal roles"* (Kerig, 2005: 6); the literature on emotional incest differentiates it as a construct only to the extent that the term relates solely and implicitly to the parent-child dyad. This research thus considers emotional incest to be derivative of the aforementioned constructs.

Whether referred to as enmeshment, co-dependency or boundary dissolution; it cannot be denied that emotional incest is a phenomenon that is embedded in contemporary society, and has been for some time (Kerig, 2005: 5). One need only consider the development and use of popular colloquial phrases such as “still tied to mother’s apron strings”, to validate that the enmeshed parent-child relationship is a societal reality. The airing of American reality television programs such as TLC’s “World’s Worst Mom”; aimed at staging interventions with parents who are emotionally over-involved with their children - indicates that the phenomenon of emotional incest has even become incorporated into popular media.

An article titled *“Your son’s a mommy’s boy! How interfering mothers can ruin their sons’ lives – and how to avoid it”* was written by local journalist Kim Van Reizig and published in the popular South African ‘YOU Magazine’ in August 2009. The article provides the case of a prominent sport’s figure as an example and discusses the impact of mother-son enmeshment on a son’s childhood development and later, the adult son’s intimate relationships; offering advice from various mental health professionals based in the Gauteng region. It was after reading this article that the researcher decided to investigate this relationship dynamic from a clinical perspective; hoping to explore the nature of this type of relationship and the possible reasons for it being experienced and accepted as part of societal norms. It was later that the researcher found the literature that encapsulated this type of relationship within a phenomenon called emotional incest.

Much of what is written about emotional incest is based in the American context or draws on the experiences of American therapists working with affected individuals, couples or families. In endeavouring to find literature pertaining to emotional incest, the researcher was unable to find texts that related to the phenomenon in a South African context or that discussed the phenomenon as it relates to the couple dynamic and/or couples presenting for therapy. Furthermore, the available literature does not mention emotional incest and cultural considerations – in any considerable terms, least of all marital relationships and extended family. Within the South African context in particular, with its diverse cultures and ethnicities – some consideration need to be afforded to the implications that cultural background has for the prevalence of emotional incest and the consequences thereof. This study aimed to consider the issue of culture, within the context of couples presenting for therapy.

Long & Young (2007) argue that marital or couple discord may be the most common presenting problem when clients seek any form of therapy; stating that despite this – the interest in research into couple dynamics and couple problems has only recently gained momentum. The mental health field's preoccupation with the problems and treatment of the individual ; dictates that there is still much that can be learned and explored within the realm of the couple dynamic, its problems and the treatment thereof. As an aspiring family/couple therapist, the researcher's motivation for undertaking this study was to explore the nature of emotional incest in couple therapy practice in the South African context, so as to 1. Create awareness and a beginning knowledge base of the issue of emotional incest as something possibly encountered in South African couple therapy practice; the aim being to bridge a gap between a lack of public awareness and professional practice and 2. Create awareness of what some of the perceptions and experiences are, of therapists who have encountered this issue indigenously in the past or may encounter this issue indigenously in the future; hopefully contributing information and insight to professional couple therapy practice.

1.4 Problem Formulation

This research focuses on the phenomenon of emotional incest, or what Adams (1991: 9) refers to as *covert* incest - a topic which appears to be largely misunderstood and less extensively researched than that of overt incest. Covert incest appears to bear less social stigma than overt incest - the physical/sexual form of incest, of which most individuals are more commonly aware. The researcher's understanding of what differentiates the two forms of incest, is that covert incest is emotional - pertaining to the maintenance of inappropriate emotional attachment, dependency and boundaries between a parent and child; who struggles to separate and optimally develop in various life spheres as a result.

Love & Robinson (1991) describe the ramifications this type of parent-child relationship has for the child; the effects of which are far reaching and often stem well into adulthood. By exploring how therapists working with couples perceive, understand and experience emotional incest as a conceptual construct, whilst also investigating whether it is a phenomenon they have encountered in their own practice; this research will consider in particular; how the development and maintenance of the adult-child's intimate relationships are affected - considering the problems that can arise when one partner in

an intimate relationship has a parental relationship that is emotionally incestuous. Lastly, the research aims to explore how therapists approach intervention with couples affected by emotional incest.

The researcher attempted to locate widespread literature that solely considers and explores the type of parent-child relationship that the term emotional incest conceptualises. What the researcher found was that regardless of the term used to describe this relationship (e.g. enmeshed or co-dependent); the prevalent literature largely discusses the phenomenon within the constructs of another social malady e.g. alcoholism, mental illness or abuse. Further to this, the researcher found that there was very little literature and no available empirical studies that explored the phenomenon cross-culturally. The researcher also found that no previously conducted research focuses on the experiences and perceptions of therapists who encounter this type of parent-child relationship in therapeutic practice. The primary goal of this research is thus to provide knowledge, understanding and interest in future research into this phenomenon, within the South African context in particular.

1.5. Research Questions

1.5.1. What are therapists' perceptions of emotional incest?

1.5.2. Is emotional incest a phenomenon that presents in Cape Town couple therapy practice?

1.5.3. What are therapists' experiences of the phenomenon of emotional incest in couple therapy practice?

1.5.4. How does the phenomenon of emotional incest typically present in couple therapy practice?

1.5.5. How does emotional incest impact the relationship of couples presenting for couple therapy?

1.5.6. How do therapists approach intervention with couples affected by emotional incest?

1.6. Research Objectives

- 1.6.1. To explore therapists' perceptions of emotional incest
- 1.6.2. To determine whether emotional incest is a phenomenon that presents in Cape Town couple therapy practice
- 1.6.3. To explore therapists' experiences of and encounters with the phenomenon of emotional incest in couple therapy practice
- 1.6.4. To investigate how the phenomenon of emotional incest typically presents in couple therapy practice
- 1.6.5. To examine how emotional incest impacts the relationship of couples presenting for couple therapy
- 1.6.6. To explore how therapists approach intervention with couples affected by emotional incest

1.7. Methodology Overview

The undertaken study utilised a qualitative research paradigm that was both exploratory and descriptive in design. Purposive sampling was used to find the participants for the study; with snow-ball sampling involuntarily occurring once the researcher had commenced the data collection stage of the research process. Face-to-face semi-structured interviews were used as the method of data collection; with a semi-structured interview schedule being the data collection instrument. The researcher chose to pilot the interview schedule prior to the commencement of the data collection stage and used a tape recorder to capture all of the data that was yielded during the interviews. The research material was analysed using Tesch's (1990) approach to qualitative data analysis; which involved transcribing the interviews, coding the data, differentiating the data into themes, categories and sub-categories, formulating a framework for analysis and finally, drawing the research findings.

1.8. Concept Clarification

The following terms are defined in relation to the manner in which they will be used for the purpose of this study:

1.8.1. Emotional incest: According to Adams (1991) the term emotional incest refers to a parent's projection of spousal emotional and relational responsibilities and expectations onto a child; due to the parent's own inability or unwillingness to maintain a relationship with another adult. In the case of covert/emotional incest, no sexual contact occurs nor is sexual contact consciously intended (Adams, 1991: vi). Emotional incest is a term that is synonymous with terms such as parent-child enmeshment, parent-child boundary dissolution and parent-child co-dependency; but is implicit in its relating specifically to the *parent-child dyad*.

1.8.2. Parent-child relationship: According to Leidy, Schofield & Parke (2009) the "parent-child relationship" refers to the physical, emotional, intellectual and/or spiritual attachment, interactions, processes and exchanges between a parent and a child. *"During infancy, this relationship focuses on the parent responding to the infant's basic needs. Over time an attachment forms between the parent and child in response to these day-to-day interactions. Although this relationship evolves throughout development, the parent-child relationship still exerts considerable influence over the child"* (Leidy, Schofield & Parke, 2009: 1199).

1.8.3. Child: The Concise Oxford English Dictionary defines a child as "a *young human being below the age of puberty or below the legal age of majority*" (Pearsall, 2002: 245). This study uses the term "child" to refer to persons under the age of 21.

1.8.4. Adult: The Concise Oxford English Dictionary defines an adult as "a *person who is fully grown or developed, mentally and emotionally mature; a person who has reached the legal age of majority*" (Pearsall, 2002: 18). This study uses the term "adult" to refer to persons over the age of 21 and who are ordinarily considered to be fully grown and matured.

1.8.5. Relationship difficulties: According to Gurman (2010:3) "relationship difficulties" refers to the presence of one or more individual or joint problems that negatively affect

the couple in terms of the relationship between them. Such problems can include (but are not limited to): communication difficulties, intimacy and/or sexual dissatisfaction, abuse, substance dependency, extramarital affairs and waning commitment.

1.8.6. Couple: A couple can be defined as *“a unique dyad, separate from the individual and family but interacting with both of these systems”* (Long & Young, 2007:3). This study uses the term “couple” to refer to two persons of either the same or opposite gender, who are romantically involved with one another - either in the form of a committed relationship or marriage.

1.8.7. Therapists: The Oxford English Dictionary defines a therapist as *“a person skilled in a particular kind of therapy, now esp. psychotherapy; a person who treats psychological problems”* (Simpson & Weiner, 1989: 905). This study uses the terms “therapists” to refer to family/couple/casework psychologists, psychiatrists, social workers, experienced counsellors and other professional practitioners providing psychological intervention

1.8.8. Perceptions: The Concise Oxford English Dictionary defines perception as *“a way of regarding, understanding or interpreting something”* (Pearsall, 2002: 1059). This study uses the term “perceptions” to refer to a therapist or couple's subjective understanding, experiences and interpretations of emotional incest.

1.8.9. Experiences: The Concise Oxford English Dictionary defines experience as *“practical contact with and observation of facts or events”* (Pearsall, 2002: 501). This study uses the term “experiences” to refer to a therapist's encounters of emotional incest in the course of their work with couples experiencing relationship difficulties

1.9. Summary

This chapter examined the key questions, motivations and concepts underpinning this research study. The following chapter will explore the literature reviewed in preparation for the study; highlighting what is known about emotional incest and providing a foundation for the areas explored in this study.

Chapter Two - Literature Review

2.1. Introduction

This chapter aims to introduce and present a literature review of the phenomenon of emotional incest. The concept, causes and consequences of emotional incest are considered; as are some of the theories underpinning the phenomenon. Due to this study's focus on therapists' perceptions and experiences of the impact emotional incest has on the couple dynamic – particular emphasis is placed on the effect that emotional incest has on the intimate relationships of the adult child and the implications for the adult child in therapy.

2.2. Defining Emotional Incest

Love & Robinson (1991) describe emotional incest as a particular form of parent-child relating that originates from and/or perpetuates enmeshment within a family system. Though the phenomenon of the enmeshed parent-child relationship dates back to before the work of Minuchin (1974) and has come to be described by many terms since; Love & Robinson (1991) and Adams (1991) are the seminal authors on the topic of emotional incest. Prior to the publication of their literature; "emotional incest" had not been used to describe the enmeshed parent-child relationship. The literature by Love & Robinson (1991) and Adams (1991) is referred to extensively throughout this review, as their contributions establish the base around which this study is structured.

Kerig (2005:4) uses the term boundary dissolution to describe the enmeshed parent-child dynamic; whilst Garber (2011:323) speaks of role reversal and role corruption to describe this same parent-child dynamic and Goldenberg & Goldenberg (2008:181) refer to this parent-child dynamic in terms of the disproportionate level of fusion versus differentiation within the relationship. Similarly, Love & Robinson (1991) and Adams (1991) refer to the enmeshed parent-child dynamic as emotional incest. Kerig (2005:5) argues that the vast array of terms used to capture the construct of the enmeshed parent-child relationship has hindered advancements in empirical studies of what is essentially a phenomenon that has a long-standing history in psychodynamic and family theory and literature.

The term "incest" has a negative connotation that often evokes a strong and spontaneous emotive response within most individuals. The underlying reason for this is likely because the word "incest" most often refers to and is associated with sexual contact between a parent and child – “a betrayal so grave that most cannot bear to consider it without being emotionally stirred” (Love & Robinson, 1991:1). Technically, "incest is defined as sexual contact between persons too closely related to legally marry" (Adams, 1991:5). The term "sexual contact" was (and for the most part still is) interpreted by the general population, as meaning physical sexual contact. With advances in family therapy, theory and practice; arose more thought around whether the type of contact the term "incest" refers to could be overt (physically and consciously sexual) or covert (emotional and involving an unconscious displacement of sexual energy) - creating the opportunity for emotional incest to become viewed as a definable, curable problem (Love & Robinson, 1991:2).

Woodman (1993) describes emotional incest as "unboundaried bonding" in which the child is used as a mirror to support the emotional needs of the parent, rather than the parent mirroring the needs of the child in support of his/her emotional development. Reviewing the literature thereon; it is evident that emotional incest is considered to be definably synonymous with terms such as boundary dissolution, parent-child enmeshment and/or parent-child co-dependency - to name a few of the concepts/terms often used interchangeably by therapists and researchers to describe this type of parent-child relationship.

As previously stated, emotional incest is defined by Love & Robinson (1991), as being synonymous with parent-child enmeshment. Barker (2007) denotes that the term "enmeshment" was first used by Minuchin (1974) in family systems theory and refers to a family's experiencing difficulties with the task of defining and adhering to emotional boundaries - leading to a more than optimal level of emotional engagement between 2 or more members of the family system. Barker (2007) talks of roles and boundaries being encompassed into the most basic structure of all families and argues that the maintenance of psychological/emotional boundaries in the family, particularly between children and their parents, is crucial to healthy individual and family development.

Kerig (2005) differentiates the patterns of enmeshment and intrusiveness; stating that either or both may be operational within a family and both patterns are characteristic of emotional incest. Kerig (2005) denotes that “at the extreme, when the separate selfhood of the child is not respected, enmeshment threatens to interfere with the child’s development of autonomy and individual agency. Changes in one family member reverberate throughout the family system and may be perceived as threats to the family ‘togetherness’” (Kerig, 2005:10).

Boundaries are what define appropriate family roles, demarcate individual developmental differences, and ensure that parents meet their adult emotional needs within their partnership rather than through their children (Kerig, 2005: 10). Ideally, boundaries are flexible, allowing family members to be close to one another and yet to have a sense of separateness. Kerig (2005) describes intrusiveness as “a related but distinct pattern of boundary dissolution, represented by the controlling and coercive parent who is not respectful of the autonomy of the child. Whereas enmeshment has a seamless quality (e.g. “We feel alike”), the intrusive relationship is a hierarchical one in which the parent attempts to control the child’s inner life (e.g. “You feel as I say”). For example, an insecure parent who is threatened by a maturing child’s independence strivings might resort to intrusive behaviour in order to re-establish the status quo” (Kerig, 2005: 11).

According to Barber (2002:15), the intrusive parent uses manipulation to control and intrude upon the child’s thoughts, feelings and attachment to the parent and this behaviour is associated with boundary disturbances between the parent and child. Barber (2002) referred to intrusiveness as ‘psychological control’. Kerig (2005: 12) differentiates the behaviourally controlling parent as directly telling the child what to do or think; whereas the psychologically controlling parent manipulates the child’s thoughts and feelings through guilt induction, withdrawal of love and indirect hints to make the child comply with parental demands.

Love & Robinson (1991) state that unlike overt incest, covert or emotional incest does not involve direct or physical sexual contact between parent and child. Love & Robinson (1991) argue that to a lesser degree, the parent experiences an unconscious discharge of sexual psychic energy by means of the enmeshed emotional relationship with the

child - but sexual engagement with the child is never a conscious motivation for the relationship. Rather, the child is made a substitute spouse, by virtue of the parent's preoccupation with the child as a source of getting their own emotional needs met. (Adams, 1991: 9).

According to Adams (1991), the most profound difference between overt and covert incest, is that whilst the overt incest victim feels abused - the covert incest victim may feel privileged and idealised by the parent with whom he /she is enmeshed. Garber (2011) concurs, saying that "It is quite common for the parentified and adultified child to enjoy his or her relative freedom, authority and control, and for the infantilized child to enjoy his or her pampered role" (Garber, 2011: 329). However, these feelings of privilege provide a false sense of comfort and can be thought of as a necessary mechanism in order for the child to accept the maintenance of this unhealthy relationship.

Adams (1991) points out that beneath the child's feelings of privilege are the same feelings of guilt, shame and rage, as experienced by overt incest victims. But because neither the child nor the parent is consciously aware of the exploiting nature of the relationship (the parent is not purposefully seeking to harm the child) - the child's sense of exploitation is repressed by the illusion and denial that is necessary in order for him/her to continue meeting the parent's emotional needs (Adams, 1991). Garber (2011) again concurs in saying that "many of these children believe that the aligned parent will become ill, drink or use drugs, get arrested, run away or die if they were to no longer present in their enmeshed roles...we must remain aware that the enmeshed child may find any process of change threatening and scary, thereby motivating resistance (often in the form of splitting) and sabotage" (Garber, 2011: 329). The impact of the emotionally incestuous relationship continues to affect the child as he/she transgresses towards adulthood and exerts lasting influence in various areas of the adult child's life (Woodman, 1993).

2.3. Theoretical Frameworks that Underpin the Phenomenon of Emotional Incest

The term emotional incest encapsulates the enmeshed relationship between a parent and child, within the family process. Kerig (2005) states that family process is core in both psychodynamic and systems theories and that in both theories, relationships are

viewed as being internalised in ways that impact upon psychological development (Kerig, 2005:7).

Minuchin (1974), a pioneer in family systems theory, identified the family unit as providing the child with his or her first experiences of socialisation; highlighting the need for the family to provide the child with a milieu in which to achieve a sense of both belonging and separateness. The family facilitates these experiences through individual members' involvement in multiple relationships or sub-systems; each of which is differentiated by boundaries (Kerig, 2005:7).

Meehan & Levy (2009:1299) argue that psychodynamic theories are theories of relationships because they encompass an intricate understanding of the link between interpersonal and intrapsychic experiences, because psychodynamic theories are concerned with how relationships influence people's internal worlds and how interpersonal relationships can become integrated as personality. Furthermore, psychodynamic theories are also concerned with how the internal world influences relationships and how internalised childhood relationship experiences affect the way people understand their later interpersonal relationships.

The contributions of systems theory are incorporated throughout the body of this review, notably in the discussion of boundaries, triangles and the dyadic alliances that form between parent and child. This review will now briefly consider the theoretical contributions of 3 psychodynamic theorists; considering in particular how these contributions all tie into one another and aiming to demonstrate the significance of how they contribute towards an understanding of the phenomenon of emotional incest.

2.3.1. Bowlby's Theory on Attachment

It was John Bowlby (1988) who originally explored the theory of attachment between mothers and infants; observing the responses of the infant and young child, when separated from the mother. "Attachment theory regards the propensity to make intimate emotional bonds to particular individuals as a basic component of human nature, already present in germinal form in the neonate and continuing through adult life into old age. During infancy and childhood bonds are made with parents (or parent substitutes) who are looked to for protection, comfort and support...the capacity to make intimate

emotional bonds with other individuals, sometimes in the care-seeking role and sometimes in the care-giving one, is regarded as a principle feature of effective personality functioning and mental health” (Bowlby, 1988: 120-121).

Barnard (2009) states that attachment theory is the basis for understanding both the biological and psychological significance of the mother (or mother substitute) – infant relationship, in which there is total dependence on one member of the dyad. “The infant’s survival and well-being depend on being cared for by the care-giver. In the beginning, care provided in a sensitive manner requires the care-giver or mother’s preoccupation with the dependent infant. In infancy, the mother controls the interaction and should respond in ways that provide consistency, predictability and emotional availability” (Barnard, 2009: 1125).

This observable behaviour is what Celani (1994) describes as a cycle motivated by the child’s spontaneous needs rather than by the mother’s needs; whereby the sensitive mother’s behaviour is regulated so as to mesh with the infant (Celani, 1994: 32). This proximity-seeking, meshing behaviour has a functional, adaptive purpose within a larger attachment behavioural system and is absolutely necessary for the child’s development. Celani (1994) goes on to state that deviations or disruptions (due to separation or the caregiver not being consistent, predictable and emotionally available) in the attachment process result in varying infant attachment styles, each of which have implications for the child’s personality development and future attachment relationships (Horner, 1984: 42), because, as Shaver & Mikulincer (2009:126) point out - the attachment system is active over the entire lifespan.

Bowlby’s (1988) attachment theory and the way in which it contributes to an understanding of emotional incest, is best understood in conjunction with the notion of differentiation (Celani, 1994:34). This is because, whilst it is fundamental for the child’s development, that infant and care-giver engage in the sensitively meshing behaviour that fosters attachment; it is equally fundamental that the infant progress towards the next stage of development – the process of differentiation. It would seem that the process of differentiation is where the difficulties and dynamics associated with emotional incest are most evident. Celani (1994) states that “differentiation refers to the infant’s dawning realization that she is separate from her mother. The culmination of a healthy course of

differentiation is the emergence of a “new” individual rather than a clone of her parents” (Celani, 1994: 34).

Horner (1984) sums up how attachment ties to the process of differentiation and the next theory to be discussed, separation-individuation; stating that “It is through the process of attachment that the mothering person becomes established as the partner of the symbiotic bond, the earliest stage of the object relationship. This mental representation is the spring board for the subsequent stages of object relations development, which entail the gradual differentiation of the self from the object as well as the firming up of the sense of relatedness with the other and of the sense of self. These changes come about through the separation-individuation process” (Horner, 1984: 41-42).

2.3.2. Differentiation and Mahler’s Theory of Separation-Individuation

Pioneers in the field of object relations theory - Mahler, Pine & Bergman (1975) argued that the infant begins life in a state of total dependence on the mother (or mother substitute); a state in which attachment or proximity to the mother is intuitively sought. Mahler et al (1975) describe this period as one of ‘symbiosis’ between mother and infant. As the infant grows and matures, he navigates through the process of separation-individuation; consisting of a number of developmental sub-stages, namely that of ‘hatching’, ‘practicing’ and ‘rapprochement’ (St Clair, 2004:92-97); in which the child’s awareness of himself as separate from other gradually increases; instigating his increasing desire to explore the world around him and develop his autonomy.

The developing child initially needs to differentiate self from mother (or mother substitute), in order to separate from her and become an individual in his own right. Later, the child progresses to differentiate himself from others in his external world and to differentiate his internal feelings and experiences; towards the development of his ability to integrate his internal and external experiences, and thus foster an independent and stable sense of self (St Clair, 2004:97). “Differentiation from external objects and within the interior world does not end suddenly, but rather continues through young adulthood. For instance, the 6 year old mimics every opinion of his parents, the 12 year old may have some opinions from his peers thrown in the mix, while the 18 year old in her first year of college may exaggerate her separateness from her conservative businesswoman mother by spouting Marx. It is not just opinions that indicate increasing

differentiation but also a growing independent and stable sense of self that is not easily influenced by others. A well-differentiated adult is able to resist the influence of anyone, including parents, if it appears that the result of the influence will cause them harm” (Celani, 1994: 40).

Love & Robinson (1991) denote that emotional incest, by its very nature, implies an impingement on the process of separation-individuation. Parent and child do not differentiate from one another to the extent that optimal separateness is achieved and the child is identified as an individual with his/her own needs. Rather, the child is viewed as an extension of the invasive parent – a means of gratifying the parent’s emotional needs. “Sadly, many mothers unconsciously cannot tolerate the child’s increased need for separation during development because the child’s love has been used to support the parent’s empty sense of self. They rely on their intense connectedness with their children for their entire emotional sustenance...this is a dangerous situation for the unknowing infant because his normal strivings for autonomy and separation are opposed by his mother and she cannot support them” (Celani, 1994: 43). In differing degrees of severity; the child is directly prevented or indirectly discouraged from separating and individuating from the invasive parent (Love & Robinson, 1991: 169).

Similarly, Bowlby (1988) speaks to emotional incest and the defense-based damage that results from the child’s need to deny the destructive aspects of his relationship with his enmeshing parent; referring to the “engulfed child” and stating that “when a mother, who herself had a childhood deprived of love, seeks from her own child the love that she has hitherto lacked. In doing this she is inverting the normal parent-child relationship, requiring the child to act as parent whilst she becomes a child. To someone unaware of what is going on it may appear that the child is being “overindulged”, but a closer look shows that the mother is placing a heavy burden on him. What is of special relevance here is that more often than not the child is expected to be grateful for such care as he receives and not to notice the demands being made upon him. One result of this is that, in conformity with his mother’s wishes, he builds up a one-sided picture of her as wholly loving and generous, thereby shutting away from conscious processing much information also reaching him that she is often selfish, demanding and ungrateful” (Bowlby, 1988: 107).

As previously mentioned, differentiation is an ongoing process that begins in infancy and continues as the child evolves into adulthood (Celani, 1994: 40). However, “growing up does not guarantee increased differentiation, and many chronological adults can, and do, still relate to their parents or others in a poorly differentiated manner. Adults who were unable to differentiate from their mothers during childhood are unable to function independently in adulthood, or, if they are forced to, they will experience extreme anxiety” (Celani, 1994: 40). According to Horner (1984), because parent-child differentiation is an ongoing and evolving process that stems from earliest childhood; it is a process susceptible to regression and fixation, and is a process that can be impinged upon at any point during the child’s development - as will later be reviewed with the use of examples to illustrate how, according to Love & Robinson (1991), particular family constellations can **be** (due to substance abuse or the presence of only one child) or **become** (due to death or divorce) prone to experiencing emotional incest.

2.3.3. Winnicott’s Theory on Impingement and the True and False Self

Winnicott (2002) coined the concept of the “good enough mother”, which he observed as skilled mothers who could interpret the needs of their children intuitively; calling this heightened sensitivity of mothers to the needs of their infant’s “primary maternal preoccupation”. The skilled mother’s ability to accurately respond to the infant, fostered the infant’s developing a sense of her inner experiences (St Clair, 2004:70). With the development of language, the child further learns how to differentiate one internal state from the other. However, in instances where the caregiver continuously misinterprets the child’s indications, the child will develop a lack of understanding regarding her separate and distinct internal anxieties, as well as experience the presence of a consortium of unmet need (Celani, 1994:37).

St Clair (2004:71) argues that a caregiver’s misinterpretation of the child’s signals could be the result of a preoccupation with their own unmet needs, rather than the needs of the child. Quite unconsciously, the caregiver tries to assuage their own needs through the child. Though the caregiver may love the child passionately; this love is not enacted to meet the needs of the child and the reliability and constancy that are important for the child’s development are missing from this exploitive relationship. The child is unable to experience his own feelings and emotions; instead becoming what the caregiver needs him to be. Doing so ensures that the child secures the caregiver’s love and care and

ensures survival, but it may prevent the child from ever becoming himself (Miller, 1997:30). Winnicott (2002) referred to this as the child's experiencing impingement on the development of the core or "true" self, which leads to the emergence of a "false self".

Miller (1997) refers to the false self as the "as-if personality", arguing that accommodation to parental needs can often lead the child to develop in such a way that he reveals only what is expected of him. This false self becomes the personality and identity of the child and later the adult, because having never lived or experienced the true self; he cannot develop nor differentiate it. "Understandably, this person will complain of a sense of emptiness, futility or homelessness, for the emptying is real. A process of impoverishment, and a crippling of his potential actually took place. The integrity of the child was injured when all that was alive and spontaneous in him was cut off" (Miller, 1997: 12).

Winnicott's (2002) theory of the false self speaks to emotional incest, to the extent that the parent-child enmeshment feeds on the continued interaction between the parent and the false self of the child, even as an adult. "With the true self in hiding, the adult child remains, as Kohut puts it, 'enmeshed within the narcissistic web of the parents' personality, or in a state of psychological merger with them'" (Wood, 1987: 52).

Miller (1997:13) points out that the adult who experienced continued impingements on the developing true self as a child, and has an operational false self, is alienated from himself and cannot rely on his own emotions because he has not come to truly experience them; thus having no true sense of his own innate needs. Within the emotionally incestuous dynamic then, "The difficulties inherent in experiencing and developing one's own emotions lead to mutual dependency, which prevents individuation. Both parties have an interest in bond permanence. The parents have found in their child's false self the confirmation they were looking for, a substitute for their own missing security; the child who has been unable to build up his own sense of security, is first consciously and then unconsciously dependent on his parents...under these circumstances he cannot separate from his parents, and even as an adult he is still dependent on affirmation from his partner, from groups and especially from his own children" (Miller, 1997: 13).

2.4. Emotional Incest and Particular Parent-Child Alliances

Love & Robinson (1991) explain that the parent-child relationship can be dysfunctional in two primary ways. The first involves there being too much emotional distance between the child and his/her parent, hence the two are estranged. The second involves there being a less than optimal amount of emotional distance between the child and his/her parent, hence the two are enmeshed. According to Love & Robinson (1991), enmeshment is the more common of the two - so common in fact, that there are everyday terms that normalise the occurrence thereof e.g. "mama's boy" and "daddy's princess" (Love & Robinson: 8).

When there is a high degree of enmeshment or intrusiveness on the part of a parent - the relationship merits being termed "emotionally incestuous" (Love & Robinson, 1991:8). The use of this term is used advisedly but justifiably, because "just as children are powerless against a parent's sexual advances, they are powerless against an emotionally invasive parent. Their sense of self is so limited and their need to be connected to their parents is so great that adults have total control over the relationship. When a parent takes advantage of this and turns to a son or daughter for need fulfilment, there is a violation of the intimacy taboo between parent and child" (Love & Robinson, 1991: 8). These children are what Love & Robinson (1991) refer to as "Chosen Children" - children chosen (be it largely unconsciously) by a parent to meet the parent's emotional needs.

Emotional incest can take different forms and there are variations in the way and degree to which it manifests in different parent-child alliances. Notwithstanding the uniqueness of every family; it is evident in the discussion that follows, that there are similar dynamics that stretch across all forms of enmeshed parent-child alliances. The aim of this review is not to definitively categorise each and every parent-child alliance as distinct from the others; but rather to illustrate the multitude of (similar and different) characteristics and manifestations in these parent-child alliances – as found in the literature and subsumed under the umbrella term "emotional incest". Five examples of such parent-child alliances; identified and explored in the literature, are described below:

2.4.1. The Neglectful Parent-Child Alliance

Love & Robinson (1991) describe the enmeshed relationship between a neglectful parent and a child as involving the child's taking on many of the parent's responsibilities whilst simultaneously providing emotional support and sometimes physical care (Love & Robinson, 1991: 9). Garber (2011) and Kerig (2005) both refer to this type of relationship as "parentification". According to (Garber, 2011: 324), parentification involves a parent's unmet need (which may be related to a manifest physical or logistic necessity) to be cared for, and the parent's placing the child in the role of providing that care.

Kerig (2005) refers to Bowlby (1988) and his observation of insecurely attached children who were parentified, or what Bowlby (1988) termed "compulsively self-reliant" These children assumed care-giving responsibility toward the parent. "Bowlby hypothesised that because of their insecurity about the emotional availability of others, some parents turn to their children to meet their own emotional needs; placing developmentally inappropriate demands on young children to provide their parents with nurturance and comforting (Kerig, 2005: 13). Garber (2011:324) refers to research conducted by Peris & Emery (2005), Duryea (2007) and Peris, et al (2008); arguing that mothers are more likely than fathers to parentify their children and that daughters are more likely to be parentified than sons. Kerig (2005:14) concurs; arguing that due to societal attitudes that associate care giving with the feminine role, daughters may be particularly vulnerable to being pulled into the role of parentified child.

Garber (2011: 325) states that parentification is destructive, regardless of the parent's motivations; be they cultural, practical or pathological. Kerig (2005) argues that in instances where parentification is adaptive, there may be positive outcomes for the child; who may develop high levels of empathy and a sense of responsibility. Adaptive parentification is differentiated from destructive parentification, by virtue of it being temporary, appreciated and moderate e.g. when a parent falls ill temporarily or the parent experiences an acute crisis and requires the child's assistance for a time-limited period (Kerig, 2005: 16).

2.4.2. The Adultifying Parent-Child Alliance

Kerig (2005) states that, where parentification refers to a parent placing a child in a parental role that requires the child to provide the parent with care and or/nurturance;

adultification of the child involves placing the child in the role of fellow adult (Kerig, 2005: 17). “Childhood adultification involves contextual, social and developmental processes in which youth are prematurely, and often inappropriately exposed to adult knowledge and assume extensive adult roles and responsibilities within their family networks” (Burton, 2007:329). Garber (2011:326) refers to research conducted by Burnett et al (2006); arguing that typically, the adultified child is the first born or only child in a family. Kerig (2005: 17) refers to the child becoming like a partner to the parent and sharing a portion of developmentally inappropriate practical (e.g. finances or home duties) and/or emotional (e.g. support, confidante) responsibilities.

(Kerig, 2005: 17) also states that adultification refers to the concept of triangulation, whereby the child is inappropriately involved in the marital subsystem and is elevated in status to that of adult decision-maker, problem-solver or emotional resource for the parent. Garber (2011) expresses that the adultifying parent’s need for an ally, his or her self-serving but mistaken impression that the child “can handle it” or “gets it”, and the child’s eager willingness to exploit his or her new status together are a recipe for disaster – “This parent capitalizes upon the child’s eager endorsement, mistaking the child’s normative need for acceptance and/or fear of rejection as super-mature insight. In this way, the adultifying parent bootstraps together a self-serving rationale for promoting the dependent child into a co-conspirator, collaborator and ally” (Garber, 2011: 326).

Kerig, 2005: 18) debates the outcome of adultification; arguing that whilst the child’s emotional development will be impacted by a parent’s enlisting the child into an adult role within the family, there may also be some positive outcomes. Offering an example of daughters of divorced mothers; Kerig, (2005: 18) questions whether the adverse effects of the divorce are often balanced by the sense of privilege the adultified child might experience in this role; arguing that there may be some compensation for being a parent’s “special child”. This experience is referred to as “competence at a cost”.

2.4.3. The Romanticising Parent-Child Alliance

Love & Robinson (1991) describe the enmeshed relationship between a romanticising parent and a child to be one that mimics the type of companionship and emotional intimacy that a parent would ordinarily seek from a romantic relationship. Often, the

parent adores the child and typically there is a flirtatious, teasing quality to the relationship (Love & Robinson, 1991: 9).

Kerig (2005) describes this type of relationship as “Affectionate Spousification” of the child; referring to the parent’s identified pattern of “seductive behaviour” towards the child e.g. displaying excessive physical affection toward the child, flirtatious interaction and seeking excessive affection from the child (Kerig, 2005: 19). “Although ostensibly an affectionate and loving relationship, seductive Spousification can be differentiated from a “truly positive” relationship by virtue of its developmental inappropriateness, the sexual undertones, and the fact that the parent’s needs are being met at the expense of the child’s” (Kerig, 2005: 19).

Kerig (2005) refers to research by Sroufe & colleagues (1985); who documented their observations of affectionate spousification manifesting predominantly between mothers and sons, which they suggested was indicative of the parent’s turning to the opposite sex child as a surrogate for her marital partner (Kerig, 2005: 19). Love & Robinson (1991) refer to the romanticised alliance as one between a parent and a child of the opposite sex; stating that when the enmeshment is between child and parent of the same sex, the relationship has more of a “best friend quality” (Love & Robinson, 1991: 9). Kerig (2005: 17) describes this dynamic between a parent and child as “peer-like” adultification.

Love & Robinson (1991) state within the romanticising parent-child alliance, the company of and interaction with the child is preferred over that of the parent’s friends and/or spouse; sometimes to the point of alienating the child from his/her peers and friends e.g. discouraging social events that will leave the parent without the child’s companionship. The child is doted on and wooed with bonding activities and confided in to a degree that is inappropriate for a parent-child relationship; but which makes the child feel “privileged”, whilst unconsciously responsible for the parent’s well-being. Love & Robinson (1991:24) further argue that because the nature of the romanticised relationship sees the parent perceived as having loved so much that they were devoted to the child; the adult-child who was enmeshed in this type of relationship would have the most difficulty acknowledging that the relationship may have been emotionally incestuous, let alone harmful to their emotional development and well-being. According

to Adams (1991:40), the parent's preoccupation with the child is not a statement of love or devotion for the child, but a statement of tremendous neediness by the parent.

Love & Robinson (1991:23) make reference to the "sexualising parent-child alliance" - severe affectionate spousification that finds the parent walking a fine line between emotional and sexual incest. The parent does not necessarily cross any physical boundaries or make any physical sexual contact with the child, but there is an underlying sexual tone to the relationship. The adolescent child may frequently share a parent's bed and fall asleep in their arms or accompany a parent to work functions where he/she is shown off as if he/she were "the date" for example.

Love & Robinson (1991) refer to clients who have been enmeshed in this type of parental relationship: "Their parents didn't touch them inappropriately, but they displayed an unhealthy interest in their bodies. Some had parents who did not allow them privacy in the bedroom and bathroom. Others had parents who openly stared at their bodies, took seductive pictures of them or made inappropriate sexual remarks. When parents are both sexually and emotionally fixated on their children, the enmeshment is usually more intense and more damaging" (Love & Robinson, 1991:23). Kerig (2005: 19) concurs, arguing that in the extreme; seductive parenting may be associated with sexual abuse of the child.

2.4.4. The Abusive/Critical Parent-Child Alliance

Love & Robinson (1991) describe the enmeshed relationship between an abusive/critical parent and a child, as involving the child being scapegoated whilst simultaneously being used for emotional support. Both facets of the relationship may be experienced by one parent e.g. "the child may be treated kindly one minute and abused or shamed the next. Whatever emotion the parent may be feeling is targeted at the child. When a parent has such little self-control, often the family is dysfunctional in other ways as well. Domestic violence, poverty or criminal activity may also be part of the picture. These more obvious problems mask the enmeshment" (Love & Robinson, 1991: 9).

Love & Robinson (1991) identify the romanticising parent's spouse as often becoming the abusive/critical parent. Kerig (2005) explains this occurrence, stating that "The dissolution of boundaries between the child and marital sub-systems was of particular

concern to Minuchin's structural family perspective. When marital-child boundaries are not maintained, parents may involve children in adult intimacies that contribute to the development of inappropriate cross-generational triangles in the family" (Kerig, 2005: 19).

According to Love & Robinson (1991: 18), triangulation results due to a polarisation within the family system; whereby the romanticising parent sets virtually no boundaries or limitations on the child and the other parent counteracts this by being emotionally, physically or verbally abusive. When the polarisation is this extreme, "it's more than just an attempt to temporise a spouse's leniency - it's an expression of intense, uncontrolled jealousy" (Love & Robinson, 1991: 18).

Kerig (2005) refers to the abusive/critical parent-child alliance as "Hostile Spousification" – where tension (related to unmet need) within the marital dyad is displaced onto the child. The boundaries between the parental and child sub-system become blurred and as such, the abusive/critical parent views the child in the same negative terms as the romanticising spouse (Keri, 2005: 19). The abusive/critical parent indirectly expresses the anger at not having their needs met by their spouse; but targets this expression at the child, as opposed to the spouse who is responsible for those needs. Love & Robinson (1991:19) state that this is because it is easier to confront a child than a spouse.

Kerig (2005:20) refers to research conducted by Sroufe & colleagues (1985); noting that hostile spousification was observed mostly between mothers and daughters. Maternal stress and depression were observed to increase the risk of negative spousification. Kerig (2005) goes on to point out that research into this particular dynamic has been inconsistent; with a more recent study by Kerig et al (1993) finding that hostile spousification was observed mostly between fathers and daughters. A study by Osborne & Fincham (1996) found that hostile spousification was observed more between mothers and sons where there is conflict in the parent relationship.

Love & Robinson (1991) argue that like the alliances previously discussed, the abusive/critical parent-child alliance can also involve the parent using the child to meet an unmet need – but within this dynamic, the child is seldom felt to be doing a "good

enough job” and is constantly criticized, ridiculed and/or verbally abused by the parent. In attempting to meet their own need, the parent may live vicariously through the child and constantly criticize the child’s inability to be good enough academically, at sports, at socialising, within peer groups, etc (Love & Robinson, 1991: 17).

“This is the sad truth about emotional incest. The only relationship that can come close to satisfying an adult is a loving, intimate, relationship with another adult. A child lacks the wisdom, the experience and the skills to be an adequate partner. And it goes without saying that a child must never be a parent’s sexual partner. While a child might appear to be an adequate companion for an adult, there is always something missing, and, tragically, the child bears the brunt of the parent’s frustration” (Love & Robinson, 1991: 17).

2.4.5. The Infantilising Parent-Child Alliance

Garber (2011) describes infantilisation as a dynamic within the enmeshed parent-child relationship; whereby the parent feels threatened by the child’s growing independence. As such, the parent acts in a manner that impedes the child’s age-appropriate development of autonomy (Garber, 2011: 325). These parents are what Garber (2011: 325) describes as “needing to be needed”.

Kerig (2005) relates intrusiveness to infantilisation, stating that “intrusiveness also relates to the construct of “overprotectiveness”, which involves an overly controlling, infantilising, autonomy-limiting parenting style. The intrusively overprotective parent, for example, might insist on determining for the child what he or she wants or feels and disallow the child permission to make any of his or her own decisions” (Kerig, 2005: 12).

Garber (2011) states that during the child’s infancy stage, when dependence and neediness is inherent in the child; the infantilising parent usually presents as a healthy and sensitive care-giver. The infantilising parent’s overprotectiveness of, over-involvement with and eventual stifling of the child is only evidenced once the child starts progressing towards stages of increasing autonomy (Garber, 2011: 327).

Garber (2011) identifies Factitious Disorder by Proxy (previously known as Munchausen’s Syndrome by Proxy) as an example of infantilisation in the severest form.

Whilst a number of other factors need to be taken into consideration in this instance; it is understood that by inducing illness in the child – the infantilising parent gets his or her need for validation met, whilst simultaneously inhibiting the child's gravitation towards increased independence and autonomy (Garber, 2011: 327).

2.5. The Causes of Emotional Incest

Garber (2011) attributes emotional incest to “the breakdown of intrafamilial and intergenerational boundaries” (Garber, 2011: 324). The reviewed literature points to this breakdown in boundaries being predominantly precipitated by either 1. Dysfunction in the parental sub-system or 2. Intergenerational patterns.

2.5.1. Dysfunction in the Parental Sub-System

All of the reviewed literature points to the aetiology of emotional incest as predominantly stemming from an originally dysfunctional or a breakdown in the functionality of the intimate relationship between the affected child's parents. Adams (1991:12) refers to Minuchin (1974) and argues that the family is a system; one member's actions affect the next and vice versa. The family system will always seek to bring itself to a state of equilibrium when disrupted and so, in a case where the marital relationship is unhealthy; the parent's unmet needs will be met by the rest of the system – the children (Adams, 1991: 12).

According to Kerig (2005), the intimate relationship between parents can be subjected to various external stressors that can impact upon its functionality or contribute to its breakdown. Love & Robinson (1991) state that whether the parental relationship was subject to abuse, substance dependence, physical absence (due to abandonment, divorce, death or relocation for employment), emotional absence (due to estrangement or extra-marital affairs), mental illness and/or other factors that caused dysfunction; the literary consensus on the cause of emotional incest appears to be the initial creation of an emotional void between parents - a void that the child spontaneously stepped into or was sought to fill by the enmeshing parent (Garber, 2011: 329).

Furthermore, children are often easily solicited into the enmeshed relationship because their attachment to the parent and inherent dependency on the parent; causes them to be far more forgiving of the parent's faults (Love & Robinson, 1991:21). Celani (1994)

refers to Fairburn's observation of abused children who would rather remain with or return to their abusive parents than be placed in a much more stable fostering environment; stating that "Fairbairn recognised from this observation that the child's dependency on his object – whether it be a mature nurturing mother or an alcoholic and physically abusive mother – is absolute" (Celani, 1994:25).

Love & Robinson (1991) argue that where an adult or spouse has expectations and makes demands of the enmeshing parent, reacting to wanton behaviour and requiring accountability in the adult relationship; a child is often blind to a parent's faults and with little outside reference – he or she is more willing to accept what is given (Love & Robinson, 1991: 23) . This makes the child easy to turn to for emotional support, when such support is lacking in the parent's intimate relationship due to dysfunction or absence of an intimate adult relationship all-together.

2.5.2. Intergenerational Patterns

Love & Robinson (1991) state that other factors that influence the tendency for some parents to become emotionally over-involved with or dependent on their children include a lack of information and role models, and a lack of self awareness (Love & Robinson, 1991: 76). The parental unit is the very first system to role model the dynamics of family functioning and it is the parents' verbal and non-verbal interaction with the child that the child internalises as being the fundamentals of a healthy family life (Koerner, 2009:298). Parenting is consciously and unconsciously learned mostly from one's parents and one's own experience of childhood - and thus emotional incest can be a learned and cross-generational manner of relating (Kerig, 2005: 23).

"The view of development taken here is that unfinished business and unresolved issues in the past can have a damaging effect on living in the present, just as by contrast satisfactory resolution in the present facilitates negotiation of the future" (Jacobs, 1985: 5). Thus, a parent's emotionally incestuous relationship with a child in the present involves an element of unconsciously repeating mechanisms that were learned in order to cope with unresolved issues that stemmed from the parent's originally emotionally incestuous relationship with his/her parent(s) in the past; and the unintentional passing on of this mode of relating, from one generation to the next. Shorkey & Rosen (1993)

refer to this phenomenon as “the family trap” - families becoming painfully enmeshed in ineffective patterns of interaction and repeating these patterns cross-generationally.

Kerig (2005:23) identifies two interesting processes that drive the transmission of emotional incest intergenerationally. The first process is that of the “account due” or “debit” perspective; involving the parent’s view that he or she was emotionally deprived in order to fulfil his or her own parents’ unmet needs and thus the child is now due to meet the parent’s needs – and the parent expects this with an air of entitlement (be it conscious or unconscious) (Kerig, 2005:23).

The second process is one that Kerig (2005) observed in her own clinical practice and she describes it as “stealing” (Kerig, 2005:23). Parents, who “steel” their children, are of the view that their children should be subjected to the same deprivations that were experienced by the parent in childhood. These parents do not do so as a means of compensating for their unmet needs; but rather as a means of ensuring that the child does not have those needs met either. The dissolution of boundaries was a painful, but formative experience in the parent’s development and thus repetition compels the parent to recreate this experience for the child. “Pain at not being able to give what we have not sufficiently received persists and becomes the scaffolding for a range of exploitative and insensitive adult-child interactions” (Kerig, 2005: 23).

Some parents rationalise “stealing” with the philosophy that they are ‘preparing their children to face the harsh realities of the world’ (Kerig, 2005:23). Other parents are unconsciously resentful and their behaviour communicates the message ‘I didn’t get to be happy, why should you be?’ (Kerig, 2005:23). In considering this, emotional incest can be viewed as a rite of passage “that binds the child to the parent and ensures that they share an experience, an identity and a perspective of the world” (Kerig, 2005:23). As Garber (2011) points out, the cycle of unmet need moves from generation to generation and this is how emotional incest becomes incorporated into the unconscious learning of the family.

2.6. Families Prone to Emotional Incest

The emotional void and lack of functionality in the parental relationship discussed earlier can manifest in a variety of afflicted familial constellations. According to Love &

Robinson (1991), these families are considered to be more prone to exhibiting emotional incest and/or repeating the intergenerational patterns of emotional incest. Garber (2011:323-324) suggests that this is because the role distinctions that emerge to reinforce and define interpersonal boundaries in healthy families are prone to break down when stressed (Minuchin, 1974; Johnston, 1990; Jacobvitz, Riggs & Johnson, 1999; Winnicott, 2002; Garber, 2009b; Maysel & Scharf, 2009).

Love & Robinson (1991), Garber (2011), Kerig (2005), and Adams (1991) offer examples of the various families that are prone to emotional incest, many of which are identified unanimously in the literature, as being at risk. These families are not listed in this review on the premise that their circumstance dictates that there will be emotional incest. Rather, these families have been identified in the literature, as being more at risk for the development of the enmeshed parent-child relationship – based on the empirical data from previous studies conducted and due to the nature of the types of crises and manner of relating that are characteristically experienced within such families.

Garber (2011: 324-326) identifies the increased risk of emotional incest (be it parentification, adultification, infantilisation and/or spousification), within immigrant families (Oznobishin & Kurman, 2009); impoverished families (McMahon & Luther, 2007); divorced families (Kerig & Swanson, 2010); families experiencing couple conflict and/or separation (Cheng & Kuo, 2008); families where one parent has a chronic or critical physical illness (Tompkins, 2007); families where a parent has a mental illness (Wallerstein, 1985); families where a parent is substance dependent (Chase, Deming & Wells, 1998; Wells, Glickhauf-Hughes & Jones, 1999); families where a parent has lost a spouse to death (Li et al., 1995); domestically violent families (Stephens, 1999); and/or families where emotional incest manifests as a facet of that parent's character pathological dependency (Bakermans-Kranenburg & van IJzendoorn, 2009; Fitzgerald et al., 2008). With such a vast array of families at increased risk, it can be appreciated that emotional incest is quite a prevalent phenomenon. Two examples are further explored in brief below:

2.6.1 The Alcoholic Family

Raskin & Daley (1991: 73) assert that within the alcoholic family; as the alcoholic's preoccupation with alcohol increases; the alcoholic's behaviour begins to impact the

family's boundaries and patterns of relating. The likelihood of emotional incest is thus dramatically increased in families where alcohol abuse is prevalent; as it is the child who is often turned to by the addicted adult and/or their spouse as a source of need gratification – in the absence of dwindled outside resources (Love & Robinson, 1991: 91). During periods of intoxication and recovery; the child may be responsible for his/her own basic care in addition to caring for the alcoholic parent, maintaining the household and possibly being left unsupervised for periods of time. During these periods the child is “parentified”. When the alcoholic parent is sober, they may focus all their attention on the child - particularly if the addiction has left the alcoholic with few external resources (Love & Robinson, 1991: 14).

Adams (1991:17) argues that the patterns and characteristics of emotional incest within the alcoholic family are of particular interest, because these can also be anticipated in varying degrees within families where there are other forms of addiction (to drugs, sex, food, etc), chronic illness and mental illness, or within any family where there is dysfunctional pattern of living and problem-solving that manifests the same marital void and dynamics as can be found in the alcoholic family.

2.6.2. The Single Parent Family

According to Goldenberg & Goldenberg (2008:43), traditionally, single parent families were understood to be single mothers who were, more often than not, unwed single mothers; abandoned by the fathers of their child/children; but modern families or households can be single parent families for a number of physical reasons – divorce, death, unwed parents, parents who have chosen to start a family by themselves and/or parents who are separated for employment or military purposes. Love & Robinson (1991) assert that, increasingly, modern families or households are becoming single parent families for a number of emotional reasons – physical illness, mental illness, a workaholic parent, extra-marital affairs, and/or other dynamics that find one parent taking on significantly more responsibility for the household and the care of the children – to such an extent that he/she may as well be a parent who is physically single.

Whilst the child living in a single parent family may be more prone to become involved in an enmeshed parent-child relationship because of the family dynamics that arise when the family system is functioning in the absence of a particular subgroup and its

encompassed boundaries; it is important to identify that not all single parent families fall into an enmeshed pattern of relating. The single parent who consciously and actively seeks companionship, need gratification and fulfilment outside of the relationship with the child, is able to successfully maintain appropriate boundaries with the child and better navigate the single-parent family system to the benefit of the child's emotional development and separation needs (Love & Robinson, 1991: 87).

2.7. The Consequences of Emotional Incest

“Unlike overt forms of emotional abuse, such as denigration or terrorization of the child, boundary dissolution takes more covert forms that may be veiled under a guise of parental solicitude, effusive warmth, and camaraderie. Nonetheless, the burden of meeting the emotional needs of the parent interferes with the child's progress through development. Moreover, even when children rise to the challenge, becoming precociously competent providers for the well-being of their parents and siblings, such overachievement may come at a cost, including feelings of guilt, inadequacy, external locus of control, self-effacement and ultimately, silencing of the self” (Kerig, 2005: 2).

There is a consensus among the literature, that though the consequences of emotional incest are vast and varied in the degree and intensity of manifestations; there will be atleast some adverse effects for the child who is enlisted into the role of meeting a parents needs (be it through parentification, adultification, infantilisation and/or hostile/affectionate spousification). The fundamental agreement is that a child cannot meet the needs of a parent without having to negate some needs of his own; foremost his need for autonomy and separation (Wood, 1987:11; Adams, 1991:2; Love & Robinson,1991:107; Celani ,1994:44 ; Kerig, 2005:2 and Garber, 2011:324).

Love & Robinson (1991:107) point out that “Unwittingly, many parents frustrate a child's independence. They do too much for the child, make the child unduly fearful, put too many restrictions on the child's behaviour, make the child feel guilty for moving away from the family, or undermine the child's natural abilities”. As the child matures, he may feel obligated to succumb to the parent's attempts to inhibit his independence; opting to stay at home or geographically close and/or to remain emotionally enmeshed with the parent (Wood, 1987:42).

According to Love & Robinson (1991:107), the opposite is also true; the child may choose to physically and/or emotionally detach from the family as soon as he is old enough to do so; disengaging from the enmeshing parent in the process. Goldenberg & Goldenberg (2008:187) refer to this as “emotional cut off” – an extreme form of emotional distancing that stems from a desperate attempt to deal with unresolved enmeshment with one or both parents. Goldenberg & Goldenberg (2008:187), Adams (1991:13) and Love & Robinson (1991:107) all agree that the belief that the child is emancipated from the enmeshment is false; asserting that he will continue to recreate the enmeshed pattern in other adult relationships – be it by becoming intimately enmeshed or blocking the self from intimacy in relationships.

The enmeshed parent-child relationship leads to various consequences for the affected child in adulthood. According to Love & Robinson (1991:8), issues that can arise include: anxiety and guilt, addiction, abuse, identity and self-esteem problems, criminality, boundary problems and relationship problems; furthermore, these issues influence all aspects of the adult child’s later life including his/her social, relational, spiritual and occupational choices and experiences.

Being that this study focuses on therapists’ encounters with emotional incest in couple therapy, this component of the review is focused on the consequences of emotional incest for the adult child; more specifically the implications it has for the adult child’s intimate relationships. Love & Robinson (1991) maintain that intimate relationship problems commonly experienced by the adult children who were parentally enmeshed include: an inability to separate from the enmeshing parent, commitment issues, sexual problems, communication difficulties, affairs, role conflicts and conflicts between the spouse and invasive parent. For the purpose of this review, 4 examples are elaborated on below:

2.7.1. The Adult Child’s Inability to Separate

Goldenberg & Goldenberg (2008:182-183) assert that no individual ever achieves complete emotional separation from their family of origin. The individual’s instinctive and counterbalancing life forces drive his need to be an emotionally separate person, whilst simultaneously driving his need to remain emotionally connected to the family. It is the degree to which differentiation is achieved that significantly impacts upon the individual’s

healthy development. Goldenberg & Goldenberg (2008:186) argue that there will be differences in the level of differentiation each child achieves within a single family; that in enmeshed families, parents unevenly pass on their own low level of differentiation to their children through a process called 'family projection'. In families where the couple system is dysfunctional, stressed or in conflict, a parent identifies the most infantile of their children (regardless of birth order) and using the projective process; the parent triangulates this child into the parental relationship in order to stabilise it. "As the child most emotionally attached to the parents of all the children within the family, he or she will have the lowest differentiation of self and the most difficulty separating from the family" (Goldenberg & Goldenberg, 2008:187).

As repeatedly stated, emotional incest is not a new phenomenon. Over 58 years ago, the term "mama's boy" was already being used as a derogatory term for the enmeshed mother-son relationship. In her study-turned-book, Duvall (1954:62) references the term in a section titled "Momism as the root of in-law problems"; stating that "Today, there is a general recognition that "smother love" is crippling in its effect; that the man who is a "Mama's boy" is considerably less of a He-man; and that the girl who runs home to Mama is not mature enough to assume the full responsibilities of marriage. Current emphasis on emotional maturity arising out of preventative psychiatry, mental hygiene and the best of family life education have sensitized the public against the mother who continues the functions of mothering in ongoing interests in her grown children" (Duvall, 1954:62).

The "Mama's boy" or "Daddy's girl" (Love & Robinson, 1991: 8) is an adult child who is unable to emotionally separate from the enmeshing parent; and thus the parent's ongoing interest in the life of the grown child continues to exert its influence. Echoing Duvall's sentiments; Love & Robinson (1991:48) argue that some parents emotionally disable their children in order to make parenting a lifelong career.

Love & Robinson (1991:169) argue that some adult-children are more active than they realise, in the process of having their boundaries violated by a (still) enmeshing parent; and that this denial or lack of awareness exacerbates their inability to separate. Love & Robinson (1991:169) explain that some adult-children experience a misplaced sense of guilt or shame for abandoning the devoted parent in a quest for independence or for

having been the reason that the devoted parent emotionally “abandoned” his or her spouse. Love & Robinson (1991:169) further argue that some adult-children feel overly responsible for the parent; adding that after a life-time of being the parent’s emotional caregiver; the role is a difficult one to relinquish for some. Lastly, Adams (1991:100) and Love & Robinson (1991:169) agree that some adult-children simply want to hold onto the advantages of being a child; conceding to parental control in one form or another, in return for financial support, the security of living with the parents and so on.

2.7.2. Relationship and Commitment Issues

Goldenberg & Goldenberg (2008:186) assert that the cross-generational patterns of relating that were learned within the family of origin, tend to be repeated within the intimate relationships of the individual. The child who was subjected to emotional incest is no different - the enmeshed adult child becomes either emotionally cut off or emotionally enmeshing within their own couple and family relationships.

Love & Robinson (1991:51) maintain that relationship and commitment problems are very common for the adult-child who was subject to emotional incest. The adult-child struggles particularly with intimacy and commitment because having been in an enmeshed relationship with a parent; close relationships can feel engulfing or invasive. Adams (1991:81) concurs, describing the intimate relationships of emotional incest victims, as being characterised by ambivalence on their part; ambivalence stemming from the individual’s inherent longing for fulfilling attachment and the simultaneous fear of being engulfed by that same attachment – as was the case with the parental relationship. Ambivalence is thus activated as a defense mechanism; an attempt to protect the adult child from the threat of being used as a means of gratifying their partner’s needs to the detriment of their own - as they had to do in the relationship with the invasive parent.

Chronic ambivalence can become incredibly frustrating for both the adult child and his/her spouse, particularly if neither is aware of the root of the problem being the emotionally incestuous parent-child relationship (Adams, 1991: 81). The adult child may simply appear emotionally distant or unable to “take that next step” in a long-term relationship. Conversely, Love & Robinson (1991) argue that the adult child may also be

prone to attaching to a partner very quickly, only to become ambivalent or withdraw as the closeness of the relationship generates fear and confusion.

Love & Robinson (1991:69) assert that the partner of the adult child who was enmeshed with a romanticizing parent (affectionate spousification), can experience difficulty within the equality of marriage; having been the focus of a parent's attention during childhood. These adult children may unknowingly dominate the relationship and/or experience their partner as being incapable of fulfilling their needs. Love & Robinson (1991:69) assert that the adult child who was enmeshed with a critical/abusive parent (hostile spousification) often experiences feelings of inadequacy and low self-esteem; which the partner of this adult child always has to compensate for (directly or indirectly).

Adams (1991:84) argues that the adult child often takes cues from his/her partner as to what the relationship needs are. They take to trying to please their spouses, much like they tried to please the invasive parent during childhood. This is because the guilt and confusion over personal needs leads the adult child to attempt meeting the spouse's needs in an attempt to get their own needs met. This desperate pattern is learnt in childhood and becomes the adult child's dominant (and unconscious) manner of relating in intimate relationships. "The identity development of the child – so crucial in developing clear commitments regarding sexuality, needs, values, wants, choices and feelings – is blocked. The adult capacity for healthy intimacy is lost" (Adams, 1991: 84).

2.7.3. Sexual Problems and Sex Addiction

According to Love & Robinson (1991:54), problems with sex and sexuality are common among adults who have been subject to emotional incest. Though sexual contact may not have occurred, intimacy boundaries were crossed and this manifest "sexual energy" – which was either repressed or expressed by the child. Love & Robinson (1991:54) further explain that repression may involve sexual restriction and later, potential sex aversion, disinterest or dissatisfaction; whilst expression may involve adolescent promiscuity or excessive masturbation and later, potential sex addiction.

Adams & Robinson (2001) maintain that sex addiction results from the guilt and shame that manifest due to unmet childhood needs and developmental impingements. "While guilt – 'I have done bad' – is present, shame (I am bad and unworthy) is the primary

feeling that the addict is trying to medicate, rework and compensate for” (Adams & Robinson, 2001:26). Adams (1991) argues that in the case where an individual was subject to emotional incest; sex addiction becomes a misguided means by which the adult-child attempts to experience autonomy and a separate sense of self.

2.7.4. Conflicts involving the Adult Child’s Spouse and the Invasive Parent

Love & Robinson (1991) assert that the emotional incest victim who grows up without having successfully separated from the over-involved parent opens his/her intimate relationships up to the opportunity for repeated invasion by that same parent. “It is not uncommon for the invasive parent to dictate how the couple should run their household, to require frequent phone calls or visits, to encourage financial ties between the families, to insist that the couple live nearby - ideally, in the same house - and to dictate the terms of all family gatherings” (Love & Robinson (1991:70). These demands are a clear violation of the couple's autonomy; and a means of continuing the violation of the adult child's autonomy - which can lead to conflict and the eventual breakdown of the couple relationship.

Long & Young (2007:13) argue that couples who do not create a firm boundary around their relationship are often drawn into their families of origin, causing conflicts with in-laws that can sometimes be to the detriment of the couple relationship. Some families experience difficulties adjusting to their children’s new roles within the separate couple unit and parents may even feel jealous of their child’s partner who now has more influence than they do (Long & Young, 2007:14). The creation of a boundary around the couple relationship is particularly challenging when either partner has unresolved issues with a parent or when extended family members live with the couple. “Family members normally recognise when an adolescent needs some space to become his or her own person. But they sometimes forget that a couple needs to carve out its own identity too, and they frequently violate the boundaries by trying to influence their offspring to act in the family’s interests rather than in the couple’s interests” (Long & Young, 2007:13).

Duvall (1954) references a study by the Family Service Association of America in 1949, in which the case records and treatment of 100 families was documented. The findings indicated that “parental ties” was identified as being a source of couple conflict and that “interfering relatives” was identified as being an external factor associated with couple

conflict. Duvall (1954:62) suggested that issues with in-laws varied across the family life cycle and were more common during the early years of marriage; with problematic in-laws reported to be the single biggest contributor to marriage break-down within the first year (Duvall, 1954:5). Further to this, Duvall (1954: 65) asserted that the husband's parents tended to be more over-involved in the couple's affairs than the parents of the wife; stating that more in-law related complaints came from women participants than men.

2.8. Emotional Incest and Therapy

Adams (1991: 99) asserts that the child who was involved in an emotionally incestuous relationship faces a tremendous struggle in the primary task of separating from the enmeshing parent; arguing this to be the reason that many children of such relationships are still inappropriately bonded with the parent well into adulthood.

Of the therapeutic models that have contributed to a better understanding of emotional incest, structural family therapy has been the most influential according to Love & Robinson, 1991: 1); who argue that family therapists were concerned primarily with the identified patient and his/her problematic behaviour in isolation, prior to Minuchin's deriving of the family as a system that impacts upon the individual members to a degree capable of inducing symptomatic behaviour.

As the discussion in this review has revealed; emotional incest is about more than just the invasive parent as an individual, and his/her need for an enmeshed relationship with the child and later the adult child. Rather, as Love & Robinson (1991) point out, emotional incest is symptomatic of a greater underlying dysfunction within the family system – reverberating through the sub-systems and boundaries of the unit as a whole and culminating in an enmeshed relationship between parent and child. According to Adams (1991:12), the enmeshed relationship played a part in the family's attempt to bring about equilibrium within itself and the adult child can only understand how and why that relationship came about, by exploring and understanding the dynamics that gave rise to it.

Adams (1991: vi) points out that many emotional incest victims are unable to identify their parental relationships as having encompassed an element of emotional harm. The

reality of a parent's behaviour toward a child in a covertly incestuous relationship is not simple. Adams (1991) further asserts that it isn't always the abuse, neglect or abandonment one suffers as a child which later manifests in adult problems, but rather the grave distortion in perception which results. "The classic example is, 'I beat you for your own good.' Certainly being beaten is damaging, but being told it is for one's 'own good' is the factor that will haunt the child for a lifetime. Being a covert incest victim is no different. It is a distortion in perception to believe that a parent's excessive 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" (Adams, 1991: 39).

Emotional incest and its outcomes can be addressed in individual, couple or family therapy. However, according to Love & Robinson (1991:30), people are unlikely to instigate therapeutic intervention; due to the family mythologies, denial and lack of objectivity that often encompasses it. Love & Robinson (1991:8) further assert that the syndrome goes undiagnosed and untreated because public awareness of it as a legitimate problem is limited and the phenomenon is more socially accepted than is sexual incest or other forms of parental abuse; adding to the likelihood that an emotional incest victim will present for therapy under a different pretext before the parental relationship is identified as playing a role in the experience of current difficulties.

According to Garber (2011:328), therapy that is focussed on the enmeshed parent-child relationship whilst the child is young, concentrates on re-directing the enmeshed parent's needs, re-establishing the child's healthy role within the family system and adequately preparing the child for his or her displacement from the enmeshed dyad. Individual child and parent-child psychotherapies are useful for facilitating a healthy re-alignment between parents and a de-triangulation of the child from the dysfunctional system; whilst couple and group psychotherapies have proven to be useful in helping enmeshed parents to "let go" and to encourage their children to progress in developmentally and age appropriate ways (Garber, 2011:329).

According to Love & Robinson (1991: 169) and Adams (1991: 100), therapy that is focussed on the enmeshed parent-child alliance with the adult-child, concentrates on the task of the adult "letting go" of the internalised emotional representations of that enmeshing parent, working through and understanding the implications that being in the

enmeshed relationship had for his or her emotional development, separating from the parent's emotional needs and demands and/or physically separating from the parent, where he or she has not yet done so (i.e. moving out).

As previously discussed, the intimate relationships of the adult-child are prone to experience a number of problems resulting from his/her childhood and current experience of the enmeshed relationship with the invasive parent. According to Snyder & Gasbarrini (2009), couple-based interventions can also be used in working with this issue because some interventions have been developed to treat impairing emotional or behavioural problems in the individual partners. Research shows that individuals reporting relationship stress are more likely than their non-distressed counterparts; to report problems with physical aggression, sexuality, finances and childrearing and are more likely to report experiencing mood disorders, anxiety or substance abuse (Snyder & Gasbarrini, 2009:347).

This is important and relevant to emotional incest because according to Love & Robinson (1991), the affected couple's acknowledgement of its need for intervention, does not necessarily dictate that the couple is aware of the influence enmeshed parental relationships has had on one or both of the partners; thus the couple is more likely to present for therapy for other reasons. "Typically, a couple will seek therapy for issues that involve emotional disengagement and waning commitment, power struggles, problem-solving and communication difficulties, jealousy and extra-marital involvements, value and role conflicts, sexual dissatisfaction, abuse and/or violence" (Gurman, 2010: 3). Whilst not all do, these intimate relationship issues all can originate from an emotionally incestuous relationship with a parent, making couple therapy an arena where this phenomenon is likely to surface and thus be able to be explored (Love & Robinson, 1991:51 -55).

Gurman (2010:3) asserts that there are various approaches to working with couples and that each approach is influenced by theory. Though salient principles and techniques are incorporated into each model of couple therapy; no two therapists' approaches to working with a couple will be exactly the same. Therapists bring their own past experience, culture and perceptions into the therapeutic space and this influences their approach to working with the couple. Regarding emotional incest, Goldenberg &

Goldenberg (2008:188) emphasise the importance of the therapist's having worked through any issues of enmeshment they may have had within their own families of origin; so as not to risk projecting these issues onto the clients or being triangulated into the couple's relationship during therapy.

Though the models of couple therapy include: structural, narrative, solution-focused, psycho-educational and many others; Gurman (2010:4) asserts that most couple therapists tend to be eclectic in their approach to couple intervention. Goldenberg & Goldenberg (2008:324) concur, stating that the integrated or eclectic approach to couple therapy is found to be most useful to therapists, because it involves focussing on the experiential, cognitive and behavioural elements of the couple. Long & Young (2007: xviii) state that the integrative approach recognises that couple therapy as an intervention has many different roots and that this contributes towards its usefulness. Using an integrative approach, the couple's problems and needs are addressed holistically; with the therapist incorporating strategies and techniques from various approaches, in order to work with the couple in a way that is tailored to and thus best serves the unique couple dynamic.

Long & Young (2007:8) refer to the internal perceptions that shape the new couple relationship. Largely unconsciously, parents model the couple relationship for their children; passing down memories, myths about becoming a couple, family secrets, memories and behavioural patterns from the generations preceding them. Children may strive to replicate their parents' relationship or endeavour to never become involved in a relationship that is remotely reminiscent of their parents'. Long & Young (2007:8) emphasise the importance of the couple therapist being cognisant of both partners' background and culture, and to work towards a better understanding of each individuals internal perceptions that he or she has brought to the couple from their families of origin.

2.9. Emotional Incest and the Influence of Culture

According to Bond (2009), research is only beginning to facilitate our understanding of the interchange between culture and relationships. Bond (2009:369) asserts that from a relational perspective, culture is defined as the norms, customs, values and beliefs that inform the matrix of interdependencies people have with each other as they move through the life cycle. Rubin & Chung (2006) further assert that "every psychological

construct, structure, function and process has cultural continuo or overtones” (Rubin & Chung, 2006:15).

Kerig (2005) asserts that Western psychology has been criticised for treating psychological constructs derived from the standards of industrialised, European societies as normative. Long & Young (2007: xvii) concur, stating that culture poses unique challenges to therapeutic intervention with couples. Couples from minority cultures are reluctant to present for therapy; the main reason being that therapists’ conceptualisation of couple problems and their delivery of therapeutic interventions are largely shaped by the western culture. Added to this, are factors such as language barriers, socio-economic standing and religious differences that can make engaging with couples from different cultural backgrounds a challenging task for the therapist and the couple.

Barker (2007:19) concurs, arguing that most therapists are unconsciously inclined to lean towards the norms and values that most closely resemble those which were experienced in their own childhood – and that this limits the therapist’s ability to engage with couples of different cultural backgrounds. Goldenberg & Goldenberg (2008:6) argue that therapists need to be cognisant of cultural aspects if they are to provide effective and unbiased therapeutic interventions. In order to be truly effective and holistic; assessment and intervention processes need to take into account the ways in which different cultures communicate, different cultures’ transactional patterns between men and women, ethnic identification factors, socio-economic factors, values and customs (Goldenberg & Goldenberg, 2008:6).

Kerig (2005) argues that in families affected by poverty, single-parent families and families where both parents have to work extensively to financially support the family; the "parental child" is a common experience. Using the African-American family to illustrate, Kerig (2005) describes working single mothers as often having to assign the task of caring for younger children to the oldest child; placing that child in a parental role. Where the responsibilities assigned to the child are clear and well-defined, with parenting functions delegated and not abdicated to the child; the parental child family structure may be adaptive. Kerig (2005) goes on to draw a distinction between this adaptive form and its maladaptive counterpart; highlighting how easily and how often the line between the two is crossed in most families. Still, Goldenberg & Goldenberg (2008)

and Garber (2011) emphasise that it is important that the circumstances (particularly socio-economic ones) that may necessitate the child performing adult functions within the family be considered and explored before the child's doing so is pathologised.

In considering the notion of parenting being a process that is liable to be influenced by culture; Rubin & Chung (2006:15) argue that parents are continually involved in the enculturation of their children and that this process of enculturation involves preparing them for the social, economic and psychological situations that are characteristic of the culture into which they were born and are to survive and thrive. Furthermore, this process of enculturation can be active or passive, intentional or unconscious and can vary in the degree to which the culture of the parent is passed onto the child (Rubin & Chung, 2006:15).

Bond (2009) and Rubin & Chung (2006) agree in their assertion that more research into the influence of culture on relationships in general, and parent-child relationships in particular, is needed. They argue that most of the long-standing models and theories that define "healthy" parent-child relationships are Westernised and culturally biased or excluding (Rubin & Chung, 2006:160; Bond, 2009:371). Indeed, the literature on emotional incest, boundary dissolution and parent-child enmeshment make little, if any reference to the influence of cultural factors and/or the notion that the enmeshed parent-child relationship may be considered favourable in particular cultures; possibly having different outcomes than those described in Western cultures.

According to Rubin & Chung (2006), culture informs almost every aspect of parenting. The variation in cultural beliefs and behaviours, exert influence on how children are raised and cared for, which behaviours parents encourage and discourage and how nurturing or punitive parents are and so on (Rubin & Chung, 2006:7). Parental universals can be culturally varied; depending on the psychological meanings attributed thereto. Western culture may consider a developmentally "healthy" child to be outgoing and outspoken; whereas Eastern culture may consider a developmentally "healthy" child to be reserved and soft-spoken (Rubin & Chung, 2006: vii). Therefore, culture influences which behaviours a parent may view as desirable and which behaviours may be viewed as maladaptive and thus requiring discouragement. Equally, culture may influence the manner in which the parent goes about eliciting or inhibiting certain child behaviours and

whether that manner is regarded as socially acceptable or not (Rubin & Chung, 2006: viii).

Rubin & Chung (2006) assert that several aspects of parent-child relationships are especially sensitive to cultural values. Furthermore, they state that independence and interdependence (also described as the notion of autonomy versus relatedness) are two basic cultural values that underlie many aspects of human development and the parent child relationship most significantly. Being that emotional incest is defined as encompassing the parent's inhibition of the child's development of autonomy and separation; independence and interdependence are further discussed from a culturally-informed perspective below:

East Asian culture adopts a "family model of interdependence". In these families, there is a higher prevalence than in Western families; for emphasis being placed on extended families, elders being seen as authority and parents residing with their children (Rubin & Chung, 2006:157). "In East Asian cultures, parent-child relationships are based on interdependence where children's obedience, filial piety, their compliance with parents' wishes and their lifelong duties and obligations in honor of their parents are highly valued" (Rubin & Chung, 2006:159). Harmony and cooperation characterise relationships based on interdependence and there is significant emphasis on the obligation and motivation for mutual reciprocation (Rubin & Chung, 2006:159).

Western culture adopts a "family model of independence". These families place emphasis on the individual and the fostering of an independent person. The parent-child relationship centres on independent developmental needs, encourages partnership, fosters the expression and negotiation of individual interests and is more open to the expression of intrafamilial conflicts and tensions (Rubin & Chung, 2006:159).

Research around culture and parent-child relationships is multi-focused and contrasting. Rubin & Chung (2006) identify how the empirical evidence from various cross-cultural studies contradict or criticize some of the long-standing Western assumptions of autonomy and development. One such study criticises the characterisation of autonomy as polarised – arguing that adolescents can become autonomous without having to forfeit relatedness with their parents (Rubin & Chung, 2006:160). Another study

suggests that in cultures where independence is coveted, autonomy and relatedness can favourably co-exist; however in cultures where interdependence is encouraged, autonomy is viewed as undermining relatedness (Rubin & Chung, 2006:160).

Kerig (2005) argues that because a central concept to the phenomenon of emotional incest is the stifling of autonomy and a lack of separation and/or independence from a parent; it is consistent with Western culture that emotional incest be viewed as pathological. However, it is evident that further exploration of the enmeshed parent-child relationship within the context of cultural values and norms is needed, so as to foster an understanding of the phenomenon that is more socially universal and culturally reflective – thereby informing therapeutic practices that are cross-culturally applicable.

2.10. Summary

This chapter has briefly reviewed some of the available literature pertaining to the topic of emotional incest; aiming to highlight that which is already known on the topic and which provides a back-drop against which the collected data was explored and analysed. The following chapter will specify the methodology that was used in the undertaking of this study.

Chapter Three – Research Methodology

3.1. Introduction

This chapter presents the research paradigm, design and methodology used in the undertaking of this study. In this chapter the areas of sampling, data collection, data analysis, ethical considerations, reflexivity, possible limitations to the study and data verification are explored.

3.2. Research Paradigm

De Vos (2001) describes qualitative and quantitative research as the two most recognised and widely utilised of the modern research paradigms. Each of the two paradigms has its own framework of beliefs and techniques within which research takes place - making them uniquely different; not only in terms of their approach to research but also in terms of the nature of the results that are eventually yielded. The researcher utilised the qualitative paradigm in this study of emotional incest because, "*The qualitative paradigm stems from an interpretive approach, is idiographic and thus holistic in nature and aims mainly to understand social life and the meaning that people attach to everyday life*" (De Vos, 2001: 79).

The nature of the research topic is sensitive and the researcher aimed to interpret and understand the phenomenon of emotional incest from the subjective perspective of the participants; rather than to offer an explanation or test a hypothesis for the purpose of generalisation. Within the qualitative paradigm, hypotheses are generated during the data collection and analysis stages, and measurement tends to be subjective (De Vos, 2001). Utilising a qualitative research paradigm allowed the researcher to undertake research that "*elicits participant accounts of meaning, experience or perceptions...produces descriptive data in the participant's own written or spoken words...and thus involves identifying the participant's beliefs and values that underlie the phenomena*" (De Vos, 2001: 79). The qualitative paradigm is thus the research paradigm that best facilitated the researcher meeting the goals of the study - namely to produce material that is insightful and allows for an understanding of the phenomenon of emotional incest that can be further explored later on and is from the perspective of (and thus of relevance to) professionals in the field of couple and/or family therapy.

3.3. Research Design

According to De Vos (2001), research design speaks to the objectives of the research and determines how the chosen research paradigm will be applied to answer the research question. Depending on its goal and objectives – research can be either basic or applied; whilst also being either exploratory, descriptive, explanatory, correlational, evaluative, intervention or participatory action in design. Careful consideration should be afforded to selecting a design that will most effectively meet the research objectives (De Vos, 2001: 109). De Vos (2001), states that the conducting of basic research involves the researcher seeking the answers to questions that could impact future thinking. Emotional incest is an area of research that is yet to be independently charted, within the South African context.

The researcher attempted to locate widespread literature that solely considers and explores the type of parent-child relationship that the term emotional incest conceptualises. What the researcher found was that regardless of the term used to describe this relationship (e.g. enmeshed or co-dependent); the prevalent literature largely discusses the phenomenon within the constructs of another social malady e.g. alcoholism, mental illness or abuse. The researcher also found that no previously conducted research focuses on the experiences and perceptions of therapists who encounter this type of parent-child relationship in therapeutic practice. The primary goal of this research is thus to provide knowledge, understanding and interest in future exploration; making this study a form of basic research.

"Descriptive research presents a picture of the specific details of a situation, social setting, or relationship and focuses on "how" and "why" questions. The researcher therefore begins with a well-defined subject and conducts research to describe it accurately...in qualitative studies, description is more likely to refer to a more intensive examination of the phenomena and their deeper meanings, thus leading to a thicker description" (De Vos, 2001: 109). The first aspect of this study focuses on the offering of information and evidence pertaining to the existence of emotional incest as a real phenomenon; looking at the experiences and perceptions of those who have produced literature related thereto. A lack of extensive South African literary material on this type of parent-child relationship means that the phenomenon of emotional incest is defined in terms of the American literature that the researcher found to conceptualise it. The

research is descriptive as it provides information that considers "how" and "why" emotional incest is conceptualised and understood as it is in the available literature.

According to De Vos (2001), exploratory research is conducted to gain insight into a situation, phenomenon, community or individual. *"The need for such a study could arise out of a lack of basic information on a new area of interest, or in order to become acquainted with a situation so as to formulate a problem or develop a hypothesis. Exploratory research may be the first stage in a sequence of studies"* (De Vos, 2001: 109). For this exact purpose, the second aspect of this study focuses on exploring the nature and prevalence of the phenomenon of emotional incest in the context of couples presenting for therapy in Cape Town; aiming to gauge whether the experiences and perceptions of indigenous therapists correlate with those of therapists abroad - where the phenomenon of emotional incest appears to be more extensively acknowledged, researched, and documented. The objectives of this study involve exploring, examining and considering the experience and perceptions of therapists who may have encountered emotional incest in their work with couples. Thus in addition to the research design of this study being basic; it is also both descriptive and exploratory in nature.

3.4. Sampling

Sampling is one of the most important steps in the research process. De Vos (2001) defines sampling as *"taking a portion of a population or universe and considering it representative of that population or universe. The term universe refers to all potential subjects who possess the attributes in which the researcher is interested. Population refers to individuals in the universe who possess specific characteristics, or to a set of entities that represent all the measurements of interest to the practitioner or researcher"* (De Vos, 2001: 209). Sampling methods can be classified as being either probability or non-probability in nature, which refers to the randomness with which participants are chosen to partake in the research.

The research population of this study includes family/couple/casework psychologists, psychiatrists, social workers, experienced counsellors and other professional practitioners working with couples presenting with relationship problems in Cape Town – all of whom are categorised and referred to as "therapists" for the purpose of this study. Non-probability sampling was utilised in order to draw a sample of participants from this

population for the undertaking of this study and De Vos (2001) states that non-probability sampling is non-random, and includes methods such as accidental sampling, quota sampling, dimensional sampling, target sampling; as well as the purposive and snowball sampling methods that were utilised in the undertaking of this study.

Purposive sampling was used because the intended sample group was known. *"This type of sample is based entirely on the judgement of the researcher, in that a sample is composed of elements that contain the most characteristic, representative or typical attributes of the population"* (De Vos, 2001: 207). Snow-ball sampling involuntarily occurred too; due to participating professionals referring the researcher to other professionals whom they felt would be able to provide relevant research material towards the study. *"Snowballing involves approaching a single case that is involved in the phenomenon to be investigated, in order to gain information on other similar persons. In turn this person is requested to identify further people who could make up the sample"* (De Vos, 2001: 208).

The research sample consisted of fifteen professionals who work with couples within the context of providing counselling, therapy and/or intervention for relationship problems. All participants are professionals whose interaction with couples is on a voluntary basis and where the presenting couples have acknowledged that their relationship is experiencing difficulties related to a problem that requires professional assistance.

3.5. Data Collection

3.5.1. Data Collection Method

The method of data collection that was utilised in the undertaking of this study, was that of face-to-face semi-structured interviews. De Vos (2001) states that semi-structured interviews are best used in instances where the researcher is interested in complexity or process, or where an issue is controversial or personal, because it requires the researcher to afford forethought to sensitive areas and the actual wording of questions. *"In general, researchers use semi-structured interviews to gain a detailed picture of a participant's beliefs about, or perceptions or accounts of, a particular topic"* (De Vos, 2001: 302). The semi-structured interview was thus the best method to utilise in the undertaking of this study; being that the topic was of a sensitive and somewhat controversial nature.

3.5.2. Data Collection Instrument

The data collection instrument that was utilised in the undertaking of this study, was that of a semi-structured interview schedule. *“An interview guide is more structured than an informal conversational interview, because it relies on some general themes to be explored with all informants. These interviews are therefore more formal and participants are usually asked to sign consent forms, agreeing to participate. These interviews also have a clear start and finish time and participants can be given a list of themes to be covered in the interview. However, while there is some structure, the researcher can also ask probing questions and follow up on responses as needed to develop the depth required”* (D’Cruz & Jones, 2004: 111-112).

The researcher found that having predetermined questions to guide the interview ensured that all the desired research areas were covered; whilst providing the participant with a foundation upon which to expand - thereby alleviating the pressure on the participant and allowing both the researcher and the participant flexibility and guidance during the process of the interview.

3.5.2.1. The Conducting of a Pilot Interview

With the research topic being sensitive in nature; the researcher chose to conduct an interview in which to pilot the interview schedule. The pilot participant was the first participant approached to partake in the study. This was ideal as the pilot participant has substantial experience in working with couples. The pilot interview was conducted prior to commencing the data collection stage of the research process with the research sample. The pilot interview was useful namely in that it allowed the researcher to identify questions that needed to be re-worded in order to clarify what the researcher wanted to know from the participants. In doing a pilot interview, the researcher was able to obtain valuable insight and information that informed the number, structure and arrangement of the final interview schedule questions; so as to maximise the collection of data that was applicable to the study.

3.5.3. Data Collection Tool

The data collection tool that was utilised in the undertaking of this study, was that of a tape recorder. *“A tape recorder allows a much fuller record than notes taken during the interview. It also means that the researcher can concentrate on how the interview is*

proceeding and where to go next...The tapes can later be transcribed for close analysis” (De Vos, 2001: 304). The use of a tape recorder was preferred above the use of field notes alone, as a tape recorder allowed for a more effective and reliable means of physically collecting and storing the research material, whilst also allowing the researcher to capture and recall the verbatim account of each participant; ensuring that no detail or depth was lost prior to analysis.

3.6. Data Analysis

"Analysis is a breaking up, separating, or disassembling of research materials into pieces, parts, elements, or units. With facts broken down into manageable pieces, the researcher sorts and sifts them, searching for types, classes, sequences, processes, patterns or wholes. The aim of this process is to assemble or reconstruct the data in a meaningful or comprehensible fashion" (Jorgensen, 1989: 107)

The researcher analysed the collected research data using Tesch's (1990) approach to qualitative data analysis (De Vos, 2001). This approach involved transcribing all the completed interviews and analysing the contained information through the use of *open coding* (breaking down, comparing and categorising data), *axial coding* (putting data back together, making connections and forming new categories) and *selective coding* (selecting the core category and linking themes and other categories to it). Colour codes were used to highlight interesting points and quotes. The gathered data was differentiated into the themes, categories and sub-categories that emerged; formulating into a framework for analysis. The researcher then used the framework to draw the research findings (De Vos, 2001: 343).

3.7. Reflexivity

“Reflexivity refers to how the researcher critically and self-consciously reflects on the ways in which he or she is shaping the research process. Rather than ignore or deny the fact that a researcher will have an impact and a presence in the research setting; qualitative researchers are expected to openly acknowledge how their motives, beliefs, values and commitments impact their work” (Allen, 2009: 1317). The researcher acknowledges that witnessing the experiences of extended family and friends, lead her to ponder the existence of emotional incest as a real phenomenon; one which impacts the self-esteem, motivation and ambition, career path, identity, emotional and physical independence, as well as the intimate relationships of the affected adult-child. This

experience led the researcher to perceive emotional incest as a misunderstood and often difficult issue to broach with both affected children and their parents.

The researcher set out to investigate this phenomenon, in order to explore whether this was an issue that affected adults outside of her community of family and friends. The researcher's interest in this topic was hence born of the intrigue that accompanied observing such a complex phenomenon first-hand; yet struggling to fully comprehend or understand the origins and implications of it. It was clear from the beginning of the research process that the researcher needed to remain aware of the potential for contaminating the research with subjective perceptions, experiences or expectations. The goal of the study was always intended to be the gaining of an understanding of emotional incest - in addition to fostering an appreciation of the existence of such a complex phenomenon. Whilst passionate about and intrigued by the topic due to personal observation, the researcher remained cognisant of the fact that the intended purpose of the study is that of acquiring knowledge on the topic and insight into how it presents in couple therapy practice - so as to create an increased awareness thereof, in terms of professional practice (both for herself and her fellow practicing professionals).

3.8. Ethical Considerations

3.8.1. Withholding Information

De Vos (2001) describes withholding information from or offering inaccurate information to a participant, as deception of said participant. Under no circumstance is it acceptable to deceive a participant in order to gain their consent to participate, where they may possibly have refused otherwise. De Vos (2001) mentions three possible reasons why participants may be deceived in the undertaking of research: *“To disguise the real goal of the study, to hide the real function of the actions of the subjects, to hide the experiences that the subjects will go through”* (De Vos, 2001: 67). The researcher did not withhold any information from the research participants, nor was doing so in any way, shape or form; a necessary task in the fulfilling of the research objectives. All of the participants were professionals in the mental health field, whose valued insights and experiences were sought due to the researcher wanting a true and fair indication of the experiences and perceptions of therapists working in the field of couple therapy practice.

The researcher was aware of the fact that the research topic is a sensitive one. The term "incest" elicits a strong emotional response for most individuals - based on both the larger social and their individual perceptions and understandings of the term in its sexual context. The researcher acknowledged that highlighting the study's intent to explore *emotional* incest and offering a definition of the concept to participants was thus crucial in order to avoid ambiguity and participants' misunderstanding of the context and content of the research to be undertaken. The researcher wanted to ensure that approached participants were not curbed from partaking due to the potential for emotional unease, arising from the stigma or perceptions attached to the term "incest".

The researcher ensured that the research topic, questions, objectives and the rationale for undertaking this study were fully disclosed to all participants beforehand; ensuring that all participants were well-informed and thereby minimising the risk of any participant withdrawal further along in the research process. The researcher sent each participant an electronic mail in which information about the researcher's qualifications, background and motivations for undertaking the study were provided. The researcher ensured that the electronic mail accompanied a document which outlined the research proposal, and included extracts from the prominent literature used as the foundation of this study. After reading the above-mentioned documents, the potential participants were required to confirm their participation and the research interviews were then scheduled.

3.8.2. Confidentiality

According to De Vos (2001), "The more sensitive the information, or the more concealed the manner in which the information was gathered, the greater the responsibility of the researcher and all concerned to treat the information as extremely confidential. All possible means of protecting the privacy of respondents should be applied" (De Vos, 2001: 69). The researcher was confident that the maintenance of confidentiality would not be an issue because the research topic in no way required the divulging of information that was likely to require the breaching of confidentiality, e.g. life-threatening or harmful information. All the data gathered was based on the perception and understanding of the participants in relation to emotional incest; as well as insights gained from their subjective experiences with their own clients who were or may be affected by emotional incest. Furthermore, all research participants were assigned codenames for the purpose of confidentiality - E.g. Participant A, Participant B,

Participant C and so forth. Confidentiality was of the utmost importance in respect of participants sharing examples and experiences from their practice. Where case examples were offered for the purpose of illustration and insight - confidentiality was strictly maintained; with none of the participants disclosing the names of clients, nor any information that would compromise their own confidentiality agreements.

3.8.3. Informed Consent

According to De Vos (2001), obtaining informed consent from all participants is a crucial part of the research process; where the researcher must take due care to ensure that the participants are made aware of all the necessary aspects of the interview and research processes, as well as their intended outcomes. *“Obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, as well as the credibility of the researcher, be rendered to potential subjects or their representatives. Emphasis must be placed on accurate and complete information so that subjects will fully comprehend the investigation and consequently be able to make a voluntary, thoroughly reasoned decision about their possible participation”* (De Vos, 2001: 65).

When approached to partake in the study - all participants were forwarded an electronic document that provided an outline of the research proposal as well as extracts from and details of the prominent literature used as the foundation of this study. The researcher did this as a means of ensuring that all participants were fully informed of the research rationale, objectives and purpose; as well as the expectations that would be placed upon them as participants. Once committed to the research, a consent form was read and signed by each participant prior to the commencement of their interview. The researcher was also sure to make it explicitly clear to all participants that they were free to voice their discomfort and withdraw from the study, should they feel the need to do so at any point during the research process.

3.8.4. Release of Findings

According to De Vos (2001), *“The findings of the study must be introduced to the reading public in written form, otherwise even a highly scientific investigation will mean very little and will not be viewed as research. An ethical obligation rests on the researcher*

to ensure at all times, that the investigation proceeds correctly and that no one is deceived by the findings” (De Vos, 2001: 72). One of the primary aims of this study is to create awareness or further recognition amongst the professional counseling community that: 1. Emotional incest is a phenomenon that presents in couple therapy and that 2. Therapists do have perceptions thereof that may have implications for therapy. A copy of this study will therefore be made available to all participants who have expressed an interest in knowing the findings thereof.

Regarding the compilation of the final report and the release of findings; the researcher was also sure to observe the following guidelines, identified by De Vos (2001):

- The researcher has endeavored to produce a final written report that is accurate, objective, unambiguous and that contains all essential information
- The researcher recognises that all forms of emphasis or slanting in a bid to bias the research outcomes are unethical and has avoided doing so
- The researcher has given due recognition to all sources consulted in the process of undertaking the study
- The researcher has acknowledged her short-comings and errors
- All participants will be informed about the findings of the study in an objective manner, without offering too many details or impairing the principle of confidentiality; as a form of recognition and expression of gratitude for their participation.

(De Vos, 2001: 72)

3.9. Possible Limitations to the Study

3.9.1. Use of the term “Emotional Incest”

“The term emotional incest comes from the pioneering work of Pia Mellody, a nationally recognised authority on co-dependence, who first delineated this area of parental abuse. The term is appropriate when a parent’s emotional invasiveness is severe. A child has a right not to expect sexual invasion OR psychological invasion from a parent” (Love, 1991: 271). The term “emotional incest” is not found nor used in any South African literature. Despite the term being defined and used in published works abroad, the researcher was cognisant of the subjective and social meaning that is attached to the word “incest” and the implications that this could have for the study. In order to minimise

the risk of ambiguity and confusion on the part of participants – the researcher endeavoured to explicitly define and describe the phenomenon of emotional incest and the use of the term, as it is conceptualised in the literature underpinning this study. The researcher clearly identified the goal of this research as being the exploration of the *phenomenon* of emotional incest and not whether the use of the term itself is debatable.

The researcher ensured that when participants were approached to partake in the study; each participant was provided with an electronic document that offered a working definition of the phenomenon. The following description of the phenomenon was also incorporated into the interview schedule: *“It is evident that emotional incest is not a new phenomenon; the term has been used to describe the relationship between a parent and child that involves expecting the child to fulfil adult emotional roles; without there being actual physical/sexual involvement. The child becomes the object of a parent's affection, love, passion and preoccupation. The parent, motivated by the loneliness and emptiness created by a chronically troubled marriage or relationship, makes the child a surrogate partner. Over time, the child becomes preoccupied with the parent's needs and a psychological marriage between parent and child results”* (Adams, 1991: 9).

Following the conclusion of the pilot interview, the researcher realised that the use of the term “emotional incest” to describe the phenomenon of parent-child enmeshment, could be incorporated into the study, as a component of therapists’ perceptions of the phenomenon. The pilot participant’s opposition to the use of the term caused the researcher to contemplate whether other participants’ responses would correlate or contradict that of the pilot participant. To further minimise ambiguity and confusion, the researcher incorporated prompts into her interview schedule, whereby the term “emotional incest” was also described as “parent-child enmeshment”. The researcher did this in order to continuously focus the participants’ discussion around the *phenomenon*; by ensuring that all participants knew that they were free to describe the phenomenon using terminology they were comfortable with. In doing so, the researcher was able to ensure that the participants focused on discussing their perceptions and experiences related to the *phenomenon* of emotional incest, as opposed to debating the use of “emotional incest” as a term in general.

3.9.2. Research Paradigm

The undertaking of qualitative research is in itself a time-consuming venture; with interviewing subjects, transcribing interviews and analysing the gathered data being an intricate process that requires diligence and enthusiasm. The researcher inevitably runs the risk of falling behind schedule, should the research process encounter complications related to participants, costs, and/or other factors. Furthermore, the qualitative approach to research is not an objective process; rather it is one that encompasses value judgements. Allen (2009) states that these judgements need to be acknowledged, so as to prevent them from negatively influencing the research process and outcomes. *“In the qualitative paradigm, the researcher is an active participant in the research process. The researcher is not a silent partner, but is explicitly engaged in the entire research endeavour. Key to qualitative research; is reflective awareness of how the researcher’s own hunches, passions, personal experiences and insider’s knowledge about the topic is also integrated into the mix”* (Allen, 2009: 1317). From the onset of the research process, the researcher acknowledged a personal fascination with the research topic and the underlying reasons for this fascination.

The researcher communicated to the participants that the goal of the study was to explore whether emotional incest was a phenomenon that existed and presented in the realm of couple therapy; and the researcher discussed the motivations for wanting to undertake this exploration. The researcher found that because of a personal motivation to learn more and a fascination with the research topic; the researcher’s passion and enthusiasm towards the undertaking of this study has not waned over the course of the research process - but rather it has been useful in the continued progressing thereof .

3.9.2. Research Design

As previously discussed in the body of this report, De Vos (2001) says the following of exploratory research: *“The need for such a study could arise out of a lack of basic information on a new area of interest, or in order to become acquainted with a situation so as to formulate a problem or develop a hypothesis. Exploratory research may be the first stage in a sequence of studies”* (De Vos, 2001: 109). Before conceding to use the term “emotional incest” to describe the research topic, the researcher attempted to find literature that explored the phenomenon in the South African context. The researcher considered that the present ‘lack of information’ could be due to the term emotional

incest not being used in the South African context; and that this could be a limitation to the study being exploratory in nature. To minimise this limitation, the researcher endeavoured to find material on enmeshment, co-dependency, parental over-involvement and boundary dissolution; to name a few of the terms used by South African therapists to describe the phenomenon referred to as emotional incest in the literature underpinning this study.

The researcher found that the material collected did not extensively explore the over-involved parent-child relationship and its implications as an independent phenomenon and that the available resources on enmeshment/co-dependency/blurred boundaries/over-involvement; are predominantly located in the context of the family structure and/or how this enmeshment/co-dependency/boundary dissolution/parental over-involvement presents or is implicated in cases of substance abuse, mental illness, domestic violence and a host of other family and individual maladies. The researcher found that the significance of the over-involved parent-child dyad *as a phenomenon* in its own right was not overly explored, irrespective of the term used to describe it. This study's research design is thus not significantly limited by the use of the term "emotional incest".

3.9.3. Sampling

Use of the purposive sampling method dictated that the researcher use her discretion when deciding what constitutes a representative sample. According to De Vos (2001), this can be disadvantageous because the judgement of the researcher is the prominent factor and can be contested as being inaccurately representative by fellow researchers. This study is very focused in terms of the topic it aimed to explore and the fact that therapists working with couples were the targeted population. The researcher was only selective in approaching participants to the extent of ascertaining that all participants were therapists experienced in working with couples; and participants were not accepted or rejected on any other merits. The possibility that participants could be unreliable or terminate their participation was something that the researcher remained cognisant of. More participants than was necessary for the study were thus approached to ensure that a deficit of participants was avoided.

In order to keep the sample as representative as possible, the researcher approached participants from across the greater Cape Town area; sourcing participants on the internet and contacting them electronically. Participants in the study were based in practices in the Southern and Northern Suburbs, the Atlantic Seaboard and the Cape Flats. The participants were targeted by way of internet searches for “therapists”, “mental health professionals” and “counsellors” who provide couple therapy. Though a large proportion of the sample population was approached, the researcher recognises that the significantly smaller end research sample of 15 participants compromises the external validity of the study and its ability to be generalised. The researcher does recognise however, that this study does not endeavour to be representative of all or even a particular group of therapists in Cape Town or South Africa. Rather, what the research sets out to explore, is whether emotional incest is a phenomenon being encountered in couple therapy practice within a South African context and what the interviewed therapists’ perceptions and experiences are in relation thereto.

3.9.4. Data Collection

3.9.4.1. Data Collection Method

The method of data collection involved face-to-face semi-structured interviews. Interviews are time-consuming to arrange, conduct and transcribe, but in addition to this; De Vos (2001) states that interviews have limitations in that they *“involve personal interaction and cooperation is therefore essential. Participants may be unwilling to share, and the researcher may ask questions that do not evoke the desired responses from participants. Furthermore, the responses could be misconstrued or even, at times, untruthful”* (De Vos, 2001: 305). Interviews allow access to participants’ verbalised perceptions and experiences, but the researcher has limited access to the participants’ real life behaviour. Therefore, it is possible that participants may provide factual inaccuracies for varying reasons, during the process of being interviewed (Carey, 2009: 122). Although the participants were all mental health professionals; providing insights and perceptions that relate mostly to their account of third party experiences - the researcher reviewed the interview transcripts for any inconsistencies, as part of the research process.

Furthermore, De Vos (2001) highlights another possible limitation to interviewing, stating that “*researchers must avoid the risk of changing the interviewing relationship into a therapeutic one, as the goals for each are different*” (De Vos, 2001: 305). The research sample consisted of mental health professionals who are all in the field of providing therapy themselves, and thus the risk of the interview relationship becoming therapeutic was significantly minimised. Another possible limitation to the study was that the nature of the participants’ professions dictated that a few interviews had to be cancelled and re-scheduled, due to client emergencies. The researcher was able to manage and accommodate this, by starting with a slightly larger sample than the 15 optimally required for the study. In doing so, the researcher ensured that she still had a sizable sample; despite 5 participants being unable to further partake after having to cancel their initial interview appointments.

Lastly, the researcher found that adding ‘prompts’ to her copy of the interview schedule, allowed for her to encourage responses from participants who were not as forthcoming in response to the initial questions posed. The prompts also served to keep the researcher focused and offered options for further discussion, in instances where the interview process appeared to stagnate due to the participant’s minimal responsiveness to a question.

3.9.4.2. Data Collection Instrument

Though the researcher made use of an interview schedule, as a means of guiding the interview process; Allen (2009) states that “*the researcher is the primary instrument of qualitative data collection and interpretation because the researcher, to varying degrees, actively participates in and observes individual, couple and family experiences in natural settings*” (Allen, 2009: 1315). During the reflective process, the researcher acknowledged how personal motivations for undertaking the study, along with first-hand observations of emotional incest; might influence the researcher’s participation and observations – and thus the research process. To minimise this influence, the researcher endeavoured to ensure that the questions contained in the interview schedule were as objective and non-leading as possible. Being that the research participants were all mental health professionals, the researcher realises that the interview questions could have been more explicitly phrased; as the use of professional jargon and terminology would not have negatively affected the interview. The researcher acknowledges that

some of the interview questions were unnecessarily long-winded and would have been more effective, had they been put across in the simple form of the research question itself.

3.9.4.3. Data Collection Tool

The researcher made use of a tape recorder as a means of physically collecting and storing the research material. *“Tape recording does have its disadvantages, however. The participant may not feel happy being taped and may even withdraw. Tape recorders should therefore be placed inconspicuously so as not to unnerve the participant or the novice researcher”* (De Vos, 2001: 304). The researcher found that none of the participants opposed the use of a tape recorder during the interviews; with some attributing their ease to the fact that they had conducted some form of research themselves in the process of attaining their professional qualifications. The researcher was sure to attend each interview prepared to take field notes though, in the event that the participant opposed the use of a tape recorder. The length of time taken to record and transcribe each recorded interview was a possible limitation to the study. In order to maximise the time available, the researcher chose to utilise the simultaneous approach to data analysis. *“The simultaneous process, where data collection and data analysis proceed at the same time, is most associated with the qualitative paradigm. Each new case is used to inform, refute or refine the emerging data analysis”* (Allen, 2009: 1317). The researcher partially transcribed interviews as they were completed – making notes of emergent key points to begin and develop the analysis process.

3.9.5. Data Analysis

“Qualitative data analysis, like quantitative data analysis, also involves looking for patterns and meanings. With qualitative data analysis however, the researcher is more involved in generating the patterns and the interpretation of meaning. Some argue that the researcher is an ‘instrument’ in the process. Stakeholders positioned within different paradigms or who disagree with the research outcomes can make accusations of bias and subjectivity as ways of attacking the credibility of the research” (D’Cruz & Jones, 2004: 152 – 153). Following the completion of the pilot interview, the researcher recognised that the research topic is sensitive and complicated in nature and that participants’ responses to the term ‘emotional incest’ and to the opinions of other therapists in the field would likely be conflictual; making the undertaking of the study all

the more intriguing. The researcher also recognised the importance of acknowledging that opposing views are likely and identifying what these might be.

Furthermore, the researcher was cognisant of the need to make her personal positioning explicit and to practice objectivity all the more strongly, in light of the controversial nature of the research topic (D'Cruz & Jones, 2004: 153). The researcher recognises that the data gathered is based on the subjective experiences and interpretations of the participants interviewed and that this subjectivity extends to any findings pertaining to case examples they may have presented during interviews. The researcher was therefore cautious to acknowledge this when re-presenting the responses and experiences of participants in the analysis and findings sections of this report; whilst maintaining an awareness of the potential influence of the researcher's own interpretations of meaning and patterns in the analysis process.

3.10. Data Verification

According to Lincoln & Guba (1985), there are four assessment criteria by which qualitative research is deemed to be "sound". These criteria are: credibility, transferability, dependability and confirmability.

3.10.1. Credibility

The nature of qualitative research dictates that owing to the parameters of the setting, population and theoretical framework within which it is conducted; it cannot help but be valid, provided that the parameters of the study are adequately stated (De Vos, 2001:352). In order to enhance credibility, the researcher endeavoured to clearly state the parameters of this study (as identified in chapter three of this report) to all of the participants; thereby ensuring that all identified with the research parameters. The participants were purposively selected to ensure that they met the criteria necessary to keep the research within its parameters. The interview schedule was carefully drafted so as to yield relevant data that spoke to the research problem - without bias, and the researcher piloted the interview schedule to be sure of its validity. The use of a tape recorder ensured that all of the data was captured objectively and comprehensibly. The use of quasi-statistics to support generalisations during analysis ensured that the researcher did not focus on rare themes at the expense of more prevalent ones and that the themes and categories that emerged from the data were not merely "sought out"

anecdotes of the researcher's pre-conceived notions or theories related to the research topic.

3.10.2. Transferability

Often, the specificity of qualitative research in its application to a particular setting and population dictates that the generalisation of qualitative findings to other settings is problematic (De Vos, 2001:352). In order to enhance the transferability of the study, the researcher was sure to clearly identify the research context and the assumptions that were central to the research. The onus is on those wishing to transfer the study to a different context to decide how sensible such a transfer would be.

3.10.3. Dependability

The qualitative assumption that the social world is always evolving dictates that the replication of qualitative research can be problematic (De Vos, 2001:352). The researcher recognises that this study's emphasis on eliciting the subjective meanings and professional accounts of individual participants' dictates that a degree of variability in any attempted replication is to be expected and that no replication will occur within the exact same, unchanged social context as that of this study. Even if the context and assumptions of further studies were to be closely matched to that of this study – the researcher acknowledges that new participants' may have different personal perceptions and different professional experiences; meaning that the findings of further studies on emotional incest, or attempted replications of this study are unlikely to be **identical** to that of this study. In order to maximise the dependability of the study, the researcher attempted to ensure that the integrated processes of data collection and data analysis were explicitly identified and discussed. All collected data is documented and available should it be required for future research.

3.10.4. Confirmability

According to De Vos (2001), confirmability speaks to the notion of objectivity – whether the findings can be confirmed by another and are supported by the data collected. In order to enhance the confirmability of the study, the researcher actively searched for and described instances that contradicted prior observations in the literature, so as to ensure that the researcher did not seek to “find” data that confirmed pre-conceived notions. The researcher also examined the data collection and analysis procedures and made

judgements about the potential for bias or distortion and how to minimise them. Supervisor consultations were sought throughout the research process to ensure that objectivity was maintained and that the researcher remained focused on the parameters of the study and did not get distracted with the myriad of interesting and contrasting subjective opinions and insights that were shared by participants.

3.11. Summary

This chapter discussed the research design and methodology used in the undertaking of this study, in addition to discussing some of the possible limitations the researcher considered and encountered. The following chapter will present the researcher's analysis of the data collected from participants.

University of Cape Town

Chapter Four – Analysis and Discussion of Findings

4.1. Introduction

This chapter presents and discusses the findings drawn from the data collected during the fifteen undertaken interviews; all of which were analysed using Tesch's eight step approach to qualitative data analysis (De Vos, 2001: 346-347). In this chapter, the researcher compares the findings with the body of knowledge offered in the literature review; using participant quotes to elaborate on key themes and unpack meaning.

4.2. Profile of the Sample

A total of fifteen participants – five men and ten women – were included in the study. Professional categories included one psychological counsellor, one educational psychologist, three clinical social workers, five counselling psychologists and five clinical psychologists. Years in practice ranged from four to thirty years, with an average 16 years practical experience. All the participants had experience in couple therapy; in addition to being experienced in group, family and/or individual therapy. In considering the work contexts of the sample: eleven participants are based in private practice; three participants are based at a Non-Government NGO that provides family and couple counselling and one participant is based at a private rehabilitation centre.

Professional Qualification	Gender	Years in Practice	Work Context
Clinical Psychologist	Female	16	Private Practice
Counselling Psychologist	Female	23	Private Practice
Clinical Psychologist	Male	4	Private Practice
Educational Psychologist	Female	20	Private Practice
Clinical Psychologist	Female	30	Private Practice
Clinical Psychologist	Male	15	Private Practice
Psychological Counsellor	Male	4	Non-Government Organisation
Counselling Psychologist	Female	9	Private Practice
Clinical Social Worker	Female	15	Non-Government Organisation
Clinical Psychologist	Male	17	Private Practice
Counselling Psychologist	Male	6	Private Rehabilitation Centre

Counselling Psychologist	Female	7	Private Practice
Counselling Psychologist	Female	13	Private Practice
Clinical Social Worker	Female	29	Private Practice
Clinical Social Worker	Female	30	Non-Government Organisation

Table 1: Demographics of Respondents

4.3. Analysis and Discussion of Key Findings

The analysis of the collected data was structured around six key themes that related to the research objectives. The framework for analysis was formulated around these six themes, which are: Therapists' perceptions of emotional incest, Therapists' experiences of emotional incest in couple therapy practice, Emotional incest as a phenomenon encountered in couple therapy practice, Presentation of emotional incest in couple therapy, Impact of emotional incest on the couple relationship and Therapists' approaches to intervention with couples affected by emotional incest. Due to the limited scope of the study, all of the valid information that was elicited from participants during the in-depth interviews could not be incorporated into the framework for analysis. As the researcher analysed the data, it became apparent that repetitive concepts, ideas and perceptions were emerging across various interviews and were being expressed and discussed by a number of participants. Thus, those concepts, ideas and perceptions that were identified by the majority of the participants were formulated into research categories and sub-categories.

Presentation of the research findings will involve each theme being presented individually, with related categories and sub-categories being identified and explored. This in-depth discussion of each theme aims to explore not only the participants' responses in their individual interviews, but also the contextual information found in the literature review, drawing comparisons that either collaborate or challenge the data provided by the participants. The framework for analysis can be found below:

Themes and Sub-Themes	Categories and Sub-Categories
<p><u>Therapists' Perceptions of Emotional Incest</u></p> <p>1. The Term</p> <p>2. The Phenomenon</p>	<p>1.1. Notion of abuse</p> <p>1.2. Under emphasis of the problem</p> <p>2.1. Causes</p> <p>2.1.1. Intergenerational transmission</p> <p>2.1.2. Present unmet parental needs</p> <p>2.2. Influencing Factors</p> <p>2.2.1. Cultural and socio-economic factors</p> <p>2.2.2. Reference to apartheid</p> <p>2.2.3. High risk families</p>
<p><u>Emotional Incest as a Phenomenon Encountered in Couple Therapy Practice</u></p>	<p>1. Participant encounters</p> <p>2. Perceptions of the phenomenon in general</p>
<p><u>Therapists' Experiences of Emotional Incest in Practice</u></p>	<p>1. Differences in the proportion and manner of mother versus father enmeshment</p>
<p><u>Presentation of Emotional Incest in Couple Therapy</u></p>	<p>1. Other presenting problems</p> <p>2. The spouse as the initiator</p>
<p><u>Impact of Emotional Incest on the Couple Relationship</u></p>	<p>1. Repeating the parental relationship</p> <p>2. Relationship break up</p>
<p><u>Therapists' Approaches to Intervention</u></p>	<p>1. Working eclectically</p> <p>2. Referral to individual therapy</p> <p>3. Need for research that informs intervention</p>

Table 2: Framework for Analysis

4.4. Therapists' Perceptions of Emotional Incest

Two sub-themes emerged in relation to therapists' perceptions of emotional incest, namely: therapists' perceptions of the term emotional incest and its use, and therapists' perceptions of the phenomenon of emotional incest. The categories that emerged from these sub-themes included: the notion of abuse, the under emphasis of the phenomenon, causes and influencing factors. The sub-categories that emerged from these categories included: intergenerational transmission, problems in the parental relationship, cultural and socio-economic factors and references to apartheid.

These sub-themes, categories and sub-categories will now be further explored:

4.4.1. Therapists' Perceptions of the Term Emotional Incest and its Use

None of the fifteen participants had heard of the term emotional incest prior to engaging in this research study. All of the participants were, however, able to grasp the concept and understood the phenomenon to which the term refers.

"Well I've never really thought about the term in those words. You pick up that there's a lack of boundaries...that's a very common thing. You pick up that very often, parents express themselves through their children and so they're blind to their children as individual beings in their own right. But I'd never put it in those terms...it's a very interesting term that you've used" – **Participant B**

"Well I would think of it in the way of forming part of enmeshed family boundaries....and where the child becomes parentified in a way...where they become the emotional partner of one of the parents. So that's kind of the way that I would picture it" – **Participant G**

"I hadn't heard the term before you approached me to take part in your research...and I guess it's quite a useful term to use, sort of short-hand... I wouldn't have conceptualised it as incest, myself...I'm not very good at categorising things...I prefer to look at the particular things. I suppose for me I guess that it is some kind of abuse of power in an emotional way within the family" – **Participant K**

Six participants identified "enmeshment" as the term they used when describing or conceptualising the phenomenon to which the term emotional incest refers, whilst seven participants referred to either "diffuse" or "a lack of" boundaries between parent and child. Three participants referred to both enmeshment and boundary issues and two participants referred to "entanglement", in conceptualising their understanding of the term emotional incest and the phenomenon to which it refers. All fifteen participants

expressed that they would not use the term emotional incest within the therapeutic context; with most of the participants stating that they do not use professional terminology with clients in any event. Five participants stated that they would consider using the term emotional incest in a professional context and the remaining ten participants stated that they would not.

The variability in the participants' use of terminology to describe the phenomenon to which the term emotional incest refers, was identified in the literature – and speaks to what Kerig (2005) described when arguing that “*advancements in the empirical study of boundary dissolution have been hindered by the multiplicity of terms and conceptualisations that have been used to capture the construct*” (Kerig, 2005: 5).

Participants expressed conflicting views around the use of the term emotional incest. Whilst all fifteen participants were able to grasp and understand the concept; some expressed that attaching the word “incest” was not appropriate for the phenomenon to which the term emotional incest refers (the enmeshed parent-child relationship). The researcher found that participants were polarised, with seven being strongly for and six being strongly against the use of the term emotional incest. The researcher found that during the research interviews, the most strongly opposing participants were easily side-tracked into debating the use of the term; meaning that the researcher needed to continuously bring the focus of the interview back to the *phenomenon* that was being explored in order to elicit relevant data. Two participants were ambivalent about the use of the term; stating that the labelling of the phenomenon was not of importance to them. Two categories emerged from these findings related to the use of the term emotional incest, namely: the notion of abuse (against) and the under emphasis of the phenomenon (for).

4.4.1.1. The Notion of Abuse

Six of the fifteen participants expressed strong subjective opinions against the use of emotional incest to describe the parent-child relationship characterised by parental over-involvement or dependence; arguing that the term elicits a notion of abuse that seems to be equated with the severity of sexual incest. The six participants were in agreement that attributing the word incest to a relationship that does not encompass any physical sexual violations between parent and child could be misconstrued as demeaning the

seriousness of sexual incest and that this may be cause for offense or strong opposition by professionals and the client population.

“I think that the word incest has difficult connotations as far as this is concerned...it implies abuse on the part of a more powerful, older person in relation to a younger person. In a sense it implies abuse...it implies there is potentially a victim status somewhere in the mix” – Participant L

“The moment you use the word incest, people’s minds immediately think inappropriate sexual acts between parent and child. I don’t think that is the exact definition of emotional incest...but if anything I would say that term is inappropriate. Maybe because it’s so in your face, people would be offended by it and people may think that there is a better way of putting it. But it is, I’m assuming; it is a common phenomenon. I’ve definitely come across it in my practice and I know of counsellors that have also come across that in their practice. I don’t know...I’m not easily offended, so I don’t find the term offensive...but I do think that there is other ways of putting it, that may make it more easily understandable. It does make sense, but I’m sure there are other ways of phrasing it” – Participant H

“If you have ever dealt with incest, real physical incest, I would say that the concept of emotional incest is an insult...Because the physical, sexual abuse, ongoing sexual abuse...is very very damaging. This is not damaging. I mean, yeah it’s damaging, but it’s not an abusive process. I mean if we had to talk about, is it abusive? Is there abuse here? I don’t think so...” – Participant E

Though the use of the actual term “emotional incest” is not contested in the available literature, the participants’ perceptions of the term and their reasons for opposing its use; correlates with what Adams (1991), Love & Robinson (1991) and Kerig (2005) describe as a societal focus on overt sexual incest. Whilst the participants did not disregard the seriousness of emotional incest and its consequences for the child and adult child, the general consensus amongst those who opposed the use of the term was that emotional incest does not or should not ascribe the child with the same “victim status” that sexual incest does; because it is a largely unconscious process on the part of the parent and thus it cannot or should not be identified as being abusive.

4.4.1.2. The Under Emphasis of the Problem

Seven of the fifteen participants strongly encouraged the use of the term emotional incest, particularly within the professional context; arguing that the term provides the phenomenon with an emphasis that it does not currently receive. These seven participants pointed out that sexual incest is more widely and socially recognised as

being damaging to the developing child and that emotional enmeshment was far less likely to be identified in the general public, as a problematic and damaging dynamic within the parent-child relationship. Five participants were in agreement that the under emphasis of the phenomenon decreased the likelihood of individuals and couples seeking therapy for the repercussions of this type of parent-child relationship; arguing that because the phenomenon is “normalised”, seeking intervention is often a last resort.

“I think it’s a very appropriate term...because of that factor that it does speak to the intense nature of that particular problem. We understand what incest is...and we’re disgusted by it...but emotional incest should do the same thing...it should get that same jerk reaction...but it doesn’t...because we’re seeing it in a different light...parents think it’s cute...some families are enmeshed that way, meaning that there’s no boundaries for closeness...we’re overly close...and we won’t even identify it as a problem. But it is a huge problem. So I think it’s a compliment to the problem, actually...the term highlights it” – Participant I

“I think it’s appropriate. I think there are many different constructs that people often use to describe that and I think it’s a hard-hitting term...but I think it’s quite needed. I think it’s been brushed under the carpet because of the other “softer terms” you would use for it. I think that term is something that would make people sit up and think “Shoo this is actually quite bad” and that needs to happen...so I’m actually quite happy with that” – Participant G

“When the social phenomenon comes up, that there is blindness to a child and a child’s need to be a child and to have their own needs affirmed...we’re all very aware that it’s uncomfortable; it’s really really uncomfortable and it does a lot of damage. But any other term, like “there being not appropriate boundaries”...it kind of doesn’t give it the importance it needs to get. So if you give it a term like emotional incest, it actually might shift people’s perceptions more and make it more “listen this is going to leave a lot of damage...it does leave a lot of damage...we feel very uncomfortable when you see the consequences of those lack of boundaries. So maybe you give it a shocking name it might actually have better results...for those of us working with it...” – Participant B

These findings correlate with what is asserted by Love & Robinson (1991), Adams (1991) and Kerig (2005) in the literature; who argue that the seriousness of emotional incest is marginalised in mainstream society; largely due to it being normalised as part of family life. The participants identified with what the literature describes as a lack of awareness (on the part of the parent and within society in general) of emotional incest as a phenomenon and the consequences it has for the development of the child and the later relationships of the adult child. Those participants who agreed to the use of the term argued that though there may be a lack of awareness on the part of the parent – emotional incest *is* an abusive process because it inherently involves abuse of the power

a parent has over a child. Correlating with the view point of Adams (1991), these participants expressed that emotional incest will continue to be normalised and underplayed as less damaging within societal contexts, as long as it continues to be equated with being non-abusive and/or normative.

4.4.2. Therapists' Perceptions of the Phenomenon of Emotional Incest

All fifteen participants were able to grasp and understand the concept and the phenomenon of emotional incest; identifying it as something they had come across in practice. Though the participants varied in the terminology they used to describe the phenomenon, there was a general consensus of understanding amongst participants; in relation to the problematic parent-child relationship that emotional incest defines. Two categories emerged from the data pertaining to therapists' perceptions of the phenomenon, namely: therapists' perceptions of the causes of emotional incest and therapists' perceptions of the factors that influence emotional incest. Both categories and the three sub-categories that emerged from each are discussed below:

4.4.2.1. Causes

Participant responses around the causes of emotional incest were varied. Some of the participants perceived early attachment issues, parental personality traits, parental immaturity, failure to negotiate the stages of separation-individuation and hidden shame to be contributing factors. Similar responses amongst the majority of participants led to three sub-categories emerging from the data pertaining to the participants' perceptions of the causes of emotional incest, namely: intergenerational transmission and unmet parental needs.

4.4.2.1.1. Intergenerational Transmission

All fifteen participants referenced unconscious learning and intergenerational patterns as being a primary contributing factor to emotional incest. The participants emphasised the significant role that the family of origin plays in the socialisation of the developing child, and how the enmeshed parent-child pattern of interacting is learned and understood to be the "norm"; to be passed down unconsciously from one generation to the next. One participant spoke of the "favourite child" syndrome, a common occurrence in families; whereby the child who meets most of the parent's unconscious needs, is unconsciously made the parent's "favourite". This was described as being a phenomenon that can be

traced back over generations. Six participants referenced the “cycle of unmet childhood need”; describing a parent seeking for their needs to be met by a child; and how this child will in turn have unmet needs that he or she will later seek to be met by his or her own child – thus perpetuating the cycle of emotional incest.

“We find that the family of origin often plays a huge role in the shaping of children who are now the adults that we are counselling. So we would find unresolved needs from when they were growing up. So family of origin is definitely a huge influence in it (emotional incest) and I won’t hesitate to say that it can in fact be the root or often the cause of most social problems that’s affecting families...because it gets passed on and on” – Participant H

Another participant described intergenerational transmission of emotional incest as involving the unconscious passing on of family secrets and beliefs:

“There are some deeply rooted patterns of behaviour, of beliefs, even family secrets that have not been discussed in the family...just because they are secrets and taboos. They have this power if they are not conscious...they have this sub-conscious power to be perpetuated to the next generations...even many generations. I worked with this and I found that in almost all the families I worked with, if it was an issue...I found it had been transmitted from further generations behind. Emotional issues...like this...emotional incest...are so easily transmitted, just because they are not conscious. They do not work with thinking, they work with feelings and emotions and it’s so easy to be transmitted. So any therapist that works with this type of issue or suspects something like that...should absolutely go into exploring the family of origin and relationships trans-generationally...even 3 generations behind.” - Participant J

In the literature, emotional incest is strongly emphasised as being a phenomenon that is perpetuated across generations. These findings correlate with the literature’s assertion that enmeshed patterns of interacting are socially learned and unconsciously projected by the parent onto the child (Celani, 1994; Kerig, 2005; Goldenberg & Goldenberg, 2008; and Koerner, 2009). Participants’ reference to the “cycle of unmet needs”, speaks to what Kerig (2005) and Garber (2011) describe in the literature; whereby the child is used to meet the parents needs and thus progresses into adulthood with unmet needs of their own – turning to their own child to meet these needs and thus perpetuating the cycle.

4.4.2.1.2. Present Unmet Parental Needs

Eight of the fifteen participants referenced the unmet needs of the parent as a primary contributing factor to emotional incest. The participants offered various case examples to

illustrate the circumstances under which the parental or couple sub-system can be disrupted and thus become ineffective in the meeting of either parent's adult emotional needs. The circumstances that can cause disruption to the couple or parental sub-system are further referenced under the category of High Risk Families. These eight participants expressed that when the parental or couple sub-system is not adequately meeting the needs of the parents, children tend to be triangulated into the marriage or adult relationship in order to compensate.

“From my experience of working with families, both here and in other cultures...it starts with problems within the couple relationship. And this is typical, but I'm not saying this should be the rule. One parent, usually the mother is disappointed emotionally with her partner...becomes attached to one of the children, whether it's a boy or girl....from my experience it doesn't really matter...as long as the child would fulfil certain emotional needs for the mother. So that would be roughly the pattern I have discovered” – Participant C

“I suppose where there is some kind of imbalance or unmet needs in the adult relationship...and then that gets transferred or projected onto the parent-child relationship...and I also think that children are very vulnerable to their parents needs. They want to help...so they're almost like sitting ducks to it...”

- Participant K

These findings correlate with all of the reviewed literature. The participants' responses speak particularly to Kerig's (2005) referral to external stressors that can impact upon the functionality of the couple sub-system and increase the likelihood of a child being substituted to meet a parent's emotional needs; and Garber's (2011) referral to the child's spontaneous stepping into or being sought to fill the void between parents that is created by a dysfunctional couple relationship.

4.4.2.2. Influencing Factors

Participants' perceptions of the factors that influence the development of emotional incest were varied. Some participants' perceptions related to influences on the intergenerational transmission as a cause of emotional incest and others related to influences on the unmet parental needs as a cause of emotional incest. Three sub-categories emerged from the data relating to the factors that influence the development of emotional incest, namely: cultural and socio-economic factors, references to apartheid and high risk families

4.4.2.2.1. Cultural and Socio-Economic Factors

This influencing factor relates to the category of intergenerational transmission.

All fifteen participants expressed the view that emotional incest cuts across all cultures and socio-economic groups and that no culture or socio-economic group is exempt from the development of enmeshed familial relationships. Nine of the fifteen participants went into further detail, expressing that within certain cultures – the enmeshed relationship between parent and child is more prevalent; sometimes even expected and desirable. This pattern of relating is rooted in the culture and passed from one generation to the next. Some participants identified the Xhosa, Muslim, Jewish, Latino and Greek cultures as cultures that encompass a higher degree of parent-child involvement, particularly in adulthood. Five of these nine participants also expressed that within certain socio-economic groups – the enmeshed relationship between parent and child simply cannot be avoided; due to poverty and financial pressures that limit the adult child's ability to move away from the family of origin. Some participants identified the townships and Cape Flats as areas where there is a higher prevalence of enmeshed parent-child relationships; with participants attributing this to the higher prevalence of multiple generations living under one roof, sometimes even in one room, for socio-economic reasons.

Participants emphasised the need for culture and socio-economic factors to be taken into account when working with clients, particularly around issues such as emotional incest; where the client may not necessarily identify the enmeshed parent-child relationship as a problem due to cultural or socio-economic reasons – even in instances where the enmeshed relationship is an underlying cause for other individual or couple symptoms or problems and the therapist is able to recognise this.

“It's across the board in all your demographic, socio-economic groups. ...it might play out a few little different dynamics. Say for example it's a lower socio-economic group and their housing is such that they are on top of each other and they don't have their space vs. a privileged young boy that has soon well got his own bedroom and he's going on summer camps, etc. So already there's this separation and boundary issues being played at. Whereas you sleeping in your parents' bedroom until you 5 years old and you see them having sex and... Yes...so I would say both socio-economic as well as you know... cultural, custom. You know, it was like this for us...they don't think to make it different for the next generation. So culture and tradition will talk to that” – Participant O

“In South Africa, we are taught that culture is always a role-player in everything. So taking into account our different cultures, religions, practices and even finances...the gap between the haves and the have-nots – those are factors that would definitely influence this phenomenon” – Participant H

“I think there’s a big difference in cultures. And I think some cultures just accept it as a given, so it’s not really seen as a problem. I think that it’s only once a person sees it as a problem then it becomes a problem. I think it’s quite dangerous to impose one’s own view points on this particular issue. It’s important to always realise you looking at it through your own cultural lens, and that’s just a fact” – Participant N

These findings correlate with the literature, more specifically that of Rubin & Chung’s (2006) assertion that different cultures will perceive and experience emotional incest differently; Kerig’s (2005) assertion that some socio-economic groups experience emotional incest because it is unavoidable and Goldenberg & Goldenberg’s (2008) assertion that therapist’s need to take cultural and socio-economic factors into account when working with couples, as these factors exert influence on the couple’s dynamics and the couple’s perceptions of their presenting problems.

4.4.2.2.2. Reference to Apartheid

This influencing factor relates to the category of intergenerational transmission.

Five of the fifteen participants made direct references to their perceptions of apartheid as a contributing factor to the types of parent-child relationships that are characterised by emotional incest. These five participants expressed the need for further research into the phenomenon of emotional incest; considering particularly how the experiences and repercussions of apartheid may have led to the development of enmeshed family relationships out of socio-political necessity.

“In South Africa, I have a theory that apartheid did all sorts of damage emotionally, some of which has not yet been identified...because even if parents were wanting to develop emotionally free and whole individuals; they themselves were being so crushed by the system, generally speaking...that I think it was very hard on their children...and adolescent children saw their disempowerment, and possibly lost respect. And there might have been all sorts of compensation by parents developed around that. That also hasn’t been studied, but that’s a separate topic. It would be worth considering in terms of emotional incest though...” – Participant J

One of the four participants referred to apartheid, culture and socio-economic factors in the same instance, as influencing emotional incest:

“From a socio-political perspective, I would say that if you look at our history in this country...Considering apartheid now...I would say that families were forced to be very close...were forced to live together for long periods of time. Kids couldn’t just move out and get a job and get a place...so the collective unconscious from that would be that over many generations of the same culture...it becomes the norm, even though that may not necessarily be so. Does that make sense?”

– Participant D

This was an important finding because it speaks to the phenomenon of emotional incest in a uniquely South African context. Apartheid is not referenced in the available literature on emotional incest, enmeshment or boundary dissolution; and thus the researcher is not able to draw comparison between the perceptions of the participants and what is described in the literature, regardless of the terminology used to describe the phenomenon. The researcher observed that participants’ perceptions of the influence of apartheid do somewhat tie into the category of culture (as Participant D illustrates).

4.4.2.2.3 High Risk Families

This influencing factor relates to the category of unmet parental needs.

All fifteen participants identified families they perceived to be at greater risk for the development of emotional incest. These families were identified on the premise that they were subjected to some form of stress that would impact the parental or couple subsystem; thus creating unmet parental needs and the opportunity for emotional incest to develop. Participants’ provided various examples; with a majority identifying the same risk factors and expressing that the range of problems that could disrupt the parental and family system and contribute to emotional incest was too vast to be able to describe them all. To name but a few, participants referred to: domestic violence, addiction, mental illness, chronic illness, poverty, death of a parent, death of a child and divorce as some of the factors that can contribute to a family being at higher risk for the development of emotional incest.

“Alcohol...drug abuse, mental illness, instability, unstable emotional life, immaturity...any number of mental disorders, personality disorder, borderline personality disorder...there’s many many possibilities for why this could happen...” – Participant A

“Anything that disturbs or perturbs the hierarchy in a family...parental generation, children, etc...Anything that disturbs that or puts significant emotional stress on

the family...that can lead to the evolution of this kind of emotional enmeshment or entanglement” – Participant E

These findings correlate with the literary assertion that the role distinctions that emerge to define healthy interpersonal boundaries between parents and children are prone to break down when stressed; thus increasing the risk for emotional incest. (Minuchin, 1974; Johnston, 1990; Jacobvitz, Riggs & Johnson, 1999; Winnicott, 2002; Garber, 2009b; Mayseless & Scharf, 2009). There is a further correlation between the literature and the families that participants identified as being at higher risk for developing emotional incest, namely: divorced families (Kerig & Swanson, 2010); families where one parent has a chronic illness (Tompkins, 2007); families where a parent has a mental illness (Wallerstein, 1985); families where a parent is substance dependent (Chase, Deming & Wells, 1998; Wells, Glickhauf-Hughes & Jones, 1999); families where a parent has lost a spouse to death (Li et al., 1995) and domestically violent families (Stephens, 1999).

4.5. Emotional Incest as a Phenomenon Encountered in Couple Therapy Practice

One of the key questions this research study endeavoured to answer was whether emotional incest is a phenomenon that therapists encounter in Cape Town couple therapy practice; a research objective that is a central theme to the study. Two categories emerged from this theme, namely: participants' subjective encounters in couple therapy practice and participant perceptions of the phenomenon in general couple therapy practice.

4.5.1. Participant Encounters

All fifteen participants responded that they had worked with couples where emotional incest was identified as an issue affecting the couple:

“Ja definitely...I did work with these kinds of couples. I didn't necessarily define it as emotional incest, but it was definitely a relationship between one of the partners in the couple and one of the parents in the family of origin. I have experienced working with couples in which both the woman and the man had emotional incest issues with one of their parents in their families” – Participant C

“Yes I have...I am seeing one at the moment actually, who just got divorced because she felt that her husband was “too in” with his family of origin. She felt that he was always running off to mummy...” – Participant K

“Certainly this is a phenomenon that is there. Whatever we calling it....it's the first time I've heard the term emotional incest, but certainly it's out there. It's common in South Africa, it's common in our practice...it's here” – Participant O

4.5.2. Perceptions of the Phenomenon in General

All fifteen participants responded affirmatively when asked to provide their opinion on whether emotional incest is an issue that therapists generally encounter with couples presenting for therapy, with the majority of participants stating that the phenomenon is a very common occurrence in practice; albeit none of the participants had previously termed it emotional incest:

*“Thinking about it now...definitely...most therapists would be aware of the dynamic and we would immediately be aware of the fact that this dynamic needs to be addressed...it needs to be made aware of to both parent and child. Definitely the dynamic yes...but I don't know if many therapists would then label it as emotional incest or, well we can call it many things and it would still be a label...but definitely the dynamic is something that a lot of us see each day”
- Participant H*

Though the limited scope of the study dictates that the findings cannot be generalised, the fact that all fifteen of the participants in this study reported that emotional incest is a phenomenon that they have encountered in their own practice; does correlate with Love & Robinson's (1991) assertion that emotional incest is a common phenomenon. All of the participants' perceived this to be the case. Furthermore, all of the participants perceived emotional incest to be a phenomenon that presents in couple therapy in general. Participants' accounts of couples presenting for therapy where emotional incest was later identified as a problem, correlates with Duvall's (1954) findings that “parental ties” and “interfering relatives” were an identified source of conflict for couples.

4.6. Therapists' Experiences of Emotional Incest in Practice

Twelve of the fifteen participants were able to provide case examples of their experiences with couples affected by emotional incest. Two participants could not think of any case examples off-hand and the remaining participant declined to refer to specific cases; instead referring to illustrative examples based on professional experience. The case examples were varied, but similarities were apparent. Participants described

examples of couples where the enmeshing parent lived with the couple, of newly-wed couples who were experiencing intrusion by one or more parents-in-law, of couples where the intergenerational transmission of emotional incest with their own children was apparent – the participants' experiences of and encounters with emotional incest in practice was vast and varied. One category emerged from the data related to participants' experiences with emotional incest, namely: participants' experiences of the differences in proportion and manner of mother versus father enmeshment.

4.6.1. Differences in Proportion and Manner of Mother versus Father Enmeshment

The researcher observed that although the majority of the participants expressed the view that mothers and fathers are equally predisposed to developing enmeshing relationships with their children or that it was difficult to pinpoint which is more inclined to emotional incest – the case examples provided referred almost exclusively to the mother-child relationship; with ten participants describing examples of the problematic mother-son relationship in particular. One participant described the reason for this as follows:

“My sense is that men find it more difficult to separate from their families of origin than women do. I went to a talk once, where the person said that because we don't have any separation rituals in western culture...men don't know how to separate from their mothers. I suppose there could be the protective factor there as well...that being a man means that you taking care and responsibility. Although it's difficult...because where do you then draw the line between stopping when it comes to your mom and then having your wife. And then we have wives feeling that they coming off as second. That speaks to that enmeshment issue that you're talking about” – Participant K

Four participants provided case examples that described the enmeshed mother-daughter relationship and five participants made reference to the enmeshed father-daughter relationship; while only one participant referred to the enmeshed father-son relationship. Four participants further elaborated on the notion that enmeshment cuts across both mother and father groups; expressing that it simply presents in a different manner:

“I think it's 50/50. Atleast, in my experience it's been 50/50. Sometimes it's the dad who wants to be the everything. I think the men present with control over their kids and over-discipline or over-harshness or just cutting off emotionally from their kids and not giving them that...in order to manipulate the child to fulfill their need or to make them run after them for something. The moms would be

more the “if you love me you would...” and then they’re more behaviour-orientated...” - **Participant M**

“I would say both...I think sometimes the mother seems to be much more in the picture...in terms of the demanding or the occupying of the time. Where, the father would be more silent...still have a lot of influence...but passively so. He’s not “in the picture” physically or verbally there...but his presence is very much there...where the mom is physically there, she interferes...the dad is much more subtle...in terms of his opinions, his views...the adult child would be more inclined to follow or to do. And they don’t even realise it that consciously...sometimes it takes some time to get to that point where you realise that the voice in your head that is telling you that your husband is not the husband that you want to have...is actually the voice that you’ve internalised. Your father is actually the one speaking...where you’re comparing to your father...or trying to take on the role you had with your father. Doesn’t mean it’s always very conscious though”

– **Participant G**

These findings are inconsistent with the literature. Though there is not an extensive amount of literature that refers to the issue of mothers versus fathers as more likely to enmesh; the studies by Sroufe and colleagues (1985), Peris & Emery (2005), Duryea (2007) and Peris, et al (2008) identified mothers as more prone to the different forms of emotional incest; particularly the parentification of daughters and the affectionate spousification of sons. The participants’ case examples refer almost exclusively to mothers as the enmeshing parent; which correlates with the literature, but the participants’ perceptions that the enmeshing parent is equally father versus mother does not concur. Kerig (2005), however, asserts that the empirical data on emotional incest is inconsistent; with various studies yielding different results. Kerig et al (1993) for example, found that hostile spousification is more prevalent amongst fathers and daughters in high risk families; whilst Osborne & Fincham (1996) found that in high risk families, hostile spousification was more prevalent amongst mothers and sons.

4.7. Presentation of Emotional Incest in Couple Therapy

A second key question this research study endeavoured to answer was: if emotional incest is a phenomenon encountered in Cape Town couple therapy practice; how does it present? The researcher found that participants offered varied accounts of how emotional incest presents in couple therapy, based on case examples. Two categories emerged from this theme, namely: other presenting problems and the spouse as the initiator of therapy.

4.7.1. Other Presenting Problems

Thirteen of the fifteen participants stated that couples usually presented for therapy with other problems, citing that it was rare that the couple identified the enmeshed parental relationship as the primary reason for seeking intervention. Some of the presenting problems participants identified included: infidelity, sexual problems, conflict, communication problems, substance abuse and workaholism. Some participants identified denial and resistance on the part of the enmeshed partner, as factors that contributed to couples being less likely to present the emotional incest as a problem affecting their relationship; whilst others referred to a lack of awareness on the part of the part of the enmeshed partner. Many participants also referred to the couples' "false guilt" and "loyalty" around family ties; arguing that many enmeshed adults and their partners find it difficult to express negativity around a parent's need or desire to be over-involved, particularly where the couple is receiving financial assistance from the parent. One participant illustrated the influence of family ties and expectations in saying:

"Usually...and I say usually but every now and then there's an exception...but usually...people go into marriages, and they know that they walked in there with their eyes open...and so they see themselves as partly responsible for not being able to make it work. So if I'm for example, married to my husband who is over-involved with his parents...for me to go into therapy year or two down the line because I can't make the negotiation work...that's tough. So usually what sends me into therapy is "I'm not managing or I don't know how to manage the kids..." and then you go into why this is happening or that is happening...and oh by the way...mother-in-law...So I think that it's kind of expected...and it is normal...that when you marry somebody, you've got to try and make things work with the family as well. And when it doesn't work with the family...it's really really tough to work out how to deal with it" – Participant B

These findings correlate with the literature, namely the assertion that the adult child is usually not able to identify the enmeshed relationship as having encompassed any harm or denies that the relationship was a problem (Adams, 1991) and the couple's lack of awareness of the influence that emotional incest is having on their relationship (Love & Robinson, 1991). Furthermore, the findings correlate with Love & Robinson's (1991) assertion that the phenomenon of emotional incest is more socially accepted and normalised, making couples less likely to express their distress in relation thereto. These factors contribute to the couple's likelihood to seek intervention for other presenting problems (Gurman, 2010).

4.7.2. The Spouse as the Initiator

Eleven of the fifteen participants identified the spouse of the enmeshed adult child as being the one who most frequently identified issues relating to or initiated couple therapy for issues relating to the partner's enmeshed parental relationship. Participants attributed this largely to the enmeshed partner's inability to identify the enmeshment as a problem or their denial that it is a problem, even where it may be causing issues in the couple relationship.

“Often the other partner would be the one identifying it as an issue. Because it's a bit like being colour blind...if you are colour blind, you don't know what it's like NOT to be colour blind. So if all your life you've grown up in an enmeshed relationship; then you don't actually see that as a problem...but if you get involved with somebody else and they see it as a problem, THEN it becomes a problem” – Participant N

“How many people are actually going to recognise that it's a problem; until they meet someone else? Because this is all you know...when you're growing up...if this is the relationship with your mother, then this is the relationship with your mother. Until you meet someone whose had a different relationship with their mother...and now maybe the two of you are together...I don't imagine that there'd be an identification of...this relationship is not necessarily functional or atleast I don't know that until I meet you...and you then point it out to me in your unhappiness with my relationship with my mother...as sort of becoming possibly in some instances, the first indication that there might actually be a problem here” – Participant A

Some participants cited instances where the couple came to therapy because the spouse had delivered an ultimatum to his or her enmeshed partner. Most of the participants referred to case examples where emotional incest in the childhood of one partner was influencing that partner's ability to function in the current couple relationship and the relationship was distressed. Three participants referred to case examples where the couples were on the brink of divorce because of one partner's continued enmeshment with a parent in the present, whilst four participants referred to cases where the couple had either got divorced or broken up as a result of the present enmeshed parental relationship. This issue is discussed under the category of Relationship Break Up.

These findings concur with Love & Robinson's (1991) assertion that the enmeshed adult child is unlikely to instigate therapy or identify the issue of emotional incest, due to the family mythologies, denial and lack of awareness or objectivity that often encompasses

this type of parent-child relationship. The spouse is thus more likely to be the one verbalising distress related to the partner's enmeshed relationship with a parent. This correlates with the findings of a study conducted by Duvall (1954) – where the spouses of enmeshed husbands were the ones most often complaining of in-law problems.

4.8. Impact of Emotional Incest on the Couple Relationship

All fifteen of the participants agreed that emotional incest, whether past or present, does impact upon the couple relationship. Some of the participants noted that the degree and the severity of the enmeshed relationship between the affected partner and the parent (whether past or present) determined the influence or impact that it would exert on the couple; adding that the couple's own perception and awareness of the enmeshed parent-child relationship as a problem was important in determining its impact on them. Participants cited various ways in which emotional incest can impact upon the couple relationship. Some participants referred to boundary and intimacy issues within the couple that may stem from the enmeshed adult child's boundaries being violated as a child. Some participants referred to jealousies and insecurities on the part of the partner in the present that may stem from the enmeshed adult child's continued over-involvement with the enmeshed parent. Two categories emerged from this theme, namely: repeating the parental relationship and relationship break up.

4.8.1 Repeating the Parental Relationship

Nine of the fifteen participants linked the intergenerational transmission theme to the couple relationship, referring to how the enmeshed adult can play out childhood dynamics within the partner relationship; with the enmeshed adult unconsciously projecting the role of the enmeshing parent or the enmeshed child onto the partner. Within these couples, the enmeshed adult either *becomes* enmeshing and overly attached to the partner or experiences difficulty with intimacy, stemming from an intense need to be separate. The participants argued that either dynamic causes stress or conflict that impacts upon the couple relationship. One participant described this dynamic very well:

“One of the themes that I've often found...it's ironic...because it's direct conflict that exists in either one or other member of the couple...and it's a feeling of the one partner being suspicious of the other partner's need for attachment...and the other partner is suspicious of the that partner's need for separation. And I think very often...both of those needs...”I have a need for separateness...or I have a

need for exaggerated attachment or closeness”...both of those needs can come from a place of a relationship with a parent that is about impingement, over involvement. If we’re talking about this huge enmeshment in a relationship...there’s the over-involvement and impingement of the parent onto the child...that could possibly lead to the child’s need for space...or to retreat or withdraw on the part of the child...and I think that often persists into adulthood and into the couple...where you’ve got one partner in the couple who needs a hell of a lot of space....and another who feels threatened by that and wants to pull in and draw closer. And that conflict is really difficult to know what to do with...” – Participant F

Another put it as follows:

“Very often what is evoked in the marriage are the ghosts of our own personal histories. Our histories start to re-enact themselves, projected onto the other person. So we have this young boy, who spent all of that time with his dominating mother...eventually breaks free and next thing he is being brought to couple therapy by his wife who is saying to him “you are too withdrawn, you’re not meeting your obligations with the children, I’m left here by myself having to do everything” and he’s just saying “You always going at me and I’m sick and tired of being in this space with you and having to be shouted at all the time because I’m not meeting your expectations and responsibilities”. This is a familiar experience for this man...this is something he was experiencing since before adolescence. Can we say that he’s projected onto her...and turned her into somebody very similar to his mom? Can you see the pattern?” – Participant E

Furthermore, some participants expressed that the creation of this conflicted couple dynamic can give rise to the unmet parental needs that could find either partner then turning to a child as a source for meeting these needs. Thus the cycle of emotional incest is re-created and perpetuated within more than one sub-system and across more than one generation at a time.

These findings correlate with the assertions made by Love & Robinson (1991), Adams (1991) and Goldenberg & Goldenberg (2008); who refer to the adult child’s false emancipation from the enmeshed parental relationship in adulthood, which often culminates in a repeating of the same patterns within the adult child’s intimate relationships and with his or her own children.

4.8.2 Relationship Break Up

Seven of the fifteen participants referred to case examples where the couple was either on the brink of break up or where the couple had already broken up, due to the enmeshed partner’s inability to separate from the enmeshing parent in the present, or to

overcome their relationship difficulties stemming from being enmeshed in the past. One participant noted the following:

“It’s quite interesting to note that very few of them are actually able to walk away from their parents and from that emotional incest...they come too late for therapy...If they come at an earlier age, they’re more likely to be successful...because they’re still in the success and achieving stage of their lives; they WANT to make their marriage work. If they come when they’re later along in life; they’re either looking for significance...so they’re going “well I don’t feel significant in this marriage, but I do with my family”...so they get divorced. Or they then become hopeless; hit the bottle, drugs, affairs...so it’s actually quite interesting...and actually having said that...I don’t like to categorise people; in general that is how I’ve found it over the years” – Participant M

These findings correlate with Love & Robinson’s (1991) and Long & Young’s (2007) assertion that the adult child’s inability to separate from the enmeshing parent and enforce boundaries can lead to the breakdown of the couple relationship. A study by Duvall (1954) identified in-law problems as the single biggest contributor to marriage break-down within the first year.

4.9. Therapists’ Approaches to Intervention

There was found to be a large degree of variation and subjectivity amongst participants’ approaches to intervention with couples affected by emotional incest.

“There are various ways of intervening. I usually consider the trans-generational approach to be very useful. My style is not very directive, I usually adopt a collaborative approach to working with families and couples...so exploring the family of origin is a nice strategy for them to think about issues and not have me telling them ‘look you need to think about this and this and this’..” – Participant C

Some participants expressed the need to approach the issue of emotional incest sensitively and indirectly; referencing resistance, denial and instinctive defenses related to the questioning of family ties as reasons for this. Others stated that the direct approach works best, particularly when dealing with couples who can only engage in brief, solution-focused therapy. Some participants described details of the step by step interventions they offered clients, whilst others stated that they followed the principle techniques of Gestalt family therapy, Imago therapy or Cognitive-Behavioural therapy. Some participants expressed their choice to focus rather on the couple in the context of the here-and-now and the development of skills that would be useful for resolving the couple’s presenting problem.

Others expressed finding it useful to explore the family of origin as a starting point for understanding the origins of the emotional incest and putting it into the context of how it's impacting the couple in the present. Three participants described the genogram as a particularly useful tool for creating a visualisation for the couple, of the enmeshment pattern across multiple generations. The categories that emerged from this theme were: working eclectically, referral to individual therapy and the need for research that informs intervention.

4.9.1. Working Eclectically

Ten of the fifteen participants referred to an approach that can best be described as eclectic, when working with couples affected by emotional incest; expressing that the integration of techniques from various models allowed for the addressing of the couples presenting problem(s) as well as the historical/current emotional incest that may be contributing to it or impacting the couple in ways that are unique to that particular couple. Some of the participants were able to identify their approach as being eclectic, whilst others were unable to name their approach, but described their eclecticism:

“So it’s very multi-faceted and it’s very difficult to give you an exact answer, because there’s alot I would do with different clients” – Participant M

“I’m eclectic...so asking me that question is a dilemma. And what I do is, where I’m at that time...what I hone in on or what I find from the client there...so being client-centred as one idea is moving and working from where the client is coming from. I can’t actually...and that’s been my dilemma and why I’m not a specialist...I’ve dabbled in Jungian, Gestalt, Imago, Narrative, Brief Solution...I’ve dabbled in all of that...” – Participant O

These findings correlate with the assertions made by Long & Young (2007), Goldenberg & Goldenberg (2008) and Gurman (2010); that couple therapists tend to work eclectically in their approach to interventions with couples and that variations exist because no two therapists approach intervention in exactly the same way. In correlation with Long & Young (2007), participants’ expressed the importance of approaching the issue of emotional incest sensitively and not making value-judgements once the emotional incest is identified, because each couple is unique; as are their problems and experiences.

4.9.2. Referral to Individual Therapy

Seven of the fifteen participants responded that part of their approach to intervention would involve referring the enmeshed adult child for individual therapy that would run concurrently with the couple therapy process. The reasons for doing this varied amongst participants. Some expressed the need for referral to individual therapy as a means of “not perpetuating the enmeshment” for the enmeshed adult; giving the individual the separate space he or she lacked in the enmeshed parental relationship. One participant identified this as follows:

“I think that when we are talking about emotional incest...you’re talking about a person whose unique needs and feelings have never been affirmed...you’re basically saying that the person has never been a person in his own right...and that’s going to affect EVERYTHING. Yes, that’s why I say it’s more urgent to have individual therapy. The fact is you are part of a couple...and that is a unit....and it’s a very important unit to you...so it’s not like that’s not important. But the urgent thing here is to affirm yourself...so that you can be in that unit...without actually feeling like you can’t be a person in your own right”

– Participant B

Others spoke of the need to not detract from the couple process, by focusing too much energy on the individual’s emotional issue, which is complex and requires in-depth exploration that can lead to couples becoming “stuck”. One participant identified this as follows:

“Quite often what I like to do in couple work...where there is a need for some kind of individual process...either refer to someone who can contain that individual process...or actually do it myself...do a short-term individual psychotherapy with the one...and hold the couple’s process at the same time...And sometimes shift to the other as well. So there’s a sense in which we’re taking this dynamic, but as an internal dynamic...out of the couple’s space for a little bit...we’re going to attend to it and then bring it back once there’s a shift or understand it. So sometimes it’s about flexibility and a bit of creativity in terms of “how can we best attend to and get to know this part of you...because it’s a part of you that’s making it difficult to get to know what to do with this couple” – Participant L

4.9.3. Need for Research

Twelve of the fifteen participants expressed the need for further research around the enmeshed parent-child relationship, its implications for families and couples and how this may inform intervention. Seven of the twelve participants identified the need for cross-cultural research specifically, stating that the cultural, ethnic and social diversity of the

South African context poses unique challenges to practitioners working in the field of couple and family therapy:

“I think there are many issues that could be explored and this could be very interesting. There is a need to see what is the meaning of emotional incest for South Africans? We don't know yet, whether it has the same meaning for us here as they do in the West. It could be radically different for our population and culture....what sorts of characteristics do we have in this context? It would be vitally important to find new aspects within the definition and conceptualisation of emotional incest in South Africa and how or what sort of intervention can we use to help couples who are specifically going through this kind of problem”

– Participant C

One participant made an interesting argument for the need for further cross-cultural research, taking specifically into consideration; the influences, circumstances and repercussions of apartheid:

“More research into it...it must have a very specific focus. For example...if you look at the Xhosa culture here in Cape Town...they are much more ok with enmeshment. So the question is...do they experience it as a political consequence? It was kind of forced and they have just grown accustomed to it? Or if you researched the Xhosa culture way back, could you see the same thing there as well? In other words...what plays a role? And you could play it from that angle...Because the flipside is this...let's say it's NOT political, let's say it's a pure cultural phenomenon...that means that one little aspect has actually prevented alot more social problems...if you think about that...within the coloured, Xhosa, etc communities. If it's a pure cultural thing, not political...this country through its history, created this socio-political environment where families were expected and forced to live enmeshed. If it's a pure cultural phenomenon to have this enmeshment, then it would have been ok for them. Does that make sense? In other words if you take a white community now, and you force that kind of enmeshment, I think you'd have much more negative spin offs within the family...because they don't like living together, they don't want to live together, there's much more stress inside the home, much more violence, etc etc. So perhaps the more ok a culture is with having that enmeshment...the better resilience they would have towards the circumstances that necessitate it?”

– Participant D

These findings correlate with Kerig's (2005) assertion that the conceptualisation of emotional incest as a pathological phenomenon is distinctly Western; failing to take into account variations in the cultural and socio-economic factors that potentially influence its presentation and necessity. The participants' responses correlate with what Kerig (2005) and Rubin & Chung (2006) argue is a need for more cross-cultural research that specifically explores the enmeshed parent-child relationship; the way in which this

dynamic is experienced within different cultural and socio-economic contexts and the way in which it can best be explored or approached within the therapeutic context.

4.10. Summary

This chapter presented and discussed the analysis of and the findings drawn from all the collected data. Themes, sub-themes, categories and sub-categories were identified and presented. The researcher briefly compared the findings of each category with the body of knowledge offered in the literature review; using participant quotes to elaborate on key themes and unpack meaning. The next chapter offers the conclusions and recommendations of the study, as drawn from the research findings.

University of Cape Town

Chapter Five – Conclusions and Recommendations

5.1. Introduction

This chapter will present the conclusions that were reached for each objective in relation to the findings of the study. The researcher will then offer recommendations based on these conclusions.

5.2. Conclusions

The research conclusions will be discussed in relation to each of the research objectives in turn:

5.2.1 Therapists' perceptions of emotional incest

Though none of the fifteen participants had heard of the term “emotional incest” before, the findings indicate that the therapists in the study all similarly understood and grasped the concept of emotional incest as involving the enmeshed relationship between a parent and child. There was a degree of variation related to the terms that therapists’ used to describe the same phenomenon in their own practice. Some terms included “entanglement, “enmeshment” and “a lack of boundaries”.

The researcher came across an unexpected debate around the use of the term “emotional incest” to conceptualise the research topic. The research sample was found to be fairly equally polarised in supporting and contesting the use of the term. Those who opposed the use of the term did so because they perceived a “notion of abuse” was evoked in attaching the word “incest” to a non-sexual parent and child relationship. Furthermore, the therapists argued that a term like emotional incest undermined the serious and damaging effects of sexual incest. Those who supported the use of the term did so because they perceived the phenomenon as being under emphasised and expressed that a greater appreciation for the damage it causes to both the child and later the adult child, was needed.

Despite the divided perceptions related to the term; the researcher found that all of the therapists shared similar perceptions of the phenomenon, its causes and influencing factors. The therapists unanimously agreed that emotional incest is an intergenerational pattern of relating; a perception that is strongly supported in the literature. The therapists

perceived cultural and socio-economic factors as being influential in the development of emotional incest; with most of the therapists also identifying families experiencing domestic violence, substance abuse, mental illness, chronic illness, divorce and other stressors – which therapists perceived to put these families at higher risk for emotional incest.

5.2.2. Determining whether emotional incest is a phenomenon that presents in Cape Town couple therapy practice

The findings show that emotional incest is a phenomenon that presents in Cape Town couple therapy practice. The participants unanimously agreed that they perceived emotional incest to be a phenomenon that other couple therapists encounter in general; in addition to being a phenomenon that they had encountered in their own work with couples.

5.2.3. Therapists' experiences with the phenomenon of emotional incest in couple therapy practice

The findings indicate that all of the therapists who partook in the study have experienced emotional incest in their own work with couples. Case examples were provided to illustrate the experiences of therapists who have worked with couples affected by emotional incest. Some case examples included: emotional incest where a couple are newly-weds and their relationship is being impinged upon by the enmeshing parent, where a couple has the enmeshing parent living with them or the couple lives with the enmeshing parent and they are financially dependent on that parent; others included couples where the intergenerational transmission from enmeshed adult to their own child is evident. The case scenarios participants provided to demonstrate their experiences with couples affected by emotional incest was vast and varied. The researcher observed however, that the case examples offered almost exclusively referred to mothers as the enmeshing parent. However, the findings show that participants perceived the phenomenon as being equally prevalent amongst mothers and fathers – with mothers using a different (and less subtle) manner of enmeshing than fathers.

5.2.4. How the phenomenon of emotional incest typically presents in couple therapy practice

The findings show that couples affected by emotional incest are more likely to present for therapy under the pretext of a different problem. Some of these problems include: infidelity, sexual problems, substance abuse and communication problems. The emotional enmeshment between one of the partners in the couple and a parent was identified as secondary; often being revealed indirectly and only once the couple had commenced the therapeutic process. The enmeshed partner's lack of awareness or denial of the problematic parental relationship was found to be the primary cause for couples presenting for therapy with other problems. Other causes were found to be a sense of "false guilt" on the part of the enmeshed adult and/or the spouse, particularly where the couple is financially dependent on the enmeshing parent. It was found that because emotional incest is normalised and enmeshed family ties are not overly pathologised – couples have a difficult time expressing their distress when a parent or parent-in-law impinges on their boundaries; decreasing the likelihood that they would present the impinging parent as a problem that brings them to therapy.

The findings further show that when the enmeshed parent-adult child relationship *is* identified in couple therapy; it's usually the spouse of the enmeshed partner who identifies the problematic relationship. Again, this was attributed to the enmeshed partner's lack of awareness or denial of the relationship with his/her parent being problematic. In severe and/or long-standing cases of emotional incest – the couple may present for therapy as a last attempt to save the relationship from break-up or divorce.

5.2.5. How emotional incest impacts the relationship of couples presenting for couple therapy

The findings indicate that emotional incest can and does impact on the couple relationship in various ways. The couple's perception and awareness of the enmeshed parental relationship as a problem was identified as determinant of the impact it would have on them. The severity and degree of the one partner's enmeshed relationship with a parent and the extent to which this affected his/her role within the couple dynamic, was another identified determinant. The findings suggest two significant ways in which emotional incest impacts on the relationship of couples presenting for therapy; it can

cause the couple to break up or to get stuck in a pattern of re-enacting the enmeshed adult's childhood patterns of relating.

5.2.6. How therapists approach intervention with couples affected by emotional incest

The findings show that most of the participants of this study adopt an eclectic approach to working with couples affected by emotional incest. It was not possible for participants to pre-determine which particular model of intervention to use with a particular couple, because each couple is unique and their problems are multi-faceted. The use of an eclectic approach was found to be most suited to working with emotional incest, because it facilitated the addressing of the couple's presenting problem(s), whilst also allowing for work on the historical or current emotional incest that may be influencing the couple.

As part of their approach to intervention with couples affected by emotional incest, some therapists refer the enmeshed partner to individual therapy, to run concurrently with the couple intervention. It was found that the therapists who do this, do so for two reasons: 1. to keep the individual's emotional incest experience and its repercussions from becoming the focus of the couple process, thereby detracting the focus from the couple or 2. to allow the enmeshed individual the "separation" he or she was not allowed in childhood; to work through these past experiences of being enmeshed, without being further enmeshed in the couple. The individual therapy becomes incorporated into the couple therapist's holistic intervention with the couple.

Though not directly applicable to how therapists' approach intervention; the findings indicate that participants have identified a need for local research that informs intervention around emotional incest. It was expressed that it would be of invaluable interest to therapists if research could be conducted with the couples and families who are themselves experiencing emotional incest. It was identified that therapists need to know the subjective perceptions and experiences of these families outside of the therapeutic space, if they are to be thoroughly equipped to address the issue of emotional incest and its repercussions within the therapeutic space. The need for research that is cross-culturally focused was particularly emphasised, with the socio-political legacy of apartheid being referred to as an under-researched area in terms of enmeshment and the ramifications that apartheid policies had for families and couples.

5.3. Recommendations

In light of the findings of this study, key recommendations include the need for further indigenous research, the need for intervention strategies that are geared towards emotional incest in couple therapy practice and the need for programs that create awareness of the phenomenon of emotional incest as an issue that affects couples and families in South Africa.

5.3.1. Recommendations for Further Research

5.3.1.1. Research for concept clarification

The researcher recognises that though all the participants grasped and understood the concept; the therapists who partook in this study do not use the term “emotional incest” to conceptualise the enmeshed parent-child relationship and that the use of the term was quite strongly debated. The researcher also recognises, though, that a central concept to describe this phenomenon does not currently exist. As is the case abroad; the phenomenon of emotional incest is conceptualised indigenously by therapists who use an array of terms, including “enmeshment”, “boundary dissolution”, “co-dependency”, “entanglement”, “fusion”, “blurred boundaries”, and “role reversal” to name a few that emerged during the participant interviews. The lack of a central concept to describe the same phenomenon impedes research and impacts upon practice. The researcher recommends further research that is geared towards the development of a central concept that clarifies the phenomenon; so as to better inform later research and lead to the development of individual, couple and family intervention strategies that are based on conceptually-centralised empirical evidence.

5.3.1.2. Cross-cultural investigations

The researcher recommends further indigenous research that explores the phenomenon of emotional incest cross-culturally. With so many ethnicities and cultures in South Africa, this phenomenon needs South African research to inform indigenous therapists and to promote the integration of therapeutic approaches that are geared towards understanding the enmeshed parent-child relationship from a uniquely South African multi-cultural standpoint.

5.3.1.3. Socio-economic/political investigations

The researcher recommends further research that considers the implications South Africa's socio-political history of apartheid may have had for enmeshment and family dynamics tied to socio-economic circumstances in the present. Research that focuses on a particular socio-economic population or draws comparisons between socio-economic populations in relation to the experiences of emotional incest would be of particular relevance within the South African context.

5.3.2. Recommendations for Couple Therapy Practice

5.3.2.1. Intervention strategies

Though the eclectic approach was widely identified; there does not appear to be particular intervention strategies that are focused on the couple relationship and how it is impacted by emotional incest. The researcher recommends the development of intervention strategies that are geared specifically towards working with couples affected by emotional incest. These strategies should be based on empirical evidence; generated by further research into the phenomenon of emotional incest and its impact on couples within the South African context.

5.3.2.2. Generating awareness

There appears to be a lack of awareness surrounding the phenomenon of emotional incest in the mainstream public and amongst couples. The researcher recommends the development and implementation of awareness programs that educate couples and families about emotional incest and its reality as a phenomenon in couple and family life. The researcher hopes that if the phenomenon is identified as an issue affecting couples; that couples and families may increasingly be inclined to seek intervention before it is too late for the relationship to be salvaged. Awareness programs that are geared at educating parents while their children are still young, will also facilitate a growing consciousness of the phenomenon and thereby aid in preventing the cycle of emotional incest from being perpetuated across the generations. The Family and Marriage Association of South Africa (FAMSA) is identified as one organisation that could be approached to undertake such awareness/education programs.

5.4. Conclusion

To a large extent, the empirical studies on emotional incest focus on the individual and the family unit. This study has focused on emotional incest as a phenomenon that affects the couple relationship. In doing so, this study has shown that emotional incest is a phenomenon that does present in Cape Town couple therapy practice; a phenomenon that is perceived to be characterised by a lack of awareness on the part of presenting couples and mainstream society. The scarcity of local cross-cultural research related to emotional incest was identified as an area that needs further development; as was the need for research that informs the development of a clarified concept and the development of intervention strategies that focus specifically on working with couples affected by emotional incest.

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Dear

My name is Tamsyn Johnson and I am a 26 year old, 2nd year UCT Clinical Social Work Masters student. I am conducting research for my thesis this year and I am approaching you because I hope that you may be able to assist me. I am finally nearing the end of my interviewing participants stage; but finding participants to partake has been easier said than done. Being that you are a therapist in the field of couples and relationships; I was hoping that you might be interested in my research - the brief details of which are provided below. I am very excited about the research topic but at this stage I am still searching for more participants and any assistance you could offer would be most sincerely appreciated. Below are some excerpts from my research proposal: (More detail related to the methodology etc, is available upon request)

Research Topic

"Emotional Incest: An exploratory study of therapists' perceptions of and encounters with parent/adult-child emotional incest in couples presenting for therapy"

Rationale for the Research

Interim research has indicated that the issue of emotional incest is a very real experience for more individuals and couples than is widely recognised. Literature such as "*The Emotional Incest Syndrome: What to Do When a Parent's Love Rules Your Life*" by Patricia Love (1991) and "*Silently Seduced: When Parents Make their Children Partners*" by Kenneth Adams (1991), provide valuable insight into this complex phenomenon. But much of what is written about emotional incest is based on American research or draws on the experiences of American therapists working with affected individuals, couples or families. In my endeavour to find texts pertaining to emotional incest, I was unable to find anything that related to the phenomenon in a South African context or that was written from a South African perspective. As an aspiring family/couple therapist, my motivation for undertaking this study is to explore the nature of parent/adult-child emotional incest in couple therapy practice in the South African context, so as to create an awareness and beginning knowledge base of the issue of emotional incest as something possibly encountered in South African couple therapy practice; as well as create an awareness of what some of the perceptions and experiences are, of therapists who have

encountered this issue indigenously in the past or may encounter this issue indigenously in the future.

Please note that the therapist's do not necessarily have to have an extensive experience in relation to emotional incest within the parent/adult-child relationship. Part of what I am trying to explore is whether the issue **is** as prevalent, recognised, experienced, understood - as it is in the US/elsewhere. This study does appear to be a first stand-alone look at the issue of family boundaries, bonding, and later intimate relationships within the context of a fairly new and/or misunderstood concept (emotional incest), but not necessarily a new phenomenon. So there is lots of room for insights and perceptions and I am very excited about it and hope to get as many family/couple therapists involved in what may well be a study that initiates many further studies related to this topic.

The interview will only take roughly an hour. I am hoping to have all my interviews completed by mid - end November; and with a minimum 5 more participants needed - it's an attainable goal. If you have any availability to meet with me briefly over the coming weeks, I would ofcourse be beyond thrilled. Again, I cannot express how incredibly grateful I would be for any assistance you are able to offer. I sincerely hope to hear from you.

Kindest Regards

Tamsyn Johnson

Uni

In signing this form, I confirm that:

1. I have agreed to participate in this research study.
2. I understand what the topic of this research study is, what the researcher's motivations are for undertaking this research, and what the researcher's expectations of me are; in terms of the process.
3. I have consented to my interview being recorded on tape and I understand that the collected material will be deleted after transcription.
4. I understand that the researcher will at all times ensure that confidentiality and anonymity are guaranteed; and that the researcher will ensure that this confidentiality and anonymity extend to any discussions she has with her supervisor.
5. I agree that my words and any material I provide during my interview can be used, without providing my name, in the presentation of the research; and that such presentation may include publication.
6. I understand that I do not have to answer any questions in the interview if I am not absolutely willing to do so.
7. I understand that I may withdraw my participation from the research process at any time, without having to motivate my reasons for doing so.

Research Participant Name:

Research Participant Signature:

Date: / /

Researcher Name:

Researcher Signature:

Date: / /

Identifying ParticularsGender: Male Female Professional Qualifications: Years of Practice:

- 1) What is your understanding of the term "emotional incest"?
- 2) Do you think that emotional incest is an appropriate term or would you describe this phenomenon differently?
- 3) There does not appear to be much South African research concentrated around the issue of emotional incest itself, why do you think that is?
- 4) What causative factors do you think instigate emotional incest?
- 5) Have you worked with couples where emotional incest has been identified as an issue affecting the couple's relationship? If so, could you describe your experience?
- 6) Have you found there to be any cultural, socio-economic, and/or other factors that increase the likelihood of emotional incest being an issue affecting a couple?
- 7) Do particular disturbances in the family dynamics of the couple's families of origin perhaps increase the likelihood of emotional incest being an issue that later affects the couple?
- 8) In your opinion, is emotional incest an issue that therapists encounter with couples presenting for therapy?
- 9) Would you say that a couple affected by emotional incest would typically present for therapy reporting that emotional incest is the issue affecting their relationship?
- 10) Have you noticed a correlation between emotional incest and any other primary issue that affects couples; for which they are perhaps more likely to seek therapy?
- 11) What sorts of relationship problems do couples affected by emotional incest typically experience?
- 12) Where you have perhaps identified emotional incest as an issue, is the couple aware of the impact of emotional incest on their relationship?
- 13) How do you intervene with couples where emotional incest has been identified as an issue?

14) Do you think it would be beneficial to have more South African research concentrated around the issue of emotional incest and how this phenomenon affects couple relationships?