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The adult consequences of childhood psychological maltreatment : a study of object relations, internalized shame, and defence style

Pryde, Nia

Award date:
2004

Awarding institution:
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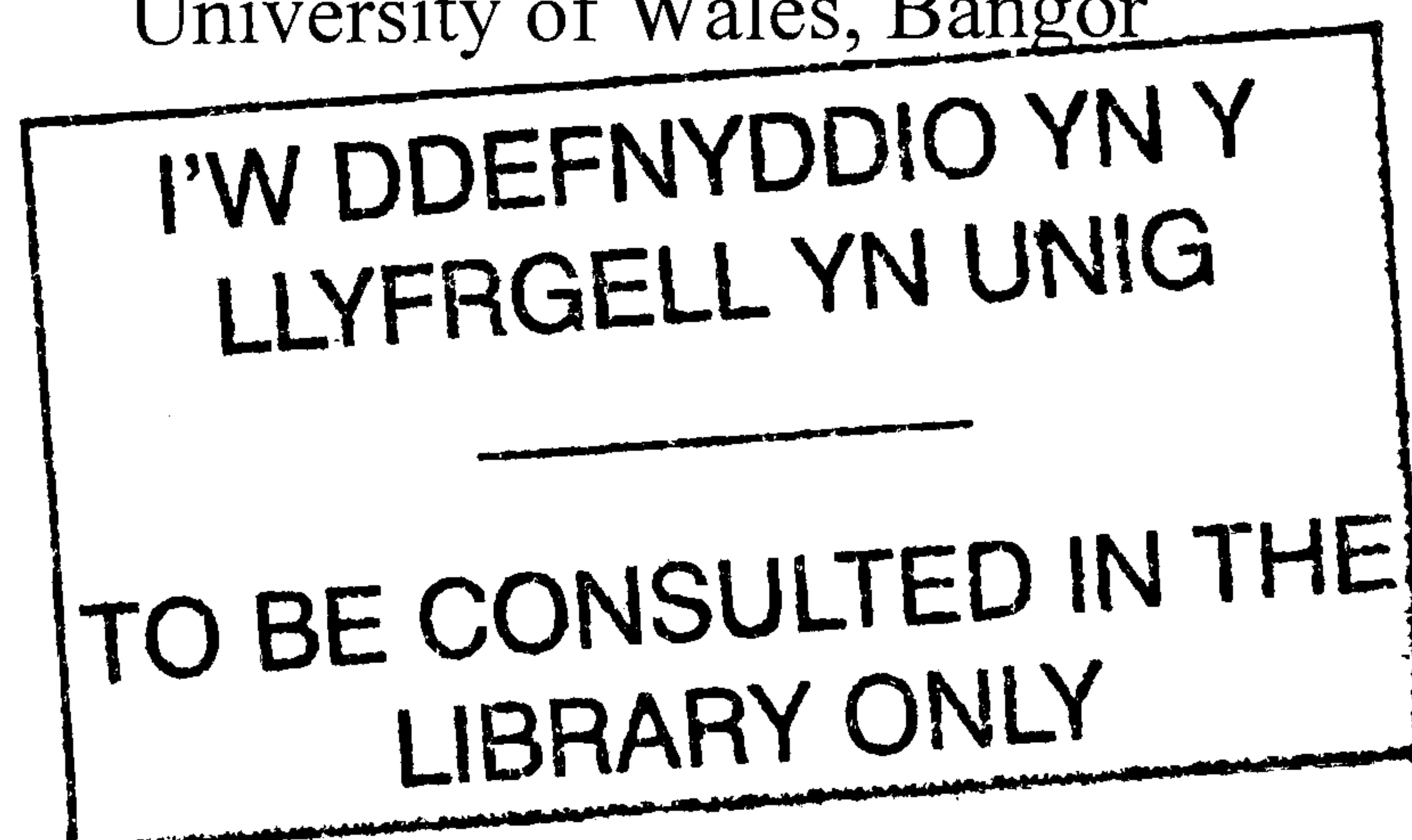
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The Adult Consequences of Childhood Psychological Maltreatment: A Study of Object Relations, Internalized Shame, and Defence Style

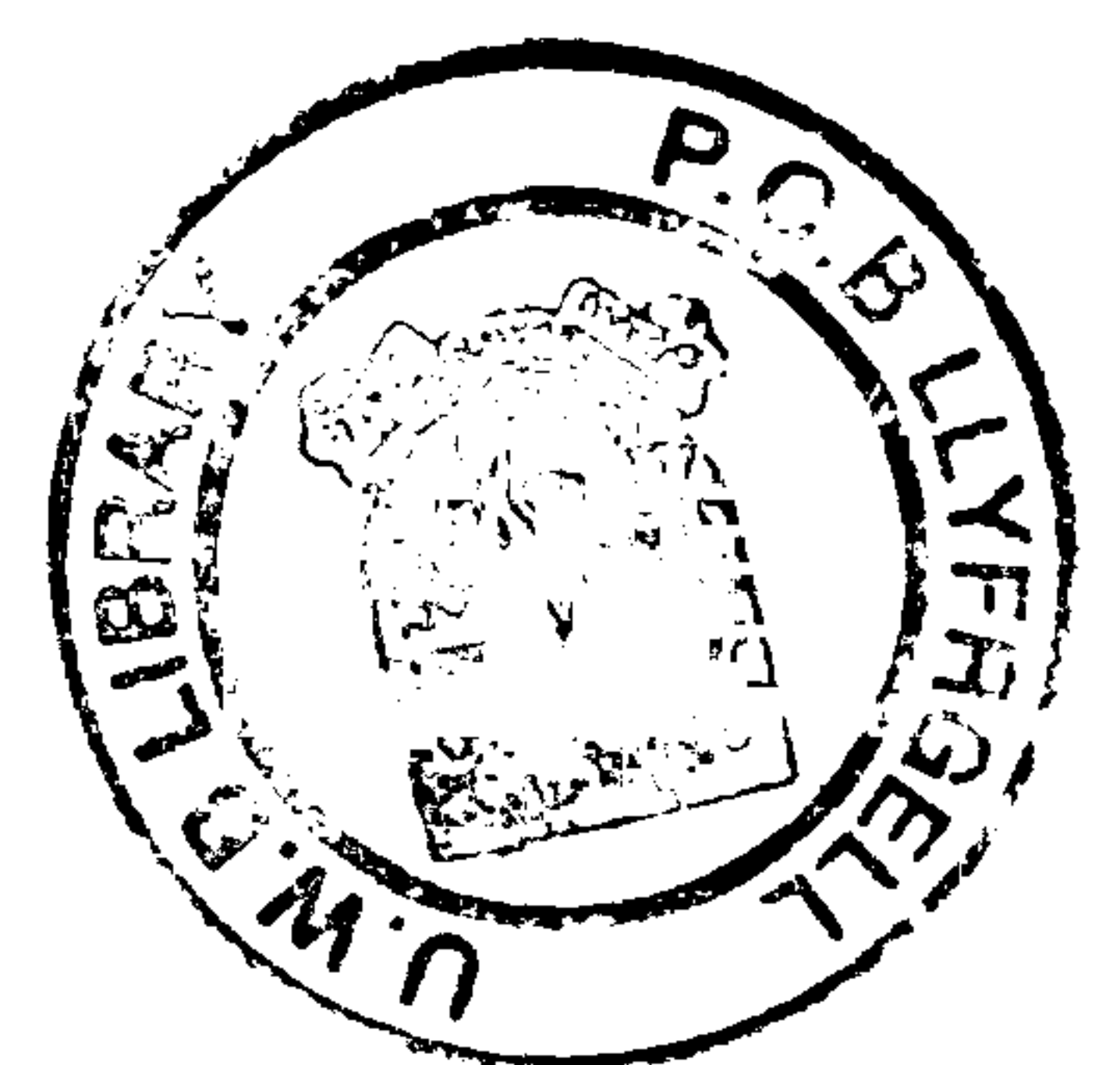
Nia A. Pryde

University of Wales, Bangor



Thesis Submitted in Partial Fulfilment of the Requirements for the Degree of
Doctor of Clinical Psychology (D.Clin.Psy.)

March 2004



SECTION 1

EXECUTIVE SUMMARY

SECTION 1

The Adult Consequences of Childhood Psychological Maltreatment: A Study of Object Relations, Internalized Shame, and Defense Style

Childhood psychological maltreatment has recently emerged in the literature as a form of child abuse that has long-term mental health consequences affecting the child, adolescent, and adult. Psychological maltreatment is increasingly regarded as a core construct in all child maltreatment. Whereas its impact has been recognized in terms of its psychopathological sequelae, there is only limited understanding of the mechanisms by which psychological maltreatment in childhood comes to affect the adult. This study was undertaken with a view to elucidating the issue. A developmental and object relations paradigm was adopted, focusing on the impact of psychological maltreatment on object relations characteristics, the experience of internalized shame, and the use of cognitive defence mechanisms. The design compared a severe group of psychologically maltreated individuals with those who had experienced no maltreatment or less severe maltreatment with respect to their performance on measures of object relations, shame, self-esteem, and defence style. The severe group was distinguished by greater object relations deficits, higher internalized shame, lower self-esteem, and an immature defence style. Psychological maltreatment was also found to have a significant association with these phenomena. These results clearly point toward mediation hypotheses in future investigations. The implications of the study were discussed in terms of allocating a more central role to psychological maltreatment in all child maltreatment, and giving more attention in therapy to self and self-other phenomena.

SECTION 2 ETHICS PROPOSAL

An Investigation of Adult Cognitive, Affective, and Interpersonal Phenomena In Relation to Childhood Psychological Maltreatment

Recent research indicates that abuse in childhood is associated with adult psychopathology. There is a growing consensus that the concept of psychological maltreatment, which comprises the cognitive, affective, and interpersonal aspects of child abuse, is a core issue in all child maltreatment. A research study is proposed with a view to investigating some of the cognitive, affective, and interpersonal phenomena that may be relevant to the development of adult sequelae in victims of childhood psychological maltreatment. The proposal comprises an introduction to the study, together with a discussion of the aims and plan of investigation. The appendices include information for participants and the questionnaire booklet.

SECTION 3 REVIEW OF THE LITERATURE

Childhood Psychological Maltreatment and its Developmental Consequences

The review of the literature focuses on the cognitive, affective, and interpersonal phenomena that have been linked with childhood maltreatment and adult psychopathology. The concept and definition of psychological maltreatment, its role as a core issue in child maltreatment, and issues in measurement are discussed. Studies of the

consequences of childhood psychological maltreatment are reviewed, indicating its association with a wide range of problems and conditions. The development of the child is considered in light of the impact of psychological maltreatment on the emerging sense of self and self in relation to others. This is discussed with reference to object relations and the development of mental representations of early experiences with attachment figures; the occurrence of shame in the child-parent relationship and its internalization as part of the child's identity; and the role of cognitive defences in protecting the developing self and regulating painful affect.

SECTION 4 RESEARCH STUDY

The Adult Consequences of Childhood Psychological Maltreatment: An Investigation of Object Relations, Internalized Shame, and Defence Style

The evidence is summarized with respect to the psychopathological consequences of psychological maltreatment, including its effects on the child's development in terms of object relations, internalization of shame, and the employment of defensive strategies. A research study is described in which these effects were investigated with adult participants. It was observed that severely maltreated participants demonstrated greater object relations deficits, a higher level of internalized shame, lower self-esteem, and an immature defence style in comparison with participants who had experienced no, or less severe, psychological maltreatment. It was also noted that psychological maltreatment had a significant relationship with these phenomena. The potential impact of psychological maltreatment on interpersonal functioning and sense of self-worth may be inferred from this study. The conceptualization of psychological maltreatment as a core construct in all child maltreatment was supported.

SECTION 5 CRITICAL REVIEW

Critical Review of the Large Scale Research Project

The background to the research study is described and its foundation in clinical practice. A commentary is provided on the processes involved and issues arising in the progressive stages of the study: in particular, the theoretical conceptualization of the research, its operationalization in terms of methodology, and the evaluation of outcome. The results of participants who scored high on the objective measure of psychological maltreatment but who denied it as an experience are discussed. This study points the way to a mediation design in future research. It also underlines the significant role of child-rearing in the development of psychopathology.

SECTION 6

The general appendices comprise notes for contributors to the journals selected for the literature review and research study, a letter of approval from the School of Psychology Research Ethics Committee, and the word count.

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ACKNOWLEDGEMENTS

With gratitude to my husband, Harold, for his constant encouragement and support and to my children, Laura and Matthew, for their kind assistance. In appreciation of my supervisor, Dr Isabel Hargreaves, for her help and guidance throughout this long endeavour. In recognition of the contributions to this study made by Professor Bob Woods and Professor Richard Hastings at the University of Wales, Bangor, and Dr Nirmala Rao at the University of Hong Kong. Thank you all.

SECTION 2

TITLE

An Investigation of Adult Cognitive, Affective, and Interpersonal Phenomena in Relation to Childhood Psychological Maltreatment

SUMMARY

Recent research indicates that abuse of various kinds in childhood is associated with psychopathology in adults. The concept of psychological maltreatment is increasingly regarded as the core issue in child maltreatment, comprising the cognitive, affective, and interpersonal aspects of child abuse in its enactment and consequences. This research will study selected cognitive, affective, and interpersonal phenomena that may be relevant to the development of adult sequelae in victims of childhood psychological maltreatment. Object relations will be assessed in subjective and objective terms, both as mental representations of self and significant others and as interpersonal characteristics. Internalized shame and defence style will also be evaluated. The research will be carried out with undergraduates at the University of Wales, Bangor.

INTRODUCTION

Child abuse or maltreatment was first identified in the 1960s in relation to “the battered child”. In the 1970s official definitions of abuse began to include emotional injury and neglect, and in the 1980s the sexual abuse of children began to be acknowledged. More recently, attention has turned to the psychological damage that can occur in all forms of child abuse. Psychological maltreatment is increasingly regarded as the core component in all child maltreatment (Brassard, Germain, & Hart, 1987). It is the most frequent form of child abuse. It is potentially present in all other cases of child abuse and neglect in that it forms the psychological meaning of the acts and omissions. Research indicates that psychological maltreatment is the strongest predictor of the developmental outcomes of child maltreatment and that it has the most negative effects on survivors of child maltreatment (Binggeli, Hart, & Brassard, 2001). The principal consequences of child maltreatment are psychological in nature: that is, it affects one’s view of oneself, one’s relationships with others, and one’s goals and direction in life (Hart & Brassard, 1987).

Since the International Conference on the Psychological Abuse of the Child in 1983 there has been some consensus as to the generic definition of psychological maltreatment. This term is preferred to others, such as emotional abuse and neglect, because it describes a broad category that includes all the important cognitive and affective dimensions of the maltreatment (Binggeli et al., 2001). “Psychological maltreatment means a repeated pattern of caregiver behaviour or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another’s needs ...(It) includes a) spurning, b) terrorizing, c) isolating, d) exploiting/corrupting, e) denying emotional responsiveness, and f) mental health, medical and educational neglect” (American Professional Society on the Abuse of Children, APSAC, 1995, pp. 2-4; see also Brassard, Hart, & Hardy, 1993; Hart, Germain, & Brassard, 1987). Similar definitions can be found in the work of Garbarino, Eckenrode, and Bolger (1997), Garbarino and Garbarino (1994) and others. This definition will be used in the study.

Two conceptual models have been suggested to organize research on psychological maltreatment. Bronfenbrenner's (1979) human ecological model addresses the complex interplay of the child with the microsystems (e.g., home, school), exosystems (e.g., community) and macrosystems (e.g., society) of his or her life. The developmental psychopathology perspective emphasizes the developmental impact of psychological maltreatment on the stage or level of the child's physical, cognitive, and affective development (Cicchetti, 1996; Cicchetti & Rogosch, 1994). It provides the conceptual paradigm in this research.

A wide range of serious consequences have been associated with psychological maltreatment in the last thirty years (Hart, Brassard, Binggeli, & Davidson, 2002). These have been grouped by Binggeli et al. (2001). Problems with intrapersonal thoughts, feelings, and behaviours include anxiety, depression, low self-esteem, and suicidal thoughts (e.g., Claussen & Crittenden, 1991; Gross & Keller, 1992; Rohner & Rohner, 1980). Emotional problem symptoms include emotional instability, substance abuse, impulse control, and eating disorders (e.g., Mullen, Martin, Anderson, Romans, & Herbison, 1996; Rorty & Jager, 1993). Studies of social and antisocial functioning report attachment problems, low social competency, dependency, sexual maladjustment, and aggressive and violent behaviour (e.g., Nicholas & Bieber, 1996; Rohner & Rohner, 1980). Learning problems, such as low academic achievement and impaired moral development (e.g., Hart & Brassard, 1991), and physical health problems (e.g., Moeller, Bachman, & Moeller, 1993) have also been identified.

A number of studies have attempted to compare the effects of different kinds of abuse in order to clarify their differential impact (e.g., Briere & Runtz, 1990; Gross & Keller, 1992; Loos & Alexander, 1997; Mullen et al., 1996). Some have explored the potentially aggregative nature of multiple maltreatment in childhood (e.g., Gross & Keller, 1992; Higgins & McCabe, 2000, 2001). A few studies have focused on the special characteristics of a particular kind of maltreatment, mainly sexual abuse (e.g., Neumann, Houskamp, Pollock, & Briere, 1996), and less commonly physical abuse (e.g., Fergusson & Lynskey, 1997; Malinosky-Rummell & Hansen, 1993). Psychological maltreatment has only recently begun to be researched as a discrete category (e.g., Rich, Gingerich, & Rosen, 1997; Sheerer, 1997; Thompson & Kaplan, 1996).

Measures of psychological maltreatment have been developed with both child and adult populations in mind, differing broadly in their attention to current or historical events and in their focus on perpetrator acts or child outcomes. The recent emphasis on examining multiple forms of child maltreatment in adults has led to the development of a number of measures that purport to assess psychological or emotional maltreatment but which lack an adequate definition or development of the term. Generally, empirical research on psychological maltreatment has been negatively affected by these conceptual differences (see Cicchetti & Nurcombe, 1991). The definition of psychological maltreatment used in this research derives from the childhood literature and is the outcome of a rigorous process of integrating expert opinion and empirical research (Hart, Binggeli, & Brassard, 1998). Whereas there has been general acceptance of this definition (Kaireys, Johnson, & Committee on Child Abuse & Neglect, 2002), it has not been universal (Brassard & Hardy, 1998). In this view, psychological maltreatment is a core issue in all child maltreatment (Brassard, Hart, & Hardy, 2000; Hart et al., 1998).

Investigation of the consequences of childhood psychological maltreatment has largely been preoccupied with the diagnostic assessment of sequelae, and little attention has been given to the mechanisms involved. However, a number have been proposed, including anxiety and dissociation (Kent, Waller, & Dagnan, 1999), perceived control (Chorpita, Brown, & Barlow, 1998), and object relations (Twomey, Kaslow, & Croft, 2000). It is intended that this research will contribute to the discussion of mechanisms through its focus on the cognitive, affective, and interpersonal substrates that underpin psychological maltreatment in both its enactment and its consequences.

From a developmental perspective, psychological maltreatment is a significant trauma to the developing child and adolescent that can impact the child's psychological and social maturation, leading to developmental anomalies and dysfunctions. Alessandri and Lewis (1996) suggest that the experience of maltreatment in childhood can result in the development of negative representational models of the attachment figures, self, and self in relation to significant others. In particular, the parents' failure to respond to critical childhood needs can lead to mental representations of one's self as unlovable and of others as being unlikely to meet one's needs (Hadley, Holloway, & Mallinckrodt, 1993). The development of negative representational models of self and environment is considered to be an important determinant of vulnerability to psychopathology (Alessandri & Lewis, 1996; Downey, Khouri, & Feldman, 1997; Perris, 1994).

Mental representation is a central construct in psychoanalytic theory, as well as in cognitive science, developmental psychology, and social cognition. Investigations indicate that children construct cognitive-affective schemas of self and other, based on interactions with their primary caregivers, and that these schemas of self and other act as "heuristic prototypes" which provide the basis for interpersonal behaviour (Blatt & Auerbach, 2000). In the case of maltreated children, it has been observed that negative representations of self and other can lead to negative social interactions and the use of defensive strategies to regulate feelings of insecurity (Cicchetti & Rogosch, 1994).

Sidney Blatt (1995) has outlined a model of personality development and psychopathology that brings together cognitive-developmental theory and psychoanalytic object relations theory. According to this view, the cognitive and affective components of self and other representations develop and evolve, becoming increasingly accurate, articulated, and conceptually complex with time (Levy, Blatt, & Shaver, 1998). Satisfactory caring experiences as a child facilitate the development of a differentiated and cohesive sense of self and the capacity for mature interpersonal relations. However, serious disruptions in the relationship with the caretaker result in differential impairment of the representational structures, culminating in cognitive, affective, and interpersonal disturbances in adults (Blatt, Auerbach, & Levy, 1997). Blatt and his colleagues have developed several methods for assessing mental representations in descriptions of self and significant others, including the degree of differentiation and relatedness, cognitive organization (conceptual level), and qualitative dimensions.

The formulations of Blatt and his colleagues have been supported by a variety of research (e.g., Blatt et al., 1997; Bornstein, 1993; Bornstein & O'Neill, 1992; Priel & Besser, 2001; Quinlan, Blatt, Chevron, & Wein, 1992). However, this methodology has seldom been employed in relation to child maltreatment. A study by Twomey et al. (2000) examined

object relations as the mediator between childhood maltreatment and attempted suicide, utilizing Blatt's Differentiation-Relatedness Scale. Another study by Carson and Baker (1995/96) used Blatt's assessment of conceptual level in relation to childhood abuse and depression. In both cases the assessment of psychological/emotional abuse was by means of screening measures with little or no conceptual development. The Bell Object Relations and Reality Testing Inventory (BORRTI) was also administered in these studies. Other investigations of childhood abuse or adversity that have employed the BORRTI as a measure of object relations have been carried out by Brody and Rosenfeld (2002), Hadley et al. (1993), and Haviland, Sonne, and Woods (1995).

The self-other dimension is also important in shame (Lutwak & Ferrari, 1997). Spero (1984) describes shame as the experience of the painful intrusion of the observing other into the self-experience, which is rooted in incompletely differentiated self-object boundaries. In H. B. Lewis' (1987) terms, shame is "the empathetic experience of the other's rejection of the self" (p. 32). In a situation of abuse it is the pathological attributions about the self that lead to shame in the victim, and in turn to symptomatic development (M. Lewis, 1995). Cook (1987, 1996) proposes that, as a consequence of frequent abuse or rejection experiences in one's family, shame is internalized as an aspect of one's self-concept. His Internalized Shame Scale is based on this premise. Studies with this scale include one of adult children of dysfunctional families (Hadley et al., 1993) and another investigating parental representations of put-downs and shaming in relation to vulnerability to psychopathology (Gilbert, Allan, & Goss (1996). There have been no studies to date of shame and psychological maltreatment.

In Cook's (1987) view, shame is such a painful emotion that it requires defences to reduce the pain which may, with frequent triggering in childhood, become a defensive script (1996). Psychological defences are, in Blatt's (1990) terms, "cognitive-affective processes through which individuals avoid recognizing and acknowledging conflict and through which they attempt to deal with conflictual aspects within themselves and in reality" (p. 308). They keep anxiety, shame, and guilt within bearable limits by altering the relationship between self and object and between idea and affect (Vaillant & McCullough, 1998). With persistent psychological abuse, the child is forced to defend against both disillusionment with the parents and dependency on them, leading to constriction of the developing self and anxiety in mastering developmental tasks (McCarthy, 1990). In contemporary research, the role of defence has broadened to include the maintenance of self-esteem and protection of self-organization (Cooper, 1998; Cramer, 2000).

Recent studies have shown that defences can be conceptualized along a developmental continuum, according to their complexity and degree of maturity (Cramer, 2000; Evans & Seaman, 2000; Paulus, Fridhandler, & Hayes, 1997). Research with the Defence Style Questionnaire, which is designed to measure the clustering of defence mechanisms, has confirmed a developmental progression from immature to mature defences (Andrews, Singh, & Bond, 1993; Bond, Gardner, Christian, & Segal, 1983; Vaillant, Bond, & Vaillant, 1986). There have been a few studies using this scale with participants who have experienced childhood adversity or sexual abuse (Romans, Martin, Morris, & Herbison, 1999; Schmidt, Slone, Tiller, & Treasure, 1993), and one that rated frequency of emotional/psychological abuse in childhood (Carter, Joyce, Mulder, & Luty, 2001).

In conclusion, it has been demonstrated in the literature that individuals who have been psychologically maltreated as children experience difficulties and disorders as adults. However, little is known about the mechanisms involved in this development. One study that addressed this question examined object relations as the mediator with respect to child maltreatment (Twomey et al., 2000). This study assessed object relations in terms of psychological development (differentiation-relatedness) and ego functions; however, the assessment of emotional abuse/neglect was by means of a brief screening measure, and there was no attempt to address definitional issues. Other potential mechanisms identified in the literature in relation to psychopathological outcomes include shame and defence style. In this study, object relations will be examined, together with internalized shame and defence style, in a group of participants selected according to established criteria for psychological maltreatment, which derive from child maltreatment research and expert opinion.

AIMS OF THE STUDY

The aims of the study are to investigate cognitive, affective, and interpersonal characteristics within a developmental paradigm in a group of young adults who have experienced childhood psychological maltreatment. This research is undertaken with a view to elucidating the mechanisms that potentially can mediate the psychopathological consequences observed in adult survivors. The study will assess the mental representations of self and significant others as developmental indicators of differentiation-relatedness. Deficits in basic trust, attachment, social competence, and other ego functions will be appraised as objective phenomena. The study will include measures of self-conscious emotion, as internalized shame, and defence style.

It is anticipated that this research, by clarifying the factors that potentially can mediate between psychological maltreatment in childhood and maladjustment in adulthood, will facilitate better understanding and treatment of these individuals.

The following research questions will be addressed:

Do psychologically maltreated participants differ from non-maltreated participants with respect to:

- Self-definition and interpersonal relatedness?
- Actual object relations?
- The experience of internalized shame?
- Psychological defence style?

Is there an association between the childhood experience of psychological maltreatment and adult characteristics in terms of :

- Self-definition and interpersonal relatedness?
- Actual object relations?
- Internalized shame?
- Psychological defence style?

Hypotheses

In considering the differences between psychologically maltreated participants (PM) and non-maltreated participants (NM), it is hypothesized that:

The mental representations of the PM group will be at a lower level of self-other differentiation-relatedness than the NM group.

The PM group will manifest more object relations deficits in terms of basic trust, attachment, social competence, and egocentricity than the NM group.

The PM group will demonstrate a higher level of internalized shame than the NM group.

The PM group will have less mature defence styles than the NM group.

In examining the relationships among the variables it is hypothesized that:

There will be a negative association between psychological maltreatment and level of differentiation-relatedness of mental representations.

There will be a positive association between psychological maltreatment and object relations deficits in basic trust, attachment, social competence, and egocentricity.

There will be a positive association between psychological maltreatment and level of internalized shame.

There will be a negative association between psychological maltreatment and maturity of defence style.

PLAN OF INVESTIGATION

Participants

Participants in this study will be male and female students who have been invited in lectures to take part in the research. They will be recruited from the undergraduate programme in psychology at the University of Wales, Bangor.

Studies of prevalence indicate that a substantial minority of the community has experienced psychological maltreatment in childhood (Binggeli et al., 2001). In a study of college students, more than 37% had experienced psychological abuse, either alone or combined with physical abuse, and more than 20% had experienced psychological abuse alone (Gross & Keller, 1992). In a community sample of middle class women, more than 37% had experienced emotional abuse, either alone or in combination with physical or sexual abuse, and 15% had experienced emotional abuse alone (Moeller et al., 1993). Results in clinical populations are considerably higher (e.g., Goodwin, 1996). On this basis it may be expected that more than one third of a college or community sample will

have experienced psychological maltreatment, either alone or in combination with other forms of abuse.

In order to ascertain the size of sample required in this research a power analysis was carried out, based on a study by Twomey et al. (2000) of child maltreatment, object relations, and suicidal behaviour. From this study, it appeared that a conservative estimate of effect size with reference to mean differences between groups on the object relations measures (i.e., Bell Object Relations Inventory and Blatt Self-Other Differentiation Scale) was 0.76 (expressed in standard deviation units). This means that two groups each of 28 participants would be required in order to have 80% power to detect a difference at the .05 significance level (Altman, 1980).

A conservative estimate of the prevalence of psychological maltreatment in the general population, based on adult studies, is 30% (Binggeli et al., 2001). In order to ensure adequate representation of maltreated participants in the sample, and to have adequate power, it is necessary to recruit a sample of 93. Allowing for possible attrition and under-sampling of the maltreatment group (40%), a total sample of 155 will be required.

In regard to the intercorrelation of the childhood maltreatment and object relations measures, a conservative effect size (0.3) was used, based on the findings of Twomey et al.'s (2000) study. It was estimated that a sample of 85 participants would be necessary in order to have 80% power to detect a difference at the .05 significance level (Cohen, 1992). Allowing for attrition (40%), this means obtaining a total sample of 141.

On the basis of this power analysis, a total sample of at least 155 participants will be sought.

Design

The design of the project is between-groups. There will be two principal groups of participants:

Participants with a history of psychological maltreatment.

Participants without a history of maltreatment

(i.e., who have not been emotionally/physically/sexually maltreated)

As a check on the validity of the PMES as a measure of a common substrate of abuse, the means of specific types of abuse will be reported. This assessment will be based on the answers to three global questions regarding the experience of emotional abuse, physical abuse, and sexual abuse. In the event that the Psychological Maltreatment group is not found to be homogeneous, this does not necessarily mean that these are discrete subgroups as the global questions are not mutually exclusive. The design will be modified to include three research groups: that is, Psychological Maltreatment, Mixed Maltreatment, and No Maltreatment. This should not require a larger sample as, in order to achieve the necessary number of participants who have experienced psychological maltreatment, the No Maltreatment/Mixed Maltreatment groups will have been over-sampled.

Procedure

All the measures will be presented in the form of a Questionnaire Booklet. A verbal introduction to the task will be provided, based on an Information for Participants sheet. The introduction will emphasize that participation is both voluntary and anonymous. A list of mental health resources will be appended to the information sheet. Students who wish to participate in the research will be invited to a room set aside for the purpose where they will complete the questionnaire. The researcher will be present to administer the questionnaire and to discuss any matters arising. This will include giving individual debriefing, if necessary. Students who hand in completed questionnaires will be asked to provide their psu numbers on a sheet of paper in order that credits can be awarded for their participation. A similar recruitment procedure has been used previously by Dr Dawn Henderson and Dr Sarah Gregory.

Measures

The booklet includes the following:

1. Demographic information (i.e., sex, age).
2. **Differentiation-Relatedness (D-R) Scale**
(Diamond, Blatt, Stayner, & Kaslow, 1991, 1995)

Blatt and his colleagues have developed several measures that evaluate spontaneous descriptions of self and significant others in terms of the structure and content of their mental representations. In this research, three 5-minute descriptions will be elicited in response to the written instruction: *Describe your Mother/Father/Self*. An independent judge will rate the written responses, and a reliability check will be carried out.

The D-R Scale is a 10-point rating scale that measures psychological development in terms of the degree of differentiation and relatedness in the descriptions of self and significant others. These levels reflect what are considered to be clinically significant distinctions in the transition from grossly pathological to intact and healthy object relations (Blatt et al., 1997). Reports indicate that interrater (intraclass correlation 0.83) and retest reliability (Stayner, 1994) are acceptable and that the scale is valid as a measure of differentiation-relatedness (e.g., Blatt, Auerbach, & Aryan, 1998).

3. **Bell Object Relations and Reality Testing Inventory (BORRTI)**
(Bell, Billington, & Becker, 1986)

The BORRTI Form O, originally called the Bell Object Relations Inventory (BORI), is a 45-item (true-false) self-report inventory designed to measure ego functioning in terms of four factor analytically derived subscales: Alienation (lack of basic trust and inability to maintain intimacy), Insecure Attachment (painfulness in relationships, sensitivity to rejection), Egocentricity (mistrusting others' motivation, manipulating to one's own ends), and Social Incompetence (shyness, social difficulties). The subscales have high internal consistency and split-half reliability (Bell et al., 1986). The measure has demonstrated factorial invariance in replication and good discriminant validity (Bell, 1995).

4. **The Psychological Maltreatment Experience Scale (PMES)**
(Petretic-Jackson, Betz, & Pitman, 1995)

The PMES is designed to assess the nature and frequency of child/adolescent psychological maltreatment. Questions are based on the conceptualization of Hart et al. (1987) and Brassard et al. (1993), later refined by APSAC (1995). The PMES was revised and honed as a clinical research scale over several years. The version in this research is a 53-item, self-report questionnaire that has been used in studies with college students (Betz, 1993, 1997; Katsikas, 1995). Betz and Katsikas obtained internal consistency alpha values of 0.956 and 0.967, respectively, in their studies. Factor analytic studies using the Betz (1993) sample, as well as self-identified victims, confirmed five factors that broadly correspond to the Hart et al. definition.

5. Participants will be required to respond to three global questions, derived from previous research (Betz, 1997; Katsikas, 1995), with reference to their experience of emotional, sexual, and physical maltreatment.

6. **Internalized Shame Scale (ISS)**
(Cook, 1987, 2001)

The ISS is a 30-item self-report scale designed to measure the extent to which the negative affect of shame has become internalized in one's sense of self. It comprises 24 items that measure shame and 6 that measure self-esteem, which are rated on a 5-point Likert scale. Reports indicate that the ISS is both reliable and construct valid and that it can help to distinguish between clinical and non-clinical groups (Cook, 2001; Rybak & Brown, 1996).

7. **Defense Style Questionnaire 40 (DSQ-40)**
(Andrews et al., 1993)

This is a 40-item self-report questionnaire with a 9-point Likert response scale that is designed to measure 20 conscious derivatives of defence mechanisms in terms of DSM-III-R concepts. The derivatives are grouped under three defence styles according to level of maturity: that is, Mature, Neurotic, Immature. The reliability and validity of the DSQ-40 is supported in the comparison with its parent scale, the 72-item Defense Style Questionnaire (Bond et al., 1983; see Corcoran & Fischer, 2000).

SETTINGS AND EQUIPMENT

Participants will be located in their classes and will complete the Questionnaire Booklet in a room set aside for the purpose.

The Questionnaire Booklet and Information for Participants sheet with Resources for Help will be the only equipment required.

DATA ANALYSIS

The data will be analyzed by ANOVA using SPSS, comparing the mean scores of the two groups of participants (PM and NM). Correlations will be carried out to investigate the relationships between psychological maltreatment and the dependent variables.

RISK TO PARTICIPANTS

Questions about maltreatment in one's family of origin may give rise to discomfort, and reflecting on these events can sometimes lead to feelings of distress. In order to reduce any emotional risk to participants, various measures are proposed. Emphasis will be given in the verbal introduction to the subject's right not to participate or to withdraw, underlining his or her control and autonomy, the perception of which is important in mitigating any feelings of distress. The researcher will be present for the administration of the Questionnaire Booklet, and subsequently for questions and debriefing of individuals as necessary. In addition, comprehensive information about mental health resources in the community will be provided, together with the Information for Participants.

APPROVAL

The researcher has obtained the School of Psychology's approval to approach students in regard to their participation, subject to acceptance of the proposal by the Ethics Committee.

PAYMENT

There will be no financial payment of participants. Participants will receive two credits for completed returns.

POTENTIAL BENEFITS OF THE PROPOSED PROJECT

1. Treating adults who have been psychologically abused as children can be a complex and demanding task, particularly as the ability of the individual to form a close and trusting relationship with the therapist may be impaired. It is anticipated that this research, which focuses on the mechanisms that potentially can mediate the development of symptoms, will also shed some light on the mechanisms of psychotherapeutic change.

2. The maltreatment of children is, unfortunately, widespread. There are many reasons for this, including harsh and outdated child-rearing methods, and in many cases genuine ignorance as to the psychological needs and vulnerabilities of children. It is hoped that this study will contribute to the body of knowledge that informs parents and others of the long-term developmental impact of childhood psychological maltreatment and adverse childrearing methods in general.

TIMETABLE FOR THE PROJECT

March/April 2003	Data collection and consultation
May 2003 - March 2004	Data analysis and write-up

APPENDICES

- I** Information for Participants and Resources for Help
- II** Questionnaire Booklet
- III** Rating Scheme for Levels of Differentiation-Relatedness

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APPENDIX I

INFORMATION FOR PARTICIPANTS

Please read this sheet and decide if you would like to take part in the research study. Students who complete and return the research booklet will be given two credits each.

WHAT THE RESEARCH IS ABOUT

We know from previous research that psychological experiences in childhood and in our families are often formative experiences. These experiences can impact us in the course of growing up, and even as adults. For some individuals, adverse experiences as children are associated with negative attitudes and feelings about oneself, difficulties in relationships with others, and mental health problems. This research will study aspects of self and one's relationship with others in light of these early experiences. It is hoped in this way to gain an understanding of the means by which negative psychological experiences in childhood come to impact individuals as adults. Better knowledge of these mechanisms is especially important when helping adults to deal with and overcome their childhood experiences in psychotherapy and counselling.

PROCEDURE

The materials comprise a questionnaire in sections asking about experiences that you may have had as a child, your personal attitudes and feelings, and your relationships with others. Another item requires you to give short, open-ended descriptions of yourself and significant others. You will also be asked your age and sex.

The study will be introduced to you in a lecture, and you will be invited afterwards to complete the materials in a room set aside for the purpose. The booklet will take 35 to 45 minutes to complete. You will be asked to complete separately a consent form with your name, signature and psu number so that you can be awarded the credits for your participation.

THE RESEARCHER

The person conducting this research is Nia Pryde. I am a qualified and experienced clinical psychologist and psychotherapist. I am undertaking this research as part of my Continuing Education (DClinPsy) requirement in the School of Psychology, University of Wales, Bangor. My supervisor is Dr Isabel Hargreaves. I can be contacted via the School of Psychology.

YOUR RIGHTS AS A PARTICIPANT

Your participation in this research is strictly voluntary, and you may withdraw at any time. Your responses to the questionnaire will be anonymous and confidential. Your consent form will be completed and kept separately.

Answering questions about sensitive topics can lead to feelings of discomfort. The investigator will be available throughout the gathering of data and after the session to discuss any issues or personal concerns arising in connection with the study. A list of local resources is appended in case you would like to talk with a mental health professional.

An outcome summary of the project will be provided upon completion and can be obtained by contacting the researcher at the e-mail address below:

niapryde@netvigator.com

Any complaints about the conduct of this research should be directed to the Head of the School of Psychology, University of Wales, Bangor.

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I have received and read the Information for Participants. I understand that I have the right to refuse or withdraw from the study. I have been offered the opportunity to ask questions and discuss the study by the investigator named below.

I agree to take part in the study. I understand that the information given on this consent form will be used to award credits for my participation in the research.

**Name of Participant.....
(block letters)**

Signature of Participant.....

Date.....

psu number.....

Name of Investigator: NIA PRYDE

Signature of Investigator.....

Date.....

RESOURCES FOR HELP

Student Services Centre 01248 382024

Located on the 3rd and 4th floors of the Students Union Building. The Student Services Centre can help with difficulties in relation to health care or counselling, as well as with financial and other matters.

***Student Counselling Service
(Bangor)*** 01248 382024

A professional Student Counselling Service is available to University students in Bangor, based in the Glanrafon Flat behind the Students Union Building. Details of appointments and drop-in times can be obtained from the Student Services Centre.

***Student Counselling Service
(Wreccsam)*** 01978 293056

A professional Student Counselling Service is available to University students on the Wreccsam site through an arrangement with the North Wales Institute of Higher Education (NEWI). Details are available from Information and Student Services, Edward Llwyd Building, NEWI, Plas Goch, Wreccsam.

Counselling Tutors

Some members of the University staff in both Bangor and Wreccsam act as Counselling Tutors for students who have problems that may be academic or personal. A list can be obtained from the Student Services Centre. The service is confidential.

Crisis Line 01248 351151 (Bangor) /2795 (Internal)
01978 291100 (Wreccsam)

A small number of University staff volunteers are available in the event of a crisis outside of normal working hours.

Student Health Nurse 01248 383022

A Student Health Nurse provides a call-in service located at Glanrafon Flat, behind the Student Union Building, and is available to visit students in their accommodation when necessary. It is advisable to telephone to arrange an appointment.

Personal Tutors

In addition to the help and support provided on academic matters, students may choose to contact their personal tutor regarding personal issues. However, the tutor may need to refer to another service for further help or guidance.

Chaplains 01248 370566

Information on local representatives of Christian denominations and other faiths can be obtained from Rev. John Butler, Secretary to the Chaplains Group, or from the Student Services Centre.

Nightline 01248 362121

Nightline is a service run by students for students and is based above the launderette near Neuadd Rathbone. Two trained volunteers are on duty from 8pm to 8am to provide a listening service and respond to queries. Students can either call in or telephone.

GP Services
Bodnant Medical Centre 01248 364492

Bodnant Medical Centre provides services for students that are not normally available in general practice. Student-only clinics are held from 12.30 pm to 2.00 pm and 4.30 pm to 5.45 pm each weekday. The lunch-time sessions are run by two female doctors. Students can attend without an appointment. These facilities are open to all students irrespective of which practice they are registered with. Students registered with the Centre can also attend the regular surgeries.

Menai Doctors 01248 364567

Menai Doctors is the out-of-hours GP service for Gwynedd and Ynys Mon.

Community Mental Health Team 01248 370137 (Bangor)
01978 355783 (Wrecsam)

The Arfon Community Mental Health Team is available 9.00 am to 5.00 pm Monday to Friday. It offers a service to people who have a severe mental health problem. Normally, the student's GP should be contacted first, but if this is not possible the Crisis Intervention Team will advise what to do.

Hergest Psychiatric Unit 01248 384091

The Hergest Unit is an in-patient unit for the treatment of severe mental illness, based at Ysbyty Gwynedd. It is a 24-hour, 7-day service. An assessment can be made by request from a GP or Community Psychiatric Nurse.

***Abbey Road Centre
Bangor***

01248 354888

The Abbey Road Centre is a base for several voluntary organizations that provide support for people with mental health difficulties. These include

Alcoholics Anonymous

01244 659759

AI-Anon

020 7403 0888

AI-Anon is a self-help organization for relatives of people with severe alcohol dependence.

Arfon MIND

01248 354888

Arfon MIND is the local group of MIND, providing information and a range of activities and groups.

Wreccsam MIND

01978 366155

CAIS

08705 134902

CAIS offers a range of services, including specialist counselling for those who are troubled by their use of alcohol or drugs. They also provide an in-patient detoxification and treatment service and a residential rehabilitation service.

*Rape Crisis and Sexual Abuse
Line*

01248 354885

This is a service for women and young girls who have been raped or sexually assaulted, either recently or in the past.

Relate

01248 352256 (Bangor)
01978 265028 (Wreccsam)

Relate provides a counselling service that specializes in couples and relationship issues, including sexual therapy.

Samaritans

01248 354646 (Bangor)
01745 354545 (Wreccsam)

Samaritans provide a listening service to those who feel suicidal, also to people going through difficulties who feel isolated and have no one to turn to.

Gwynedd Drugs Advisory Service

01248 351829

This specialist team provides a variety of support and treatment to those who are concerned about their drug use.

Stepping Stones

01978 352717

Trained counsellors provide therapeutic services, on an individual or group basis, to adults who were sexually abused as children. There are a range of locations across North Wales.

Victim Support

01248 371391 (Bangor)

01745 856597 (Wreccsam)

Victim Support provides a range of services to those who have been victims of a crime.

This list is based on the Mental Health Guide for Staff, University of Wales, Bangor

APPENDIX II

QUESTIONNAIRE BOOKLET

PLEASE RETURN TO:

NIA PRYDE
C/O SCHOOL OF PSYCHOLOGY
UNIVERSITY OF WALES, BANGOR

PLEASE PROVIDE THE FOLLOWING INFORMATION:

AGE: _____

SEX: _____

Thank you for agreeing to participate in this research.

Section A of this booklet asks you to describe significant people in your life. You will be given 5 minutes to write each of 3 descriptions. Sections B to F require you to answer questions about yourself and your experiences, past and present. Please answer as honestly as you can.

The investigator will be present throughout the session. She will remain afterwards to answer any questions and address any concerns you may have.

You will be awarded 2 credits for completing and returning the booklet.

A1. DESCRIBE YOUR MOTHER. YOU HAVE 5 MINUTES.

A2. DESCRIBE YOUR FATHER. YOU HAVE 5 MINUTES.

A3. DESCRIBE YOURSELF. YOU HAVE 5 MINUTES.

Third Party material excluded from digitised copy.

**Section B: Bell Object Relations and Reality Testing
Inventory (BORRTI)**

Please refer to original text to see this material.

Third Party material excluded from digitised copy.

**Section C: The Psychological Maltreatment Experience
Scale (PMES)**

Please refer to original text to see this material.

D.

Please answer the following questions:

1 = Never

2 = Occasionally

3 = Fairly Often

4 = Very Often

	Never	Occasionally	Fairly Often	Very Often
1. Did you ever experience sexual contact as a child or adolescent that was without your consent?.....	1	2	3	4
2. Were you ever physically abused (excluding spanking for disciplinary purposes) as a child or adolescent	1	2	3	4
3. Were you ever emotionally abused as a child or adolescent?	1	2	3	4

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Section E: Internalized Shame Scale (ISS)

Please refer to original text to see this material.

Third Party material excluded from digitised copy.

Section F: Defense Style Questionnaire (DSO-40)

Please refer to original text to see this material.

APPENDIX III

1. Self/other boundary compromise
Basic sense of physical cohesion or integrity of representations is lacking or is breached.
2. Self/other boundary confusion
Self and other are represented as physically intact and separate, but feelings and thoughts are amorphous, undifferentiated, or confused. Description may consist of a single global impressionistic quality or a flood of details with a sense of confusion and vagueness.
3. Self/other mirroring
Characteristics of self and other, such as physical appearance or body qualities, shape or size, are virtually identical.
4. Self/other idealization or denigration
Attempt to consolidate representations based on unitary, unmodulated idealization or denigration. Extreme, exaggerated, one-sided descriptions.
5. Semi-differentiated, tenuous consolidation of representations through splitting (polarization) and/or by an emphasis on concrete part properties
Marked oscillation between dramatically opposite qualities or an emphasis on manifest external features.
6. Emergent, ambivalent constancy (cohesion) of self and an emergent sense of relatedness
Emerging consolidation of disparate aspects of self and other in a somewhat hesitant, equivocal, or ambivalent integration. A list of appropriate conventional characteristics, but they lack a sense of uniqueness. Tentative movement toward a more individuated and cohesive sense of self and other.
7. Consolidated, constant (stable) self and other in unilateral relationships
Thoughts, feelings, needs, and fantasies are differentiated and modulated. Increasing tolerance for and integration of disparate aspects. Distinguishing qualities and characteristics.
Sympathetic understanding of others.
8. Cohesive, individuated, empathically related self and others
Cohesive, nuanced, and related sense of self and others. A definite sense of identity and an interest in interpersonal relationships and a capacity to understand the perspective of others.
9. Reciprocally related integrated unfolding self and others
Cohesive sense of self and others in reciprocal relationships that transform both the self and the other in complex, continually unfolding ways.
10. Creative, integrated constructions of self and other in empathic, reciprocally attuned relationships.
Integrated reciprocal relations with an appreciation that one contributes to the construction of meaning in complex interpersonal relationships.

SECTION 3

Childhood Psychological Maltreatment and Its Developmental Consequences

Nia A. Pryde, Isabel Hargreaves*

Corresponding author: Nia A. Pryde, 14A Block 1, Tam Towers, 25 Sha Wan Drive,
Pokfulam, Hong Kong. e-mail: niapryde@netvigator.com

*School of Psychology, University of Wales, Bangor, Gwynedd, LL57 2DG

*Literature review written in the style appropriate for the Journal of Emotional Abuse.
For authors' instructions see attached material.*

Childhood Psychological Maltreatment and Its Developmental Consequences

Abstract

The experience of psychological maltreatment in childhood has been linked to a wide range of adult symptoms and disorders. This review focuses on some of the cognitive, affective, and interpersonal phenomena that appear to have a theoretical or empirical relationship with both childhood maltreatment and adult psychopathology. It is apparent that psychological maltreatment in childhood, as an interpersonal experience, affects the emerging sense of self and self-other relationships. In particular, it has implications for object relations, internalized shame, and defence style. It is evident that psychological maltreatment is a core issue in all child maltreatment.

THE CONCEPT AND DEFINITION OF PSYCHOLOGICAL MALTREATMENT

When child abuse was first identified in the 1960s in relation to “the battered child” (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962), the initial focus of concern was the physical maltreatment of children. Subsequently, child abuse came to include emotional injury and neglect, and sexual abuse. In the last two decades, the term “psychological maltreatment” has increasingly come to be used with reference to the psychological or emotional abuse of children.

The maltreatment of children in society is an issue of some significance. In the United States, in 1997, 6% out of 984,000 children were confirmed with abuse and neglect (United States Department of Health & Human Services, 1999)¹. In England, in 1997, 24% of children on child protection registers were under joint registration for emotional abuse with other categories (Government Statistical Service, 1997)¹. It is recognized in both countries that these statistics are underestimates. Studies of prevalence generally indicate that more than one third of the adult population of the United States has experienced psychological maltreatment in combination with other forms of maltreatment and that 15-20% have experienced it on its own (Binggeli, Hart, & Brassard, 2001).

Early attempts at establishing an operational definition of psychological maltreatment were unsuccessful. However, at the International Conference on the Psychological Abuse of the Child in 1983 a generic definition of psychological maltreatment was agreed, which subsequently became widely, albeit not universally, accepted. Advances in definition were made by building on this agreement and on the work of Baily and Baily (1986), Egeland and Erickson (1987), Hart and Brassard (1987), and Garbarino, Guttman, and Seeley (1986). A number of issues have been debated over the years. These include whether psychological maltreatment comprises acts of

¹ quoted in Glaser, 2002, p. 699-700

commission (abuse) and omission (neglect), an acute instance (e.g., a specific threat) and a chronic pattern (e.g., repeated criticism), subtle (e.g., emotional unavailability) and extreme (e.g., verbal attack) behaviours, also whether the emphasis should be on the abusive parental behaviour or the mental injury to the child (see Cicchetti & Nurcombe, 1991).

The American Professional Society on the Abuse of Children (APSAC, 1995), after a lengthy and rigorous process of review and development, produced “Guidelines for the Psychosocial Evaluation of Suspected Psychological Maltreatment in Children and Adolescents”. The following definition was given: “Psychological maltreatment means a repeated pattern of caregiver behaviour or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another’s needs ... (It) includes a) spurning, b) terrorizing, c) isolating, d) exploiting/corrupting, e) denying emotional responsiveness, and f) mental health, medical, and educational neglect (pp. 2-4; see also Brassard, Hart, & Hardy, 1993; Hart, Germain, & Brassard, 1987). Similar definitions can be found in the work of Garbarino and others.

Garbarino, Eckenrode, and Bolger (1997) observe that at the heart of psychological maltreatment is “the developmentally dangerous message of rejection ...” (p.113). Rohner and Rohner (1980) also equate parental rejection with emotional abuse. More generally, emotional abuse (Glaser, 2002) and psychological abuse (Langone, 1992) are often used interchangeably with psychological maltreatment, although there is some dissent in this regard (O’Hagan, 1995). The term psychological maltreatment is preferred in this discussion because it represents the cognitive, affective, and interpersonal aspects of child maltreatment (Binggeli et al., 2001; Brassard, Germain, & Hart, 1987).

Whereas the definition of psychological maltreatment has achieved some consensus overall (Kairys, Johnson, & Committee on Child Abuse & Neglect, 2002), there

may still be a need for different definitions for different purposes (e.g., clinical, legal, research) (Brassard & Hardy, 1997; Garbarino & Garbarino, 1994).

PSYCHOLOGICAL MALTREATMENT AS A CORE ISSUE IN CHILD

MALTREATMENT

Hart and colleagues propose that psychological maltreatment is a core issue in all child maltreatment: that is, although psychological maltreatment exists in its own right, it is also inherent in, interacts with, and influences the outcome of all other forms of maltreatment. In support of this position, they cite extensive and convincing evidence from research studies indicating that psychological maltreatment is the most frequent form of child abuse; it is the form of abuse most likely to co-occur with other forms; it can also occur on its own; it occurs in most families where there are other forms of maltreatment; it is the strongest predictor of the developmental outcomes of child maltreatment; and it has the most negative consequences. They also argue that psychological maltreatment provides the meaning of the abusive acts in other forms of abuse. For example, physical abuse may communicate terrorizing, spurning, and exploiting; sexual abuse includes acts of exploiting/corrupting and possibly terrorizing (Binggeli et al., 2001; Hart, Binggeli, & Brassard, 1998; Hart, Brassard, Binggeli, & Davidson, 2002; Navarre, 1987).

The authors quote a number of studies attesting to psychological maltreatment as a core component in all child abuse and neglect, including prospective, cross-cultural, and comparison investigations with different forms of maltreatment. For example, a study by Claussen & Crittenden (1991) of reported cases and a community sample found that psychological maltreatment was present in almost all cases of physical maltreatment, but not vice versa, and that it was more related to negative outcomes in children than severity of injury. In other studies, Hoglund and Nicholas (1995) found that exposure to greater

emotional abusiveness, especially when combined with some physical abusiveness, had the most powerful relationship with anger and hostility variables among college students. Kent and Waller (Kent & Waller, 2000; Kent, Waller, & Dagnan, 1999) showed that emotional abuse, which was found to influence eating psychopathology, appeared to impact self-esteem primarily, thus increasing vulnerability to a range of psychological problems. Other forms of trauma had their greatest impact when emotional abuse was a component. This supported their view of emotional abuse as unifying and underlying all forms of child maltreatment.

Other authors endorse these observations. O'Hagan (1995) states that if a child is repeatedly sexually or physically abused then he or she is also being psychologically/emotionally abused. Glaser (2002) notes that it may be the concomitant emotional abuse and neglect that mediates the harm caused by other forms of child maltreatment. Most researchers in this area have commented on the considerable degree of overlap between the different forms of maltreatment (e.g., Briere & Runtz, 1990; Higgins & McCabe, 2000a, 2000b, 2001a; Mullen, Martin, Anderson, Romans, & Herbison, 1996; Trickett & McBride-Chang, 1995).

Two conceptual models have been suggested to organize research on psychological maltreatment. According to Bronfenbrenner's (1979) human ecological model, elaborated by Garbarino (1977), child maltreatment is viewed against the backdrop of the values and child-rearing practices of society. Essentially, it is considered to be a maladaptive response between family and child to an unsupportive environment (Rosenberg & Germain, 1987). The developmental psychopathology model focuses on the impact of psychological maltreatment on the stage or level of the child's development (Cicchetti, 1996; Cicchetti & Rogosch, 1994). It is one of the contributing models to this research.

ISSUES IN MEASURING PSYCHOLOGICAL MALTREATMENT

Measures of psychological maltreatment have been developed for both child and adult populations. In assessing adults, histories of childhood trauma have been obtained by different methods, including chart review, self-report questionnaires, and structured or semi-structured interviews (Bernstein et al., 1994; Kent & Waller, 2000). This discussion will focus on self-report questionnaires.

A number of measures are based on the definition and categories of psychological maltreatment in the childhood literature provided by Hart and colleagues (Brassard et al., 1993). The Psychological Maltreatment Inventory (PMI; Engels & Moisan, 1994) and the Psychological Maltreatment Experience Scale (PMES; Petretic-Jackson, Betz & Pitman, 1995) each comprise five scales that broadly correspond to these categories. The PMES has undergone extensive revision and refinement in its development as a clinical research tool. It has been used in college and clinical populations to investigate the long-term effects of childhood abuse (e.g., Betz, 1997; Katsikas, 1995). The Childhood Maltreatment Questionnaire by Demaré (Demaré, 1996; Demaré & Briere, 1994), which is unpublished, is also based on this definition.

Several measures assess both positive and negative aspects of parenting. These include the Child Abuse Questionnaire (CAQ; Gross & Keller, 1992), the Parent Acceptance–Rejection Questionnaire (PARQ; Rohner, 1999), the Exposure to Abusive and Supportive Environments Parenting Inventory (EASE-PI; Nicholas & Bieber, 1997), the Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979), and its adjunct, the Measure of Parenting Style (MOPS; Parker et al. 1997). The PARQ and PBI are examples of instruments for assessing family history, which have been reviewed by Melchert (1998).

The recent emphasis on examining multiple forms of maltreatment has led to the development of a number of measures with several scales: for example, the Comprehensive Child Maltreatment Scale for Adults (Higgins & McCabe, 2001b) and the Childhood Trauma Questionnaire (Bernstein & Fink, 1998). These are well developed instruments of assessment, but their brevity and lack of theoretical conceptualization with respect to psychological maltreatment render them better suited to screening than in-depth examination. The Child Abuse and Trauma Scale (CATS; Sanders & Larsen, 1995) has been given an additional subscale for emotional abuse, based on O'Hagan's (1995) definition and drawn from existing items (Kent and Waller, 1998); however, it covers only verbally rejecting and aggressive behaviours.

Some studies of child maltreatment have focused on the unique effects of a particular form of maltreatment, mainly sexual abuse (e.g., Neumann, Houskamp, Pollock, & Briere, 1996) and physical abuse (e.g., Fergusson & Lynsky, 1997; Malinowsky-Rummell & Hansen, 1993). Psychological maltreatment has only recently begun to be researched as a discrete category (e.g., Rich, Gingerich, & Rosen, 1997; Thompson & Kaplan, 1996; see also Sheerer, 1997). A number of studies have attempted to ascertain the differential effects of abuse by comparing different forms (e.g., Gauthier, Stollak, Messé, & Aronoff, 1996; Loos & Alexander, 1997). Whereas differential effects can be detected, it has been remarked that the similarities in outcome are more evident overall than the differences (e.g., Briere & Runtz, 1990; Mullen et al., 1996). Other studies have investigated the potentially aggregative nature of childhood traumas in relation to adult outcomes (e.g., Felitti et al., 1998; Fox & Gilbert, 1994; Higgins & McCabe, 2000a; Moeller, Bachmann, & Moeller, 1993).

Higgins & McCabe (2001a), in their review of retrospective reports of multiple forms of child maltreatment, found that combinations of maltreatment were more

traumatic than single forms and were associated with more adjustment problems. They are critical of researchers who fail to assess all types of child maltreatment. Generally, they note that measures of maltreatment often lack standardization and adequate psychometric scrutiny, and neglect the role of variables that influence its occurrence or outcomes.

Briere (1997) lists some of the methodological challenges with respect to the psychological assessment of child abuse effects in adults, which include establishing the accuracy of the subject's retrospective report, systematically assessing the specific nature of the abuse history, and accurately assessing the specific abuse effects. Another issue concerns the role of moderating phenomena, which potentially can confound the maltreatment effects. Potential moderators include generalized family disturbance, lower socioeconomic status, parental substance abuse, and the presence of other forms of maltreatment or other upsetting events (e.g., witnessing family violence).

Most studies in this field have used self-report, retrospective measures with adult children. However, some individuals may respond to self-report measures in socially desirable ways, especially when reporting negative behaviours (Nicholas & Bieber, 1996). Retrospective reports can also be subject to bias on account of conscious suppression or unconscious repression of memory, as well as the effects of passage of time. Fink, Bernstein, Handelsman, Foote, and Lovejoy (1995) note that false negative reporting is the greatest source of error in trauma assessment. However, some individuals may overreport or misrepresent their abuse history, or they may confabulate as a result of coercive techniques for accessing memories (Briere, 1997). According to Brewin, Andrews, and Gotlib (1993), adults' recollections of the central features of childhood events are substantially accurate and stable over time. Although retrospective reports are subject to certain limitations, reports of their unreliability have been exaggerated. In this regard, a

study by Parker (1983) found that evidence from collateral sources corroborated the data obtained by self-report.

Brewin et al. (1993) observe that, since the influences on memory appear to work by inhibiting recall, it may be fair to give more weight to events that have been confirmed. Perris (1988) notes that any distortion of perceived reality is most often in the direction of confirming the basic beliefs and basic schema. It can also be argued that accuracy of recall of child-rearing or of specific abuse events may be less important than the meaning assigned to them, particularly in relation to psychopathological outcomes (Hulsey & Sexton, 1992; Nicholas & Bieber, 1996; Rapee 1997).

THE CONSEQUENCES OF PSYCHOLOGICAL MALTREATMENT

Adults who have been psychologically maltreated as children often come to the attention of clinicians because of their psychological and physical symptoms and disorders. A wide range of serious problems have been reported in relation to childhood maltreatment (Cruz & Essen, 1994; Higgins & McCabe, 2001a; Scheerer, 1997), and psychological maltreatment in particular (Hart et al., 1998; Hart et al., 2002). The list that follows is based on the categories of Binggeli et al. (2001).

Psychological maltreatment has been linked with problems of anxiety, depression, low self-esteem, suicidal ideation (e.g., Claussen & Crittenden, 1991; Gross & Keller, 1992; Rohner & Rohner, 1980); emotional instability, impulse control, substance abuse, eating disorders (e.g., Kent et al., 1999; Mullen et al., 1996; Rorty & Jager, 1993); attachment problems, dependency, low social competency, sexual maladjustment, aggressive and violent behaviour (e.g., Nicholas & Bieber, 1996; Rohner & Rohner, 1980); learning problems, impaired moral development (e.g., Hart & Brassard, 1991); and physical health problems (e.g., Moeller et al., 1993). Widom's (1998) longitudinal

research, which followed substantiated cases of childhood abuse and neglect into adulthood, demonstrated effects on a wide range of domains of functioning. Rich et al. (1997) noted that emotional abuse in childhood, even if no other type of abuse were present, was related to long-term psychological disturbance in university students.

A number of DSM IV conditions have been associated with childhood maltreatment. Studies of patients with dissociative identity disorder have found a high incidence of childhood abuse and neglect (e.g., Dorahy & Middleton, 2002; Ross et al., 1990). The same is true for individuals with borderline personality disorder (e.g., Briere, 1992; Herman, Perry, & van der Kolk, 1989). Kaplan and Klinetob's (2000) investigation of patients with treatment-resistant major depression found a significant association with childhood emotional abuse. Generally, studies of psychiatric populations indicate a high incidence of childhood maltreatment (e.g., Bifulco & Moran, 1998; Ellason & Ross, 1997; Goodwin, 1996; Wexler, Lyons, Lyons, & Mazure, 1997).

Research into childhood maltreatment has largely been concerned with the diagnostic assessment of sequelae, and little attention has been given to the mechanisms that may be involved in producing these outcomes. However, a number have been proposed. These include anxiety and dissociation (Kent et al., 1999); perceived control (Chorpita, Brown, & Barlow, 1998); rejection sensitivity (Downey, Khouri, & Feldman, 1997); attachment (Katsikas, 1995; Roche, Runtz, & Hunter, 1999); social support and coping strategies (Runtz & Schallow, 1997); and object relations (Twomey, Kaslow, & Croft, 2000). This is clearly an important area for attention.

PSYCHOLOGICAL MALTREATMENT AND DEVELOPMENT

Psychological maltreatment is a significant trauma to the developing child and adolescent. It affects the child's psychological and social maturation, which can lead to

developmental difficulties and dysfunctions. A leading theorist in the field, Dante Cicchetti (1996), observes that maltreatment poses a risk to the child's development throughout its course and across a broad spectrum of domains of adaptation. It impacts the resolution of stage-salient issues and the accomplishment of developmental tasks, which include affect regulation and differentiation, establishing an attachment relationship with the primary caregiver, the evolution of an autonomous self, the development of symbolic and representational capacities, the enablement of peer relationships, and adaptation to school (Cicchetti & Rogosch, 1994; see also Thompson and Kaplan, 1996). Claussen and Crittenden (1991) remark on the growing consensus that psychological maltreatment is at the core of negative developmental outcomes in children.

Rohner and Rohner's (1980) parental-rejection theory predicts that there will be consistent effects on personality development as a result of emotional abuse by parents. In particular, rejected children will have problems with hostility and aggression, dependency issues, emotional instability, an impaired sense of self-esteem and adequacy, and a negative view of the world. Rohner and Rohner have used a multimethod research strategy in establishing their extensive database, drawing on anthropological data, international community studies, and intracultural research in the United States (see also Rohner, 1999).

Maltreatment of any kind violates the child-rearing principles that lead to optimal development (Trickett & McBride-Chang, 1995). It has been observed that many cases of child maltreatment can be viewed as an extension of punitive parenting styles and as part of the wider context of dysfunctional family interactions (Stevenson, 1999). What is significant in maltreatment is the lack of emotional availability on the parents' part and their failure to respond to critical childhood needs (Hadley, Holloway, Mallinckrodt, 1993; see also Blatt, Wein, Chevron, & Quinlan, 1979). Parenting that is unresponsive or

inconsistent can lead to mental representations of oneself as unlovable and of others as being unlikely to meet one's needs. The development of negative representational models of one's self and one's environment is considered to be an important determinant of vulnerability to psychopathology (Alessandri & Lewis, 1996; Downey et al., 1997; Perris, 1994).

Mental representation is a central construct in psychoanalytic theory, developmental psychology, attachment theory, cognitive science, and social cognition. Studies indicate that, based on interactions with their primary caregivers, children construct cognitive-affective schemas of self and other, which then act as "heuristic prototypes", providing the basis for interpersonal behaviour (Blatt & Auerbach, 2000). In the case of child maltreatment, the development of negative representational models of attachment figures, of self, and of self in relation to others can affect social interactions and developmental adaptations (Cicchetti, 1996), leading to the use of defensive tactics to regulate feelings of insecurity (Cicchetti & Rogosch, 1994). It can also have a negative impact on the development of the self-conscious emotions, thus contributing to the transmission of negative affect, especially shame, from parent to child (Alessandri & Lewis, 1996).

AN OBJECT RELATIONS PERSPECTIVE

Object relations and attachment theorists have achieved some consensus regarding the contribution of early emotional relationships to the development of cognitive-affective interpersonal schemas. Fonagy (1995) notes that work in developmental psychiatry and psychology is increasingly focused on the pathways by which the internal representations of early experiences with significant figures in childhood come to affect the development of relationships, culminating in the relationship disorders and psychopathological conditions that span the course of life.

Broadly speaking, object relations refer to persistent patterns of interpersonal behaviour and to the cognitive and affective processes that mediate functioning in close interpersonal relationships (Westen, Ludolph, Lerner, Ruffins, & Wiss, 1990). The experience of secure attachment in childhood increases the likelihood of successful interpersonal relationships as an adult. Conversely, poor parental care and inadequate bonding may impair one's ability to form intimate relationships as an adult (Parker, Barrett, & Hickie, 1992). Matthews and Chu (1997) observe that the most serious consequences of traumatic experiences in childhood are severe disturbances in the development of the sense of self and relationships with others.

Representational models of self and other, comprising an unresponsive and rejecting caregiver and an unworthy and unlovable self, may over time become increasingly integrated with generalized models of relationships, leading to interpersonal difficulties (Cicchetti & Rogosch, 1994). Hulsey and Sexton (1992) suggest that maltreatment experiences, rather than acting as direct causal agents, may impact later psychological dysfunction "through the developmental object-relational matrix within which they are psychologically embedded" (p. 439).

A number of studies have looked at childhood psychological maltreatment from an object relations perspective. Twomey et al. (2000), in a well-designed study of suicidal behaviour using the Bell Object Relations and Reality Testing Inventory (BORRTI; Bell, 1995; Bell, Billington, & Becker, 1986), observed that women reporting higher levels of all kinds of child maltreatment had less well developed and more pathological object relations than a control group. The link between childhood emotional abuse and neglect and adult suicide attempts was mediated by Attachment and Alienation. The authors opined that the absence of adequate benevolent care (i.e., emotional abuse, emotional neglect, and physical neglect) can be just as, if not more, detrimental to healthy object

relations than overt (i.e., physical, sexual) forms of abuse. Carson and Baker (1995/96), also using the BORRTI, found that psychologically abused women differed from non-abused women in having object relations deficits, but did not have reality testing deficits. Other object relations studies of childhood maltreatment have focused on sexual abuse (Hulsey & Sexton, 1992), sexual and physical abuse (Haviland, Sonne, & Woods, 1995; Ornduff & Kelsey, 1996; Stovall & Craig, 1990), and psychiatrically disturbed adolescent girls (Westen et al., 1990).

THE EXPERIENCE OF SHAME

Gilbert, Allan, and Goss (1996) observe that it is by means of the caregiver behaviours of listening, showing pleasure and approval, rewarding and mirroring that the child comes to feel safe in his or her interpersonal environment and to view himself or herself as a person of value in relationships. Conversely, the experience of parental devaluing, put-downs, and shaming leads to the perception of oneself as devalued and inferior to others, which has been linked to vulnerability to psychopathology.

Helen Block Lewis (1987) describes shame as “the empathetic experience of the other’s rejection of the self” (p. 32). In her view, vicarious emotional experience is the basis of mutual attachment, as well as the price that we pay for it. Sarphatie (1993) agrees that it is the subjective experience of rejection and separation, even abandonment, that is central to shame. Tangney and Fischer (1995) note that there is renewed interest in shame as a result of the current attention given to the self-conscious emotions and their development.

Schore (1994), in a review of affect regulation and self-development, indicates how mirroring and attunement, especially non-verbal, facilitate the maturation of positive affect and self-confidence. In child maltreatment the relationship between the child and caretaker fails to provide adequate affective attunement, with the result that the child’s

emotional needs, and ultimately his or her sense of self, are experienced as unworthy, bad, and shameful (Hahn, 2000). With repetition, this affective misattunement can become subjectively organized as rejection of oneself and one's needs, leading to an increasing sense of inadequacy and defectiveness. Gilbert (1998a) discusses this in terms of the development of self-other schemata, especially shame-based schemata, which can arise directly from emotional experience and function like conditioned emotional responses.

Loader (1998) observes that shame and shaming are fundamental to family life. The child's vulnerability to shaming occurs because of his or her dependency on the parents and the power-imbalance inherent in that relationship. The key feature in shaming is pointing out the child's failure in the eyes of the parent, whether by condemnation, turning away, or offering conditions for receiving love. Loader considers that it is the child's interpretation of the parental abuse as his or her fault that leads to a pervasive sense of shame. M. Lewis (1995) agrees that it is the pathological attributions about the self that lead to shame in the victim and the development of symptoms.

There is increasing evidence that shame-proneness, which is believed to arise from internal negative representations of self as a result of being shamed, can seriously impact development and vulnerability to psychopathology (Gilbert & Gerlsma, 1999). Gilbert & Gerlsma note that shame has been linked to a variety of psychopathologies, including alcoholism, depression, social anxiety, eating disorders, suicide, personality disorders, and interpersonal problems. In this connection, Gilbert et al. (1996) note an increasing interest in the idea that negative self-other schemata arising from early experiences may mediate the link with interpersonal problems, which in turn have been implicated in psychopathology. According to Tomkins' affect theory, all forms of psychopathology are emotional disorders, with shame as a common component. Andrews (1998), in her

discussion of childhood abuse and shame, points to a mediating role for shame between childhood maltreatment and later disorders.

Given the negative self-evaluation that typifies the experience of shame, inferiority is likely to be a core issue in its measurement. Gilbert (1998b) refers to the experience of the subjective sense of self, derived from how the self judges the self, as “internal shame”. According to Kaufman (1989), once shame has been internalized it becomes a major part of one’s identity and can function autonomously. Cook (1987, 1996) opines that, as a result of frequent experiences of abuse or rejection in one’s family of origin, shame becomes internalized as a shame-based identity, characterized by a sense of self as inferior or inadequate. With frequent triggering in childhood and adolescence, and insufficient reparation, the individual typically develops a defensive script to manage this painful emotion. Cook’s Internalized Shame Scale (ISS) is founded on the premise of internalized shame.

There have been a few studies looking at shame in relation to aspects of psychological maltreatment. Gilbert et al. (1996), in a study using the ISS with female university students, found that perceptions of putdowns/shaming by parents and being a non-favoured child were important variables in vulnerability to interpersonal problems and proneness to psychopathology. Gilbert and Gerlsma (1999) noted that recall of early shaming experiences and favouritism were higher in a patient than a community population and had strong associations with psychopathology, as did lack of parental emotional warmth. Lutwak and Ferrari (1997) found, with university students, that reported shame as an adult was positively related to social avoidance and fear of negative evaluation by others and negatively related to perceptions of parental care as a child, which they interpreted as supporting object relations theory. Hoglund and Nicholas (1995), in a study of college students, underlined the importance of emotionally abusive

interactions in the family of origin in relation to problems in young adults with shame, anger, and hostility. An investigation by Hadley et al. (1993), using the ISS, confirmed the significance of early family conflict and lack of cohesion with respect to deep-seated shame in adults, which was interpreted in terms of parental rejection leading to internalized shame.

THE ROLE OF DEFENCES

It has been observed that repeated emotional misattunement between child and caretaker contributes to a growing sense of unworthiness and defectiveness and to the triggering of defences to protect the self and manage the affective experience of shame (Hahn, 2000). Cook (1987, 1996) refers to this as the development of a defensive script.

In contemporary defence theory, defences are no longer considered solely as protecting the individual from anxiety-provoking thoughts. Rather, they are viewed as part of a set of cognitive and relational patterns that develop in the context of close relationships with significant others, many of which serve to protect the individual's self-esteem (Cooper, 1998; Cramer, 2000). Vaillant and McCullough (1998) observe that defence mechanisms function as involuntary regulatory processes, altering the relationship between self and object and between idea and feeling, thereby diminishing awareness of and response to changes in drives, conscience, relationships, and reality. Cooper notes that the shift to more object relational and interpersonal approaches for understanding defences has had major implications for treatment.

In developmental psychology there is an increasing recognition of the importance of defence processes for understanding children's behaviour (Cramer, 1991, 1998, 2000). Studies have demonstrated that children's use of defence mechanisms develops in a predictable pattern, with greater cognitive complexity becoming evident in adolescence and young adulthood. Cramer notes that it may be useful to consider defences as being

ordered on a continuum, differing in degree of maturity. Vaillant (1994) observes that this organization also applies to psychopathology, drawing on his longitudinal study of junior high school boys to demonstrate the relationship between maturity of defence mechanisms and better mental health.

A number of studies attest that defences can be conceptualized along a developmental continuum, according to their complexity and maturity, and that more mature, complex defences are associated with better mental health (e.g., Evans & Seaman, 2000; Romans, Martin, Morris, & Herbison, 1999). Research with the Defense Style Questionnaire consistently confirms a developmental progression from immature to mature defences (Andrews, Singh, & Bond, 1993; Bond, Gardner, Christian, & Segal, 1983; Vaillant, Bond, & Vaillant, 1986). This scale, which measures the clustering of defence mechanisms, has been used in several studies of child maltreatment.

Carter, Joyce, Mulder, and Luty (2001) found with a depressed, outpatient sample that low parental care, among other factors, predicted an increased use of immature defence style; also, emotional/psychological abuse and actual physical abuse were risk factors for increasing personality symptomatology. Romans et al. (1999) noted in a community sample that more severe childhood sexual abuse was associated with less mature defence style. An immature defence style was also reported among bulimia nervosa patients, who in addition had the highest rate of childhood adversity among control and other clinical groups (Schmidt, Slone, Tiller, & Treasure, 1993).

CONCLUSION

There has been considerable discussion in the literature about the conceptualization and definition of psychological maltreatment, its effects across the life span, and its measurement. It is evident that psychological maltreatment significantly affects child

development, that it is an important issue in child-rearing and socialization, and a core issue in all child maltreatment. Whereas the negative effects of psychological maltreatment are apparent, the mechanisms by which these consequences are brought about need some clarification.

Psychological maltreatment impacts the individual in the domains of cognition, affect, and interpersonal behaviour, and these effects have been found to be significant for the individual's development from childhood through adolescence into adulthood. In this discussion, the importance of the self-other relationship in psychological maltreatment and its consequences has been highlighted. The child's experience of the affect of shame has been shown to be a consequence of the demeaning experience of childhood maltreatment, which is internalized as part of the self-other concept. The role of defensive strategies has also been explored in relation to this internalized drama. By examining these phenomena and their relationship to psychological maltreatment in more depth, it is hoped to gain a better understanding of the mechanisms that potentially can play a role in determining the outcomes of psychological maltreatment.

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SECTION 4

The Adult Consequences of Childhood Psychological Maltreatment: An Investigation of Object Relations, Internalized Shame, and Defence Style

Nia A. Pryde, Isabel Hargreaves*

Corresponding author: Nia A. Pryde, 14A Block 1, Tam Towers, 25 Sha Wan Drive, Pokfulam, Hong Kong. e-mail: niapryde@netvigator.com

*School of Psychology, University of Wales, Bangor, Gwynedd, LL57 2DG

Research paper written in the style appropriate for Psychology and Psychotherapy: Theory, Research and Practice. For authors' instructions see attached material.

The Adult Consequences of Childhood Psychological Maltreatment: An Investigation of Object Relations, Internalized Shame, and Defence Style

Abstract

The experience of psychological maltreatment in childhood has been linked to a wide range of adult psychopathology. This study focuses on some of the cognitive, affective, and interpersonal variables that may be precursors of these effects. A developmental and object relations paradigm was adopted. Severely psychologically maltreated participants were compared with participants who had experienced no, or less severe, psychological maltreatment with respect to their performance on measures of object relations, shame, self-esteem, and defence style. The severely maltreated group manifested greater object relations deficits, a higher level of internalized shame, lower self-esteem, and an immature defence style. Psychological maltreatment was found to have a significant relationship with these phenomena. The results were interpreted as pointing toward mediation hypotheses in future research. The significance of psychological maltreatment as a core issue in all child maltreatment was emphasized.

INTRODUCTION

Since the identification of “the battered child” in the 1960s (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962), child maltreatment has been a major focus of attention. Over the years, the field of child maltreatment has broadened to encompass physical abuse, sexual abuse, and psychological abuse of the child. The description of the psychological aspects of child maltreatment has evolved from early discussions of mental cruelty, emotional abuse, emotional neglect, and emotional maltreatment to the current conceptualization of “psychological maltreatment” (Hart, Germain, & Brassard, 1987). Since the International Conference on the Psychological Abuse of the Child in 1983, this term has been widely used.

As defined by the American Professional Society on the Abuse of Children (APSAC, 1995; see also Hart, Brassard, Binggeli, & Davidson, 2002), psychological maltreatment means a repetitive pattern of damaging interactions between a caregiver and a child that convey to the child that he or she is worthless, flawed, unloved, unwanted, endangered, or of value only in meeting someone's needs. It includes spurning, terrorizing, isolating, exploiting and corrupting, denying emotional responsiveness, and neglecting mental health, medical, and educational needs. The term psychological maltreatment is preferred by a number of researchers because it represents more fully the cognitive, affective, and interpersonal aspects of child abuse and neglect (Brassard & Hardy, 1998).

The psychological maltreatment of children is a problem of some magnitude. Prevalence studies (e.g., Gross & Keller, 1992; Moeller, Bachman, & Moeller, 1993) indicate that more than one third of participants in college and community samples have experienced psychological abuse, either alone or in combination with another form of abuse.

A considerable body of research attests to the harmful consequences of psychological maltreatment (Binggeli, Hart, & Brassard, 2001; Hart, Binggeli, & Brassard, 1998; Sheerer, 1997). These include problems with intrapersonal behaviour (e.g., anxiety, depression, low self-esteem); emotional problems (e.g., instability, impulse control, substance abuse); interpersonal problems and antisocial functioning (e.g., problems with attachment, dependency, social competence, sexual adjustment, aggression, violence, and delinquency); learning difficulties (e.g., low achievement, impaired learning and moral reasoning); and a wide range of physical health problems. Studies of psychiatric patients indicate a high incidence of childhood maltreatment (e.g., Goodwin, 1996; Wexler, Lyons, Lyons, & Mazure, 1997). These studies are discussed in the literature review.

Psychological maltreatment is increasingly regarded as a core component in all child maltreatment: that is, one that is embedded in, interacts with, and contributes to all other forms of maltreatment. It is the most frequent form of maltreatment, and it is potentially present in all child abuse and neglect in providing the psychological meaning of the abusive acts. It can also exist as a separate or unique condition. It is the strongest predictor of the developmental outcomes of other forms of child maltreatment, and it appears to have the most destructive consequences (Binggeli et al., 2001; Glaser, 2002; see also Hart et al., 1998). This is discussed more fully in the literature review.

It is only recently that psychological maltreatment has begun to be researched as a discrete category (Sheerer, 1997; Thompson & Kaplan, 1996). Some of the recently developed measures examine psychological maltreatment as one of multiple forms of maltreatment (e.g., Bernstein & Fink, 1998; Higgins & McCabe, 2001). These measures are screening devices for different kinds of childhood abuse and lack an adequate conceptualization of psychological maltreatment. The definition of psychological

maltreatment used in this study is derived from the childhood literature, where it has been rigorously appraised and validated over a number of years (APSAC, 1995; Hart et al., 2002). It comprises an understanding of psychological maltreatment as a core issue in all child maltreatment.

Research on the topic of psychological maltreatment has focused mainly on its consequences, for both children and adults, and only limited attention has been given to the mechanisms that may be involved. A number have been proposed, including attachment (Katsikas, 1995; Roche, Runtz, & Hunter, 1999) and object relations (Twomey, Kaslow, & Croft, 2000). This study will look at some developmental and object relations variables that may be precursors to the psychopathological outcomes associated with psychological maltreatment.

From a developmental perspective, the interaction with the primary caregiver is considered to be critical as it is by this means that the child develops internal models of himself or herself and of his or her relationship with others (Bowlby, 1988). The experience of childhood maltreatment can lead to negative representational models of attachment figures, of self, and of self in relation to others, which can affect interpersonal interactions and developmental adaptations and ultimately lead to psychopathology (Alessandri & Lewis, 1996; Cicchetti, 1996).

There have been several empirical studies of the impact of child maltreatment on attachment (e.g., Carlson, Cicchetti, Barnett, & Braunwald, 1989; Egeland & Sroufe, 1981; Roche et al., 1999). The effect of child maltreatment on object relations has been assessed in studies of attempted suicide (Chance et al., 1996; Twomey et al., 2000) and depression (Carson & Baker, 1995/96). In these studies, the assessment of maltreatment/abuse was by a brief screening device and there was no attempt to define the concept.

For the maltreated child, the relationship with the caretaker is likely to be one that is characterized by rejection, humiliation, and fear. Alessandri and Lewis (1996) observe that maltreating parents are likely to maximize the child's experience of negative affect, particularly anxiety, hostility, and shame. Shame has been described as the experience of the painful intrusion of the observing other into the self-experience (Spero, 1984). Shame arises in the relationship between the child and caretaker when there is repeated emotional misattunement, which is experienced by the child as rejection of the self (Hahn, 2000).

With the frequent occurrence of abuse or rejection in childhood, shame can become internalized as an aspect of one's self-concept (Cook, 1987, 1996), which can lead to disorders as an adult (Andrews, 1998). There have been a few studies of the experience of shaming and its relationship to psychopathological outcomes (e.g., Gilbert, Allan, & Goss, 1996; Gilbert & Gerlsma, 1999), also of the relationship between self-reported shame in adults and emotionally abusive or inadequate childhood care (Hoglund & Nicholas, 1995; Lutwak & Ferrari, 1997).

It has been proposed that powerful feelings of unworthiness and self-condemnation lead to the employment of defensive strategies in the adult (Cook, 1987; Hahn, 2000). When triggered frequently in childhood, shame can become a defensive script (Cook, 1996). Defences are alleged to alter the relationship between self and object and between idea and affect, keeping anxiety, shame, and guilt within bearable limits (Vaillant & McCullough, 1998). They also help to maintain self-esteem and protect self-organization (Cooper, 1998; Cramer, 2000). Studies indicate that defences can be conceptualized along a developmental continuum, according to their complexity and maturity (Andrews, Singh, & Bond, 1993; Cramer, 2000; Evans & Seaman, 2000; Paulus, Fridhandler, & Hayes, 1997; Vaillant, Bond, & Vaillant, 1986).

It has been amply demonstrated in the literature that psychological maltreatment in

childhood leads to difficulties and dysfunctions as an adult. However, little is presently known about the process by which this occurs. This investigation was undertaken with a view to studying some of the cognitive, affective, and interpersonal variables that may be the precursors of these effects. The focus of the study was the self and self-other relationship, viewed from the perspective of developmental and object relations theories. An attempt was made to answer the question: Do adults who have been psychologically maltreated in childhood differ from those who have not been maltreated with respect to object relations, internalized shame, self-esteem, and defence style?

It was predicted that participants who reported severe psychological maltreatment as a child would differ significantly from those reporting no, or lower levels of, psychological maltreatment with respect to greater object relations deficits (i.e., basic trust and intimacy, attachment issues, social functioning, and egocentricity), a higher level of internalized shame, lower self-esteem, and a less mature defence style. It was further predicted that there would be a significant positive association between psychological maltreatment and object relations deficits, internalized shame, and immature defence style, and a significant negative relationship with self-esteem.

METHOD

PARTICIPANTS

The participants in the study were social science students at the University of Wales, Bangor. A total of 144 individuals were recruited in lectures and by means of the electronic notice board. The majority were undergraduates and were awarded credits for participating.

The mean age of the sample was 22.2 years, with a range from 18-59 years. The gender split was 119 females and 25 males.

DESIGN

The design was a between groups comparison of participants reporting severe psychological maltreatment in childhood with those reporting a) no maltreatment and b) a lower level of psychological maltreatment.

MEASURES

PSYCHOLOGICAL MALTREATMENT EXPERIENCE SCALE (PMES)

The independent variable in this research was the reported experience of childhood psychological maltreatment. The PMES (Petretic-Jackson, Betz, & Pitman, 1995) is based on the conceptualization of psychological maltreatment by Hart et al. (1987) and Brassard, Hart, and Hardy (1993), later refined by APSAC (1995). This self-report questionnaire was designed to assess the nature and frequency of the individual's experience of psychological maltreatment in childhood and adolescence. Items were included on the basis of discriminating between acknowledged abuse victims and non-victims, and between lowest and highest number and frequency of abusive acts, as appraised by a panel of clinicians and graduate students. The 53-item version used in this study was found to have high internal consistency values in studies with college students (Betz, 1993, 1997; Katsikas, 1995).

The PMES is scored for five factors: Verbal Abuse/Attacks on Self-Worth; Neglectful/Rejecting Parental Behaviours; Withholding Supportive Behaviours; Minimizing, Isolating, and Terrorizing Acts; and Exploitative Parental Behaviours. The questions refer to the behaviour of parents/caregivers and are rated on a 4-point Likert scale. Factor scores are obtained by summing the frequency of occurrence of items in the factor. These factors, which broadly correspond to the Hart et al. definition, have been confirmed using the Betz (1993) sample as well as self-identified victims. The PMES Total Score is the sum of all the factor scores.

MALTREATMENT QUESTIONNAIRE (MQ)

The participants responded to three global questions (e.g., “Were you ever emotionally abused as a child or adolescent?) in relation to sexual, physical, and emotional maltreatment. The responses were scored for frequency, as in the PMES. The MQ was included as a means of ascertaining whether a high level of psychological maltreatment was associated with the three main types of abuse, as would be predicted from the model of psychological maltreatment as a core issue in child maltreatment.

The use of global questions in research on child maltreatment has been documented by Gross and Keller (1992) and Varia, Abidin, and Dass (1999). Harter and Vanacek (2000) in their study noted a close correspondence (95%) between a global endorsement of sexual abuse and a structured abuse interview. In this study, the global questions were based on the work of Betz (1997) and Katsikas (1995), who determined that using a global item identified individuals who reported experiencing more critical incidents on the PMES.

BELL OBJECT RELATIONS AND REALITY TESTING INVENTORY (BORRTI, Form 0)

The BORRTI Form 0 is a 45-item self-report inventory. It measures ego functioning in terms of four factorially derived sub-scales: Alienation (lack of basic trust and difficulties with intimacy); Insecure Attachment (painfulness in relationships, sensitivity to rejection); Egocentricity (mistrusting others' motivation, manipulating to one's own ends); and Social Incompetence (shyness, social difficulties). True-False responses are recorded on a computer-scored answer sheet, resulting in a profile of arithmetically derived factor scores (T-scores) for each scale. The inventory includes a Validity Index and Inconsistent Responding Scale. The subscales are reported to be reliable and valid (Bell, 1995; Bell, Billington, & Becker, 1986).

INTERNALIZED SHAME SCALE (ISS)

This 30-item self-report scale is designed to measure the negative affect of shame, as it has become internalized in one's sense of self (Cook, 1987; 2001). Responses are scored on a 5-point Likert scale for Shame (24 items) and Self-esteem (6 items, positively worded). The Self-esteem scale is derived from the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The ISS focuses on both negative feelings and cognitive states. The conceptual framework is based on Tomkins' affect theory, as expanded by Nathanson (Cook, 2001). The ISS has been reported to be reliable and valid (Cook, 2001; Ryback & Brown, 1996).

DEFENSE STYLE QUESTIONNAIRE (DSQ-40)

The DSQ-40 is a 40-item self-report questionnaire that measures 20 conscious derivatives of defence mechanisms in terms of DSM-III-R concepts (Andrews et al., 1993). These are grouped as defence styles, according to level of maturity. Mature Defense Style comprises sublimation, humour, anticipation, and suppression. Neurotic Defense Style includes undoing, pseudo-altruism, idealization, and reaction formation. Immature Defense Style is characterized by projection, passive aggression, acting out, isolation, devaluation, autistic fantasy, denial, displacement, dissociation, splitting, rationalization, and somatization. Responses are scored on a 9-point Likert scale. Individual defence scores are the average of the two items for that defence, and the factor scores are the average of the defence scores for that factor. The reliability and validity of the DSQ-40 have been established in comparison with its parent scale, the 72-item DSQ (Andrews et al., 1993; Bond, Gardner, Christian, & Sigal, 1983; see Corcoran & Fischer, 2000).

PROCEDURE

All the measures were presented in the form of a Questionnaire Booklet, which

also required participants to state their age and sex. Participants were invited to complete the booklet in a room set aside for the purpose. A verbal introduction was provided, based on an information sheet. The researcher was present to answer questions and provide debriefing, as necessary. Participants who wished to be credited for taking part provided their student numbers separately.

RESULTS

Definition of the Groups

A power analysis was carried out, based on a study by Twomey et al. (2000). This indicated that two groups of 28 participants would be required to have 80% power in detecting a difference at the .05 level of significance (Altman, 1980). Allowing for possible attrition and under-sampling (40%) of the maltreatment group, it was determined that 155 participants would be sought as a target sample. This figure represented the higher of two calculations based on mean difference (155) and correlation (141) of measures. The obtained sample of 144 was, therefore, in the desired range.

For the purpose of analyzing the data, different ways of creating groups were explored with reference to the PMES Total Score. These included using a median split, a quartile split, and a standard deviation split. In each case the pattern of results was similar. It was decided that delineating a relatively “pure” group with respect to psychological maltreatment provided the best test of the aims of the investigation.

It was determined that the range of PMES Total Scores was 2 to 173, with a mean of 43.15 and a standard deviation of 36.82. It was decided to use the cut-off point of 70 for participants reporting severe psychological maltreatment, creating a PM group of 29 participants ($M = 105.34$, $SD = 29.15$). This decision was based on a visual examination of the distribution of the PMES Total Scores, taking into account the estimation of sample

size required to have 80% power at the .05% significance level. It was also determined that the mean PMES Total Score reported for a group of self-identified adult victims was 101 (Petretovic-Jackson et al., 1995), which compared quite closely with the PM group mean. A group of 29 non-maltreated (NM) participants was delineated at the bottom end of the distribution by using the cut-off point of 15 ($M = 9.93$, $SD = 3.91$). An intermediate group of similar size (Mid) was created, based on the median ($M = 27.91$, $SD = 2.89$). The demographic characteristics of the groups are described in Table 1.

The use of a cut-off point in child maltreatment research has been endorsed in studies by Higgins and McCabe (1998, 2000a, 2000b); Gauthier, Stollak, Messé, and Aronoff (1996); and Gross and Keller (1992). However, there is a gathering consensus in the literature that child maltreatment is generally better measured as a continuum than a dichotomy (Fink, Bernstein, Handelsman, Foote, & Lovejoy, 1995; Higgins & McCabe, 2001b; McGee, Wolfe, Yuen, Wilson, & Carnochan, 1995). Higgins and McCabe (2001a), in their review of maltreatment studies, found several that combined continuous and dichotomous assessment. In this study, the larger sample size resulting from the three-group design meant that multivariate statistics could be used in the analysis (see Briere, 1992).

As a check on the homogeneity of the groups, their means were compared on responses to the three global questions of the MQ. A series of one-way ANOVAs were carried out with groups (3) as the independent variable and MQ scores for sexual abuse, physical abuse, and emotional abuse as the dependent variables. The effect of groups was significant for sexual abuse [$F(2,86) = 3.77$, $p < .05$], physical abuse [$F(2,86) = 16.14$, $p < .001$], and emotional abuse [$F(2,86) = 33.57$, $p < .001$]. The means and standard deviations are presented in Table 2. It was predicted that the means of the groups would differ significantly in each category, which was established. This confirmed that a high

level of psychological maltreatment was not specific to one form of abuse but seemed to be associated with each form of abuse. Psychological maltreatment can thus be viewed as a core construct underlying all child maltreatment.

It was noted that six participants in the PM group indicated on the MQ that they had “never” experienced physical, sexual, or emotional abuse. The decision was made to retain these participants on the basis of their objectively scored PMES results. In the NM group, two participants indicated “occasionally” for sexual abuse and one for emotional abuse. Visual inspection of the results of the six PM group participants indicated a different pattern of results compared with the remainder of the PM group (see Table 6). This is discussed in the critical review.

Age and Gender

A one-way ANOVA, conducted with group (3) as the independent variable and age as the dependent variable, was not significant [$F(2,87) = 2.46, p = .092$].

Visual inspection of the groups indicated a gender imbalance. However, a series of nine independent t-tests conducted with the whole sample found no significant differences for gender (Table 3).

Analysis of Variables

The normality of the distribution of the variables was examined for the whole sample by means of the one-sample Kolmogorov-Smirnoff Test. The results were non-significant, except for the PMES Total Score, which was a classifying variable.

A MANOVA was carried out with group (3) as the independent variable and 9 dependent variables. The result was significant [$F(18,154) = 3.34, p < .001$], indicating genuine differences among the variables as a whole. Follow-up analyses were carried out by means of one-way ANOVAs and the Student-Newman-Keuls test, examining each dependent variable separately. Results showed that the PM group differed significantly

from the NM group with respect to Insecure Attachment, Alienation, Egocentricity, Shame, Self-esteem, and Immature Defense Style. The PM group also differed significantly from the Mid group on these variables, except Immature Defense Style. It was noted that groups NM and Mid differed only with respect to Immature Defense Style. The means and standard deviations are presented in Table 4.

The predicted differences between the PM and NM groups were confirmed for all the variables except Social Incompetence. The groups did not differ on Neurotic or Mature Defense Style, but no predictions were made in this regard. The predicted differences between the PM and Mid groups were also confirmed, except for Social Incompetence and Immature Defense Style, which were in the predicted direction but were not significant. The similar pattern of significant results for the PM and NM groups and for the PM and Mid groups was taken as confirmation of their robustness.

Spearman's rho was calculated for the PMES Total Score, the nine dependent variables, and the three MQ categories (Table 5). The predicted significant relationship was confirmed between psychological maltreatment, measured by the PMES, and Alienation, Insecure Attachment, Egocentricity, Shame, negative Self-esteem, and Immature Defense Style, but not Social Incompetence. The correlations were in a moderate range. It was noted that the three MQ scores were significantly correlated with the PMES Total Score and with each other. This may be interpreted as additional support for psychological maltreatment as a core construct underlying all child maltreatment.

Participants reporting severe psychological maltreatment were clearly distinguished from participants reporting no maltreatment or lower levels of maltreatment by greater object relations deficits, higher internalized shame, and lower self-esteem. The severe psychological maltreatment participants were further distinguished from no maltreatment participants by a more immature defence style. Psychological maltreatment

was found to be moderately but significantly associated with trust and relationship difficulties, insecure attachment, egocentricity, internalized shame, negative self-esteem, and immaturity of defence style.

DISCUSSION

In this study, individuals who had been psychologically maltreated as children or adolescents could be distinguished from those who had not been maltreated by a number of specific object relations deficits. In particular, they were characterized by greater distrust and difficulties with intimacy; more sensitivity to rejection and anxiety about being liked and accepted; and a tendency to self-centredness and manipulation of others. However, they did not manifest shyness or social inadequacy.

A number of studies testify to the presence of object relations deficits in individuals who have been abused as children (e.g., Brody & Rosenfeld, 2002; Carson & Baker, 1995/96; Haviland, Sonne, & Woods, 1995) or have experienced disrupted attachment and family dysfunction in childhood (e.g., Hadley, Holloway, & Mallinckrodt, 1993; Westen, Ludolph, Lerner, Ruffins, & Wiss, 1990). In a study of female suicidal behaviour by Twomey et al. (2000), a highly significant relationship was noted between childhood maltreatment and object relations psychopathology, as measured by the BORI (the precursor of the BORRTI, Form A) and level of object relations development. The relationship between all child maltreatment (including emotional abuse and neglect) and suicide status was mediated by the BORI scale for Alienation, and the relationship between emotional abuse and suicide status was mediated by Alienation and Insecure Attachment.

In this study, the significant BORRTI results with respect to Alienation and Insecure Attachment indicated the experience of distrust, apprehension, and ambivalence

in self-other relationships. This can be understood in light of the violation of basic trust and attachment that occurs in the maltreating relationship. The results may be interpreted as reflecting, on the one hand, a longing for closeness and, on the other hand, a fear of rejection and humiliation. This issue has been further developed in the Rejection-Sensitivity model of relationships, which posits that early experiences of rejection are internalized as sensitivity to rejection, leading to social maladjustment (Downey & Feldman, 1996; Downey, Khouri, & Feldman, 1997; Feldman & Downey, 1994).

The significant result obtained for Egocentricity can be understood as reflecting not only distrust of others' motivation but also perhaps a lesson in life that only coercion and manipulation will get what you want (Hadley et al., 1993). The non-significant result for Social Incompetence could reflect the nature of the population studied, in terms of its non-clinical and probably higher socioeconomic status, manifested in a better level of social functioning.

In this study, severely psychologically maltreated individuals were characterized by greater internalized shame, encompassing such feelings as inferiority, inadequacy, and worthlessness, and by lower self-esteem. Other studies, mainly with the ISS, support this result. The perception of inadequate responsiveness on the part of parents (Hadley et al., 1993; Lutwak & Ferrari, 1997), and the early experience of putdowns and shaming, have been linked to the adult experience of shame and vulnerability to interpersonal problems and psychopathology (Gilbert et al., 1996; Gilbert & Gerlsma, 1999). Insecure attachment as a child has also been found to be associated with the adult experience of shame (Ruch, 1996). Generally, it is evident from the literature that psychological maltreatment in childhood, which impacts the child's self-concept and self-worth as a person, is strongly linked to shame (Hoglund & Nicholas, 1995; Lutwak & Ferrari, 1997; Navarre, 1987; Rohner & Rohner, 1980).

Severely psychologically maltreated participants in this study were also distinguished by low self-esteem. All forms of abuse have been linked to poor self-esteem, especially psychological maltreatment (e.g., Betz & Petretic-Jackson, 1995; Briere & Runtz, 1990; Gross & Keller, 1992; Loos & Alexander, 1997; Marcy, 1998; Mullen, Martin, Anderson, Romans, & Herbison, 1996). Low self-esteem, in turn, has been linked to a wide range of psychiatric diagnoses, in particular depression (e.g., Silverstone, 1991). Briere and Runtz found a substantial relationship between reports of childhood psychological abuse and low self-esteem. Parker, Barrett, and Hickie (1992) suggest that poor self-concept and low self-esteem may be central to the association between low levels of parental care (leading to negative bonding) and impairment in forming intimate interpersonal relationships as an adult.

A link has also been hypothesized in the literature between the occurrence of shame and the use of defences (e.g., Cook, 1987; Hahn, 2000). Kaufman (1989) describes the strategies an individual develops in order to predict, control, and guard against the experience of shame as “defending scripts” (p. 100). He refers to shame as “the affect of inferiority” (p. 17), a view which has been supported by evidence of an association between shame behaviour and submissive forms of defence (Keltner & Harker, 1998).

In this study, psychologically maltreated participants were distinguished from non-maltreated participants by a more Immature Defense Style. The results for Mature and Neurotic Defense Styles were not significant. This would appear to favour a developmental hypothesis: that is, highlighting the immaturity of defences in the PM group.

Several studies have confirmed a relationship between childhood abuse or adversity and an immature defence style (Carter, Joyce, Mulder, & Luty, 2001; Romans, Martin, Morris, & Herbison, 1999; Schmidt, Slone, Tiller, & Treasure, 1993). In these

studies, a maturational model of defences (Vaillant, 1971) was applied, linking early trauma and adversity with effects on the child's developing personality and coping, leading to later psychopathology. Generally, it has been observed that the use of less mature defence mechanisms predicts poorer adaptation and poorer mental and physical health (Evans & Seaman, 2000; Vaillant, 1976, 1998).

In this research, reported severe psychological maltreatment was found to be associated with object relations deficits, a high level of internalized shame, low self-esteem, and an immature defence style. However, the role of these factors in mediating the symptoms and disorders commonly associated with psychological maltreatment cannot be ascertained without a larger sample, which would allow a more sophisticated analysis to be carried out.

This study of psychological maltreatment benefited from a clear definition of psychological maltreatment, which had been honed and refined in the childhood literature. It was conducted with a non-clinical sample, which may be regarded as providing a better level of evidence with respect to childhood maltreatment than a clinical sample (Trickett & McBride-Chang, 1995). There were two control groups, both from the same population as the severe group, which reduced the likelihood that group differences were caused by something other than maltreatment (Briere, 1992; Higgins & McCabe, 2001). The delineation of a severe group with respect to psychological maltreatment allowed a more rigorous exploration of the hypotheses. This was aided by the application of a power analysis, which enabled the determination of a sample of adequate size. The similar pattern of results in comparing the severe psychologically maltreated group with both the non-maltreated and the intermediate group gave additional credence to the results.

As a retrospective, self-report investigation of childhood maltreatment, this study shares with others of its kind some limitations. Accuracy of recall may be affected by

memory fallibility, passage of time, and social desirability concerns. Childhood trauma can affect recall in systematic ways, in terms of biases in remembering or in reconstructing the past (Hadley et al., 1993; Rapee, 1997). Recall can also be influenced by repression and denial (Hoglund & Nicholas, 1995; Nicholas & Bieber, 1997; see also Fink et al., 1995). Notwithstanding, these influences mainly serve to inhibit recall or disclosure, which may give more credence to events that are confirmed (Cusinato, 1998). It can also be argued that factual accuracy is less important than one's perception of events (Nicholas & Bieber, 1996) and the evolving dynamic of meaning (Hulsey & Sexton, 1992). Generally, it would appear that the unreliability of retrospective reports has been somewhat exaggerated (Brewin, Andrews, & Gotlib, 1993; Cusinato, 1998; Parker, 1983) (see literature review for further discussion).

Clearly, an extension of this research would be a design that includes measures of psychological symptoms and adjustment, thereby enabling the investigation of object relations, shame, and defence style within a mediation framework. The influence of moderators with respect to psychological maltreatment could also be pursued: in particular, the role of family factors, both positive (e.g., emotional support from a family member) and negative (e.g., family violence and distress, substance abuse, psychiatric illness) (Mullen et al., 1996; Runtz & Schallow, 1997).

This study supports the conceptualization of psychological maltreatment as a core construct in child maltreatment. One implication is that the role of psychological and emotional factors should be considered in all forms of child maltreatment and their consequences. The impact of childhood psychological maltreatment on adult interpersonal difficulties and on the development of a poor self-concept need to be better understood, as do the contributions of shame and cognitive defence style in this regard.

In addressing the issues of psychological maltreatment therapeutically, the relational and developmental context of the abusive experiences must be heeded on account of “the internalized psychopathology of the perpetrator” and its integration with the victim’s sense of self (Hulseley & Sexton, 1992). The victim’s self-evaluation as inferior and unworthy must be considered together with its emotional concomitant, shame, and the defensive strategies employed to reduce and evade its painful impact.

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Table 1

Demographic Information for the Groups

Characteristics	Groups		
	NM	Mid	PM
Age in Years			
Mean (SD)	23.17 (9.39)	20.22 (1.60)	23.90 (7.56)
No. Males	1	4	10
No. Females	28	28	19
Total Participants	29	32	29

Table 2

Maltreatment Questionnaire: Means and Standard Deviations for the Groups

	NM	Mid	PM	
	Mean (SD)	Mean (SD)	Mean (SD)	Sig.
Sexual Abuse	1.07 (.26)	1.09 (.39)	1.39 (.74)	$p < .05$
Physical Abuse	1.00 (.00)	1.19 (.47)	1.79 (.83)	$p < .001$
Emotional Abuse	1.03 (.19)	1.16 (.45)	2.46(1.20)	$p < .001$

Table 3

Gender Differences on the Dependent Variables for the Whole Group (N = 144)

Variable	Male	Female	Total	Sig.*
	Mean (SD)	Mean (SD)	Mean (SD)	
Alienation	54.54(11.13)	51.03 (9.63)	51.93(10.42)	.12
Insecure Attachment	48.75 (9.53)	52.77(10.32)	52.22 (9.65)	.08
Egocentricity	52.54(11.10)	50.12 (9.81)	50.74(10.32)	.28
Social Incompetence	48.17 (9.20)	50.61(10.23)	50.65(10.15)	.28
Shame	31.96(18.90)	30.44(17.19)	33.00(18.43)	.69
Self-esteem	15.28 (4.64)	16.17 (4.62)	15.66 (4.75)	.38
Mature Defense Style	5.79 (1.05)	5.45 (1.16)	5.45 (1.11)	.18
Neurotic Defense Style	4.70 (.99)	4.76 (.98)	4.83 (1.02)	.76
Immature Defense Style	3.97 (1.01)	3.78 (.85)	3.90 (.86)	.32

* 2-tailed significance

Table 4

Group Means and Standard Deviations for the Dependent Variables

Variable	NM	Mid	PM	F	Sig.
	Mean (SD)	Mean (SD)	Mean (SD)		
Alienation	48.14 (6.99)	49.77 (11.04)	58.03 ^{a,b} (10.15)	8.92	.000 ^{***}
Insecure Attachment	50.62 (8.98)	49.68 (10.23)	56.55 ^{a,b} (8.39)	4.78	.011 [*]
Egocentricity	47.45 (9.59)	48.07 (9.77)	56.90 ^{a,b} (9.07)	9.08	.000 ^{***}
Social Incompetence	50.55 (9.80)	50.77 (10.46)	50.62 (10.52)	.00	.996
Shame	24.17(15.87)	29.72 (16.91)	45.89 ^{a,b} (15.76)	13.80	.000 ^{***}
Self-esteem	17.34 (4.19)	16.72 (3.23)	12.71 ^{a,b} (5.46)	9.55	.000 ^{***}
Mature Defense Style	5.44 (1.15)	5.53 (1.16)	5.35 (1.04)	.18	.834
Neurotic Defense Style	4.64 (.94)	4.75 (1.04)	5.12 (1.05)	1.71	.187
Immature Defense Style	3.32 ^b (.72)	4.05 (.79)	4.32 ^a (.77)	13.20	.000 ^{***}

^a Indicates that this value was significantly different from the NM group mean using Student-Newman-Keuls test at the $p = .05$ level.

^b Indicates that this value was significantly different from the Mid group mean using Student-Newman-Keuls test at the $p = .05$ level.

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 5

Nonparametric Correlations for Psychological
Maltreatment as Measured by the PMES Total Score

Variable	Spearman's rho
Alienation	.391**
Insecure Attachment	.274**
Egocentricity	.309**
Social Incompetence	.090
Shame	.453**
Self-esteem	-.358**
Mature Defense Style	-.010
Neurotic Defense Style	.138
Immature Defense Style	.409**
Sexual Abuse	.220**
Physical Abuse	.462**
Emotional Abuse	.520**

** p < .001 level of significance (2-tailed)

Table 6

Comparison of Mean Scores for the 'Deny' and 'Non-Deny' Subgroups
of the PM Group.

Variable	Deny	Non-Deny
	Mean (SD)	Mean (SD)
Alienation	49.67 (10.07)	60.22 (9.17)
Insecure Attachment	56.67 (7.53)	56.52 (8.76)
Egocentricity	55.50 (4.04)	57.26 (10.01)
Social Incompetence	44.83 (13.48)	52.13 (9.38)
Shame	36.83 (13.93)	48.36 (15.60)
Self-esteem	15.50 (2.51)	11.95 (5.83)
Mature Defense Style	5.79 (.73)	5.24 (1.09)
Neurotic Defense Style	5.29 (1.08)	5.07 (1.07)
Immature Defense Style	4.17 (.62)	4.36 (.82)
Group Size	N = 6	N = 23

APPENDIX IV

Nonparametric Correlations

Correlations

			Age	Alienation	Insecure Attachment
Spearman's rho	Age	Correlation Coefficient	1.000	.080	-.058
		Sig. (2-tailed)	.	.339	.495
		N	144	143	143
	Alienation	Correlation Coefficient	.080	1.000	.486**
		Sig. (2-tailed)	.339	.	.000
		N	143	143	143
	Insecure Attachment	Correlation Coefficient	-.058	.486**	1.000
		Sig. (2-tailed)	.495	.000	.
		N	143	143	143
	Egocentricity	Correlation Coefficient	-.001	.476**	.493**
		Sig. (2-tailed)	.989	.000	.000
		N	143	143	143
	Social Incompetence	Correlation Coefficient	-.099	.252**	.424**
		Sig. (2-tailed)	.239	.002	.000
		N	143	143	143
	PMES Total	Correlation Coefficient	.119	.391**	.274**
		Sig. (2-tailed)	.155	.000	.001
		N	144	143	143
	Sexual Abuse	Correlation Coefficient	-.047	.176*	.220**
		Sig. (2-tailed)	.576	.036	.008
N		143	142	142	
Physical Abuse	Correlation Coefficient	.040	.298**	.114	
	Sig. (2-tailed)	.634	.000	.177	
	N	143	142	142	
Emotional Abuse	Correlation Coefficient	.200*	.396**	.172*	
	Sig. (2-tailed)	.016	.000	.041	
	N	143	142	142	
Shame	Correlation Coefficient	-.023	.666**	.632**	
	Sig. (2-tailed)	.784	.000	.000	
	N	142	141	141	
Self-esteem	Correlation Coefficient	.095	-.410**	-.316**	
	Sig. (2-tailed)	.262	.000	.000	
	N	142	141	141	
Mature	Correlation Coefficient	-.061	-.149	-.132	
	Sig. (2-tailed)	.471	.077	.120	
	N	142	141	141	
Neurotic	Correlation Coefficient	-.117	.058	.234**	
	Sig. (2-tailed)	.165	.497	.005	
	N	142	141	141	
Immature	Correlation Coefficient	-.051	.477**	.433**	
	Sig. (2-tailed)	.545	.000	.000	
	N	142	141	141	

Correlations

			Egocentricity	Social Incompetence	PMES Total
Spearman's rho	Age	Correlation Coefficient	-.001	-.099	.119
		Sig. (2-tailed)	.989	.239	.155
		N	143	143	144
	Alienation	Correlation Coefficient	.476**	.252**	.391**
		Sig. (2-tailed)	.000	.002	.000
		N	143	143	143
	Insecure Attachment	Correlation Coefficient	.493**	.424**	.274**
		Sig. (2-tailed)	.000	.000	.001
		N	143	143	143
	Egocentricity	Correlation Coefficient	1.000	.129	.309**
		Sig. (2-tailed)	.	.123	.000
		N	143	143	143
	Social Incompetence	Correlation Coefficient	.129	1.000	.090
		Sig. (2-tailed)	.123	.	.284
		N	143	143	143
	PMES Total	Correlation Coefficient	.309**	.090	1.000
		Sig. (2-tailed)	.000	.284	.
		N	143	143	144
	Sexual Abuse	Correlation Coefficient	.206*	.233**	.220**
		Sig. (2-tailed)	.014	.005	.008
	N	142	142	143	
Physical Abuse	Correlation Coefficient	.229**	.084	.462**	
	Sig. (2-tailed)	.006	.319	.000	
	N	142	142	143	
Emotional Abuse	Correlation Coefficient	.242**	.071	.520**	
	Sig. (2-tailed)	.004	.399	.000	
	N	142	142	143	
Shame	Correlation Coefficient	.447**	.367**	.453**	
	Sig. (2-tailed)	.000	.000	.000	
	N	141	141	142	
Self-esteem	Correlation Coefficient	-.232**	-.317**	-.358**	
	Sig. (2-tailed)	.006	.000	.000	
	N	141	141	142	
Mature	Correlation Coefficient	.049	.017	-.010	
	Sig. (2-tailed)	.561	.843	.910	
	N	141	141	142	
Neurotic	Correlation Coefficient	.156	.276**	.138	
	Sig. (2-tailed)	.065	.001	.103	
	N	141	141	142	
Immature	Correlation Coefficient	.327**	.173*	.409**	
	Sig. (2-tailed)	.000	.041	.000	
	N	141	141	142	

Correlations

			Sexual Abuse	Physical Abuse	Emotional Abuse
Spearman's rho	Age	Correlation Coefficient	-.047	.040	.200*
		Sig. (2-tailed)	.576	.634	.016
		N	143	143	143
	Alienation	Correlation Coefficient	.176*	.298**	.396**
		Sig. (2-tailed)	.036	.000	.000
		N	142	142	142
	Insecure Attachment	Correlation Coefficient	.220**	.114	.172*
		Sig. (2-tailed)	.008	.177	.041
		N	142	142	142
	Egocentricity	Correlation Coefficient	.206*	.229**	.242**
		Sig. (2-tailed)	.014	.006	.004
		N	142	142	142
	Social Incompetence	Correlation Coefficient	.233**	.084	.071
		Sig. (2-tailed)	.005	.319	.399
		N	142	142	142
	PMES Total	Correlation Coefficient	.220**	.462**	.520**
		Sig. (2-tailed)	.008	.000	.000
		N	143	143	143
	Sexual Abuse	Correlation Coefficient	1.000	.395**	.321**
		Sig. (2-tailed)	.	.000	.000
	N	143	143	143	
Physical Abuse	Correlation Coefficient	.395**	1.000	.634**	
	Sig. (2-tailed)	.000	.	.000	
	N	143	143	143	
Emotional Abuse	Correlation Coefficient	.321**	.634**	1.000	
	Sig. (2-tailed)	.000	.000	.	
	N	143	143	143	
Shame	Correlation Coefficient	.304**	.300**	.360**	
	Sig. (2-tailed)	.000	.000	.000	
	N	142	142	142	
Self-esteem	Correlation Coefficient	-.169*	-.269**	-.300**	
	Sig. (2-tailed)	.044	.001	.000	
	N	142	142	142	
Mature	Correlation Coefficient	-.060	-.028	-.012	
	Sig. (2-tailed)	.475	.741	.883	
	N	142	142	142	
Neurotic	Correlation Coefficient	.194*	.099	.071	
	Sig. (2-tailed)	.021	.239	.401	
	N	142	142	142	
Immature	Correlation Coefficient	.131	.221**	.200*	
	Sig. (2-tailed)	.120	.008	.017	
	N	142	142	142	

Correlations

			Shame	Self-esteem	Mature
Spearman's rho	Age	Correlation Coefficient	-.023	.095	-.061
		Sig. (2-tailed)	.784	.262	.471
		N	142	142	142
	Alienation	Correlation Coefficient	.666**	-.410**	-.149
		Sig. (2-tailed)	.000	.000	.077
		N	141	141	141
	Insecure Attachment	Correlation Coefficient	.632**	-.316**	-.132
		Sig. (2-tailed)	.000	.000	.120
		N	141	141	141
	Egocentricity	Correlation Coefficient	.447**	-.232**	.049
		Sig. (2-tailed)	.000	.006	.561
		N	141	141	141
	Social Incompetence	Correlation Coefficient	.367**	-.317**	.017
		Sig. (2-tailed)	.000	.000	.843
		N	141	141	141
	PMES Total	Correlation Coefficient	.453**	-.358**	-.010
		Sig. (2-tailed)	.000	.000	.910
		N	142	142	142
	Sexual Abuse	Correlation Coefficient	.304**	-.169*	-.060
		Sig. (2-tailed)	.000	.044	.475
	N	142	142	142	
Physical Abuse	Correlation Coefficient	.300**	-.269**	-.028	
	Sig. (2-tailed)	.000	.001	.741	
	N	142	142	142	
Emotional Abuse	Correlation Coefficient	.360**	-.300**	-.012	
	Sig. (2-tailed)	.000	.000	.883	
	N	142	142	142	
Shame	Correlation Coefficient	1.000	-.636**	-.159	
	Sig. (2-tailed)	.	.000	.059	
	N	142	142	142	
Self-esteem	Correlation Coefficient	-.636**	1.000	.293**	
	Sig. (2-tailed)	.000	.	.000	
	N	142	142	142	
Mature	Correlation Coefficient	-.159	.293**	1.000	
	Sig. (2-tailed)	.059	.000	.	
	N	142	142	142	
Neurotic	Correlation Coefficient	.218**	-.083	.303**	
	Sig. (2-tailed)	.009	.327	.000	
	N	142	142	142	
Immature	Correlation Coefficient	.490**	-.203*	.138	
	Sig. (2-tailed)	.000	.015	.100	
	N	142	142	142	

Correlations

			Neurotic	Immature
Spearman's rho	Age	Correlation Coefficient	-.117	-.051
		Sig. (2-tailed)	.165	.545
		N	142	142
	Alienation	Correlation Coefficient	.058	.477**
		Sig. (2-tailed)	.497	.000
		N	141	141
	Insecure Attachment	Correlation Coefficient	.234**	.433**
		Sig. (2-tailed)	.005	.000
		N	141	141
	Egocentricity	Correlation Coefficient	.156	.327**
		Sig. (2-tailed)	.065	.000
		N	141	141
	Social Incompetence	Correlation Coefficient	.276**	.173*
		Sig. (2-tailed)	.001	.041
		N	141	141
	PMES Total	Correlation Coefficient	.138	.409**
		Sig. (2-tailed)	.103	.000
		N	142	142
	Sexual Abuse	Correlation Coefficient	.194*	.131
		Sig. (2-tailed)	.021	.120
	N	142	142	
Physical Abuse	Correlation Coefficient	.099	.221**	
	Sig. (2-tailed)	.239	.008	
	N	142	142	
Emotional Abuse	Correlation Coefficient	.071	.200*	
	Sig. (2-tailed)	.401	.017	
	N	142	142	
Shame	Correlation Coefficient	.218**	.490**	
	Sig. (2-tailed)	.009	.000	
	N	142	142	
Self-esteem	Correlation Coefficient	-.083	-.203*	
	Sig. (2-tailed)	.327	.015	
	N	142	142	
Mature	Correlation Coefficient	.303**	.138	
	Sig. (2-tailed)	.000	.100	
	N	142	142	
Neurotic	Correlation Coefficient	1.000	.313**	
	Sig. (2-tailed)	.	.000	
	N	142	142	
Immature	Correlation Coefficient	.313**	1.000	
	Sig. (2-tailed)	.000	.	
	N	142	142	

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

SECTION 5

Critical Review of the Large Scale Research Project

Nia A. Pryde

BACKGROUND

The impetus for this research came primarily from clinical practice. Working with medium and long-term adult psychotherapy clients frequently led to discussions of family background, unsatisfactory or traumatic experiences in childhood and adolescence, and socialization strategies that included humiliation, rejection, severe punishment, and boundary violations. The link between these vicissitudes in childhood and many of the psychological problems and disorders in adulthood has often been remarked (e.g., Binggeli, Hart, & Brassard, 2001; Cruz & Essen, 1994; Perris, Arrindell, & Eisemann, 1994). In this connection, the writings of Alice Miller (e.g., 1983, 1998) provided an interesting theoretical and clinical perspective regarding the significant role of child-rearing in determining mental health outcomes in the adult. Working as a clinical psychologist in a multicultural practice in Asia gave credence to Miller's contention that these are indeed universal issues.

Another conceptual strand to the research was drawn from two projects which contributed to the intellectual foundation of the study, primarily by educating the author about what promotes and prevents the positive psychological development and wellbeing of children (Pryde & Tsoi, 1999; Rao & Pryde, 1994). In parallel, participation for more than a decade in a committee spearheading the application of the United Nations' Convention on the Rights of the Child to Hong Kong served to advance her understanding of the critical issues at the level of real families in the community. The final strand to this research was provided by the education in life about children's responses to different socialization practices that can only be gained through raising one's own children.

REVIEW OF THE LITERATURE

In reviewing the literature, it was evident that many and diverse psychopathological conditions in adults, ranging from anxiety and depression to dissociative identity disorder, had been linked to childhood adversity and child abuse (e.g., Dorahy & Middleton, 2002; Hart, Binggeli, & Brassard, 1998; Kessler & Magee, 1993; Widom, 1998). In the childhood literature, psychological maltreatment emerged as what appeared to be a unifying construct, bringing together the diversity of abusive experiences in providing both the context (i.e., the psychologically dependent relationship between the child and parent) and the meaning (i.e., the experience of rejection) of the unkind acts. There also appeared to be a growing consensus as to the definition of psychological maltreatment, at least at the level of national bodies in the United States (e.g., American Professional Society on the Abuse of Children, APSAC, 1995). This broadly supported the definition by Hart and his colleagues (Brassard, Hart, & Hardy, 1993; Hart, Germain, & Brassard, 1987) which has been used in this research. However, some diversity of opinion was also evident (see Cicchetti & Nurcombe, 1991).

The role of psychological maltreatment as a core construct in all child maltreatment was an issue that clearly needed to be addressed, both in terms of theory and measurement. In the literature, the evidence pointed to a high level of co-occurrence of different kinds of abuse and to psychological maltreatment as the form of abuse most likely to co-occur (Brassard, Hart, & Hardy, 2000). It was observed to be the most frequent form of child maltreatment (Briere & Runtz, 1990; Kent & Waller, 2000), but also one that could occur on its own. Although there were some special effects associated with different kinds of abuse (Briere & Runtz, 1990), it seemed that psychological maltreatment played a general role in the etiology of psychopathological outcomes (e.g., Hart et al., 1998; Hoglund & Nicholas, 1995; Kent & Waller, 2000; Kent, Waller, &

Dagnan, 1999). Overall, there was good support for psychological maltreatment as a core construct in all child maltreatment (see literature review for discussion).

Selecting a theoretical paradigm for investigating psychological maltreatment involved an extensive perusal of the literature, comprising the domains of child development and developmental psychopathology; attachment theory; object relations and self psychology; theories of shame and emotion; and theories of defence, coping, and adaptation. A formative influence in the theoretical evolution of this research was the work of Sidney Blatt, whose developmental conceptualization of mental representations complemented the inner working models of attachment theory and psychoanalytic theory (e.g., Blatt, 1995; Blatt, Auerbach, & Levy, 1997; Levy, Blatt, & Shaver, 1998).

Whereas the literature was found to be replete with examples of problems and disorders arising as a result of childhood maltreatment, there was relatively little documented in regard to the psychological mechanisms involved in producing this outcome, with a few important exceptions (e.g., Twomey, Kaslow, & Croft, 2000). This piece of research was undertaken with a view to elucidating the cognitive, affective, and interpersonal factors that potentially are relevant in understanding the connection between the psychological events of childhood and the mental health dysfunctions of the adult.

AIM

The decision was made to examine some of the likely precursors to psychopathology rather than testing a mediation hypothesis. It was presumed that this would provide more open-ended information about the issues of interest, as well as requiring a less complex statistical analysis. The latter was a consideration in light of the distance for consultation.

MEASURES

Several statistically well developed measures were considered for the assessment of psychological maltreatment, including a published test by Bernstein and Fink (1998). However, these measures were rejected on account of their rather inadequate conceptual development, grounded in the adult literature. Another measure by Demaré (Demaré, 1996; Demaré & Briere, 1994), which was based on a similar definition, was rejected because it was still awaiting publication and was also quite lengthy. The Psychological Maltreatment Experience Scale (PMES; Petretic-Jackson, Betz, & Pitman, 1995) was selected because it was founded on the definition of psychological maltreatment by Hart et al. (Brassard et al., 1993; Hart et al., 1987) and was suitable with respect to statistical development and length. However, attempts to obtain the original normative data from the authors were unsuccessful. Also, the test had been little used since its publication, which meant that there were few studies for verification or comparison. In light of this, the PMES would undoubtedly benefit from further attention and development.

Taking the theoretical position that psychological maltreatment represents a common substrate in all child maltreatment, it was considered unnecessary to include scales measuring sexual abuse and physical abuse, which were not the focus of interest and would have taken up the participants' time without purpose. However, as a check on the homogeneity of the PMES derived groups with respect to a common factor of psychological maltreatment, three global questions about the participants' experience of emotional, sexual, and physical abuse were included in the form of a Maltreatment Questionnaire (MQ).

The other measures were chosen on the basis that they assessed dimensions of self and other that were of interest as potential mechanisms in the link between childhood

psychological maltreatment and adult symptomatology. Object relations were assessed both as objective phenomena and as mental representations. Blatt's Self-Other Differentiation-Relatedness Scale (Diamond, Blatt, Stayner, & Kaslow, 1995) provided an innovative, semi-projective assessment of mental representations, drawing together object relations, developmental, and cognitive phenomena in a unique way. However, the rating scale proved more difficult to master in practice, and low inter-rater reliability (.41) led to it being dropped as a measure in the analysis. This was a matter of some regret to the author, especially in view of the significance of Blatt's theory in the conceptual development of the research. In retrospect, it was apparent that the rater should have been trained to a more reliable standard before commencing the task. However, this had not been possible owing to his resignation and imminent departure. Bell's Object Relations and Reality Testing Inventory (BORRTI, Form A; Bell, 1995), as an objectively scored, standardized measure of object relations, presented no difficulties of this kind.

Taking into account the known impact of psychological maltreatment on the developing child and on his or her self-worth and self-conscious emotions, Cook's (2001) measure of internalized shame both fitted the theoretical framework and provided a measure of self-esteem. A measure of coping/defence was also included, based on the assumption that an important part of the impact of psychological maltreatment on the developing child lies in the nature of the cognitive accommodation that he or she makes to the abuse. The Defense Style Questionnaire (Andrews, Singh, & Bond, 1993) was chosen as a suitable instrument on account of its compatibility with the object relations and developmental themes of the research.

DATA COLLECTION

The option of collecting data in Hong Kong was considered but rejected because of language and cultural considerations, as well as the general difficulty of obtaining suitable subjects in sufficient numbers. However, negotiating permission and access to students at the University of Wales, Bangor, proved more difficult than expected, particularly with the end of term approaching and students beginning to depart, which had not been anticipated. Ultimately, the sample of 144 obtained was an achievement, given that there was only one opportunity to gather the data.

DATA ANALYSIS

The analysis of the data was planned for two groups. The formation of the groups was the first task, which was accomplished after a number of trials of different strategies. However, a statistical consultation led to the final analysis with a third group intermediate between the original two. This benefited the study in terms of moving away from a dichotomous format and permitting the use of multivariate statistics, but the analysis became more complex and the remaining time more pressurized. Given the author's business and professional commitment to a demanding private practice, the competing interests and responsibilities at this time proved difficult to reconcile.

An interesting aspect of the data with reference to the PM group were the six individuals who scored high on the PMES but stated in response to the global questions of the MQ that they had never been abused. Whereas the number of subjects was too small for formal analysis, a visual inspection of the data gave rise to some interesting observations (see Table 6, research paper). A comparison of the small group (the "Deny" group) with the remainder of the PM group (the "Non-Deny" group) indicated that the former had considerably lower results on the scales for Alienation, Social Incompetence,

and Shame, and a higher result for Self-esteem. As a group, the Deniers appeared to be less alienated, more socially competent, had less internalized shame and higher self-esteem than the Non-deniers. They also used more mature defences, fewer immature defences, and more neurotic defences than both the Non-deniers and the original PM group. Without these individuals, the mean score of the Non-deny group moved in the pathological direction on each of the scales, with Alienation exceeding the clinical cut-off point.

Betz (1997) calls these participants “the hidden victims”. Varia and Abidin (1999) refer to them as “minimizers”. Varia and Abidin in their study observed that these individuals had received relatively high levels of maternal warmth and care, which may have buffered them against the abusive experiences that they also had. In their view, these are resilient individuals who have overcome the risk factors, thus avoiding social maladjustment. Other researchers comment on the role of social support and experiences of positive parenting, even from one person, which can help to mitigate the effects of abuse (e.g., Nicholas & Bieber, 1997; Runtz & Schallow, 1997).

From another perspective, false negative reporting is the biggest source of error in assessing trauma (Brewin, Andrews, & Gotlib, 1993; Fink, Bernstein, Handelsman, Foote, & Lovejoy, 1995; Terr, 1991). Fink et al. point to the role of amnesic and dissociative responses and the tendency to minimize, rationalize, and deny in the measurement of childhood trauma. They suggest that the self-report rates for emotional, physical, and sexual abuse would be improved by providing non-evaluative descriptions of abuse rather than posing questions using the word “abused”. Cornell and Olio (1991) note that denial by adults who were abused as children ranges from denial of the event to denial of its significance. In this connection, individuals with a repressive coping style (low anxiety-

high defensiveness) have been found to report more positive judgments of their childhood, at least in relation to their fathers (Myers, Brewin, & Winter, 1999).

IMPLICATIONS

This study clearly points the way to the development of a mediation design in future research. Examining the variables that have demonstrated their significance in this study would enable further delineation of the factors that determine the outcome of childhood psychological maltreatment in the adult. Further development of the PMES should also be considered as it has a good foundation. In terms of scoring, issues to consider are how to represent the responses of one parent versus another and how to deal with changes in family circumstances: for example, before and after divorce. Another issue is the determination of severity of abuse, in addition to frequency. Betz (1997) and Katsikas (1995) developed an interesting method in this regard, requiring participants to rate the severity of the PMES items separate from their rating of the frequency of occurrence.

Generally, having covered such an extensive literature, one is impressed by the significance of child-rearing issues in relation to the development of psychopathology. The fact that most of the major theories of psychopathology have been created without considering the role of child maltreatment gives food for thought. What is also striking is what Bingley et al. (2001) call the “kind of societal *blind spot*” (p. xii) that conceals psychological maltreatment, and other kinds of abuse, within the precincts of commonly accepted parenting practices. However, these are matters that transcend purely psychological considerations as they require knowledge of cultural, historical, philosophical, sociological, scientific, and religious issues in order to advance one’s understanding.

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SECTION 6

APPENDIX V

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APPENDIX VI

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APPENDIX VII

Statement of Word Count

Thesis Component	Words
Title	17
Main Abstract	225
Ethics Proposal	4368
Literature Review	5000
Research Paper	4944
Critical Review	2256
	Total 16,810
 Other Components	
Contents	191
Tables	504
References:	
Ethics Proposal	2354
Literature Review	3615
Research Paper	2525
Critical Review	1100
Appendices:	
I	1439
II	3544
III	334
IV	440
VI	137
	Total 16,183