

Case Report

INCEST : A RARE CASE REPORT

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Introduction :

Incest is defined as the occurrence of sexual relations between close blood relatives. A broader definition describes incest as intercourse between participants who are related to one another by some formal or informal bond of kinship that is culturally regarded as a bar to sexual relation¹. For example, sexual relations between step parents and step children or among siblings are usually considered incestuous, even though no blood relationship exists.

Most reported cases are father-daughter incest. But sibling incest are probably more common. Mother-son incest occur much less frequently than any other form of incest. Such behaviour is usually indicative of more severe psychopathology. Other type of very rarely reported incest is homosexual incest. These include father-son incest and mother-daughter incest¹.

About 75% of reported cases involve father-daughter incest. However, there are many cases of sibling incest that

are denied by the parents. About 15 million women in the United States have been the objects of incestuous attention and one-third of sexually abused person have been molested before the age of 9¹. Studies of adult sex offenders have demonstrated that approximately 20% of all rapes and 30-50% of child molestations are carried out by youth under 18 years of age⁵. Studies of adolescent sex offenders have shown that majority commit their first sexual offense before 15 year of age⁵. Accurate figures on the incidence of incest are difficult to obtain because of general shame and embarrassment of the entire family. So, clinical experience suggests that such statistics underestimate the frequency of incest. In Bangladesh, very few cases of incest are reported so far we know.

Incestuous behaviour is reported much more frequently among families of low socioeconomic status than among other families. Incest is more easily hidden by economically stable families than by the poor¹.

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There is little information is known about the psychopathology of incest. Familial, social, cultural, physiological, and psychological factors may contribute to the breakdown of the incest taboo. There is often a history of marital breakdown and the daughter replaces the mother. The family is often socially isolated which prevents adequate extrafamilial contacts and sharing bed rooms in crowded accommodation which increased physical proximity. Highly disturbed, violent, alcoholic or psychopathic father and a dependent or disabled mother who is unable to protect her children. Some communities may be more tolerant of incestuous behaviour than is society in general. Major mental illnesses, intellectual deficiencies and antisocial personality disorders have been described in some cases of clinical incest¹. Some family therapists view incest as a defense designed to maintain a dysfunctional family unit. The older and stronger participants in incestuous behaviour are usually male and victims are usually female. Thus incest may be viewed as a form of sexual abuse, as a paedophilia or as a variant of rape¹.

Case Report :

A young man aged 18 years, hailing from rural background with low socioeconomic condition, educated upto grade V (primary level) was brought to the psychiatry Out Patient Department, Bangabhanu Sheikh Mujib Medical University (BSMMU), by his mother. He denied of having

any symptom as to psychiatric illness. His mother, a 45 years old, housewife stated that she would like to give the history in detail with very confidential. His father, a 55 years old man was working as a night guard in a Non Government Organization (NGO). The son and mother used to sleep at night in a shared bedroom with a separate cot. When the son was 14 years old, one night when his mother was changing her dress in the room, the boy observed her and became sexually aroused. He suddenly went close to her mother and began to kiss in inappropriate way. At one time the boy desired to make physical relation with her (victim) forcibly. The victim tried to resist him verbally and physically with great effort. She ultimately failed to do so. The victim did not shout or disclose it due to shame or family embarrassment. This occurrence happened regularly once or twice in a month according to the statement of the victim. Once the victim resisted from such occurrence the offender {the boy} became aggressive and gave a blow to the victim's mouth and ultimately she lost her 3 teeth. At first the victim did not disclose the occurrence even to her husband. She became shame, frustrated, depressed and finally disclosed to her husband. The father of the offender initially could not belief such an unacceptable occurrence. But by knowing the facts in detail, the father of the boy became puzzled, helpless and depressed. He did not

take any protective measures for the sake of the family tradition, social stigma and fear of punishment of the boy (offender). This rare occurrence continued for about 4 years. At one time the victim took suggestions from a Senior Staff Nurse and then they came to the psychiatry OPD for proper assessment and management. From his developmental history, it has been revealed that the boy had delayed development in all aspect. It had been caught up except persisting in impairment of social development and intelligence level. There was no family history of mental illness and no history of drug and alcohol abuse. Notable physical illness was not reported.

On mental state examination, it was found that the boy had short stature. He was reasonably dressed, but unkempt with silly smiles. His speech was few, monotonous and sometimes incoherent. Mood was incongruous and no delusions and hallucinations were found. His intelligence level was below average provisionally judged as mild level and insight was impaired.

Routine blood examination including serum testosterone, X-ray of the skull, EEG, C.T scan of the Brain were done to exclude any organic disease.

The boy was diagnosed as Mental Retardation in axis II of multi-axial classification of Child and Adolescent Psychiatric disorders of WHO. Though there was no axis I diagnosis, incest problem itself was enough to warrant intervention.

Individual behaviour therapy were given to the participants of incestuous behaviour to develop internal restraints and more appropriate methods of gratifying their needs. Family therapy were given to develop healthier role definition for each member. The patient was treated with antipsychotic drugs for his behaviour problems e.g. Tab. Haloperidol 10mg daily. The participants were followed up for about one year and no incestuous behaviour was likely to recur.

Discussion :

Incest is not a clinical diagnosis. We may consider incest as a case of sexual deviation e.g. paedophilia, a variety of sexual abuse, or atypical variety of rape. In Bangladesh, this type of case is very rarely reported. Though sexual abuse and rape are reported to some extent. In our case, the participants of incestuous behaviour are mother and son. This is a very rare type of incest. When this type of incest occur is usually indicative of more severe psychopathology among the participants. According to Sigmund Freud, Children developed Oedipus complex during the phallic stage of development. In Oedipus complex children have sexual impulses toward the opposite sex parent and want to eliminate the same sex parent¹. At the time of first occurrence, the offender (boy) was a mere adolescent of 14 years. He came from low socioeconomic background, usually sharing bed room with the victim. Due

to his low intelligence he had a lack of sexual orientation, sexual cognition and sexual socialization which had to develop integrated sexual and aggressive pattern of behaviour. Further his lack of conscience and lack of external restraints, lack of resistance (through insecurity, ignorance) all contribute to the occurrence of incest. The victim was a 41 years old women had marital disharmony due to pattern of job of her husband as night guard for long time. More over her husband might have some sexual problems which we could not able to exclude, This incestuous behaviour had been continuing for about four years. Deprivation of physiological needs might be the probable cause of acceptance of such type of occurrence for the part of the victim. It is still a matter of question why the victim allowed such type of activity for a long time and why her husband did not

take any protective measures for this. We could not find any solution to the question. We think debate will be continued and further researcher could be able to conclude the matter.

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