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Child Abuse: The Long-Term Effects on Patterns of Attachment and Mechanisms of Defense

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CHILD ABUSE: THE LONG-TERM EFFECTS ON
PATTERNS OF ATTACHMENT AND MECHANISMS OF DEFENSE

by

Nancy A. Norton

A Thesis Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts

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VITA

The author, Nancy A. Norton, is the daughter of the late James and Marie (Higgins) Norton. She was born November 9, 1958 in Chicago, Illinois.

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CHAPTER I

INTRODUCTION

The examination of the relationship between early childhood experience and later developmental outcomes has dominated the literature in human development (Kagan, 1979; Sroufe, 1988; Stern, 1985). A variety of theories have emanated from these observed relationships and have subsequently served to direct and guide continued research. Among the most comprehensive and interesting of these theories is attachment theory (Bowlby, 1969; 1973; 1982). Attachment theory, as Bowlby (1969) formulated and refined it, views the early infant-caregiver interactions as forming the foundation for a pattern of attachment between child and mother, which will subsequently influence how the child comes to view him/herself and others. More specifically, Bowlby postulated that the quality of the infant-caregiver attachment will influence the "inner working models" of the child, which are based on the child's daily experiences and provide a framework with which the child comes to know what to expect from the caregiver, the self, and the relationship (Bowlby, 1973). These "working models", though subject to change, are thought to be relatively well-formed by the end of the infant's

first year. They will be the early precursors for such things as the development of self-confidence, efficacy, and self-worth, as well as the capacity for involvement in intimate personal relationships (Sroufe, 1988).

Bowlby (1969; 1973), as well as other object relations theorists (e.g., Mahler, Pine, & Bergman, 1975; Stern, 1985), postulate that these early interactional attachment patterns will continue to exert their influence, though probably not in a linear fashion, on later development in general, and social and emotional development in particular. Because of the time span involved, longitudinal data in support of this claim are sorely lacking. Instead, the major extension of Bowlby's (1969) theory in the research literature has remained in the area of early childhood development. Ainsworth (1973; 1979; 1984) has demonstrated the development of patterns of attachment in infancy and early childhood and its close association with developmental functioning, particularly social and emotional functioning. However, the longer-term effects of early patterns of attachment remain in the theoretical realm, though recent research concerned with adult attachment has begun (see Cassidy & Kobak, 1988 for a review; Main & Goldwyn, 1984).

According to Cicchetti & Rizley (1981), a useful means of contributing to the precision of a

developmental theory and validating the claim of universality of a developmental sequence is to study populations where one might anticipate finding differing patterns. A number of researchers have done this by studying maltreated and high-risk infants and the disordered attachments often found between them and their caregivers (Egeland & Sroufe, 1981; Lamb, Gaensbauer, Malkin & Schultz, 1985; Lyons-Ruth, Connell, Zoll & Stahl, 1987). Indeed, the literature provides clear evidence that these attachments are different than those anticipated by normal developmental theory. In fact, what is often seen in these relationships is what Bowlby (1969) referred to as anxious attachment. Longitudinal research with these children has demonstrated that an early anxious attachment continues to have impact on the child's functioning through middle childhood, i.e., approximately ages 8 - 9 years. More specifically, poor peer relations at this age were found to be related to earlier anxious attachment between mother and child (Sroufe, 1988). In addition, there is some evidence for the hypothesis that abusive caregivers are anxiously attached as well (DeLozier, 1982). This piece of information, taken in tandem with observations that abusive caregivers typically have experienced a history of abuse during their own childhoods (Spinetta & Rigler, 1972), suggests that the quality of early

attachment patterns may indeed be a significant factor in predicting later parenting behaviors. However, little is known about the continued impact or sequelae of early maltreatment and/or early anxious attachment patterns. Given the information we already have concerning attachment and maltreatment, the present study will attempt to determine if the already observed anxious/avoidant attachment patterns in maltreated infants can also be observed in late adolescents who have experienced physical maltreatment during their early childhoods. In spite of the limitations inherent in a retrospective study of this kind, it is hoped that some contribution can be made in advancing our knowledge about the possible long-term effects of early attachment patterns. In addition, some light may be shed on the psychodynamic formulation of the intergenerational cycle of physical abuse and maltreatment.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Developmental theorists, such as Mahler et al. (1975) and Bowlby (1969, 1982), assert the importance of the mother's emotional availability to her child. This maternal availability coupled with the child's responsivity, result in interactions which determine the quality of attachment between mother and child. Attachment, as defined by Bowlby (1969) and extended by Ainsworth, Blehar, Waters & Wall (1978), is the enduring affective tie between the infant and his/her caregiver, the true relationship, so to speak. Winnicott (1960), in fact, would go so far as to say "there is no such thing as an infant" (p. 586), meaning, of course, that an infant cannot exist alone, i.e., there is no infant without maternal care. In other words, Winnicott (1960) views the infant and his/her mother as a distinct unit; a relationship. Though the capacity for attachment is thought to be present from very early on, the behavioral manifestations of the quality and nature of the attachment relationship become easily observable in the infant between the ages of 6 and 12 months (Sroufe, 1979). Stern (1985) also points out that this period marks an increase in the infant's attention and

attunement to interpersonal relationships. Theory holds that the infant's successful adaptation during this crucial developmental phase will result in the formation of basic trust in maternal availability (Erikson, 1965), and a secure attachment between mother and child (Bowlby, 1969). On the other hand, it is thought that deficiencies in the emotional availability of the mother most often result in what Bowlby termed an anxious attachment between mother and child. That is, if the mother/caregiver is unpredictable and/or more concerned with her own needs than those of the child's, the child's basic trust in his/her ability to depend on mother will be compromised at best, and the quality of the infant/caregiver attachment will be colored with anxiety.

Though Bowlby's (1969) original conceptualization of attachment was of a specific developmental milestone, or the endpoint of a specific developmental phase, the contemporary view is of attachment as an organizational construct (Ainsworth, 1979; Bowlby, 1982; Sroufe & Waters, 1977; Sroufe, 1979). That is, based on the quality of early mother-child interactions, an attachment pattern will result, and, in turn, will influence the proximity-seeking behavior and the exploratory behavior of the child. The implications of this refinement in attachment theory on development over

the life span are innumerable, and provide a clearer understanding of the coherence of individual development (Sroufe, 1979). In particular, the theory holds that mental representations of the self and others formed within the primary dyadic relationship will have influence on the security with which the developing child explores his/her environment and others within it. Experiences with these initial explorations will affect subsequent developmental issues and their resolution. That is not to say, however, that the quality of the infant's attachment to his/her mother is the only causal factor for subsequent developmental outcomes. As Cicchetti (1987) points out in his transactional model of child maltreatment, there are numerous potentiating and compensatory factors which serve to increase or reduce the child's vulnerability to maladaptive developmental outcomes. However, the quality of the early attachment relationship may be the single most important determinant of the adaptive resolution of future developmental issues.

This point is clearly illustrated in Mahler's (Mahler et al., 1975) theory of the separation-individuation phase of early development, which holds that between birth and three years of age, the child gradually emerges from a total dependence/fusion with the mother to an increasingly differentiated, separate,

autonomous self. Mahler et al. (1975) observed infants and toddlers moving through these stages, i.e., differentiation, practicing, and rapprochement, and the most important factor noted, which determined the child's successful achievement of true individuation, was the degree to which the mother was attuned to her child's needs at any given time. Ainsworth (1984), in her observations of infants and toddlers, agreed that maternal responsiveness to the infant's signals was the most important determinant of the success of the attachment process. This implies that for the maltreated child, the mother's lack of attunement to the child's needs will result in a compromised attachment pattern in which the child will be unable to individuate and function autonomously. This is not to say, of course, that brief lapses in the empathic bond between mother and child will cause deleterious effects; however, it is postulated that a consistent lack of empathy will, and that this early tenuous mother-child attachment will influence the manner in which the child relates to others as well.

Bowlby's (1982) attachment theory suggests a similar line of development for maltreated children, which he characterizes as an anxious-avoidant attachment pattern. He postulates that physical maltreatment of the child results in unmet dependency needs, which keep

the child attached to the mother in spite of the negative valence to the relationship. In other words, when a child's behavior is responded to tardily, unwillingly, and/or unpredictably, he/she is likely to become anxiously-avoidantly attached; anxious because maternal availability is doubtful, and avoidant in case emotional displays cause active rejection by the mother. Cassidy & Kobak (1988) identify avoidant attachments as defensive maneuvers which serve to mask negative affect, thereby protecting the attachment relationship from disintegration, i.e., maternal rejection. For Bowlby (1980), avoidance serves to "deactivate" the attachment system, which inhibits the processing of information that may lead to anxiety or distress, which in turn typically elicits attachment behavior. Also, the avoidantly attached child may be able to deny, or minimize the importance of giving and receiving care, through the selective processing of information which would typically result in affective distress, e.g., separation from the caregiver (Bowlby, 1980). In fact, the research conducted with maltreated children clearly supports the theories discussed. Before describing these findings though, it will be useful to understand the most common method currently used to assess the attachment relationship between infants and their mothers.

Assessment of Attachment

The quality of infant attachment is typically assessed using Ainsworth's "Strange Situation" standardized laboratory procedure (Ainsworth et al., 1978). In this procedure the infant is taken through eight 3-min. episodes with varying degrees of related stress. The assessment includes the infant's reactions to an unfamiliar room, toys, a female stranger, and two separations and reunions with the mother. By examining the infant's exploratory and proximity-seeking behavior, particularly the infant's response upon reunion with the mother, the quality of the attachment relationship between mother and child can be assessed. Based on observations of infant's organized behavioral patterns. Ainsworth et al. (1978) were able to discriminate three basic types of attachment patterns, which were closely related to the patterns of caregiver/infant interactions. Two of these, Groups A and C, are characterized as anxious and insecure forms of attachment, while Group B infants are characterized as securely attached.

In particular, Group B infants were classified as securely attached on the basis of their proximity-seeking behavior upon reunion with their mothers and frequent return to exploratory behavior shortly thereafter. In addition, these infants reacted

positively and seemed to experience pleasure when mothers reentered the room. Those infants classified as Group A (anxious/avoidant) infants, on the other hand, tended to avoid their mothers during reunion, or mixed their avoidance with proximity-seeking behaviors. These infants behaved in a similar fashion to the female stranger in the room. In fact, there was little differentiation for the infant between his/her primary caretaker and a total stranger. Finally, Group C (anxious/resistant) infants were characterized by their mixed proximity-seeking behavior and resistant, angry behavioral fluctuations. Though these children tended to stay close to their mothers during the pre-separation period, thereby showing fewer exploratory behaviors, they were not comforted by maternal contact, frequently pushing their mothers away during physical contact, but pursuing it when not in contact. These children appeared angry, yet fearful that their mothers may have left them if contact was not maintained. In contrast, the Group A children appeared to be disengaged from their mothers and very self-reliant, as if they did not need maternal availability.

Ainsworth et al. (1978) found that approximately 70% of all nonclinical samples of infants were securely attached (Group B), while 30% were insecurely attached (20% from Group A and 10% from Group C). In studies of

maltreated infants, estimates of those insecurely attached range from 70% to 100%, with most of these attachments being classified as anxious/avoidant (Group A) (Cicchetti, 1987). According to Cicchetti (1987), recent developments in the classification of attachment system have resulted in the addition of a fourth pattern of attachment, which is characterized as disorganized and disoriented (Main, Kaplan & Cassidy, 1985). These infants show fear and are very tentative in their relationships with their mothers, and they show a combination of attachment behaviors typically belonging to other distinct categories, i.e., Groups A and C behaviors. Approximately 10 - 15% of the infants who cannot be classified appropriately into any of the other groups fit the Group D pattern (Cicchetti, 1987). According to Crittenden (1988), prior to the development of the Group D category, some maltreated infants had been incorrectly classified as belonging to Group B. Finally, it is important to point out that caution must be exercised in making connections between attachment classifications and more general mother-child interactions (Gaensbauer & Harmon, 1982). Therefore, evidence will be presented concerning both, i.e., attachment-related studies and mother-child interactional studies.

Attachment Patterns of Maltreated Infants

In 1981, Egeland & Sroufe conducted the first study designed to specifically determine the quality of attachments between abused/neglected children and their mothers. Since this research was done prior to the development of the Group D Category (Main et al., 1985), it is necessary to take into consideration that some misclassifications may have occurred. Keeping that in mind then, Egeland & Sroufe (1981) found that of the 12 month-old infants receiving inadequate care, i.e., abuse and/or neglect, 24% were classified as having anxious/avoidant attachments (Group A), 38% were classified as securely attached (Group B), and 38% as having anxious/resistant attachments (Group C). Of these children, approximately 57% of those who had been abused were classified as Group A attachments, while the remainder (43%) fell into the Group B category. This is in contrast to observed children who received "excellent care", of whom 16%, 76%, and 9% were classified as having Groups A, B, and C attachments, respectively. Interestingly, observations were repeated when these children reached 18 months of age, at which time 75% of the abused children were classified as securely attached, and 25% were classified as having anxious/avoidant attachments. Similar shifts from the anxious attachment categories, i.e., Group A and C, to

the secure attachment category, i.e., Group B, were seen for the neglected children as well, though these shifts were not as dramatic as those for the abused children. Egeland & Sroufe (1981) explained these shifts through anecdotal examinations of the case histories of the families. They offered the hypothesis that in cases where a shift to a more secure form of attachment took place, the lives of the mothers were described as more stable; this was frequently due to the presence of a supportive family member (usually the grandmother). In spite of these shifts, however, the data in support of the Bowlby-Ainsworth hypothesis remains compelling. For abused and/or neglected infants, avoidant attachments were more common than they were for those infants who received "excellent care".

In a more tightly controlled study (Lamb et al., 1985), the attachment patterns of abused and neglected children were compared with those of well-treated children, who were matched on such characteristics as age, sex, ethnic background, maternal and paternal occupation, and parental education, and similar results were obtained. In particular, 86% of the abused children, and 63% of the neglected children were classified as having anxious/avoidant attachments. In contrast, 14% and 25%, respectively, of their matched well-treated counterparts were classified as avoidantly

attached. These data suggest that environmental and other variables, such as those used for matching, are extraneous to the development of the attachment between mother and child. Furthermore, it is the negative interaction between mother and child which is implicated as a causal factor in a controlled study of this type. Lamb et al. (1985) also observed children who had been maltreated by adults other than their primary caregiver and they found no elevation in the incidence of anxious attachment patterns. Consequently, it is not maltreatment per se which is implicated in the formation of anxious attachments. Rather, it is maltreatment experienced within the primary dyadic relationship which appears to be closely associated with the development of anxious/avoidant attachment patterns, though the direction of the relationship cannot be determined from these data (Lamb et al., 1985). That is, it is not clear if these infants develop an avoidant attachment with their mothers as a result of maltreatment, or if they are maltreated due to specific high-risk characteristics, which may lend themselves to an avoidant attachment pattern which then elicits the maltreatment.

Partially in response to this question, Lyons-Ruth et al. (1987) compared infants considered to be at high-risk for maltreatment, but who had not been physically maltreated, with maltreated infants and non-

maltreated infants from the community, who were matched on per-person family income, mother's education and race, and the child's age, sex, and birth order. "High risk" was determined by referring professionals on the basis of "social and psychiatric risk owing to poor mother-infant relationship and to economic and social stresses within the family" (p. 225). Again, using Ainsworth's Strange Situation paradigm, and incorporating a fourth category, i.e., Group A/C - evidence of a mixture of avoidant and resistant behaviors, Lyons-Ruth et al. found that 80% of the maltreated infants were classified within either Group A or Group A/C, and the remaining 20% were classified as Group C. There were no significant differences in attachment behaviors between infants in the "high risk" sample and those in the matched community sample. Furthermore, when unstable avoidant behavior, or early avoidance behavior which diminished to the point that the second reunion is classified as secure, is classified as an anxious attachment pattern rather than a secure one, 90% of the maltreated infants were classified as anxiously attached, while 44% of the non-maltreated "high risk" infants, and 39% of the community infants were classified in the same category. These data would seem to suggest that it is the dyadic-caregiver maltreatment itself which is a primary

influence on the development of anxious attachments, as opposed to the "high risk" characteristics which are often present in these families as well.

Lyons-Ruth et al. (1987) included an analysis of maternal behaviors at home in order to assess the relationship between these behaviors and infant attachment patterns. By collapsing all three groups of infants, i.e., maltreated, non-maltreated "high risk", and community samples, they demonstrated that 100% of infants whose mothers were covertly hostile showed avoidant/resistant behaviors. A specific association between maternal covert hostility and infant avoidance only was demonstrated, whereas mothers of infants who showed a mixture of avoidance and resistance were more likely to be uncommunicative and less likely to be covertly hostile. Interestingly, some of the most highly interactive mothers were those rated high on covert hostility and interfering manipulation. As Lyons-Ruth et al. (1987) point out, the rate of mother-child interaction is not as critical as is the appropriateness and affective tone of the interaction.

This is in agreement with the findings of Wasserman, Green, & Allen (1983), who observed abusing mothers and control mothers engaged in free play with their infants. Though these authors did not assess the quality of attachment between infants and their

caregivers, they did find that abusive mothers were significantly more likely to demonstrate more negative behavior and less positive affect toward their infants than were their matched control counterparts. In addition, abused infants tended to avoid their mothers' attempts to engage them in activities other than those they had chosen themselves. Abusive mothers were also more likely to make physical contact with their infants, as opposed to verbal contact, but less likely to initiate contact overall. In general, these mothers lacked positive involvement with their infants, and their children seemed to respond with passive and active avoidance, as well as significantly lower scores on the Bayley Mental Developmental Scale (Wasserman et al., 1983).

The infant's avoidance of his/her mother probably contributes to continued maternal emotional unavailability. In fact, in their analysis of infants' affective communications with their mothers, Gaensbauer & Sands (1979) delineated six "affective distortions" not typically seen in normal infants: affective withdrawal, lack of pleasure, inconsistency and unpredictability, shallowness, ambivalence/ambiguity, and negative affective communications. It is thought that these affective communications result from the experience of abuse and the unpredictable relationship

with the mother, but they also serve to maintain maternal emotional unavailability via the provocations of the mothers' sense of inadequacy and frustrated dependency needs (Gaensbauer & Sands, 1979). It should be remembered that avoidant attachment is thought to be a defensive maneuver on the child's part, which allows for information processing biases that serve to minimize affective distress (Bowlby, 1980).

As one can easily see, the maladaptive and negative interaction between abusive mothers and their children goes beyond situations which are stressful, i.e., Ainsworth's Strange Situation. In fact, these negative interactions can be observed and are extended to include family interactions in general (Burgess & Conger, 1977; 1978). In home observations, abusive mothers directed 20% fewer verbal contacts, and 40% fewer positive responses, to other family members, than did mothers in a control sample. Burgess & Conger (1977) observed other interesting characteristics in abusive families. For example, the parents, together, directed 28% fewer physical contacts of any kind to their children, and these children, in turn, responded negatively toward their siblings 28% more often than did their matched controls, tending to be less reciprocal and more coercive in their interactions with others. This pattern was also observed to occur within the

parents' relationship as well. Burgess & Conger (1978) were able to replicate most of these results with in-home observations of abusive, neglectful, and control families from rural areas, though the interactions between parents and between children were not markedly different from those of normal families for this sample. The parent-child interactions, however, were similar in that lower rates of interactions and higher negative behaviors characterized abusive parent-child interactions.

In light of the findings described so far, it seems that those families in which child abuse and maltreatment occur are fraught with negative and unbalanced interactions between family members, and between mother and child in particular. Because the findings seem to make intuitive sense, a common tendency is to view them as not particularly noteworthy in furthering our understanding of the causes and consequences of abuse. However, this would be unwise because, as Bowlby's (1982, 1984) hypothesis suggests, we would expect the quality of early attachments and interactions to influence later development via the child's "working models", and this is what makes the aforementioned results so disturbing. Beyond the evidence which indicates that modeling plays an important role in the etiology of aggressive behavior

(Bandura, 1973), it has been demonstrated that anxious patterns of attachment are frequently associated with deficient social skills and problem-solving behavior as much as 3 years later (Arend, Gove, & Sroufe, 1979; Matas, Arend, & Sroufe, 1978; Sroufe, 1983).

Unfortunately, because longitudinal studies in this area are so difficult to conduct, we have little information beyond this which connects later development with earlier patterns of attachment and interaction for abused children. We do, however, have information regarding common personality characteristics of abusive mothers and older abused children. From this information, we can hopefully posit a connection between anxious-avoidant attachment due to physical abuse and later developmental outcomes.

Personality Characteristics of Abusive Mothers and Abused Children

A review of all of the information collected to date concerning the personality characteristics of abusive mothers and abused children is certainly beyond the scope of this paper (for a review, see Maden & Wrench, 1977; Spinetta & Rigler, 1972). However, an overview of those characteristics most salient in developing an understanding of the emotional and relational aspects of personality as they may relate to early patterns of attachment will be attempted. First,

though, it must be appreciated that most investigators have found that abusing parents often report a history of abuse during their own childhoods (Blumberg, 1974; Spinetta & Rigler, 1972; Steele & Pollack, 1974; Wasserman et al., 1983). Consequently, the boundaries between the characteristics of each of the two groups seem to blur considerably, which, as we shall see in the next section, seems to be at the crux of the problem of multi-generational abuse.

To begin, the most notable and least unexpected finding in the literature is that abusive mothers have been found to lack empathy, and to have low self-esteem (Disbrow, Doerr, and Caulfield, 1977; Melnick & Hurley, 1969). Further, the lack of empathy found in these mothers is generalized and not restricted to their relationships with their children. Melnick & Hurley (1969) also found that abusing mothers had more frustrated dependency needs and showed less need to be nurturant than control mothers on several personality measures. In a compelling study conducted as part of the 6-year follow-up in the Berkeley Social Development Project, Main & Goldwyn (1984) interviewed parents of infants who had been classified via Ainsworth's Strange Situation procedure 5 years earlier. They were interested in the parents' abilities to recall their own childhood attachment experiences and reflect on the

meaning these experiences held for them. The semi-structured interview (Adult Attachment Interview, George, Kaplan, & Main, 1984; as cited by Main & Goldwyn, 1984) included such topics as memories of being upset or ill, memories of separations and losses, early feelings of rejection, and general descriptions of their relationships with their parents. Main & Goldwyn (1984) identified three patterns of organizations/ attachments used by these parents: secure/autonomous, preoccupied, and dismissing. When these results were compared with the attachment classifications of infants done 5 years earlier, Main & Goldwyn (1984) found that the majority of parents of children classified as avoidant (Group A) were in the dismissing group. These individuals dismissed the importance of attachment relationships, and denied any painful affect associated with memories of distressing events claiming that they were unaffected by them, though they were unable to remember many specific events related to attachment during childhood. The fact that parents of avoidant infants tend to "deactivate" and deny thoughts and feelings about their own early attachment experiences suggests that their own avoidant stance has been pervasive and long-lasting, and, in fact, will probably continue to be so since it impacts so strongly on their own children's "working models". This avoidant approach to interpersonal

relationships also explains the lack of empathy typically found in abusive mothers (Melnick & Hurley, 1969), and the continuing unmet dependency needs (Green, Gaines, & Sandgrund, 1974).

Merrill (1962) made the first major attempt at a typology of abusive parents, which included three distinct clusters. The first group was composed of individuals with pervasive hostility and aggressiveness, and very poor impulse control. The second group included those who were rigid, compulsive, and lacked warmth, often rejecting their children, while the third group of parents showed strong feelings of dependence and passivity, and were generally depressed, moody, unresponsive, and immature. Though she did not use a typological structure, Oates (1986) also found many of these characteristics in abusive mothers. In particular, the abusive mothers were found to be more assertive, demanding, jealous, and suspicious, and more likely to act impulsively than comparison mothers. Ratings of super-ego strength were also significantly lower for abusive mothers (Oates, 1986). Impaired impulse control is a common (and expected) finding in much of this research (Green et al., 1974). Inadequate defenses, unmet dependency needs, and a lack of identity have also been found to characterize abusive mothers (Green et al., 1974). Further, these mothers are prone

to reverse roles with their children, thereby expecting their children to gratify the dependency needs which their own parents failed to gratify (Green et al., 1974).

In general, these mothers, tend to have unrealistic expectations of their children; frequently expecting more from them than is appropriate, while feeling that they will not perform as adequately as a "normal" child would (Twentyman & Plotkin, 1982). Twentyman & Plotkin (1982) posit that these parents suffer from an informational deficit in the area of child development; however, it seems possible that projective identification may be responsible for this dynamic. In fact, in a path analysis conducted by Engfer & Schneewind (1982), the main predictors of harsh parental punishments are, in order of their importance: a child perceived as difficult to handle; maternal anger-proneness; rigid power assertion; and family conflicts. Abusive mothers have been found to be more aggressive and defensive and less succorant than highly stressed non-abusive mothers (Egeland, Breitenbucher & Rosenberg, 1980).

The impact of these maternal personality factors on the personality and emotional development of children can be assumed to be great. Though it has been difficult to determine cause-effect relationships, it

seems that this difficulty is due to methodological difficulties, rather than logical ones. Research examining the emotional development of abused children seems to clarify this point well. For example, Ounsted, Oppenheimer, & Lindsay (1974) point out that abused children sometimes show a behavior termed "frozen watchfulness", which is characterized by silence and an almost vigilant stance when in the presence of adults, e.g., they will gaze-fixate without smiling. Naturally, this indicates the degree to which these children are able to achieve "basic trust" in others within their environment (Erikson, 1965; Kinard, 1980). This stance toward others apparently continues. In a study of 9 year-old abused and non-abused children, Oates (1984) found abused children to be significantly more serious, cautious, and subdued than their non-abused peers. Though these children were rated approximately the same on a measure of social maturity, abused children had significantly fewer friends, lower ambitions, and lower self-esteem (Oates, 1984).

Kinard (1980) found that abused children (5 - 12 years old) depicted themselves as "bad" in many ways, e.g., unpopular, disobedient at home, wanting their own way too much, doing many bad things, and believing their parents expected too much from them. Though Reidy (1977) found abused children to be significantly more

aggressive in fantasy, play, and classroom behavior than non-abused and/or neglected children, Kinard (1980) found that abused children were only more extrapunitive than non-abused and/or neglected children when child-child interactions were in question, as opposed to adult-child interactions. In a later study, Kinard (1982) found that measures of aggression were related to the severity of injuries experienced by the child. More specifically, those children who experienced more severe injuries were more likely to have impulsive, or non-aggressive responses to an adult as the frustrating agent, and less likely to have extrapunitive responses than those experiencing less severe forms of abuse. These findings suggest that abused children internalize their perceptions of the reasons for the aggression directed toward them, i.e., "I'm bad", and that the effects of this internalization are determined by the severity of the abuse. This mechanism of defense in the face of harm and threats of annihilation is what Anna Freud (1966) termed "identification with the aggressor".

Furthermore, it has been demonstrated that abused children are more likely to have unsuccessful resolution of the developmental task of basic trust in others than are non-abused children (Kinard, 1980). Older abused children also experienced more difficulty with tasks assessing the ability to separate from a mother figure

(Kinard, 1980; 1982). Interestingly, abused children who had been placed in a foster home and/or referred for psychiatric services experienced less difficulty with this task when compared with abused children who had remained in the family home. This finding seems to suggest that it is developmentally beneficial to these children to be removed from their families and placed in foster care, though there is no conclusive evidence regarding this issue. However, the general findings for abused children, up to the age of 12, indicating the lack of establishment of basic trust in others, and the difficulty with the developmental task of emotional separations from the mother, necessitate consideration of the possibility that the anxious-avoidant attachment seen in abused infants is simply continuing through latency and possibly into early adolescence and adulthood. It seems that the basic avoidant stance taken toward others during infancy continues to have impact on future relationships, and on the child's self-esteem and self-concept, though the degree of impact is probably related to the severity of abuse (Kinard, 1982). In addition, it is suggested that if failures to resolve these basic early developmental tasks can be detected in children 12 years of age, then they will likely be detectable during adolescence and adulthood, possibly contributing to future disordered marital

relationships and parent-child attachments (Main & Goldwyn, 1984). Chan (1983; as cited by Friedrich & Einbender, 1983), in fact, compared college students with a history of abuse to students with no history of abuse and found significantly lower self-esteem for the abused group, and a significantly higher score on a child abuse potential screening measure. The present study attempted to move this area of research one step further by determining whether the avoidant stance toward others, particularly family members, continues through adolescence and into adulthood. Also, the present work sought to determine if early developmental failures typically seen in abused children can be detected in late adolescents/young adults with a history of physical abuse. First, however, an effort will be made to derive from psychodynamic theory a framework in which the existing literature can be organized and the thrust of the current research can be developed and explicated. Within this explication the intergenerational pattern of abuse will be highlighted.

Psychodynamic Formulation of Child Abuse

As discussed earlier, many researchers and theoreticians believe that the most critical aspect of successful emotional development is the quality of the attachment between a mother and her child (Ainsworth et al., 1978; Bowlby, 1969). At the risk of oversimplifi-

cation, when this attachment relationship is jeopardized due to the emotional unavailability of the mother as well as physical abuse, an anxious-avoidant attachment between mother and child frequently results (Egeland & Sroufe, 1981). The child, therefore, is unable to establish basic trust in his/her mother and is confronted with the threat of annihilation and/or abandonment (Green, 1981). The child's dependency needs remain unmet, and because of the avoidant stance taken toward the caregiver, and others in general, in order to maintain the attachment in some convoluted manner (Cassidy & Kobak, 1988), the developing child remains unable to have these needs gratified. Because the mother-child relationship remains unrewarding, an empathic bond between mother and child never develops, or develops in a distorted manner, such that the child must be sensitive to the mother's needs, i.e., role reversal (Green et al., 1974; Yates, 1981), rather than vice versa. In order to survive, many of these children develop a false self (Winnicott, 1960), through which they attempt to conform and comply with parental expectations, but they fail to develop close relationships, consequently increasing their sense of isolation, "badness", and subsequent anger (Yates, 1981).

Because these children remain developmentally delayed emotionally (though Bowlby (1980) would disagree that they are delayed, preferring to conceptualize them as having developed along a "deviant pathway"), they are forced to rely on primitive defenses as well, i.e., denial, splitting, and projection (Green, 1981). Through identification, some of these children incorporate the destructive qualities of the abusing parent, thereby intensifying their own sense of "badness". In order to avoid awareness of the sense of "badness", internalized representations of the abusive parent are denied and projected onto others, which allows the child to maintain the fantasy of having a good parent (Green, 1981). The denial and projection, therefore, serve to maintain the child's avoidant stance, and to avoid the pain associated with his/her unresponsive parent (Crittenden, 1988).

When these children grow up and become parents themselves, it is believed that they are at increased risk to treat their children in the same manner they were treated. Because of their early identification with a hostile, rejecting parent, and the denial and projection of their deep-seated "bad" sense of self, they become vulnerable to repeating the abusive relationship with their own child (Green, 1976). This identification can shift rapidly to an identification

with the child-victim, at which times abusive parents will seek to gratify their still unmet dependency needs through the child, thereby completing the cycle of role reversal. When the parent is then frustrated in these attempts, due to inability on the child's part to meet their overwhelming needs, and compounded by the avoidant attachment relationship as well, the parent reexperiences the intolerable rejection, and the role reversal ceases. The parent shifts to an identification with their aggressive parent at this point, and projects his/her painful feelings of rejection and "badness" onto the child. By abusing the child, the parent is able to soothe his/her punitive super-ego and attempts to actively control the abuse he/she passively experienced as a child (Green, 1976), all the while able to justify the punishment due to his/her own denial of the painful affect associated with the experience of parental hostility and rejection.

Bowlby (1984) stresses the importance of the anxious-avoidant attachments frequently found in abusive mothers and in women who are abused by their husbands. The critical point he makes, which is related to the pervasive use of denial and projection for these individuals, is the observation that they frequently perceive others as "needing" them much more than they "need" others. As Bowlby (1984) suggests, this is a

continuation of the anxious-avoidant attachment pattern, and evidence of a projected, lasting, intense need for a caregiver.

The psychodynamic formulation of the causes and consequences of child abuse provides the single most comprehensive framework with which to understand intergenerational patterns of child abuse. It is believed that the critical factor within this formulation is the manner in which the child develops patterns of relating to others, especially significant others. These patterns appear to be directly related to the child's mental representations of self and others; the "working models" (Bowlby, 1982), so to speak, which have as their foundation the primary dyadic relationship between the child as an infant and his/her mother/caregiver.

Statement of the Problem and Hypotheses

Attachment theory, as proposed by Bowlby (1969, 1973, 1980), has proved to be quite impressively demonstrated in the research literature. Ainsworth et al. (1978), via the Strange Situation paradigm, has enabled researchers to assess the quality of attachment relationships between infants and their mothers, and several longitudinal studies have illuminated the effects of early attachment patterns on later childhood development (Arend et al., 1979; Matas et al., 1978;

Sroufe, 1983). More extensive longitudinal studies, however, are difficult to conduct, and retrospective studies with adults give us little information about the early infant-mother relationship. Consequently, it is difficult to assess the significance of early attachment patterns on later development, and their impact on characteristic ways of relating to others during adulthood. Perhaps this is where the growing body of research with maltreated children becomes most significant.

As we have already presented, there is a great deal of evidence to suggest that many physically maltreated children develop relationships with their mothers that are characterized as anxious-avoidant attachments (Egeland & Sroufe, 1981; Gaensbauer & Harmon, 1982; Gaensbauer & Sands, 1979; Lamb et al., 1985; Lyons-Ruth et al., 1987; Main et al., 1985; Sroufe, 1988). Given this body of research, and the evidence that these early relationships continue to have impact on the emotional development of the growing child throughout childhood (Green, 1981; Kinard, 1980, 1982; Matas et al., 1982; Sroufe, 1979, 1983, 1988), logic suggests that the long-term effects (i.e., into adulthood) of early avoidant attachments will be continued patterns of avoidance and detachment in significant relationships. The most compelling evidence

for this sequence was supplied by Main & Goldwyn (1984), who demonstrated that parents of infants classified as having avoidant attachments tend to dismiss the importance of attachment relationships experienced during their own childhoods. This piece of evidence suggests that, in fact, early patterns of attachment do seem to continue through adulthood, but since little information was provided about the early childhood experiences of these parents, it is difficult to say with certainty that their present behavior is a continuation of early behavior, though it does seem likely that this is the case. However, the present study attempted to clarify this point by linking early experiences with current functioning in interpersonal relationships. That is, by utilizing the information we already have about the attachment relationships of maltreated children, and assessing the patterns of relating to others used by adolescents/young adults who report an early history of physical abuse at the hands of their parents, we attempted to evaluate whether early attachment relationships have a lasting impact on adult development. Specifically, an attempt was made to determine the degree to which these individuals have managed to achieve a healthy separation from their parents. This information may also allow us to understand the direction other significant relationships

will take. The Separation-Individuation Test of Adolescence (SITA; Levine, Green, & Millon, 1986) will be used as the primary measure to assess these phenomena.

Recall Mahler's (Mahler et al., 1975) theory of separation-individuation during the first three years of life, which was outlined earlier. Blos (1967) refers to adolescence as a "second individuation process" insofar as the adolescent is on a threshold between "an overwhelming regressive pull to infantile dependencies, grandiosities, safeties, and gratifications", and mature, autonomous functioning (Blos, 1967, p. 167). He compares this to the wish for reunion and the fear of reengulfment experienced during the rapprochement subphase of childhood separation-individuation. In keeping with this theoretical model of the importance of the mother-child relationship in determining how these various phases of childhood separation will be resolved, Levine et al. (1986) designed the SITA to assess the degree to which adolescents have managed to separate-individuate from their parents on the basis of how they function in interpersonal relationships in general. Though this measure originally consisted of six subscales, modifications to the original form have resulted in the inclusion of eight scales, which include Separation Anxiety, Engulfment Anxiety, Self-

Centeredness, Need Denial, Nurturance Seeking, Enmeshment Seeking, Symbiosis Seeking, and Healthy Separation. (A more extended description of these scales is offered later in this paper.) In the present research with adolescents who report a history of early childhood maltreatment, and therefore probable anxious-avoidant attachment with their mothers, it is expected that they will obtain significantly higher scores on the scales measuring separation anxiety, engulfment anxiety, and dependency denial than will the non-abused control subjects. It is thought that the latter two scales would most closely approximate the pattern of attachment typically characterized as avoidant. Separation anxiety scaled scores are expected to be significantly higher for the abused group of adolescents because this type of anxiety is frequently associated with extreme fears of rejection and abandonment. Given the psychodynamic formulation already discussed, and the findings indicating that these individuals have many unmet dependency needs (Green et al., 1974), it is expected that attachment patterns will tend to vacillate between separation anxiety and engulfment anxiety with an accompanying denial of dependency needs.

In addition, the Defense Mechanism Inventory (DMI; Gleser & Ihilevich, 1969) was also administered in order to assess the level of defenses characteristically

used by these individuals. As stated earlier, since emotional development for abused children is thought to be impeded (Green, 1981; Kinard, 1980, 1982), the level of defensiveness and the types of defenses used should also differentiate adolescents who experienced physical abuse from those who did not. More specifically, it is thought that higher level defenses, i.e., intellectualization and rationalization, will be used less frequently by those who have experienced abuse than by those who have not, and lower level defenses, i.e., denial and intrapunitive maneuvers, will be used more frequently by those who have experienced abuse than by those who have not.

Finally, in an effort to heed the warnings of Egeland & Sroufe (1981), who point out the difficulty in separating the effects of abuse from the effects of an environment which generally hinders development (i.e., urban, uneducated, poor, etc.), college students from a private University will be used so that this confound can be minimized. Certainly one cannot say that all college students share a common background (i.e., a well-organized family system, economically well-advantaged, etc.). However, by using a college student population, it is believed that the confounds typically found in studies using samples drawn from a clinic or a hospital can be minimized. It is important to note that

the use of this population will tend to work against the stated hypotheses, since some modicum of higher development is assumed. That is, since the pursuit of a higher education requires some selectivity in terms of a sense of self-efficacy, and adequate personality functioning, the samples used should represent what happens to abused children who aren't severely dysfunctional in their functioning. That is not to say that some college-educated people do not go on to abuse their children. In fact, Chan (1983) found that the child abuse potential for college students is significantly higher for abused students than it is for non-abused students. The present study will attempt to move us one step closer to understanding other long-term effects of child abuse and the avoidant attachments that frequently develop as a result.

In summary then, the following experimental hypotheses are presented for this study.

1. Those who were abused as children will obtain significantly higher scaled scores than the non-abused group on the SITA scales of Separation Anxiety, Engulfment Anxiety, and Need Denial, which would indicate fears of abandonment and rejection, fears of closeness/intimacy, and a denial of dependency needs.

2. In contrast, those in the non-abused group will obtain significantly higher mean scores than abused subjects on the SITA scale measuring Healthy Separation.

3. Abused subjects will report the use of intellectualization and rationalization, as measured by the DMI Principalization scale, significantly less than non-abused subjects.

4. Non-abused subjects will report the use of lower level defenses, as measured by the DMI scales of Turning Against Others, Turning Against Self, Reversal, and Projection, significantly less than abused subjects.

CHAPTER III

METHOD

Subjects

Approximately 750 undergraduate students at a private, Roman Catholic, urban University were given a pre-test screening questionnaire, designed to assess the severity of physical punishments, if any, experienced during childhood. A copy of the screening measure can be found in Appendix A. Specifically, students were asked to give information concerning the following: types of punishments (e.g., slaps, punches, spankings, etc.); the frequency with which each occurred (e.g., daily, weekly, monthly, etc.); the ages during which each occurred; and the parent inflicting each punishment. In addition, students were asked open-ended questions regarding their typical punishments, the last punishment received, their most severe punishment, and the effects they have perceived these punishments to have had on their development. Also, information was requested concerning general family interactions, the predictability and fairness of punishments, and demographic information.

Students received credit for their voluntary participation in the screening procedure, which was

applicable to their introductory psychology class requirements. The screening measure was administered in groups of approximately 15-60, and students were told that the object of the questionnaire was for survey purposes only; they received no information regarding the fact that the measure was a screening device, nor were they given any information which would allow them to anticipate any future research involvement in connection with the screening procedure.

The screening questionnaires were then evaluated by two trained raters, who determined the severity of physical punishments based on students' responses. The raters coded each questionnaire on a 7-point scale, with 1 indicating no physical punishments, and 7 indicating extreme and inappropriate punishments. The ratings were based on a global assessment of each questionnaire, and the criteria used by raters included: the forms of punishments used, e.g., punching would be rated as more severe than spankings, and the use of any instrument to inflict punishments was rated as more severe than the use of a hand, unless wooden spoons were used, which was quite typical; and the degree to which the punishments suited the stated act of misbehavior, e.g., a severe beating with a belt for spilling milk would be rated as considerably more severe than a spanking for playing with matches. Information for the latter criteria was

obtained from written descriptions of the typical and most severe punishments received. Therefore, a global assessment was made by each of the raters for each of the screening questionnaires, based on a combination of the various pieces of information collected.

Consequently, it is not possible to describe typical cases from each of the seven rating scales, since factors were weighted differently based on global assessment of all information reported. Given this type of system, interrater reliability was quite high (84%). All differences, however, were resolved through discussion, and rating differences were never more than a one point difference. Through discussion, then, raters were able to reach agreement for 100% of the cases.

When the ratings were completed, those students who had received a rating of 1 or 2, or a 6 or 7, were contacted by phone and asked to participate in another study. Since students participate in a number of research studies over the course of each semester, it is not unusual to be contacted by phone. They were not informed about the connection between the screening procedure and the actual data collection procedure. Forty subjects, 20 from each of the two groups, agreed to return and participate in the research procedure. Each received additional credits applicable to class

requirements for their participation in this portion of the data collection procedure. Very few of those students contacted and asked to return refused to do so (2 out of 42).

The experimental group (abused subjects) included 14 females and 6 males, with a mean age of 18.5 years ($S.D.=.946$). The mean rating for the screening measure for this group was 6.3 ($S.D.=.47$). All of these individuals were single and had never been married. Seventeen of them came from intact families, i.e., parents still married, and the remaining three had parents who were either divorced or separated. The control group (non-abused subjects), included 16 females and 4 males, with a mean age of 19.85 ($S.D.=2.925$). The mean rating for the screening measure for this group was 1.65 ($S.D.=.489$). As with the abused subjects, all of the control subjects were single. The marital status of the parents of those in this group was as follows: 14 married; 3 separated and/or divorced; 2 widowed; and 1 failed to report information on this question.

Materials

The self-report measure for the detection of childhood abuse was described above as the screening device, and a copy can be found in Appendix A. The questionnaires administered to the 40 subjects selected included the Separation-Individuation Test for

Adolescents (SITA; Levine et al., 1986), the Defense Mechanism Inventory (DMI; Gleser & Ihilevich, 1969), The Washington University Sentence Completion Test for Ego Development (Loevinger & Wessler, 1978), and the Bem Sex-Role Inventory (Bem, 1981). For the purposes of this research, only data from the first two measures were used. The other questionnaires were used in other research and also to mask the purpose of the present research.

As stated earlier, the SITA (Levine et al., 1986) is a relatively new device designed to assess the degree to which healthy separation has been achieved. It is a 103-item Likert-type questionnaire with a selection of five responses for each question, ranging from "strongly agree" to "strongly disagree". Although initially designed to have six scales representing the six stages of psychological separation, i.e., autism, symbiosis, differentiation, practicing, rapprochement, and consolidation of individuality and beginning object constancy (Mahler et al., 1975), procedures conducted to validate the measure led to the creation of 8 dimensions. It is assumed that studies are in progress which will further validate this measure, and hopefully norms will soon be established. At present, neither of these are available. As Levine et al., (1986) reported, a sample of 305 adolescents was used so that each of the

six original scales could be subjected to three stages of validation; theoretical-substantive, internal-structural, and external-criterion. A brief description of each of the original six scales is provided below:

Nurturance-Symbiosis - The contents of this scale were designed to describe those "who have strong dependency needs, who anticipate gratification of these needs, and who associate positive feelings with this expectation. Intimate, enmeshed, interpersonal relationships often characterize their interactions with other people..." (Levine et al., 1986, p. 125).

Engulfment Anxiety - These individuals are defined as those "who are particularly fearful of close interpersonal relationships and who tend to view them as threatening to their sense of independence and selfhood. Often they feel controlled, overpowered, or enveloped by other people whom they perceive as impinging upon their autonomy." (Levine et al., 1986, p. 125).

Separation Anxiety - This scale "describes individuals with strong fears of losing emotional or physical contact with an important other. Associated feelings are of rejection, abandonment, or desertion by another person (usually idealized), as well as anxiety or depression due to an actual, anticipated, or perceived separation" (Levine et al., 1986, p. 125).

Need Denial - High scores on this scale are thought to be characteristic of "individuals who deny or avoid dependency needs. Such individuals are probably defending against anxiety associated with separation and will respond by rejecting or failing to understand feelings of closeness, friendship, or love" (Levine et al., 1986, p. 125).

Self-Centeredness - This scale "describes individuals who possess a high degree of narcissism and self-centeredness which is often simultaneously reinforced by another person's feedback, praise, or admiration (mirroring)." (Levine et al., 1986, p. 126).

Healthy Separation - This scale was designed to describe "individuals who have made significant progress toward resolution of the conflicts associated with separation-individuation, e.g., appreciation of both dependency and independence needs, similarities with and differences from others" (Levine et al., 1986, p. 126). (See Levine et al., 1986, for a complete description of validity procedures and scale descriptions.)

Since the publication of the validity data for these scales, modifications to the original item pool have resulted in the creation of eight scales (Levine, 1987, personal communication). Apparently, the authors experienced the most difficulty with the original Nurturance-Symbiosis scale, which subsumed three of the

new scales: Nurturance Seeking, Symbiosis Seeking, and Enmeshment Seeking. Since these scales are not of particular interest to the present investigation, no further discussion of them is necessary. It is sufficient to say that the particular scales of interest (i.e., Separation Anxiety, Engulfment Anxiety, and Need Denial) proved to be valid measures of the constructs they were designed to assess.

The other measure of interest, the DMI (Gleser & Ihilevich, 1969), is a 200-item questionnaire which provides 10 vignettes of stressful situations, and asks subjects, in a forced-choice format, to describe their reactions. It is a well-used measure with established reliability and validity. Specifically, subjects read a paragraph describing some stressful situation as if it were happening to them. They are then asked to describe what their actual reaction would be, what their fantasy reaction would be, what they would be thinking, and what they would be feeling. The 5 scales of defenses on this measure are as follows, in ascending order of the level of pathology represented: 1) Principalization (PRN), which includes the classical defense mechanisms of intellectualization, rationalization, and isolation; 2) Turning Against Object (TAO), which is designed to assess the classical defense mechanisms of identification-with-the-aggressor and displacement, and

describes individuals who tend to use attack as their best defense; 3) Reversal (REV), which subsumes such defenses as denial, negation, repression, and reaction-formation; 4) Turning Against Self (TAS), which assesses a defense style which uses "intrapunitive maneuvers" to falsify reality in an effort to reduce perceived threats to one's self-esteem, i.e., masochism, self-criticism, negative expectations, etc.; and 5) Projection (PRO), which, as its name suggests, subsumes the classical defenses of projection and externalization of blame.

Procedure

The procedure for data collection involved only the completion of a series of self-report questionnaires. The approximately 750 subjects who volunteered to participate in the initial phase of the study, received a 13-page screening questionnaire, which asked them to describe the types of punishments they received as children, as well as to give minimal information concerning family characteristics. The average time taken to complete this questionnaire was 30 minutes. Once the questionnaires had been coded by two raters, selected subjects were contacted and asked to participate in another study which would involve the completion of several self-report questionnaires, which was estimated to take about two hours. The majority of those contacted agreed to return, and most were tested

in small groups, though some were allowed to take the packet of questionnaires home with them and return it to the investigator once they had completed them.

Following the completion of the second phase of the study, all subjects were debriefed and awarded credit for their participation.

CHAPTER IV

RESULTS

In order to test the stated hypothesis that the abused subjects would score significantly higher than the non-abused subjects on measures of Separation Anxiety, Engulfment Anxiety, and Need Denial, and to assess the hypothesis that this group would also tend to use lower levels of defense mechanisms more, and higher levels of defense less, than non-abused subjects, multiple t -tests on the data were computed. Because F values for homogeneity of variance indicated that two of the defense scales were not homogeneous, values for the separate variance estimates will be reported for all analyses for the sake of maintaining consistency.

Analysis of the Separation Anxiety scale indicated that the abused subjects scored higher than non-abused subjects. This difference was significant, $t(1,33.07) = 2.14$, $p = .02$, one-tailed. The abused subjects also scored significantly higher on the Engulfment Anxiety scale than non-abused subjects, $t(1,32.16) = 4.80$, $p < .001$, one-tailed. Significant differences between groups were also obtained on the Need Denial scale, $t(1,35.13) = 4.25$, $p < .001$, one-tailed, indicating that abused subjects endorsed more of

these items than did the non-abused subjects. The SITA mean scaled scores and standard deviations for each group can be found in Table 1. Finally, the abused subjects scored significantly lower than non-abused subjects on the scale measuring Healthy Separation, though this difference just reached statistical significance with a one-tailed test, $t(1,27.28) = -1.68$, $p = .05$, one-tailed. Post-hoc analyses of the other sub-scales on the SITA, i.e., Self-Centeredness, Nurturance Seeking, Enmeshment Seeking, and Symbiosis Seeking, detected no significant differences between groups, though the abused group's mean scores were consistently lower than those of the non-abused group for each of these scales.

Analyses of the Defense Mechanism Inventory scales (Gleser & Ihilevich, 1969) detected significant differences between groups on four of the five scales. As predicted, abused subjects used the defense cluster termed Principalization, representing the highest developmental level of defense, less than the non-abused subjects did, $t(1,31.49) = -2.97$, $p = .003$, one-tailed. Surprisingly, the abused subjects also scored lower on the defense cluster termed Reversal, $t(1,36) = -2.51$, $p = .017$. This finding was directly against the implied hypothesis that denial, a classical defense thought to be measured on the Reversal scale, would be used

Table 1.

SITA mean scaled scores and standard deviations (S.D.)
for abused and non-abused groups.

SITA scales	<u>Abused</u>		<u>Non-abused</u>	
	<u>Mean</u>	<u>S.D.</u>	<u>Mean</u>	<u>S.D.</u>
Separation Anxiety	31.12	7.30	26.93	4.85
Engulfment Anxiety	37.31	8.90	26.00	5.64
Self-Centeredness	31.50	6.59	32.75	6.05
Need Denial	24.99	6.03	17.84	4.49
Nurturance Seeking	29.92	8.06	30.05	5.74
Enmeshment Seeking	28.85	6.66	30.30	4.34
Symbiosis Seeking	30.92	5.70	32.38	3.89
Healthy Separation	37.33	5.89	39.79	2.82

significantly more by abused subjects than by non-abused subjects. In addition, only a non-significant trend in the predicted direction was obtained on the Projection scale, $t(1,37.89) = 1.43$, $p = .08$, one-tailed.

Analyses of the remaining scales, Turning-Against Others (TAO), and Turning-Against-Self (TAS), revealed significant differences between groups in the predicted direction. That is, abused subjects used these defenses significantly more often than did non-abused subjects. For the TAO scale, the abused group scored significantly higher than did the non-abused group, $t(1,29.15) = 2.42$, $p = .01$, one-tailed. Similarly, the abused group scored significantly higher than the non-abused group on the TAS scale as well, $t(1,37.93) = 2.07$, $p = .02$, one-tailed. Table 2 provides the mean scaled scores and standard deviations obtained by each group on the DMI.

Although most of the initial hypotheses were born out in the data analyses, an attempt was made to further clarify why particular DMI scales, i.e., Reversal and Projection, did not array as anticipated. In an effort to do this, the abused and non-abused groups were collapsed and Pearson correlation coefficients were computed for each of the SITA scales with each of the DMI scales. By chance, ($p = .05$), we would expect to find two significant correlation values in this matrix; what

Table 2.

DMI scaled scores and standard deviations (S.D.) for abused and non-abused groups.

DMI scales	<u>Abused</u>		<u>Non-Abused</u>	
	Mean	<u>S.D.</u>	Mean	<u>S.D.</u>
Principalization	41.90	4.51	47.65	7.37
Turning-Against Others	45.10	4.34	40.15	8.06
Reversal	33.35	7.54	38.75	5.93
Turning Against-Self	39.15	7.02	34.45	7.34
Projection	40.95	5.49	38.40	5.79

we found were 11. Using a binomial test, eleven significant correlations with a chance expectation of 5 in 100 is statistically significantly more than would be expected by chance (binomial $z = 6.52$, $p < .001$). The interesting results that emerged from this procedure can be seen in Table 3. For Reversal, positive and significant correlations were found with Self-Centeredness, Enmeshment Seeking, and Healthy Separation, while a significant negative correlation of this variable was found with the Engulfment Anxiety scale from the SITA, i.e., as scores on the Engulfment Anxiety scale rose, denial and negation, as measured on the Reversal scale, decreased. A significant positive correlation was also found between Engulfment Anxiety scores and Projection scores, while Projection was negatively correlated with Healthy Separation scores. A pattern seems to have emerged here indicating the presence of an interaction between Engulfment Anxiety and Healthy Separation, in which high scorers on the Healthy Separation scale use more denial and less projection, whereas high scorers on the Engulfment Anxiety scale tend to use more projection and less denial. Further, those reporting Need Denial also tend to use projection as well, though this correlation was only significant at the .06 level.

Table 3.Significant Pearson correlation coefficients for SITA scales X DMI scales.

	<u>PRO</u>	<u>TAS</u>	<u>REV</u>	<u>TAO</u>	<u>PRN</u>
Separation Anx.	.11	.27**	-.08	.24*	-.54***
Engulfment Anx.	.31**	.18	-.31**	.25*	-.36**
Self-Centered	-.17	-.28**	.37***	.14	-.07
Need Denial	.24*	.09	-.20	.02	-.14
Nurturance-Seek	.21*	.08	-.05	.16	-.36**
Enmeshment-Seek	-.08	-.11	.32**	-.15	-.00
Symbiosis-Seek	.05	-.12	.20	.06	-.18
Healthy Sep.	-.27**	-.16	.35**	-.09	.09

*p < .10

**p < .05

***p < .01

Other interesting findings indicate that those individuals with higher scores on the Separation Anxiety scale tend to also score high on the TAS ($p < .05$) and TAO ($p < .10$) scales, and low on the Principalization scale ($p < .01$). Scores on the Principalization scale also correlate negatively and significantly with scores on the Engulfment Anxiety and Nurturance Seeking scales. And, as would be expected, negative correlations were also found between TAS scores and Self-Centeredness scores.

CHAPTER V

DISCUSSION

The purpose of the current study was to assess the long-term effects of early maltreatment on emotional development in general, and on the capacity to form healthy interpersonal relationships in particular. As we have discussed, there is a great deal of evidence to suggest that many physically maltreated children develop relationships with their mothers that are characterized as anxious-avoidant attachments (Egeland & Sroufe, 1981; Gaensbauer & Harmon, 1982; Gaensbauer & Sands, 1979; Lamb et al., 1985; Lyons-Ruth et al., 1987; Main et al., 1985; Sroufe, 1988). Since theory holds that these early mother-child attachments have their greatest impact on the child's "working models" (Bowlby, 1982), and therefore, on future attachment relationships, the present study attempted to determine if, indeed, the patterns of attachment observed between maltreated children and their mothers could also be observed in adults with a history of physical maltreatment. In an attempt to define what an adult avoidant attachment pattern might look like for these individuals, given their unmet dependency needs (Green et al., 1974), and experiences of parental rejection and hostility, it was

hypothesized that a fear of closeness would be accompanied by fears of rejection and abandonment, and perhaps as a self-protective device, a denial of dependency needs altogether. It was felt that individuals with a history of abuse would differ from those with no history of abuse in this regard, as well as in the degree to which each had achieved healthy separation/individuation.

The results of the present study supported these hypotheses. The data indicated that individuals who have experienced an early history of severe physical punishments do, indeed, show greater separation anxiety, engulfment anxiety, and denial of dependency needs, and lower degrees of healthy separation/individuation. From this information, then, we may surmise the nature of the quality of the interpersonal relationships these individuals may tend to develop during adulthood. That is, given the amount of fear and lack of trust that these characteristics suggest, in addition to one's inability to have needs met when the needs themselves are denied, it would seem that the quality of their interpersonal relationships would be poor at best, and probably fraught with a great deal of anger and/or ambivalence, and a felt sense of isolation. It is not difficult to hypothesize how this approach to others would affect the relationships between these individuals

and their future children. This is further clarified, however, when the clusters of defenses characteristically used by these individuals is taken into consideration.

In particular, it was hypothesized that those who had experienced physical abuse would tend to use higher level defenses, such as intellectualization and rationalization, to a lesser extent than would those who had no experience of abuse. The results supported this hypothesis. However, it was also found that the Reversal defense cluster, which includes denial, negation, repression, and reaction formation, was used to a lesser extent by the abused group than it was by the non-abused group. Consequently, the non-abused group used both the Principalization and Reversal defense clusters significantly more often than the abused group. It is interesting to note that both of these defense clusters are associated with the suppression of negative affect in the service of maintaining a sense of well-being, though they are each thought to represent different stages of emotional development. A possible explanation for why the abused group used the Reversal defense cluster less than the non-abused group might lie in the manner in which subjects were chosen for participation in this study. That is, the screening measure used to detect childhood

abuse was a self-report measure, so the abused subjects selected on the basis of their self-reports were, by definition, not denying the threatening experiences they had as children. However, it is interesting that 30% of those abused as children responded affirmatively when asked if they would continue their parents' form of discipline with their own children. By itself, this statistic suggests that though these individuals may not deny or repress their actual experiences, some form of denial, repression, or reaction formation of the negative affect associated with those experiences is functioning. The effectiveness of the defense may be the crucial factor in this case. That is, pervasive denial and repression may not be as effective as would be necessary for them given the severity of their experiences.

The possible ineffectiveness of the Reversal defense cluster became clearer when groups were collapsed and defense clusters were correlated with SITA scales. Here we found that the scores on the Reversal defense cluster were negatively correlated with the scores on the Engulfment Anxiety scale. This finding makes intuitive sense given the nature of engulfment anxiety, i.e., a hyper-vigilant stance taken toward possible threat. More specifically, this hyper-vigilant stance would not be taken if denial were high. The high

positive correlation between the Reversal cluster and Healthy Separation scores did raise some questions, however. Specifically, what explanation can be offered for why an alleged high level of emotional development, i.e., healthy separation, is so closely associated with the use of the lower level defense cluster, such as Reversal? There is some literature to suggest that healthy adaptive functioning may be contingent upon a certain amount of self-deception, e.g., denial and reaction formation (Eagle, 1988). Alloy & Abramson (1979), in fact, found that depressed individuals tend to make more realistic appraisals of self and others than do non-depressed individuals, who tend to distort their perceptions in order to enhance self-esteem. This depressive realism may explain why the Reversal defense cluster is positively correlated with the degree of healthy separation achieved, since presumably healthy separation implies an absence of depression and adequate self-esteem. There remains some question, however, regarding how the defense mechanisms of denial and repression are conceptualized within a developmental framework. The answer to this question may simply lie in the construction of the DMI, and the high positive correlations often found between the Principalization and Reversal scales (Gleser & Ihilevich, 1969).

Unfortunately, in-depth examination of the DMI scale construction is beyond the scope of this paper.

Given the possible failure and/or ineffectiveness of defenses such as denial, repression, and reaction formation for adults who were abused as children, the results indicating increased anger directed either toward the self (TAS), or toward others (TAO), are easy to understand, and in keeping with the psychodynamic formulation of intergenerational abuse offered earlier in this paper. As highlighted earlier, the Turning Against Others (TAO) defense cluster encompasses such defenses as displacement and identification-with-the-aggressor, while the Turning Against Self (TAS) defense cluster includes the intrapunitive maneuvers, such as self-criticism and masochistic tendencies used in an effort to reduce external threats to self-esteem. Since these results are consistent with the psychodynamic formulation of the long-term effects of early childhood maltreatment, it is suggested that these individuals tend to see themselves as "bad" and deserving of others' ill-regard. The subsequent self-hatred then leads to an identification with the aggressor, which may allow them to develop an illusion of control over past experiences in which they had no control, through the use of attack as the preferred defense.

This robust finding, coupled with the non-significant trend found on the Projection scale indicating that abused subjects were somewhat more likely to project their thoughts and feelings onto others, suggests that the potential for future abusive behavior may be quite high for these individuals. That is, given the profile that has emerged from this study of adults who were abused as children, the prospect of developing healthy interpersonal relationships appears bleak. The fears associated with close interpersonal relationships, such as, fears of an over-controlling significant other (i.e., engulfment anxiety), fears of rejection and/or abandonment (i.e., separation anxiety), and fears related to depending on others (i.e., need denial), combine and are defended against with defense mechanisms so primitive as to negate the possibility of their successful resolution. Not only does this state of affairs suggest the potential for a pattern of intergenerational abuse, it suggests that this pattern is, in fact, likely to develop without appropriate intervention. Intervention, in this context, could mean something as basic as facilitating the development of basic trust in others (Erikson, 1965) for those abused as children. Future research in this area should be directed toward finding whether the achievement of the developmental task of basic trust is a mitigating factor

in decreasing the potential for continuing the pattern of intergenerational abuse.

Possibly the most significant aspect of the results obtained in this study is the fact that the abused subjects typically did not report the more sadistic variety of abusive experiences often characterized in the media as "abuse", e.g., cigarette burns, scalding with hot water, etc. Instead, they reported common physical punishments taken to an extreme degree, i.e., high frequency, unpredictability, overreactions to typical childhood behavior, etc. In light of this, the negative impact of excessive corporal punishment during childhood on one's ability to form healthy relationships during adulthood seems quite significant. Furthermore, how these punishments negatively affect emotional development and the development of higher level defense mechanisms is also noteworthy.

As a test of Bowlby's (1982) conceptualization of the child's "working models", and how the self-other representations are affected by the early mother-child interaction, the results of the present study suggest that the early avoidant attachments often seen in abused infants can be found in adults who were abused as children. Therefore, the present study lends considerable support to Bowlby's (1982) view that the

"working models" of the child continue to exert their influence in relationships even into adulthood.

An argument could be made, of course, that the present study suffers from a selection bias since group membership was based on self-report. One could argue that the screening measure may have pulled for the extremely malcontent within the abused population, and so they may not adequately represent the abused population in general. This possibility, however, is mitigated by the fact that a college population was used. Consequently, the danger of observing "the sickest of the sick", so to speak, seems to be minimal. However, future studies of this kind might do well to collect additional information, such as current family functioning. It is possible that the avoidant approach taken toward interpersonal relationships is more a function of the continuing family influence than it is a function of the early mother-child relationship. Studies of this nature would further clarify the direction that intervention and prevention should take.

The results of the present study suggest that therapeutic interventions most likely to succeed with these individuals should take the form of supportive, non-directive approaches, which will encourage the development of trust and self-acceptance. In effect, these individuals seem to require reparenting in order

to correct the wrongs they suffered as children. Only in this way will they be given the opportunity to accept their own needs for dependency, while also being able to maintain their sense of independence. Therapeutic approaches of this nature will be those most likely to give the frightened, angry child hidden within the abused adult a chance to emerge and resume his/her emotional development, which has been so sorely neglected.

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APPENDIX A

CODE _____

SRMCA

The following questions are primarily concerned with your current and past experiences with your family. In particular, we are interested in learning about how your parents (or other caregivers) disciplined you as a child. Please answer the questions as truthfully as possible, and remember that all information obtained from this questionnaire is confidential. Your honesty and thoughtful consideration of each question is necessary in order for an accurate survey to be made.

For each of the following statements, place a circle around the point in the line that would make each statement true for you. Thus, if you remember that your mother always nagged you about cleaning your room, circle that point on the line below:

One (or both) of my parents nagged me about cleaning my room.

1	2	3	4	5	6	7	8	9
Never								Always

Also, although the word "parents" is used in several statements, you should answer as they apply to whomever was responsible for you most of the time, i.e., aunts, uncles, grandparents, step-parents, etc.

1. My parents were fair in their use of punishments with me.

1	2	3	4	5	6	7	8	9
Never								Always

2. My parents' disagreements were characterized by loud, angry arguments.

1	2	3	4	5	6	7	8	9
Never								Always

3. I was scared when my parents were angry.

1	2	3	4	5	6	7	8	9
Never								Always

4. I was punished so severely that I required medical attention.

1 2 3 4 5 6 7 8 9
Never Always

5. My parents made me feel good about myself.

1 2 3 4 5 6 7 8 9
Never Always

6. I deserved the punishments I received from my parents.

1 2 3 4 5 6 7 8 9
Never Always

7. When my parents were angriest with each other, physical force resulted.

1 2 3 4 5 6 7 8 9
Never Always

8. When I did something that I knew my parents would disapprove of, I knew how they would punish me.

1 2 3 4 5 6 7 8 9
Never Always

9. There were times when I didn't know why I was being punished.

1 2 3 4 5 6 7 8 9
Never Always

10. My parents would only get angrier if I began to cry while being punished.

1 2 3 4 5 6 7 8 9
Never Always

turn page

For each of the following forms of punishments, indicate:

- 1) whether it was ever used by your mother, father, or someone else, as a means of disciplining you;
- 2) your age when that punishment was first experienced, and your age when it stopped;
- 3) how often each occurred,

Circle the appropriate responses

SENT TO MY ROOM BY MOTHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- _____ Only once
- _____ Infrequently, but no more than once per year
- _____ More than once a year, but less than once a month
- _____ Once per month
- _____ Several times per month
- _____ More than once per week

SENT TO MY ROOM BY FATHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- _____ Only once
- _____ Infrequently, but no more than once per year
- _____ More than once a year, but less than once a month
- _____ Once per month
- _____ Several times per month
- _____ More than once per week

SPANKED BY MOTHER - YES NO (circle one)
 (indicate how: hand-belt-other)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Hasn't Stopped
 from (age)...until (age)
 (circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

SPANKED BY FATHER - YES NO (circle one)
 (indicate how: hand-belt-other)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Hasn't Stopped
 from (age)...until (age)
 (circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

SPANKED BY (other) _____ (please indicate)
 (indicate how: hand-belt-other) YES - NO
 (circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Hasn't Stopped
 from (age)...until (age)
 (circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

SLAPPED BY MOTHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

SLAPPED BY FATHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

SLAPPED BY (other) _____ (please indicate)
(indicate how: hand-belt-other) YES - NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

GROUNDED and/or PRIVILEGES TAKEN AWAY BY MOTHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

GROUNDED and/or PRIVILEGES TAKEN AWAY BY FATHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

GROUNDED and/or PRIVILEGES TAKEN AWAY BY (other) _____
YES - NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

PUNCHED BY MOTHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

PUNCHED BY FATHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

PUNCHED BY (other) _____ - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

PUSHED or THROWN BY MOTHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

PUSHED or THROWN BY FATHER - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

PUSHED or THROWN BY (other) _____ - YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

THREATENED WITH PHYSICAL HARM BY MOTHER - YES NO
 (but she never followed through) (circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Hasn't Stopped
 from (age)...until (age)
 (circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

THREATENED WITH PHYSICAL HARM BY FATHER - YES NO
 (but he never followed through) (circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Hasn't Stopped
 from (age)...until (age)
 (circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

THREATENED WITH PHYSICAL HARM BY (other) _____
 (but she/he never followed through) YES NO
 (circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Hasn't Stopped
 from (age)...until (age)
 (circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

THREATENED TO LEAVE YOU and/or SEND YOU AWAY - BY MOTHER
 YES NO
 (circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Hasn't Stopped
 from (age)...until (age)
 (circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

THREATENED TO LEAVE YOU and/or SEND YOU AWAY - BY FATHER
 YES NO
 (circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Hasn't Stopped
 from (age)...until (age)
 (circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

THREATENED TO LEAVE YOU and/or SEND YOU AWAY -
 BY (other) _____ YES NO
 (circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Hasn't Stopped
 from (age)...until (age)
 (circle two ages)

How often?

- Only once
 Infrequently, but no more than once per year
 More than once a year, but less than once a month
 Once per month
 Several times per month
 More than once per week

NO PHYSICAL PUNISHMENT - BUT MADE ME FEEL GUILTY,
SHAMED, OR UNWORTHY - MOTHER YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

___ Only once
___ Infrequently, but no more than once per year
___ More than once a year, but less than once a month
___ Once per month
___ Several times per month
___ More than once per week

NO PHYSICAL PUNISHMENT - BUT MADE ME FEEL GUILTY,
SHAMED, OR UNWORTHY - FATHER YES
NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

___ Only once
___ Infrequently, but no more than once per year
___ More than once a year, but less than once a month
___ Once per month
___ Several times per month
___ More than once per week

NO PHYSICAL PUNISHMENT - BUT MADE ME FEEL GUILTY,
SHAMED, OR UNWORTHY - _____ (other) YES NO
(circle one)

Birth

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Hasn't Stopped
from (age)...until (age)
(circle two ages)

How often?

___ Only once
___ Infrequently, but no more than once per year
___ More than once a year, but less than once a month
___ Once per month
___ Several times per month
___ More than once per week

In the space below, describe your earliest memory of being physically punished. Include how old you were at the time, and the circumstances surrounding the punishment, i.e., who was involved and what happened. Also, include how you felt following this punishment and any consequences, such as physical injury.

Describe the last time you were physically punished. Include the details as described above.

Describe what typically happens when your parents are the most angry/frustrated with you.

What was your typical punishment while growing up? How frequently did it occur?

Over the long run, what effect have these punishments had on you?

In general, would you see yourself disciplining your own children in the same way(s) that your parents disciplined you? If so, why? If not, how and why would you change?

APPROVAL SHEET

The thesis submitted by Nancy A. Norton has been read and approved by the following committee:

Dr. James E. Johnson
Professor, Psychology, Loyola

Dr. Alan S. DeWolfe
Professor, Psychology, Loyola

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

11-30-88
Date

James E. Johnson
Director's Signature