

cessful. The author contrasts excerpts from Dr. Merton Gill's and Dr. Roy Schafer's process notes and demonstrates that both consider therapeutic flexibility to be the goal of treatment. The notes offer "not two grossly different

pictures of treatment, but slightly different instructions for training the analyst's interest."

This is an important book—of interest to all therapists, but probably most accessible to psychoanalysts.

### **Healing the Incest Wound: Adult Survivors in Therapy**—by Christine A. Courtois, Ph.D.; New York, Norton, 1988, 416 pages, \$34.95.

**Aphrodite Matsakis, Ph.D.**

In *Healing the Incest Wound: Adult Survivors in Therapy*, Christine Courtois presents a thorough and well-organized view of current knowledge about the dynamics and characteristics of incestuous families and a comprehensive picture of the wide range of possible psychological aftereffects on the incest survivor. Her review of available research and theory on sexual victimization is impressive, as is her thus-far-unduplicated discussion of the many issues involved in conducting effective incest therapy.

Dr. Courtois, a psychologist, has conducted individual and group therapy with rape and incest survivors in university and other settings since 1972. She draws heavily on her extensive experience with a wide variety of incestuous families. However, her book is solidly based on numerous studies and theories that she has aptly pulled together to provide a rich discussion of the numerous issues involved in understanding, assessing, and treating incest survivors.

The first five chapters, which constitute Section 1, *Incest Characteristics and Dynamics*, describe the various forms of incest (such as parent-child, sibling, and uncle-and-niece-or-nephew incest) and the particular dynamics associated with each. Syndromes common to most incestuous families—for example, double-bind communications, parentification of the child,

and secrecy—are also presented. Anyone still wondering why many incest victims do not report the abuse, or are not believed when they do, needs to read Courtois' lucid analyses of the "child sexual abuse accommodation syndrome" and of the variety of family processes that can easily entrap the victim in the shroud of secrecy.

Section 2, called *Symptoms, Aftereffects, and Diagnoses*, replaces the medical model of psychopathology with an understanding of incest symptomatology in terms of theory from four fields: feminism, traumatic stress-victimization, self-development, and loss. No one theory is considered sufficient. Noteworthy in this section are Courtois' clear explanations of how certain presenting symptoms, such as bulimia or hysteria, may mask the root issue of childhood sexual abuse and of how the effects of incest can easily be confused with, or can complexly interact with, schizophrenia or borderline and other personality disorders. A structured incest history questionnaire is provided.

Those who work with incest survivors would do well to read Section 3, *Incest Therapy*, several times. Even the most well-intentioned and compassionate therapist could unknowingly misdiagnose and misguide the incest survivor without the information provided by these chapters on the philosophy, process, and goals of incest therapy; on the effects of the dynamics of abuse on the therapy process; and on the special problems and issues involved in incest therapy, such as dissocia-

tion, the return of repressed material, and self-mutilation. Healing is possible, Courtois continually asserts, while she offers the clinician invaluable descriptions of a variety of alternative strategies for coping with every stage of, and every obstacle to, the healing process.

This book can well be considered required reading for any professional who works with incest survivors. According to conservative sources, at least 20 percent of the female population and anywhere from 25 percent to 44 percent of those seeking outpatient psychotherapy have been incestuously abused.

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