

Personality Characteristics of Economically Independent
Women Involved in Psychologically Abusive Relationships and
their Theoretical Links to Deficits in Early Maternal Love



Vivian Cameron-McCoy

**PERSONALITY CHARACTERISTICS OF ECONOMICALLY INDEPENDENT
WOMEN INVOLVED IN PSYCHOLOGICALLY ABUSIVE RELATIONSHIPS AND
THEIR THEORETICAL LINKS TO DEFICITS IN EARLY MATERNAL LOVE**

**A dissertation presented to the Faculty of the
California Institute for Clinical Social Work in
partial fulfillment for the requirements for the
degree of Doctor of Philosophy**

by

Vivian Cameron-McCoy

THE CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

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We hereby approve the dissertation

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Abstract

Forty-seven economically independent, working women responded to five personality scales and one questionnaire regarding perceived long term psychological abuse from their male partners. All study subjects were highly educated, many at the graduate level.

The "Psychological Abuse Questionnaire" was researcher developed and consisted of nineteen items. Respondents were asked to answer each question according to the frequency of occurrence. The range of frequencies was "never" to "very often". Psychological abuse theme responses included: verbal abuse; withdrawal of communication, support and/or sex; social isolation and control.

Primary study hypotheses included predictions that psychologically abused (PA) women would perceive less early maternal and paternal love than their non-abused peers, as well as lower self-esteem. These hypotheses were confirmed by the study.

Secondary hypotheses focused on the PA group exhibiting greater personality pathology than their peers. This hypothesis was partially confirmed. The PA group demonstrated significantly greater anxiety and somaticism. However, no

significant differences were found between the groups on scales of narcissism, histrionics, and interpersonal dependence.

The PA group tended to have a smaller social network and were significantly less satisfied with the quality of their support systems.

Implications for treatment included allowing for a transference of unmet needs for maternal nurturance to the therapist, supportive therapy, a resolution of denied dependence-independence conflicts, and the development of a more extensive and satisfying social network.

Recommendations for future research included further clarification of psychological abuse as a unique syndrome, including the behaviors of the male partners and the personality characteristics of the female victims.

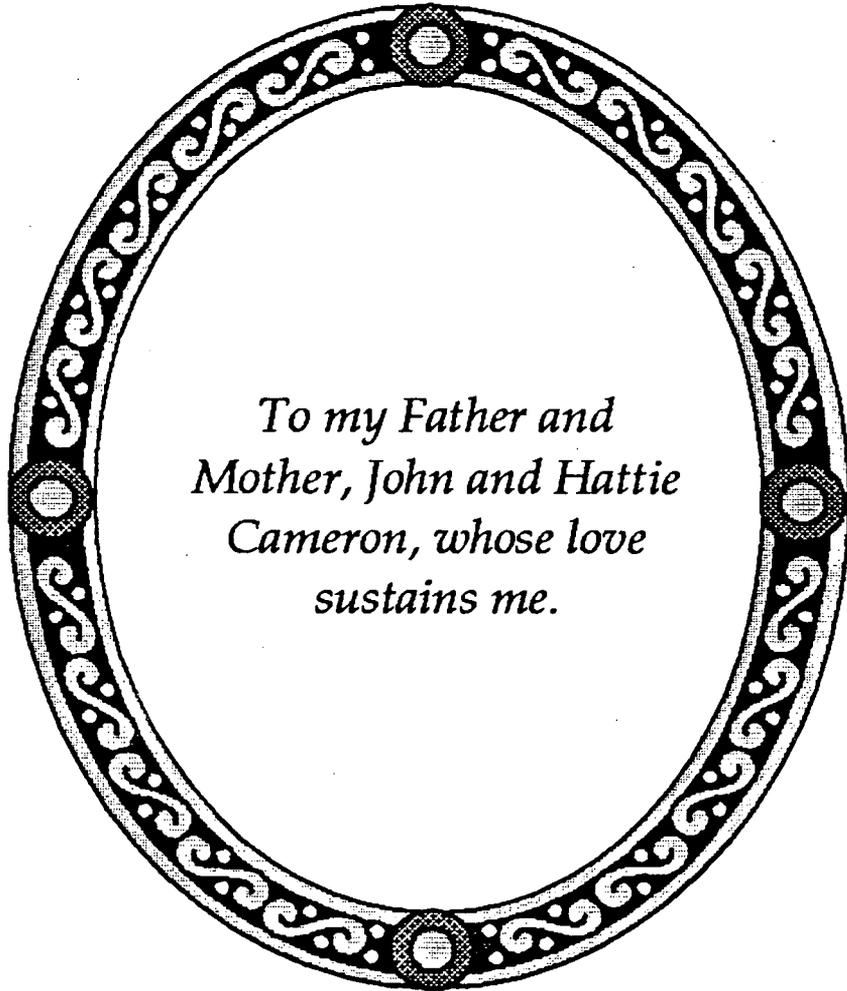


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CHAPTER I
INTRODUCTION

Background to the Problem

While there has been considerable interest among researchers on the psychological consequences of the abuse of women by men, most of the existing work has focused on exploring the consequences of physical abuse. Although this is certainly an important area for research, it should also be recognized that abuse need not be physical in order to have serious consequences for the victim. In particular, abuse may take a psychological form that can have serious and long-lasting consequences.

The salience of chronic psychological abuse of women by men has become apparent to this clinician over the last few years as increasing numbers of women have presented with symptoms indicating they have experienced such psychological abuse. They are typically involved in predominantly negative relationships and are plagued by the inability to improve the quality of their interactions with their abusive partners. They are also likely to be distressed by their inability to leave the relationships, despite the presence of the psychological abuse and their economic independence.

It should be noted that the term "psychological abuse" is a term used throughout this study in reference to certain

behaviors of men as reported by the women with high frequency and intensity. Male partners were not interviewed for this study.

One of the few studies focusing specifically on psychological abuse (as contrasted to physical abuse per se) was done by Hoffman (1984), who conceptualized psychological abuse as revolving centrally around communication issues. The women she studied experienced the following forms of behavior on a regular basis: withholding of communication (not talking for long periods), critical language and verbal disrespect, especially in public.

Additional examples of abusive behaviors encountered by the women, according to Hoffman, included attempted control of household finances, friends, outside activities and personal development.

The behaviors reported by Hoffman's subjects were similar to reported behaviors of the men towards some of the female patients of this clinician. Hoffman's term "psychological abuse" to refer to similar patterns of behavior will be adopted throughout this study.

Hoffman and this researcher rely on reported perceptions of psychological abuse by their female subjects. None of these behaviors are actually witnessed by their researchers. However, the similarity of complaints from different women reporting separately significantly increases the construct of

psychological abuse as a collective pattern of behaviors.

For the purpose of this proposed study, the criteria for psychological abuse includes the following: chronic, intensive and noxious language directed at the woman by the man; excessive attempts to control the woman's outside activities, friends, money, personal growth and development; sexual abstinence for long periods or insensitive sexual interactions; a lack of support during times of crises; a withdrawal of communication for long periods, and a failure to acknowledge the woman as part of family and social outings.

A more definitive definition of psychological abuse may be found in the "Review of the Literature" section of this proposal.

Clinical Material Underlying the Current Study

The inspiration for the current study lies in an informal assessment of a small group of psychologically abused women conducted by this clinician. The focus was on developing a preliminary understanding of the psychological, demographic, and social characteristics of women who were psychologically abused by males for years.

The women discussed here are patients of the clinician, and will not be subjects in the proposed research study. However, they do provide a useful basis for hypothesis

development, particularly given the lack of empirical work on psychological abuse in the existing literature.

The major complaints identified in Hoffman's study were similar to the complaints of patients seen by this clinician. They, too, complained of severe communication issues such as verbal abuse, critical language and disrespectful remarks in public and private. Additionally, they frequently stated that they did not receive presents on major holidays or special occasions. Also, in some cases, there were long periods of sexual abstinence. The men withdrew sexually from the women. They were further characterized as non-supportive and punitive.

For most of the women, described above, the psychic pain suffered as a result of the perceived psychological abuse by the men was the primary motivation for seeking therapy.

As the patients referred to by this clinician are employed and earn sufficient salaries to independently support themselves and their children, the common assumption that women stay because of economic dependency does not fit this population, just as it does not fit the population of battered women studied by Hanks (1992).

The women in this patient group included married women as well as single women.

Psychological abuse is differentiated from physical abuse by the absence of violent, physical contact between the bodies

of the man and the woman.

The following two case examples may further clarify the nature of the psychological abuse experienced by this clinician's patients.

CASE MATERIAL

Patient A (Susan) Susan, married to the same psychologically abusive man for fifteen years, is an executive secretary and the mother of two children. Her husband died of cancer two years before she entered therapy. At that time, she was in the grieving process yet still psychologically tied to her deceased husband.

Susan's husband had been unusually cruel to her throughout the marriage. The marriage was generally devoid of affection and he often refused to speak to her for weeks at a time. His critical and non-supportive behavior is illustrated by the following examples of Susan's experiences:

- * When her car broke down while she was out with the children, he refused to come and rescue her despite his availability. Instead, he told her it was her own fault and to get home however she could manage.
- * He rarely had sex with her. She described the sexual encounters as unsatisfying and affectionless.

- * He often humiliated her in front of others with unreasonable verbal criticisms.
- * When she once returned home a little late from a beauty shop appointment, he berated her violently and poured water over her head to ruin her new hairstyle.

Susan's husband was a compulsive gambler but controlled the family finances, even though Susan always worked. The family suffered the foreclosure of their home, the loss of a car and family savings because of her husband's gambling losses.

Although Susan left her husband several times during the fifteen-year marriage, she always returned only to be again subjected to his psychological abuse, which took many forms. Even the pouring of water on her head had a demeaning rather than harmful physical effect.

Susan's Family Background

Exploration of Susan's background revealed that she is a twin in a family of nine children. She never felt close to her mother, whom she described as cold and remote. Most of Susan's parenting was done by her grandmother, who was also generally critical and unloving.

Susan described her father as non-supportive and passive.

He was not particularly close to her or any of the siblings. He recently died after a long, disabling illness and Susan was surprised at her own profound reaction of grief to his death. Years of emotional deprivation, culminated for this woman with the death of a non-emphatic father.

Since Susan's husband's death, she has made several efforts to date other men. However, she discovered that they also tended to be somewhat psychologically abusive and non-supportive. Clearly, the tendency was for Susan to repeat, in her relationship with men, the pattern of being the victim of remote parents and a critical grandmother. Psychotherapy helped her to recognize the negative quality of such relationships and to separate from such men before any significant attachment could be developed.

Patient B (June) June, a bank executive, has remained in an ongoing relationship with the same psychologically abusive man for eighteen years. Although they never lived together, and both had been married to other individuals during their lengthy relationship, they never actually parted.

After June divorced her husband, and the boyfriend's wife died, they resumed a more open relationship. They never lived together but saw each other regularly.

June has suffered regular verbal abuse and disrespect both in private and in public. Her boyfriend constantly accuses her of promiscuity and has seldom supported her in

time of crisis. When her home was about to be foreclosed, for example, he declined to be of assistance, even though he had recently had a major financial windfall. Instead, he criticized her for getting in over her head financially and for not consulting with him before buying the house.

For Christmas, June's boyfriend gave her a pair of house slippers, which June considered very inappropriate and a heated argument ensued with her boyfriend.

On several occasions recently, June's boyfriend has called her at work to again accuse her of being untrustworthy and promiscuous, rendering her (temporarily) physically ill and unable to function effectively in a demanding professional position.

With psychotherapy, June has become psychologically stronger and has demanded better treatment from her boyfriend. There have been some positive improvements in the nature of their relationship. He has included her in some family and social ventures (very few), given her a few presents, supported her during her brief hospitalizations and generally been kinder. However, she still finds the overall relationship painful and has recently reported another breakup in the relationship. It remains to be seen if this is a permanent separation or one of the numerous "breaks."

June's Family Background

June reported that her early childhood experiences with her mother were essentially negative. She felt that her mother was so hostile and rejecting, her grandmother took over her care at age thirteen. The motivation for such rejection and hostility seemed to be related to her parents' divorce and her father's family.

June's mother resented June's attractive appearance and her resemblance to her father's family. The appearance of the father's family was very different from that of the mother, and they had rejected the mother. In other words, the mother seemed to have displaced her hostility toward the husband's family, who never accepted her, onto June during infancy. To this day, although June's mother lives in the same city, June refuses any contact. Although the mother sends messages via other family members regarding her love, June states that she has "given up" her mother because she cannot forgive her for all the psychic pain inflicted during childhood.

Prior to the divorce of June's parents, her father developed a close relationship with his daughter. After the divorce, however, he moved to another state, re-married and started a new family. June felt profound abandonment by her father, who has never attempted to continue the relationship.

Some Generalizations about Women in Psychologically Abusive Relationships

Both women, described in the previous section, feel unloved by their own parents and both feel powerless to attain fulfillment for their own emotional needs from other people. This inability is particularly pronounced in their relationship with their male partners.

Susan and June are very sensitive to personal slights and are emotionally fragile and weak. During the past year, both women were hospitalized for somatic ills, such as ulcers. The psychological abuse is a major contributor to their weakened conditions.

Both women enjoy few solitary pleasures and are very dependent on others for validation and approval. They are very helpful to others, often at their own expense, in apparent attempts to win friends. The inevitable lack of reciprocation from others underscores their chronic feelings of low self-esteem.

In summary, women in chronic psychologically abusive relationships may be possibly characterized by similar core personality defects such as feeling generally unloved by their parents, a sense of emotional powerlessness and emotional dependence and certain pathological tendencies that collectively operate to perpetuate severe feelings of low

self-esteem. The study seeks to test the hypotheses that women in psychologically abusive relationships have characterological defects which are sufficiently unique that they can be differentiated from women in non-psychologically abusive relationships. These characterological defects may have their beginnings in the earliest or core states of the personality as a consequence of inadequate or noxious early maternal care. It is a learned characteristic and not necessarily an inherited personality trait in the opinion of this researcher.

Statement of the Problem

There is a need to understand the behavior of women who remain with psychologically abusive men. The more specific question is: Why do women, especially those who are economically independent, remain in long-term, psychologically abusive relationships?

By eliminating one of the primary reasons given for women remaining in abusive relationships, i.e. economic dependence, it is reasonable to turn to the realm of psychology for an explanation. A woman's sense of self may be the determining factor for her remaining in an abusive relationship or abandoning such a relationship.

One's sense of self has a core or foundation that is

formed in the early months and years of life. Paramount in the formation of personality in the early stages is a sense of unconditional love by the primary caretaker, which contributes to a sense of emotional power, personal cohesion and integration, as well as the capacity for self-comfort and good self-esteem. When such positive early nurturance is not available, the child may develop to adulthood with certain persistent negative self-feelings.

The problem to be addressed in this proposed study is: What deficient core personality characteristics are present in women who remain in such noxious relationships? Are the core personality characteristics, as defined by this author, of women in long-term, non-psychologically abusive relationships markedly different from the characteristics of their peers in psychologically abusive relationships?

In order to explore this issue, the proposed study will address the relationship between certain core personality characteristics and the propensity to become involved in psychologically abusive relationships.

The specific objective of the study is to ascertain whether women who endure long-term psychological abuse from men differ in specific personality dimensions from women who never become involved in such relationships.

Research Questions

The above statement of the problem implies that the study will explore the following research questions.

- (1) Do women in long-term, psychologically abusive relationships have a cluster of common personality characteristics significantly different from women in long-term, non-psychologically abusive relationships?
- (2) Do women in long-term, psychologically abusive relationships retrospectively perceive greater maternal and paternal care deficiencies than women in long-term, non-psychologically abusive relationships?
- (3) Why do economically independent women remain in long-term, psychologically abusive relationships?
- (4) Is there a specific pattern of behavior and link to personality defects which can be identified as a separate syndrome?

Overview of Study

The current empirical study compared two distinct groups of women:

- (1) Employed women who have remained in relationships

more than 3 years and describe them as psychologically abusive.

- (2) Employed women who are involved in non-psychologically abusive relationships for more than 3 years.

Data collected included demographic and psychological background variables, perceptions of early maternal and paternal relationships, perceptions of psychological abuse, and profiles of core personality characteristics, which are particularly important, given the need to analyze self perceptions since early childhood.

The basic study utilized established published instruments for all essential study data with the exception of two researcher developed instruments on "Adult Perception of Early Maternal and Paternal Love" and the "Psychological Abuse Measurement Questionnaire". It was necessary to design and re-test these instruments as there are no similar published instruments available.

Data on the study variables was collected from the experimental and control groups, with responses being analyzed to assess differences between the groups. This involved quantitative analysis utilizing the independent groups t-test statistic.

Significance of Study

We know surprisingly little about the nature of psychological abuse as it applies to women in heterosexual relationships. The current proposed study contributes significantly to this understudied area of everyday life. In this regard, the study contributes to an expanded definition of long-term psychological abuse by specifying common behaviors and their perceived intensities that may be considered abusive.

Characterological differences that may contribute to a woman's inability to break away from her psychological abuser were clarified. Such information is vital in the design of treatment plans by psychotherapists.

By identifying psychologically abusive behaviors of men and certain personality characteristics of their female victims, this study begins to identify a unique syndrome.

This study is also significant in that it calls to question many accepted theories that attempt to explain the loyal behavior of women and their abusers. With positive findings from this study, i.e. core personality differences among women who are victims of chronic psychological abuse, many current theories, outlined in the "Literature Review", may have to be evaluated in a new light.

By including unmarried women, this study also challenges

the ideas of other studies that are limited to married women with concerns about family structure, the effects of divorce on children, etc., by suggesting the limitations of such studies.

CHAPTER II

REVIEW OF THE LITERATURE

Chapter Overview

There has been little empirical research on the phenomenon of the psychological abuse of women. Most of the existing research has emphasized physical abuse, which of course generally entails psychological abuse as well. This chapter will review and critique the one study that has been done to define psychological abuse, as well as research on physical abuse that has touched on the issue of psychological abuse. Throughout this chapter, it will be important to differentiate between physical and psychological abuse, and to stress the current study's focus on psychological abuse as a distinct phenomenon or syndrome.

The Uniqueness of Psychological Abuse

It should be recognized that the physical abuse of women is considerably different from emotional or psychological abuse, with its own dimensions of power, control, pain and suffering. However, the consequences of psychological abuse per se should not be minimized. The psychic pain can be very demoralizing and immobilizing, complicating the woman's effort to extricate herself from a destructive relationship.

The dynamics of psychological abuse are fundamentally different from those of physical abuse, which is characterized by a build-up of tension, a violent release of that tension during the abuse itself, and then a "making-up" period (the cycle, of course, being repeated time after time) (Walter, 1979).

In case of psychological abuse, the dynamics are more subtle. There are fewer warning signs and no equivalent to the single violent incident of physical abuse. Instead, the tension builds up gradually, over a period of months or even years, with withdrawal of communication, sexual intimacy, and emotional support being common. Also, there is no release in the form of a making up or pleasurable periods, and thus no closure - suggesting a different pattern.

Long-term psychological abuse may cause a woman to experience a decreased ability to function in the work place, difficulties in interacting with friends and family, and both physical and psychological ill health (Hoffman, 1984). Hoffman (1984) conceptualized psychological abuse as revolving centrally around communication issues. In her evaluation of the experiences of 25 psychologically abused women, she found a widely shared pattern involving commonly shared experiences such as:

- (1) Withholding of communication
- (2) Accusations of promiscuity

- (3) Denial of the validity of her own perceptions
- (4) Verbal disrespect and disparaging treatment in public
- (5) Isolation from other possible sources of support
- (6) Criticism of her strong points in an attempt to keep her submissive.

One of Hoffman's key findings, centrally important for the current study, was that women had difficulty separating permanently from their mates. For example, many of the women had become convinced by their partners that theirs was the best relationship they could possibly expect. The women tended to believe this, which reinforced their inertia in the relationship.

Hoffman also found that women who remain in the abusive relationships experienced worsening emotional trauma and psychosomatic ills, while those who left the relationships reported enhanced psychological health.

The demographics of Hoffman's subjects were also significant. Educationally, among the twenty-five subjects, there was only one high school drop-out. Ten of the subjects were high school graduates, one with specialized training. One subject had some college experience, with five others holding college degrees. Three of the women had masters degrees, and four had doctorates or professional degrees.

The ages of Hoffman's subjects suggested maturity as the

greater number were between 30-40 years of age. Eighteen of Hoffman's subjects had children.

The marital status of Hoffman's subjects ranged from 9 not presently married, 1 widowed, 3 never married, 3 remarried to another and with an abuser and 2 separated. (Hoffman, 1984).

Hoffman was primarily interested in defining psychological abuse and some of her questions were incorporated into the fifty-eight items comprising the Tolman (1989) measure, "The Maltreatment of Women Inventory".

Tolman's purpose in developing the above-named Inventory was to develop a measure for assessing the non-physically abusive behaviors exhibited by men who batter. It was written for use by both the women and their male partners. Respondents were asked to rate how often the behaviors occurred. The subjects were men who batter and women at intake into a domestic violence program.

The Tolman Inventory was utilized in a study by Dutton and Painter (1993) on the effects of severity and the intermittency of abuse. Findings from this study indicated that significant emotional abuse accompanied the physical abuse of women. (Dutton and Painter, 1993). They also found that high rates of trauma symptoms, lowered self-esteem, and heightened "paradoxical attachment" to the batterer were significantly related to the intermittency of positive-

negative treatment, to power differentials in the former relationship and to the extremity of the battering.

The findings of Dutton and Painter, as well as Tolman, are not transferable to exclusively psychological abuse of women who are not battered. The dimensions of pain and suffering are different.

The interest among professionals and lay persons in psychological abuse as a separate syndrome is increasing. It is encouraging that many similar themes of emotional or psychological abuse are emerging from concurrent studies and related literature. One author, for example, Patricia Evans, focused on a major area of psychological abuse in her book, "The Verbally Abusive Relationship". The book is a composite of her interview findings from 40 verbally abused women. The women ranged in ages from 20 to 66 and the average length of the relationship was over 16 years. Most of the women interviewed were no longer in the relationships referred to in their interviews.

The characteristics and categories of verbal abuse in Evans' book included, "(1) hurtfulness; (2) attacking of the abilities of the woman, overt or covert; (3) manipulative and controlling; (4) disrespectful; (5) unpredictable; (6) ambivalent or giving of double messages; and (7) increasingly intense, frequent and varied verbal abuse". (Evans, 1992)

Additional clarity of verbal abuse is offered by Evans in

her book by categorizing this type of communication as follows: "Withholding, countering, discounting, joking, blocking and diverting, accusing and blaming, judging and criticizing, trivializing, undermining, threatening, name calling, forgetting, ordering, denial and abusive anger." (Evans, pg. 78-79, 1993).

Verbal abuse, as described by Evans, seems valid. It is a major part of psychological abuse, but other types of psychological abuse are also typical. Withdrawal of support, communication and sex, social isolation and control are important other dimensions of psychological pain, not emphasized by Evans.

In summary, Hoffman, Tolman, Dutton and Painter, and Evans have made significant contributions toward defining psychological abuse. However, development of a separate inventory of psychological abuse for women who are not battered is indicated and needed.

Some Psychological Explanations of Why Women Remain in Physically Abusive Relationships

After an exhaustive search of the literature, this researcher has concluded that there are no studies of exclusive psychological abuse of women. Therefore, it is necessary to review psychological abuse findings in connection

with physical abuse.

One important unresolved question in the literature is: Why would a woman remain in a psychologically abusive relationship?

The "Battered Women's Syndrome", in many ways similar to a "prisoner of war" experience, has been defined as including a generalized pattern characterized by depressed affect, sense of helplessness, fear, and social withdrawal and isolation (Walker, 1979). While this theoretical model was developed with reference to physically abusive relationships, many aspects apply to psychologically abused women as well.

Economic and Emotional Factors

While earlier research tended to stress the importance of economic dependence as a variable preventing the physically or psychologically abused woman from leaving the relationship (Gelles, 1976), more recent research has suggested that emotional factors may be more important. Bergman, Larson, Brismar, and Klang (1988) studied the reasons that women stayed in abusive relationships, and report that the great majority of abused women tended to have highly ambivalent feelings towards their abusive partners. That is, even though the subjects reported that they were afraid of the abusive males, they also experienced feelings of love toward them

after physically abusive incidents.

Family History

One of the primary predictors of physical abuse is whether an individual has actually experienced or observed such abuse during childhood, with numerous studies having shown that women in abusive relationships as adults are quite likely to have grown up in abusive family systems (Gelles, 1976, 1980; Labell, 1979). Strauss, Gelles, and Steinmetz (1980), for example, found that men who had observed their parents attacking each other when they were children were three times as likely to assault their own wives than men who had not been exposed to such domestic discord.

Mason and Blankenship (1987) suggest that women who tolerate chronic psychological abuse from their partners may also be the victims of multiple negative life experiences. That is, such women are likely to have previously experienced either psychological or physical abuse or both. Mason and Blankenship also argue that such women have a high need for affiliation and low need for power, and that these characteristics allow the woman to be tied into the abusive relationships. Social isolation and social stress are also thought to be important predictors of becoming abused (Gelles, 1976).

Following is a discussion of some of the alternative

explanations that have been suggested for women remaining in physically abusive relationships.

Additional Psychological Explanations for Women Remaining in Physically Abusive Relationships

Woman as Nurturer

One explanation commonly given for women remaining in abusive relationships revolves around role expectations, and particularly around some women's internalized need to play a nurturing role. It is argued that some women perceive a man's violent outbursts (whether physical or verbal) as signs that he needs her.

That is, she experiences his abusive behavior as somehow representing a cry for help, and perceives herself as having an obligation to remain with him to help him with what she perceives as an illness (Bergman, Larson, Brismar, and Klang, 1987). The abusive male's typical pattern of then seeking to make amends serves to reinforce the woman's tendency to nurture.

However, it is clear that the abused woman's rationalizations can lead to a self-perpetuating pattern of abuse, whether physical or psychological (Martin, 1977). The inescapable logic of the "nurturer" syndrome is that as long as the man remains abusive, the woman feels "needed" to help

him. Escalations in the man's abusive behaviors are perceived (in a distorted fashion) as evidence that his condition is worsening and that she is needed even more.

Woman as Masochist

Deutsch (1944) defined masochism as applying specifically to women, referring to their willingness to accept pain in conjunction with pleasure as part of life. She argued that this was a "normal" form of masochism that differed from the "neurotic masochism" that occurred when pain is experienced as a prerequisite for pleasure.

The masochistic hypothesis has often been used to explain why women stay in abusive relationships. This explanation is based on the striking parallel that seems to exist between theoretical and clinical definitions of masochism and the empirical research exploring the profile of abused women (Caplan, 1985; Rosewater, 1985).

However, as pointed out by Rosewater (1987), many of the behaviors typically characterized as masochistic are in fact dimensions of female cultural conditioning. Women are often socialized to sacrifice for others, and conditioned to accept the fact that their sacrifices are unappreciated. More broadly, this reflects the societal/cultural tendency to undervalue (and underpay) women's contributions to society.

In other words, the women are socialized as part of the

process of sex-role stereotyping to accommodate to the realities of society (Walker, 1987). Cultural expectations are that women will accommodate themselves to the needs of others. Rather than being a self-defeating behavior, however, this can actually enhance a woman's desirability as a mother.

While all relationships can be characterized by some degree of incompatibility and occasional psychic pain, consistent severe and pervasive pain as a result of male behavior toward a female partner, which carries an element of pleasure for the victim, may be differentiated as masochistic.

Cultural Explanations

At the broad cultural level, it has been argued that our society relegates women to secondary status in all areas, and that there is a tendency to tolerate aggression and violence against women (Gills-Sims, 1983). Women may be socialized to feel that they have the primary responsibility for marital success. In other words, they are taught that (a) they should make sacrifices if necessary to rescue the male from his problems, and (b) they must always demonstrate loyalty to the marriage, perhaps especially in the face of adversity (Dutton, 1988).

Such broad-based cultural explanations, however do not take individual variation into account. The fact is that among women with identical cultural backgrounds, some tend to

stay in abusive relationships while others choose to break away or never become so involved in the first place.

Learned Helplessness

Learned helplessness has been described as a state in which an individual feels that she has no control over an unpleasant environment (Maier & Seligman, 1976; Seligman, 1975). The theoretical perspective of learned helplessness is cognitive social learning, and assumes that individuals subjected to uncontrollable events learn, after repeated exposures, that no action they take can have any effect on the outcome. This leads to:

Motivational deficits: A weaker motivation to respond to the stimulus, and less persistence in attempting to fight off the pain.

Cognitive deficits: Greater impairments in ability to perceive possible more productive or effective coping mechanisms.

Emotional deficits: More generalized feelings of sadness and lower self-esteem; in clinical terms, the symptoms of depression.

For the psychologically abused woman, it can be argued that repeated experiences of being exposed to undesirable verbal attacks against her essentially condition her to acquiesce. She comes to believe that there is nothing she can

do to alleviate the critical environment in which she lives. She may become so accustomed to being abused, and feeling that she has no control over the situation, that she becomes numbed and no longer fights back or tries to escape; she has learned to be helpless (Martin, 1976).

More generally, feelings of learned helplessness may originate in early experiences of inadequate parenting. That is, when attachment to the parent was inadequate, and appropriate validation and affirmation was not obtained, severe personality weaknesses may result (Bowlby, 1982). The psychologically abused woman may resonate with the message that there are no effective coping mechanisms available to her. To the degree that these women find themselves in relationships in which their partners essentially replicate certain aspects of the early childhood relationship (rejecting, failing to provide validation), they are likely to perceive the pattern as inevitable and thus likely to repeat the pattern.

Smart, Dewey, and Goodman (1987), in a controlled study of battered women in the United States and New Zealand, found significant differences in self-esteem, assertiveness, reality perception, and sense of identity. However, they did not find differences in competence as learned helplessness theory would suggest.

Other researchers, however, have reported findings quite

consistent with learned helplessness theory. Launius and Lindquist (1988) compared 22 battered women to 23 age-matched non-battered women. They found that the abused women had significantly poorer problem solving skills, and that they were more passive in their interactions with their partners.

Traumatic Bonding

It should also be recognized that powerful reinforcement mechanisms exist which may lead to psychologically abused women remaining with their partners. The bond between the two is reinforced by culturally determined sex-role expectations and an unbalanced power structure (Painter & Dutton, 1985). In many ways this type of "traumatic bonding" resembles the bond that develops between cult leader and follower.

Traumatic bonding has been defined as "the development of strong emotional ties between two persons where one person intermittently harasses, beats, threatens, abuses, or intimidates the other" (Dutton, 1988, p.106). Such bonding has been observed in numerous empirical studies, including the classic finding in the child abuse literature that abused children develop strong attachments to their abusive parents (Kempe & Kempe, 1978). The finding was replicated in a sample of abused women by Painter and Dutton (1985), who also noted that early developmental experiences can have a significant impact on a woman's later ability to extricate herself from an

abusive relationship.

Victimization may be seen as involving four states: Denial, fright, dissociation, and "traumatic psychological infantilism" (Symonds, 1980). In the fourth state, individuals lose their ability to function as adults and regress to early childhood behaviors such as compliance, submission, and ingratiation. Such a state may describe the abused woman who begins to identify with the aggressor in a sort of pathological transference. This is consistent with the argument of Anna Freud that coming under the control of one's captor may involve ego identification with the overaggressive authority figure in order to avoid ongoing punishment and anxiety (A. Freud, 1936).

The repeated pattern of the abuse (intermittent abuse) apparently plays an important role in traumatic bonding. Several studies have reported findings suggesting that intermittent abuse can lead to a pathological form of bonding that is, in its own way, quite secure (Rjecki, Lamb, & Obmascher, 1978; Walker, 1979). It has been argued that such intermittent abuse can actually "bind a woman to her batterer just as strongly as 'miracle glues' bind inanimate substances" (Walker, 1979a, p. xvi).

The above referenced literature review deals primarily with physical abuse effects on women. The following literature review, however, may be more relevant for the

current study, which involves the psychological abuse of women.

Empirical Research on Psychological Aspects of Physical Abuse

Various researchers have found that different groups of abused women share certain psychological characteristics. These characteristics are typically described as involving impaired self-esteem, excessive anxiety, learned helplessness, denial, shame, guilt, psychosomatic complaints, and depression (Claerhout, Elder, & Janes, 1982). Other researchers have reported that abused women exhibit lowered ego strength, higher levels of apprehension, less self-satisfaction, and maladjustment to social situations (Hartik, 1982). These characteristics are related to the personality rather than effects of the abuse.

Rosewater (1985) studied 118 battered women utilizing the Minnesota Multiphasic Personality Inventory (MMPI) to assess potential psychopathology. The women were characterized as being angry, fearful, and confused, with anger being the most evaluated dimension on the MMPI. This anger was found to be primarily directed inward as reflected by much higher than average scores on the Self-Alienation scale.

Rosewater did not attempt to identify the etiology or source of the above characteristics.

Bergman, Larson, Brismar, and Klang (1987) studied the

psychiatric morbidity, substance abuse histories, and personality characteristics of 49 battered women. The battered women were compared to a control group, and were found to be significantly more depressed (one-third of the battered group compared to only 6% of controls). In fact, all subjects classified as moderately or severely depressed were in the abused group. There were also differences on psychosomatic symptoms, with the battered women demonstrating more muscular tension, aches and pains, and autonomic disturbances.

Jaffe, Wolfe, Wilson and Zak (1986) studied the physical and emotional symptoms exhibited in a sample of 56 women in non-abusive relationships and abusive relationships. Women in the abusive relationships were found to exhibit significantly more somatic complaints, and to have much higher levels of anxiety and depression. The adjustment problems experienced by the abused women were found to be related to negative life events. These stressful events included separations, police involvements, and problems at work. This suggests that women in abusive relationships who also experience high levels of stress in other areas of their lives are likely to be more severely affected by the abuse.

As previously stated, Tolman also found that battered women experienced more associated psychological abuse from their mates. (Tolman, 1989).

It is not surprising that women who are physically battered would have the reactions discussed above. However, to differentiate between battery and PA, it is of paramount importance to examine the above personality characteristics in women who are not battered in order to avoid the contamination of any findings.

CHAPTER III

THEORETICAL LINKS TO CORE PERSONALITY DEFECTS

Introduction

All infants need to receive a great deal of love and nurturance from their mothers in order to develop emotional health. The lack of such unquestioning validation can lead to serious developmental deficiencies. In other words, the infant's attachment to the mother is paramount.

Ainsworth (1973) connects attachment and affection:

"...an affectional tie that one person forms to another specific person, binding them together in space and enduring over time. Attachment is discriminating and specific. One may be attached to more than one person...Attachment implies affect...We usually think of attachment as implying affection or love (p. 103)."

Whenever an infant is separated from the mother the psychological consequences are likely to be significant:

According to Viorst, "...severe separation in early life leaves emotional scars on the brain because they assault the essential human connection - the mother-child bond, which teaches us how to love. We cannot be whole human beings - indeed, we may find it hard to be human -- without the

sustenance of that first attachment." (Viorst, 1986, p. 19)

As Althea Horner puts it:

...the switch point, from illusory omnipotence, the nucleus of grandiose self, to helplessness and dependency upon the powerful, idealized other - will be identified as a core issue in any patients who may be diagnosed as borderline, narcissistic personality disorder, schizoid characteristics, or even neurotic with significant narcissistic features. Whenever the conflict between dependency wishes and shame is intense, we are seeing the continuing reverberations from these developmental crossroads." (Horner, 1984, pp. 127-128)

Most developmental theories attribute major importance to the mother-child dyad in the characterological formation of the personality. The quality of the attachment that develops over the first two years may affect associated personality characteristics in adulthood and may be transferred to other primary adult relationships, such as spouses and partners.

In rare instances where the father is the primary nurturing figure from birth, attachment loss may be greatly reduced. However, the involvement of the father forming a close relationship with a daughter from an early age (at least three years) may significantly and positively affect the developing child.

Deficiencies in early mothering, especially without the compensatory supportive relationship with the father, may cause the child to fail to establish/internalize a sufficient level of self-esteem to protect herself from being used inappropriately to meet the needs of another (a needy mother or significant other).

The child who experiences a significant defect in mothering is likely to continue to be dependent on others for emotional validation and approval. In fact, she/he may rely on validation received from others as the source of support for a fragile self-esteem, regardless of potential damage in other areas.

Overview of Conceptual Framework

This study will utilize a theoretical framework with multiple reinforcing perspectives. First, the framework utilizes the literature on early childhood attachment, with its emphasis on the importance of a nurturing maternal-infant relationship. Particularly important in this regard are the works of Bowlby, Mahler and Winnicott. Second, the dissertation proposal relies on the self-psychology concepts of Heinz Kohut, including his discussions of self-objects, empathy, narcissism and the cohesive self.

It should be noted with regard to all of these bodies of

literature that the current study utilizes only specific concepts relevant to the research topic. That is, both the attachment and bonding literature and the self-psychology theory are quite complex and it would not be possible to incorporate all elements. However, it is argued that concepts related to attachments are highly relevant in the context of this study of psychological abuse and these particular concepts will be discussed in this chapter.

In the review of the theoretical concepts of the above-named specific theorists, the discussion will focus on the consequences of early nurturing.

Bowlby, John - (Attachment Theory)

Bowlby argued that the newborn has "instinctive responses for sucking, smiling, clinging, crying and following, organized into a complex system of internal controls and feedback, resulting in proximity-maintaining behavior" (1969, p. 10).

The attachment to the mother-figure, according to Bowlby, is primary and not a derivative of the mother's function as a need gratifier. The attachment is also the foundation of the emotional life of the child.

In fact, Bowlby viewed attachment as necessary for the normal development of a child. He suggests that with adequate and positive maternal early care, a child will develop with

adequate emotional stability.

Abnormal characterological development, according to Bowlby, however, may be attributed to separation (actual or emotional) from the mothering figure. Dependency is understood in terms of anxious attachment; anger is a response of separation (1973); the core of all defenses is a deactivation of the need for attachment (1980).

In summary, Bowlby states:

"Whether a child or adult is in a state of security, anxiety, or distress is determined in large part by the accessibility and responsiveness of his principal attachment figure." (1973, p. 23)

Although Bowlby "increasingly acknowledges the importance of emotional absence, inaccessibility, and non-responsiveness (of the maternal figure), he does not integrate these more subtle aspects of relationships into his broader theory". (Greenberg & Mitchell, p. 187)

Bowlby relies heavily on the instinctive responses of infants. Perhaps this is the reason he does not weave their perceptions of meanings associated with maternal behaviors more intricately into his theory. However, the instinctive quality may help to explain the enduring nature of positive or negative maternal care consequences for the adult personality.

One theorist that placed extreme importance on the quality or meaning attached to the mother's behavior towards

the child at all stages of development was Margaret Mahler. In the following summary of her work, the reader may assume an instinctive base to the mother-child dyad, but emphasis is most definitely on the quality of that dyad.

Mahler, Margaret - (Separation - Individuation Theory)

The early mother-child dyad also received paramount importance and attention by Mahler in her theoretical formulations on the infant's developing personality. Indeed, she attributed neuroses of childhood to negative parental attitudes, especially the mother, both conscious and unconscious, which greatly affected the core personality of the infant (Mahler, 1946).

Mahler's (1968) concept of separation-individuation is particularly relevant to the present study of core personality defects. She characterized the normal development of the child as involving the successful transition of a number of phases from primary autism to separation and individuation. The implication throughout her writings is that the quality of the mother's reactions to her baby's changing needs and behaviors has extreme importance for the developing personality.

Mahler identifies an emerging "self" in the infant as early as three to four weeks (the symbiotic phase). She views this as a critical period when the precursors of self are laid

down based on experiences with the primary self-object, usually the mother (Mahler, Pine & Bergman, 1975).

With good attunement and loving nurturance, a child traverses Mahler's stages normally. The separated and individuated child feels reasonably loved, effective in getting emotional needs met, emotionally stable with an absence of an excessive dependence on others to feel worth and has a reasonable level of ongoing self-esteem.

However, if the primary self-object is intrusive, neglectful, unavailable or resentful in these duties, according to Mahler, the child may encounter personality development inhibitions. For example, the rapprochement phase may stall, preventing the socialization of narcissistic feelings of omnipotence. Eventually, separation anxiety may surface thus contributing to a long-standing emotional dependence on others.

Mahler views the successful negotiation of the rapprochement crisis as the central developmental requirement for the avoidance of subsequent severe pathology (Mahler, Pine & Bergman, 1975; Mahler, 1971). The adult personality is greatly influenced by the mother's reactions at all subphases, and particularly during the rapprochement phase for Mahler (Greenberg & Mitchell, p. 279).

The mother's responsiveness to her child during the rapprochement phase of development is crucial and depends on

her conscious and unconscious attitudes toward both symbiosis and separation. The tendency toward separation from the mother by the child, for example, may be stifled by a mother who resists the child's emerging need for independence. Or, another mother may fail to recognize the new expression of dependency, such as a greater need for reassurance as the child tentatively leans toward separation and individuality. Personality defects, such as pathological dependence on others for emotional gratifications may thus persist as a rather permanent part of the personality of the adult.

Later works suggest that Mahler attributed a role to the father by suggesting that the way an infant feels about himself or herself during the practicing subphase depends on subphase adequate responses from both parents (Mahler & McDevitt, 1982).

Mahler attributes the borderline reactions of some adults to the unsuccessful crossing of the rapprochement phase of development (Mahler, Pine & Bergman, 1975; Mahler, 1971).

In summary, Mahler attributed paramount importance of the mother's responsiveness to each stage of development of her child, from symbiosis to individuation. The quality of this responsiveness is a major determinant for Mahler of character formation and/or pathological development. "Her concepts of autistic and symbiotic psychosis refer first to a disorder in which there is an inability to form a nurturing relationship

with caretaking figures, and second to a condition in which the child is unable to move away from that relationship. (Mahler, Ross & DeFries, 1949; Mahler, 1952; Mahler & Gosliner, 1955).

Mahler, unlike Bowlby, suggest a possibility of escape from the mother-child attachment through separation and individuation when the mother's care is adequate. However, it was left to Winnicott to elaborate on the qualitative differences and effects of maternal emotional orientations towards the infant.

Donald W. Winnicott's Theories

The term "good enough mother" was coined by Winnicott in referring to the quality of care that enables the child to "make possible the affective shift from infantile dependence to independence and from omnipotent conception to realistic perception". (Winnicott, 1971, p. 83)

The above statement suggests that the normally developed adult will be sufficiently independent to navigate through life without becoming the victim of undue abuse and to be realistic as to his or her own powers, especially in relation to others.

The "good enough mother", for Winnicott, was aware of the need for the child to have some time alone and he particularly stressed the need for the mother to be non-intrusive at those

times.

The "true self", according to Winnicott, is the source of spontaneous needs, images and gestures. The "false self", on the other hand, provides only an illusion of personal existence, which is based on maternal expectations and claims. It functions as the protector of the "true self" by complying with environmental demands. (Winnicott, 1960, p. 147)

Winnicott seems to agree with Mahler in his contention that the developing personality of the child begins at the start of life or in the early phases of each baby's living experience. (Winnicott, 1971, p. 83)

The core to the personality is paramount, according to Winnicott, as it is the basis for the "true self". However, he believed that there is a perpetual fear of an exploitation of the true self for each child. Because of this fear, he suggests that the core or true self is the "non-communicating self, or the personal core of the self that is truly isolate." (1963, pp. 182, 187)

The "false self" may assume a dominant role in the life of a child when the quality of his or her maternal care is not "good enough", due to either intrusiveness or neglect.

In summary, Winnicott stressed the relationship between "good enough" mothering and the core development of the personality, which forms the foundation or the "true self". The theoretical implications is that either adequate or

noxious mothering can contribute significantly to the core personality. Negative mothering may contribute, for example, to chronic feelings of being unloved, powerless, fragile and emotionally dependent.

In conclusion, Winnicott places primary responsibility with the maternal figure for the quality of the child's personality. He states:

"A baby can be fed without love, but lovelessness or impersonal management cannot succeed in producing a new autonomous child." (1971, p. 127)

For Winnicott, clearly it is the quality of care by the mother figure and the total relationship between mother and child that figures predominantly in the characterological development of the child.

For Bowlby, Mahler and Winnicott, there is a consensus regarding the paramount importance of the mother's involvement with her child. However, it was left to Heinz Kohut to more prominently connect the quality of parental care to the developing core self of the infant.

Kohut, Heinz - (Self Psychology)

Kohut argued that the basic personality structure of the infant is shaped predominantly by the positive or negative mirroring of the mother and subsequently by the idealization of the father. Kohut referred to mother and father as self

objects playing the central role in the developing personality of the infant:

...the child's rudimentary psyche participates in the self-object's highly developed psychic organization; the child experiences the feeling states of the self-object, and they are transmitted to the child via touch and tone of voice and perhaps by still other means -- as if they were his own (Kohut, 1977, p. 86)

The infantile self is weak and amorphous, and has no durable structure over time (Greenberg & Mitchell, 1983). As such, the infant requires the participation of others in providing a sense of cohesion, constancy, and resilience. The infant may be seen as taking on his self objects as his own in a process of "transmuting internalization" that:

...facilitates the movement from relations with others in which self objects are needed desperately to shore up deficits within self, to the internalization of resources within the self, imparting a self-generated sense of continuity and coherence (Greenberg & Mitchell, p. 369).

In other words, the infant replaces his own feelings of omnipotence by experiencing it in conjunction with self objects. The early nurturing of the mother also conveys a sense of empowerment; in fact, positive early nurturance is seen as an essential prerequisite for the development of appropriate individuation.

Eventually, as the child develops emotionally from his primary self-object (the mother), he/she internalizes a socialized version of his own omnipotence. Adequate mirroring by the self-object is centrally important in the infant's developing sense of cohesion. This mirroring includes constancy, nurturance, and general empathy as well as reflections of grandiosity.

Kohut argued that it is essential that the infant develop at least one parental idealization in order to experience a satisfactory level of personal cohesion.

Kohut also argued that, in the absence of a positive self-object with at least one supportive and loving parent, the likely outcome would be lack of cohesiveness and narcissistic pathology. This defective sense of self translates into impaired self-esteem, and is related to narcissistic object relations. As described by Stolorow:

...The nuclear pathology in narcissistic disturbances, according to Kohut, is an absence of or defect in the psychological structure that maintains self-cohesion and self-esteem. In narcissistic object relations, the object functions as a self-object; that is, as a substitute for the missing or defective self-esteem regulating psychic structure...Archaic narcissistic configurations...are mobilized in order to solidify a fragile and precarious sense of self-cohesion and self-

esteem and to avert the ultimate threat of fragmentation of the self-representation (Stolorow & Lachmann, 1980, pp. 13-14).

In summary, Kohut argues that maternal self-objects are paramount in the developing self of a newborn because he is formless in this aspect at time of birth. His idealization of the mother figure provides the core of his developing self and is based on the positive or negative mirroring or reflecting of the mother's orientation toward the infant.

Problems of personality integration and cohesion, for Kohut, were strongly attributed to the type of primary self-objects in the environment of the infant, primarily the mother and secondarily the father. These self-objects are thought to be internalized by the infant in the first years of life as functions of his own. With negative or noxious infant impressions of the self-objects, the developing self has difficulty in maximizing his own sense of inner security, comfort and personality cohesion.

Kohut believed that empathic nurturance by the mother contributes to the infant's sense of empowerment over his environment and the successful socialization of feelings of omnipotence. Conversely, negative self-object impressions contribute significantly to a flawed personality core in that self-cohesion and self esteem are inadequate. The consequence may be long-term, affecting adult relationships.

Kohut argued also that the close, positive relationship with at least one parent may save the child from a pathological core to his personality. The father was viewed as an idealized figure capable of providing a satisfactory parental relationship in the absence of a nurturing mother.

The core self for Kohut developed with positive mirroring, maternal empathy, empathic attunement and parental idealization. The absence or opposite of these maternal behaviors were thought to contribute to the formation of defects in the basic personality, or a developmental failure in a sense of self.

Summary of Theoretical Framework

Bowlby, Mahler, Winnicott and Kohut place primary importance on the quality of maternal interaction. The father is seen as additionally important, especially by Kohut who stresses the importance of at least one supportive, empathic parental interaction in the early life of the infant. These theorists agree that the failure of adequate mothering can contribute to a defective sense of self.

In summary, although the aforementioned theorists have slightly different orientations, they emphasize the importance of good enough mothering, empathy, positive attachment and acceptance as the primary contributing factors to personality development of the infant. With such positive maternal

nurturance, a child may be expected to develop a secure sense of self because of the predictability and positive quality of such care (Bowlby, 1973; Mahler, 1975); increasing levels of individuation (Mahler, 1971); solidity of the self (Winnicott, 1945); as well as good self-esteem or a positive sense of self (Kohut, 1977).

Defective characterological development, however, may be the result of the primary maternal figure's failure to bond in a positive way, resulting in emotional dependency (Bowlby, 1973); certain personality pathological tendencies (Mahler, 1975), powerlessness or a weakened sense of power over external reality (Winnicott, 1945); and a severely reduced level of self-esteem, cohesion, constancy and resilience (Kohut, 1977).

The core personality defects in focus for this study are thought to persist into adulthood because the early impressions are indelible on the weak and amorphous infantile self (Kohut, 1977). Or, Bowlby may attribute the lasting effects of early maternal positive or negative care to instinctive sensory registering of such care feelings, long before the verbal stage of the infant. Or, as Winnicott suggests, the root or core self persists into adulthood (1949).

The propensity for choosing mates and others, as significant people, similar in personality to the original rejecting parents, may reflect a compulsion to repeat the

early traumatic situation or failures in a doomed unconscious effort to gain mastery with a better outcome. (Freud, 1920) The purpose would be an attempt to master the conflict and capture a sustaining level of emotional stability.

RELATIONSHIP BETWEEN THEORETICAL FRAMEWORKS AND THE PERSONALITY CHARACTERISTICS UNDER STUDY

This clinician has identified five major personality characteristics that describe aspects of behaviors which are closely related to the core of the personality. These characteristics appeared to this researcher as being exhibited in the characterological assessments of some of her patients and linked to early perceptions of deficient parental love. It is, therefore, important to conduct this proposed study in an effort to ascertain the presence or absence of these characteristics in a larger group of women who are in long-term psychologically abusive relationships.

The core personality character defects are: (1) long-term, pervasive feelings of being unloved by parents; (2) experiencing a constant sense of powerlessness to get emotional needs met from others, especially primary persons such as spouses or boyfriends; (3) varying degrees of personality instability, including narcissistic feelings, high levels of anxiety, histrionic tendencies, and associated

stress-related somatic ills; (4) emotional dependence on others for validation and approval; and (5) chronic, pervasive feelings of low self-esteem.

Some of the above characteristics were assessed in this researcher's patients and may be supported theoretically. Concepts of Bowlby, Mahler, Winnicott and Kohut stress the relationship of maternal care to the development of these aspects of personality.

The primary objective of this study is to ascertain any linkages of adult perceptions of maternal care to spousal/partner attachments. Although such reporting may be limited by memory faults and defensiveness, such feelings have considerable impact on behavior.

CHAPTER IV

METHODOLOGY

Introduction

Certain core early elements of personality formation as referred to by such theorists as Bowlby, Mahler, Winnicott and Kohut, were prominently assessed as defects by this clinician when treating a small group of women who complained primarily of psychological abuse from their mates. These defects were severe feelings of being unloved by their mother and/or fathers, a sense powerlessness to get their emotional needs fulfilled, some pathological tendencies, emotional dependence on others and very low self-esteem, or a poor sense of worth.

The above-listed personality characteristics have possibly persisted from early childhood to the present, causing dysfunctional behavior as these weaknesses are exacerbated by the psychologically abusive treatment from the husbands and boyfriends of these patients.

The following research design focuses on the above-identified core personality characteristics and two groups of women, as described below.

This study is also expected to differentiate what may be considered within expectable limits of normalcy regarding the behaviors of men toward their women and those behaviors that may be considered psychologically abusive, based on the

content or nature of the interaction and the intensity and frequency of those behaviors. The cut-off point differentiating abusive and non-abusive psychological male behaviors was established by comparing the upper quartile and lower quartile responses on the "Psychological Abuse Measurement Questionnaire".

The methodology utilizes various instruments for eliciting information on the nature of psychological abuse by the partners of independent women, their perceptions of parental love, and certain personality characteristics.

Research Design

This preliminary descriptive study compared the following two groups of women to determine the presence of the personality characteristics previously described:

- (1) Women involved in long-term relationships (defined as over 3 years) who scored higher on the measure of psychological abuse.
- (2) Women involved in long-term relationships who scored lower on the psychological abuse scale.

Forty-seven respondents were variously grouped for statistical analysis purposes. The small size of some of the groupings constituted a limitation for the findings. However, the various grouping methods for statistical analyses

contributed significantly to the clarity of the findings.

Information on background variables for the subjects was collected after they completed a "Background Questionnaire". (See Appendix A). These variables included, among others, information on marital status, socioeconomic status, ethnicity, number of children, age, living arrangements, and past experience as a client or patient in therapy.

Subject Selection and Recruitment

The sample is an accidental or convenience group of subjects recruited from companies, organizations and agencies. The researcher mailed flyers (See Appendix A) to key personnel liaisons, such as EAP officers, supervisors and administrators for posting and/or distribution. Follow-up telephone calls were made by the researcher to clarify any questions that these liaison persons wanted to ask.

Most subjects independently returned that portion of the flyer that indicated their interest in the research project. Some administrators returned groups of responses of interested employees. These individuals were then independently contacted by the researcher to arrange a time for completing the questionnaires.

Criteria for respondents included: (a) current employment with a minimum salary of \$28,000 per year; (b)

married or unmarried, but in the relationship as described for at least three years; (c) between the ages of twenty-five and sixty years.

Subjects not meeting the above requirements for the study, as determined by answers to questions on the "Background Information Questionnaire" (See Appendix B) were excluded. Other, completed questionnaires were excluded from the analysis for the following reasons:

- * Two subjects elected to leave before completing study instruments and;
- * Twelve subjects were classified as failing to meet study criteria.

These subjects were excluded from all analyses. Reasons for exclusion included not being in a relationship presently for at least three years, admitting battery by their spouses, earning less than \$28,000 per year, or being younger than 25.

Recruitment continued until forty-seven respondents with the desired demographics were identified.

Measures

Researcher Developed Instruments

Perceived Psychological Abuse - A Dependent Variable

The instrument utilized for ascertaining the presence of perceived psychological abuse was a researcher-developed

"Psychological Abuse Measurement Questionnaire". (See Appendix B). This instrument relies on the perceptions and reports of women in relationships on the frequency with which the men in their lives behaved in certain ways toward them. The men may or may not have behaved as reported. Also, the women may or may not have perceived these behaviors as abusive. However, they felt hurt because of these behaviors. Thus the measure is at best one of reported abuse. However, for the sake of brevity, I will refer to it as a measure of psychological abuse.

Four types of psychological abuse were tapped: verbal criticism; withdrawal of support, communication and sex; social isolation and control.

The questions on the "Psychological Abuse Measurement Questionnaire" are based primarily on complaints received by this researcher from patients. Many similar complaints were listed by Hoffman (1984) as previously stated.

Some of Hoffman's questions were not appropriate for the present study. Additionally, her findings included statements about physical abuse, addictive behaviors of the men and their suicidal ideations. This researcher did not encounter any such statements by the patients. Also, Hoffman's findings have not been compiled as a measure of psychological abuse with established reliability and validity.

Hoffman used taped interviews with her subjects and later

analyzed her data screening for similarity in complaints. The present study utilized a structured questionnaire in soliciting information on the nature and severity of psychological abusive behaviors by men and toward the women.

The Tolman Inventory would be inappropriate for use in the present study primarily because of the associated physical abuse component. Women were physically abused in Tolman's study. None of the subjects were physically abused in the present study. As previously stated, it is important to differentiate clearly psychological abuse from physical abuse and related psychological abuse. The threat and actuality of physical abuse would clearly tend to intensify a woman's perception of psychologically abusive behaviors by the men.

A review of the fifty-eight items on Tolman's "Measure of Psychological Maltreatment of Women by Their Male Partners", revealed some similarities to the researcher's "Psychological Abuse Measurement Questionnaire". Similarities included extreme verbal criticism, some withholding of communication and affection (sex may be implied) and support, as well as considerable controlling behaviors. However, other items expressed in the Tolman Inventory, such as, threats of violence, taking the children, and having the woman committed to a mental institution were not part of the behaviors reported by the economically independent women subjects in the present study.

Also, because many of the women for the researcher's study were employed and not married or living with their men, the dimensions of control were considerably different from those suggested by the Tolman Inventory. Examples are telephone and automobile restrictions by the men.

Additionally, the blaming theme was not evident in this researcher's work with the economically independent women who had been psychologically hurt. The Tolman Inventory includes a number of items referring to the man blaming the woman for his own difficulties.

Other items useful for Tolman seems inappropriate for the present study. Denying the woman medical care, the right to work outside the home and accusing the woman of being mentally ill were not a part of the themes reported by patients of this researcher. Tolman also made reference in his Inventory to somatic reactions of the women, an important dimension of psychological abuse for the present study.

In summary, although there are apparent similarities in reported behaviors of the men of battered and non-battered women, there are significant difference. The use of identical instruments for Tolman's subjects and subjects of the present study is contra-indicated.

The reliability of the "Psychological Abuse Measurement Questionnaire" was established by re-testing some of the same respondents at least two weeks after they had taken the full

test packet.

Approximately, seventeen respondents indicated on the original "Re-Test Consent" form (See Appendix A) their willingness to re-take the researcher-developed instruments at a later time. Approximately two weeks later, ten respondents came to the researcher's office by appointment and responded for a second time to the "Psychological Abuse Measurement Questionnaire" and the "Adult Perceptions of Early Maternal and Paternal Love Questionnaire". This was done under the supervision of the researcher. When possible, two or three respondents were scheduled to re-take these tests at the same time. The other respondents worked alone with the researcher present.

Responses on the re-tests were matched to the original responses by each respondent. Their names were located on a roster maintained by the researcher, which also carried a test number. The same number was then assigned to the re-tested materials.

Reliability on the psychological abuse subscales was assessed by using both test-retest and internal consistency reliability coefficients. The test-retest was done on ten subjects after a two week interval. Internal consistency was done by calculating the Cronbach's alpha coefficient for each subscale.

Ideally, other clinicians could validate the questions

appearing on the "Psychological Abuse Measurement Questionnaire". However, because the concept of psychological abuse as a syndrome separate from the battered women's syndrome is not established, it is the belief of this researcher that such a validation effort would be more fruitfully conducted at a later date after clinicians have begun to look at the psychological abuse of the women as a unique problem.

Dutton and Painter have studied the psychological abuse that accompanies battering. However, this is a qualitatively different syndrome from women suffering from psychological abuse with an absence of any battering. Evans has focused on verbal abuse as a component of psychological abuse. However, there are other components of psychological abuse not covered in her book. (See "Review of the Literature").

The validity of the "Psychological Abuse Measurement Questionnaire" is, therefore, yet to be established. However, if in this preliminary study, it can be used to identify groups of women with significantly different characteristics, then validation will have begun.

The cut-off criteria for establishing the groups of psychologically abused and non-psychologically abused women was determined empirically. (See Research Design Section above and Findings Section below).

Sense of Being Loved or Unloved - An Independent Variable

This variable was measured by another researcher-developed instrument entitled, "Adult Perceptions of Maternal and Paternal Early Love". (See Appendix C). As previously stated, ten respondents were re-tested on this instrument approximately two weeks after the original taking of the full test packet. Reliability coefficients are presented in Chapter V. Its use for this project constitutes a beginning for researching the validity of retrospective reporting of early maternal and paternal love, and of the construct validity of this particular measure.

The assumption by this researcher is that the way one feels about having been loved or not is lasting and originally imparted by the quality of parental involvement in the early care of the infant. The profoundness of this experience is theoretically supported, as stated repeatedly in Chapter III. In this cross-sectional study, the closest we can come to measuring the maternal and paternal love experienced by the subjects is to tap the subject's current perceptions of early love. Although this ex-post facto self-report method grossly limits the testing of the theories previously referred to, it allows for a beginning.

This concept of retrospective reporting about feelings of parental love was also explored by other researchers, namely Zweig-Frank and Paris (1992). They reported that borderline

patients perceive their parents as less caring and more overprotective than do non-borderline patients. This small, but significant difference between borderline and non-borderline patients is supported by numerous theorists. However, Cowdry and O'Leary (1992) attacked the finding as possibly not meaningful and cited complicating factors not considered by Zweig-Frank and Paris, such as physical and sexual abuse, children with attention disorders and impulsive behaviors, and other behaviors that had no apparent such linkage to their perceptions of parental deficiencies.

The above arguments would seem to be valid and should stimulate additional research into the area of retrospective perceptions of maternal care by adults and related psychological pathology. The current study focuses on some of the characteristics of psychologically and non-psychologically abused women, but does not specifically address other psychogenic factors such as the borderline personality.

One significant point for purposes of the current research, however, is that Zweig-Frank and Paris used retrospective reporting of adults' perception of parental care, the reporting method required by this researcher for responding to her "Adult Perceptions of Early Maternal and Paternal Love Questionnaire". Responding to criticism of the retrospective reporting method of recalling feelings about one's parents, Zweig-Frank and Paris stated that some patients

reported parents as always being intrusive, as long as thirty-six years. The assumption is that parents' personalities persist and are basically unchanged over time.

Published Instruments
(Independent Variables)

Sense of Emotional Power or Powerlessness - This characteristic has to do with a child's sense of contact with and power over his external reality, according to Winnicott (1945, pp 152-153) as previously stated. With good mothering, the infant feels omnipotent because of the consistency with which her needs are met. Later, such feelings of power become socialized for the normal child as she learns the give and take of getting along with others. For the child who fails to receive adequate nurturing, such progressive socialization of omnipotent feelings are constantly frustrated in later interpersonal relationships. The consequence of such failures will most probably be a sense of powerlessness in getting emotional needs met from and through relationships with others. (See Chapter III).

For this study, personal emotional power was defined and measured with the use of:

- (1) "The Sarason Brief Measure of Social Support", which measures the size and quality of one's social

network, and

- (2) "The Sarason Brief Measure of Social Support", which measures satisfaction with one's support network.

The above-identified instruments may be found in Appendix C. "The Sarason Brief Measure of Social Support" (Sarason, Shearin & Pierce, 1987) (SSQ-6) is a short instrument designed to measure both size and quality of social networks. It was adapted from the longer "Social Support Questionnaire" and contains questions about six different dimensions of social support. For each of these dimensions, the respondent is asked (a) to indicate (using initials and relationship only) how many people they know who could help them and (b) to indicate how satisfied they are with the quality of the support received in that area.

The SSQ6 was validated on samples of 182, 221, and 179 subjects. Internal reliabilities were found to range from .90 to .93 for both Number and Satisfaction (the two subscales). Validity was assessed by correlating the SSQ6 with standardized instruments, correlations being observed between both social support scales and measures of anxiety, depression and social skills.

The "Satisfaction with Social Support Network", a subscale of Sarason, asks twelve questions about people in the respondents' environments and their satisfactions with these

relationships.

The validity and reliability of the above-mentioned subscales are well established.

Personality Pathology and Pathological Tendencies - These personality characteristics were measured by four scales drawn from the "Millon Clinical Multiaxial Inventory (MCMI)". (See Appendix C; Chapter III for theoretical linkages to pathology).

- (1) Narcissism - This scale has 43 items and tests for inflated image, interpersonal exploitativeness, cognitive expansiveness, insouciant temperament and deficient social conscience.
- (2) Histrionic - Thirty items tests fickle affectivity, sociable image, interpersonal seductiveness, cognitive dissociation, and immature stimulus-seeking behavior.
- (3) Anxiety - Scale A - 37 items. The high-scoring patient often reports feeling either vaguely apprehensive or specifically phobic, is typically tense, indecisive, restless and tends to complain of a variety of physical discomforts such as tightness, excessive perspiration and ill-defined muscular aches and nausea.
- (4) Somatoform - 44 Items - The high-scoring patient expresses psychological difficulties through

somatic channels, reports persistent periods of fatigue and weakness, and may be preoccupied with ill-health and a variety of dramatic, but largely non-specific pains in different and unrelated regions of the body.

The MCMI is a personality inventory consisting of 175 items that are answered in a true-false fashion. The major goal in constructing the MCMI was to keep the total number of items comprising the inventory small enough to encourage its use in all types of diagnostic and treatment settings, yet large enough to permit assessment of a wide range of clinically relevant behaviors.

Each of its twenty clinical scales was constructed as an operational measure of a syndrome from a theory of personality and psychopathology (Millon, 1969, 1981). Since these variables are anchored to a broad-based and systematic theory, they suggest specific patient diagnosis and clinical dynamics, as well as testable hypotheses about social history and current behavior.

Millon expresses his belief that personality development is a function of a complex interaction of biological and environmental factors (Millon and Everly, 1985). He attributes a significant role in the formation of personality to heredity, prenatal maternal factors and "sensitive periods of neurological development" (Millon and Everly, 1985).

The neuropsychological stages of development, according to Millon, seem to harmonize favorably with other theorists conceptually relied upon for this study. Bowlby stressed the fundamental attachment necessary in the bonding of mother and her newborn as being instinctively based. Additionally, Millon agrees that a "stimulus impoverishment during this stage (0-18 months) results in apathy, deficits in social attachment, social alienation and depression" (Millon and Everly, pg. 13, 1985).

The sensorimotor-autonomy stage of neuropsychological growth, approximately 1 to 6 years of age, is viewed as critical by Millon and the aforementioned theorists. This is the stage when many abilities for verbalization, locomotion and fine motor manipulation increase and the child becomes more autonomous. Millon stresses the importance of an abundance of environmental stimuli and suggest that stifling of opportunities to explore is likely to result in "timidity, passivity and submissiveness". Excessive stimulus nutriment, on the other hand, is likely to result in uncontrolled self-expression, social irresponsibility and narcissism". (Millon and Everly, pg. 13, 1985).

Margaret Mahler also stressed the need for a balanced interaction between the mother and child to allow for the separation-individuation stage to proceed normally. Excessive intrusiveness by the mother was thought to retard the

emotional and psychological development of the personality.

Heinz Kohut stressed the importance of a maternal nurturing environment for the child that is characterized by mirroring, empathy and attunement of the mother to the child's needs. Millon, too, stresses positive "environmental factors" as necessary for developing the personality potentials of infants.

Millon's reliance on multiple theories that ascribe considerable importance to maternal care, as well as biological differences, is consistent with the theorists referred to in supporting this study, namely Bowlby, Mahler, Winnicott and Kohut. The MCMI is an appropriate instrument for identifying any psychological pathology of this study's respondents because of its established reliability, validity and theoretical basis.

Validation for the MCMI progressed through a sequence of three steps:

- (1) Theoretical - substantive;
- (2) Internal-structural;
- and (3) External - criterion.

By using different validation strategies, the MCMI upholds standards of test developers committed to diverse methods of construction and validation (Hase & Goldberg, 1967). Cross validation data gathered with non-developmental samples support the generalizability, dependability and accuracy of diagnostic scale cutting line and profile

interpretations.

Emotional Dependence - The instrument of choice is the "Measure of Interpersonal Dependence".

Interpersonal dependency is defined as a complex of thoughts, beliefs, feelings, and behavior related to the need to associate with valued other people. The patient stimulus group reported perceiving their men as strong and powerful. The MID was developed from an original pool of 98 items and based on previous instruments and an extensive review of the literature. Factor analysis with varimax rotation was then used to refine the pool of items down to 48 items comprising three specific subscales:

- (1) Emotional Reliance on Another Person
- (2) Lack of Social Self-Confidence
- (3) Assertion of Autonomy

(Please see Appendix C)

The reliability and validity of this instrument have not been established. Findings from the use of this instrument in this study are, therefore, limited.

Self-Esteem - Although there are other measures of self-esteem, the instrument of choice is the "Rosenberg Self-Esteem Scale", one of the most respected instruments for this dimension of the personality.

Reliability of the RSES was assessed by studies showing test-retest reliability coefficients of .85 and .88 over a

two-week re-test interval (Silber and Tippett, 1965).

Construct validity has been evaluated by correlating Rosenberg with other instruments measuring concepts theoretically related to self-esteem. Crandall, 1973, found that the Rosenberg Scale was correlated at $r = .60$ with Cooper-Smith Self-Esteem Inventory.

Data Collection

All respondents completed the questionnaires at sites prearranged by the researcher. The largest group, approximately twenty-five subjects, completed the questionnaires prior to a workshop on male-female relationships conducted by the researcher in the conference room of a local hotel. Other small groups and individuals were given convenient scheduled appointments to respond to the questionnaires at the researcher's office. On one occasion, the researcher traveled to a law enforcement agency, where she met with several female officers who responded to the questionnaires.

The researcher was present when respondents answered all questions in the test packet. She provided minimal clarification type responses to questions about the various consent forms and human subjects considerations, which are discussed in the Human Subjects Section (p 59) and in Appendix

A.

Each set of questionnaires was numbered. A master roster matching the number on the set with the respondent's name was maintained separately. Re-test respondents for the two researcher-developed instruments were identified by number on the original roster. The number on the re-test packets corresponded to the original assigned test number.

Protection of Human Subjects

The subjects of this study were considered at risk because they were asked to respond to questions that could have provoked emotional reactions. There were no unreasonable risks to health, well being, or dignity of the subjects.

To insure protection from any type of harm for respondents in this study, the following precautions were taken:

- (1) Confidentiality of the data and anonymity of the individual participant was protected by:
 - (a) A "Voluntary Consent Statement", (Appendix A), which provides an option for anonymous participation.
 - (b) Names were maintained and looked up separately from test forms, which had only corresponding numbers.

- (2) Respondents were assured freedom from any coercion to participate by inclusion of the following forms in the test packet:
 - (a) "Voluntary Consent Statement" (Appendix A), which specifically addresses the respondents' issue of freedom to participate in this project. Two people exercised this option and stated that the questions were "too personal".
 - (b) "Informed Consent Form", (Appendix A).
 - (c) "Introduction to Test-Taking" , (Appendix A).
In the above-named documents, the respondents were given the option of ceasing participation at anytime during the test-taking process.
- (3) Avoiding any suggestion of exploitation by clearly stating:
 - (a) The number of tests in the packet and
 - (b) The approximate test-taking time, and
 - (c) Stating that the findings are for research purposes only. (See Announcement - Appendix D)
- (4) Protecting subjects should emotional reactions to test-taking process occur by:
 - (a) Personally collecting the data. The researcher is a licensed clinical social worker trained to screen for any excessive

reactions by respondents and for subjects to whom the research may have posed any unusual risk.

- (b) Subjects were told to stop the test if they felt too uncomfortable to go on. (See "Introduction to Test Taking," Appendix A). As previously stated, two women exercised this option.
- (c) Respondents were offered one follow-up session at no cost with the researcher. Seven people accepted this offer and were seen for individual consultation at no charge within two weeks after conclusion of the test-taking.

The researcher believes that the above procedures adequately protected the study participants.

Research Hypotheses

Each of the following hypotheses were evaluated at the $p < .05$ level significance:

Hypothesis Regarding Feeling Maternal and/or Paternal Love

Hypothesis #1: Women in long-term, psychologically abusive relationships will report feeling less loved (a) by their mothers and (b) by their fathers

than women in long-term, non-psychologically abusive relationships.

Hypothesis Regarding a Sense of Emotional Powerfulness

Hypothesis #2: Women in long-term, psychologically abusive relationships will report (1) fewer and (2) less satisfying relationships than women in long-term, non-psychologically abusive relationships.

Hypothesis Regarding Pathological Personality Tendencies

Hypothesis #3A: Women in long-term, psychologically abusive relationships will score higher levels of narcissistic tendencies than women in long-term, non-psychologically abusive relationships.

Hypothesis #3B: Women in long-term, psychologically abusive relationships will report more histrionic tendencies than women in long-term, non-psychologically abusive relationships.

Hypothesis #3C: Women in long-term, psychologically abusive relationships will report higher levels of anxiety than women in long-term, non-psychologically abusive relationships.

Hypothesis #3D: Women in long-term, psychologically abusive relationships will report significantly more somatic ills than women in long-term, non-psychologically abusive relationships.

Hypothesis #4: Women in long-term, psychologically abusive relationships will demonstrate greater interpersonal emotional dependence than women in long-term, non-psychologically abusive relationships.

Hypothesis #5: Women in long-term, psychologically abusive relationships will register significantly lower levels of self-esteem than women in long-term, non psychologically abusive relationships.

Data Analysis

The study utilized statistics from each questionnaire to evaluate the research hypotheses, each of which were tested at the $p < .05$ level of statistical significance. For the comparisons between the two study groups, the primary technique was the independent groups t-test, which tested the differences between the group means.

Tabulation of statistics for this study was done with the use of a computer and two programs: 1) The SPSS (Statistical Package for the Social Sciences); and 2) CRUNCH.

CHAPTER V

Findings

Profile of Study Subjects

Subjects consisted of 47 working women, ranging in age from 25 to 58 years. Mean age was 39.2 years, with a standard deviation of 8.8 years. Income ranged from \$28,000 to \$120,000, with mean income of \$41,380. Over three-quarters of the subjects (78.7%) reported having children. Over half of the subjects -- 26 subjects (55.3%) -- had sought counseling help from a mental health professional. The great majority of subjects (42, 89.4%) reported that they had been raised primarily by their mothers.

Information on additional demographic and background characteristics of the sample are shown in Table 1. As can be seen in the table, almost two-thirds of the subjects were African American (63.8%). Subjects were relatively well-educated, with 53.2% having either a baccalaureate or graduate college degree. Almost two-thirds (66.0%) of subjects were classified as being Higher Professionals or Managers/Administrators. In terms of marital status, 38.3% were married, with 17.0% being divorced and 17.0% separated; 23.4% of subjects had never been married.

Table 1

Demographic and Background Characteristics of Sample

<u>Ethnicity</u>	<u>Number</u>	<u>Percentage</u>
White	9	19.2%
African American	30	63.8%
Latino	5	10.6%
Asian/Asian-American	2	4.3%
Other	1	2.1%

<u>Education</u>	<u>Number</u>	<u>Percentage</u>
High School	3	6.4%
Some College	11	23.4%
2-year Degree	8	17.0%
4-year Degree	14	29.8%
Graduate Degree	11	23.4%

<u>Occupation</u>	<u>Number</u>	<u>Percentage</u>
Higher Professional (Lawyer, Physician)	3	6.4%
Administrative, Managerial	28	59.6%
Clerical, Sales	13	27.7%
Unknown	3	6.4%

...table continues

Table 1 (continued)

Demographic and Background Characteristics of Sample

<u>Marital Status</u>	<u>Number</u>	<u>Percentage</u>
Married	18	38.3%
Divorced	8	17.0%
Separated	8	17.0%
Widowed	1	2.1%
Single, Never Married	11	23.4%
Living with Other	1	2.1%
<u>Living Situation</u>	<u>Number</u>	<u>Percentage</u>
Live alone in own home	5	10.6%
Live alone in rented home or apartment	6	12.8%
Live with Husband	18	38.3%
Live with Partner (unmarried)	3	6.4%
Live with Parents or Other family	4	8.5%
Live with children	11	23.4%

These variables were taken into account as possible confounding variables by correlating them with the psychological abuse scales. This analysis was done for marital status, living situation (living with husband versus not) and previous experience with therapy. None of these variables was found to have any significant association with psychological abuse.

Construction and Validation of Scales Measuring
Psychological Abuse and Parental Love

It is important to differentiate between perceived psychological abuse and reported behaviors. The questionnaire designed by this researcher asked respondents to report whether they had experienced any of 19 behaviors on the part of their partner, as well as the frequency of those behaviors. These items were then summed to obtain an operational measure of overall psychological abuse for use in this study.

In order to more precisely define the dependent variable of psychological abuse, the 19 abuse items were content analyzed with reference to type of abuse. Questions on the psychological abuse measurement scale were analyzed to identify common themes related to specific types of psychological abuse. This led to the identification of four distinct types of psychological abuse: Verbal Criticism;

Withdrawal of Support, Communication, or Sex; Social Isolation; and Control.

Verbal Criticism involved critical language directed toward the woman by her male partner. Verbal criticism was identified in 8 items. Withdrawal of Support, Communication, or Sex involves the withdrawal of support by the partner. Examples include discouraging the woman's efforts to improve herself educationally or professionally, verbal or sexual withdrawal, and a general lack of sensitivity. Withdrawal of support themes were identified in 6 items. Social isolation occurs when the partner seeks to isolate the woman from her friends, his friends, or family members. Social isolation themes were identified in 3 items. The specific items included in each of these four psychological abuse scales are shown in Table 2.

Table 2**Items Comprising Psychological Abuse Subscales****Verbal Criticism (8 items)**

- 2. Accuse me of promiscuity. Tries to control my outside activities
- 10. Abuses me verbally when we're alone
- 12. Abuse me verbally in public or in front of friends
- 13. Criticizes me for what I think are my strong points
- 14. Criticizes me in general
- 15. Criticizes my intelligence
- 16. Criticizes my physical appearance
- 17. Criticizes my sexual attractiveness

Withdrawal of Support, Communication, or Sex (6 items)

- 1. Refuses to talk to me, even though I need to talk
- 3. Shows little or no tenderness
- 4. Discourages my efforts to improve educationally or on the job
- 6. Disregards my desires or feelings
- 11. Causes me to feel sick
- 18. Withdraws from me sexually for long periods

Social Isolation (3 items)

- 7. Won't take me out with him when he goes out with friends
- 8. Won't take me with him when he sees his family
- 9. Won't let me go out alone with my own friends

...table continues

Table 2 (continued)

Other Psychological Abuse (2 items)

5. Treats me like a slave or his property
19. Controls family finances

Similar content analysis was carried out for the items assessing love and attachment to both mother and father. This analysis led to the identification of the following subscales: Love, Bonding, and Acceptance (Mother); Criticism from Mother; Support from Mother; Love, Bonding, and Acceptance (Father); Criticism from Father; and Support from Father. Items in each of the three "Mother" subscales are shown in Table 3. Items in the "Father" subscales are parallel, with similar content but phrasing referring specifically to the respondent's childhood relationship with her father (no table shown).

Table 3

Items Comprising Maternal Love Subscales

Love, Bonding, and Acceptance (Mother) (7 items)

1. I always felt that my mother loved me
4. My mother was accepting of me unconditionally
5. I felt rejected by my mother (R)
6. I have never doubted my mother's love for me
7. There is a positive bond between my mother and me
9. My mother and I loved each other
12. As a child, my mother made me feel I was important to her

Criticism from Mother (1 item)

3. My mother was very critical of me

Support from Mother (4 items)

2. My mother was in tune with my feelings most of the time
8. My mother could be counted on to comfort me when I was a child
10. I have always felt abandoned by my mother (R)
11. My mother's personality could best be described as cold (R)

Note. (R) indicates reverse-scored item

Table 4

Descriptive Statistics on Psychological Abuse, Maternal Love, and Paternal Love Subscales (Full Sample, N=47)

<u>Max.</u>	<u>Number of Items</u>	<u>Mean</u>	<u>s.d.</u>	<u>Min.</u>	
Overall Psychological Abuse	19	32.75	12.58	19	71
Verbal Criticism	8	13.25	5.99	8	32
Withdrawal of Support, Communication, or Sex	6	10.81	4.38	6	23
Social Isolation	3	5.55	2.24	3	12
Control	2	3.13	1.57	2	7
Love, Bonding, and Acceptance (Mother)	7	25.81	6.66	8	35
Criticism from Mother	1	2.77	1.24	1	5
Support from Mother	4	13.83	3.90	7	20
Love, Bonding, and Acceptance (Father)	7	18.84	3.42	12	29
Criticism from Father	1	2.43	1.37	1	5
Support from Father	4	13.46	4.14	4	20

Descriptive statistics, including mean, standard deviation, minimum, and maximum, are shown for each of the above subscales in Table 4.

Given the fact that these scales were developed by the researcher specifically for this study, it was important to conduct reliability analysis. Reliability on the psychological abuse subscales was assessed using both test-retest and internal consistency reliability coefficients. These reliability results are shown in Table 5.

The test-retest was done on 10 subjects after a two-week interval. The correlations between scores at the two time periods were very high and significant, as reflected in Table 5. On the psychological abuse subscales, test-retest correlation coefficients ranged from $r = .80$, $p < .001$ for Control to $r = .99$, $p < .001$ for Overall Psychological Abuse, Verbal Criticism, and Withdrawal of Support, Communication, or Sex. Test-retest reliability coefficients were even higher on the maternal bonding items, with all coefficients being at least $r = .99$. Test-retest coefficients were also high on the paternal bonding scales, with the lowest being Support from Father ($r = .87$, $p < .001$).

Cronbach's alpha coefficients, reflecting internal consistency, were also calculated for researcher-developed scales; these are also shown in Table 5. In general, these results indicate a high degree of reliability for these

researcher-developed scales. The alpha coefficients exceeded .80 for Overall Psychological Abuse, Verbal Criticism, and Withdrawal of Support, Communication, or Sex. The reliability coefficients were somewhat lower for Social Isolation (.61) and Control (.64). Alpha coefficients for both the maternal and paternal attachment scales were also acceptable. Specifically, the alpha coefficients for Love Bonding, and Acceptance (Mother) was .69 and for Support from Mother .83. Comparable alpha coefficients for the father were .91 and .80.

Intercorrelations of the psychological abuse scales are shown in Table 6. These correlations were generally quite high. The highest intercorrelation among the four specific subscales was that between verbal criticism and withdrawal of support ($r = 0.83, p < .001$). All correlations among the psychological abuse subscales were significant at the $p < .001$ level.

Table 5

Reliability Characteristics of Psychological Abuse, Maternal Love, and Paternal Love Subscales

Cronbach	Number	Test- Retest	
	of items	Correlation	Alpha
Overall Psychological Abuse	19	0.99***	0.95
Verbal Criticism	8	0.99***	0.93
Withdrawal of Support, Communication, or Sex	6	0.99***	0.88
Social Isolation	3	0.97***	0.61
Control	2	0.80***	0.64
Love, Bonding, and Acceptance (Mother)	7	0.99***	0.69
Criticism from Mother	1	1.00***	n/a
Support from Mother	4	0.98***	0.83
Love, Bonding, and Acceptance (Father)	7	0.91***	0.91
Criticism from Father	1	0.89***	n/a
Support from Father	4	0.87***	0.80

***p < .001

Table 6

Intercorrelations of Psychological Abuse Subscales

	<u>Measure of Psychological Abuse</u>			
	<u>Overall Psy. Ab.</u>	<u>Verbal Criticism</u>	<u>Withdrawal of Support</u>	<u>Social Isolation</u>
<u>Control</u>				
Overall Psychological Abuse 0.80***	1.00	0.95***	0.92***	0.70***
Verbal Criticism 0.73***		1.00	0.83***	0.53***
Withdrawal of Support, Communication, or Sex 0.65***			1.00	0.55***
Social Isolation 0.60***				1.00
Control				1.00

Note. Cells show Pearson product-moment correlation coefficients.

***p < .001

Hypotheses Tests

For each of the hypothesis tests, the following procedure was initially used. The dependent variable, "being in a psychologically abusive relationship," was operationally measured using the overall measure of psychological abuse and each of the four psychological abuse subscales. For each abuse scale/subscale, the sample was separated into groups of "no psychological abuse" and "psychological abuse" based on a median split. This split created approximately equal groups for comparison purposes.

Although maximizing the comparison group sizes, this median split approach posed some conceptual problems in that a minor variation in responses could result in a woman's assignment to the abused or non-abused group. For example, there were two cases for which scores fell above the median for abuse even though there was no item on the entire scale for which they indicated a frequency of more often than "rarely." This led to the development of alternative approaches to identifying women who had and had not been psychologically abused.

In order to more thoroughly explore the hypothesized differences between women reporting abusive behaviors by their mates and those not reporting such abuse, several alternative methods were used to create the psychological abuse groups for comparison purposes. Results from using two of the

alternative methods are reported here: (a) subjects scoring in the upper quartile on each measure of psychological abuse were compared to all subjects with lower levels of psychological abuse on that measure; and (b) subjects scoring in the upper quartile on each measure of psychological abuse were compared to those in the lower quartile, with the "in between" subjects being excluded from the analysis. The latter alternative method would theoretically lead to the greatest differentiation in the study variables being analyzed.

In order to compare the effectiveness of the three alternative techniques for identifying differences between abused and non-abused subjects, results are compared systematically in Tables 7 through 12.

Hypothesis #1-A: Women in psychologically abusive relationships will have experienced less maternal love than women in non-psychologically abusive relationships.

Table 7 shows the three alternative group definitions for the psychological abuse variables to compare scores on Maternal Love. Results show that the use of the median-split group definition showed no differences on either criticism or support from mother, although there was a significant difference on love, bonding and acceptance with mother. However, the use of the two alternative definitions yielded significant differences on all three measures of Maternal Love. Strongest correlations were with Maternal Criticism,

with those subjects who had experienced psychological abuse scoring considerably higher on this scale using both the two alternative methods.

Hypothesis #1-B: Women in psychologically abusive relationships will have experienced less paternal love than women in non-psychologically abusive relationships.

Results of this hypothesis test, again using the three alternative group definitions for the psychological abuse grouping, are shown in Table 8. The median-split approach to defining psychological abuse revealed no significant relationship between Paternal Love and subsequent psychological abuse. However, using the upper quartile of the PA group and comparing them to all others, the PA group reported significantly more negative feelings regarding love, bonding and acceptance by their fathers than the non-PA group.

Table 7

Differences in Maternal Love Scores for Abused versus Non-Abused Subjects

1. Original Group Definition					
	No Psychological Abuse (N=22)		Psychological Abuse (N=25)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Mother)	28.09	6.65	23.80	6.09	2.29*
Criticism from Mother	2.45	1.22	3.04	1.21	1.65
Support from Mother	14.54	4.21	13.20	3.58	1.17
2. Upper quartile versus others					
	No Psychological Abuse (N=38)		Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Mother)	27.40	5.93	19.90	6.03	3.51**
Criticism from Mother	2.43	1.12	4.00	0.82	4.94***
Support from Mother	14.54	3.83	11.20	3.08	2.88**
3. Upper quartile versus lower quartile					
	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Mother)	27.42	7.67	19.90	6.03	2.57*
Criticism from Mother	2.17	1.47	4.00	0.82	3.70**

...table continues

Table 7 (continued)

Support from Mother	14.84	4.69	11.20	3.08	2.18*
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*p < .05; **p < .01; ***p < .001

Table 8

Differences in Paternal Love Scores for Abused versus Non-Abused Subjects

1. Original Group Definition

	No Psychological Abuse (N=22)		Psychological Abuse (N=22)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Father)	34.41	3.42	35.96	4.39	1.30
Criticism from Father	2.41	1.56	2.46	1.18	0.11
Support from Father	13.73	4.57	13.18	3.76	0.43

2. Upper quartile versus others

	No Psychological Abuse (N=35)		Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Father)	35.69	3.93	33.22	3.67	1.77*
Criticism from Father	2.34	1.37	2.78	1.39	0.84
Support from Father	13.14	4.31	14.67	3.39	1.13

3. Upper quartile versus lower quartile

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Father)	35.17	3.64	33.22	3.67	1.21
Criticism from Father	2.00	1.54	2.78	1.39	1.21
Support from Father	15.17	4.80	14.67	3.39	0.28

*significant using one-tailed t-test. $p < .05$)

**Note: Three subjects who met the study criteria and completed all study instruments reported that they had not had a father present during childhood. These subjects were retained for analysis, but their scores on the Paternal Love subscales were set to missing values. Thus, the analysis reported for Hypothesis 1-B has three fewer cases than the remainder of the statistical analysis

Table 9

Differences in Social Support Scores for Abused versus Non-Abused Subjects

1. Original Group Definition					
	No Psychological Abuse (N=22)		Psychological Abuse (N=25)		t-test
	Mean	S.D.	Mean	S.D.	
Size of Social Support Network	21.96	12.95	20.44	13.12	0.40
Satisfaction With Social Support Network	33.27	3.15	30.24	6.25	2.14*
2. Upper quartile versus others					
	No Psychological Abuse (N=35)		Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Size of Social Support Network	22.38	12.61	16.60	13.71	1.20
Satisfaction With Social Support Network	32.65	3.60	28.00	8.27	1.73**
3. Upper quartile versus lower quartile					
	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Size of Social Support Network	25.08	14.92	16.60	13.71	1.39
Satisfaction With Social Support Network	34.00	2.52	28.00	0.27	2.21*

* $p < .05$

**significant using one-tailed t-test. ($p < .05$)

Hypothesis #2-A: Women in psychologically abusive relationships will have less extensive social support networks than women in non-psychologically abusive relationships.

Hypothesis #2-B: Women in psychologically abusive relationships will be less satisfied with their social support networks than women in non-psychologically abusive relationships.

Results for these two hypothesis tests are shown in Table 9. All three definitions of abuse yielded the same results. Although PA women tended to have smaller networks, the differences were not significant. However, the PA abused women were significantly less satisfied with their social networks.

Hypothesis #3-A: Women in psychologically abusive relationships will demonstrate higher levels of narcissism than women in non-psychologically abusive relationships.

Hypothesis #3-B: Women in psychologically abusive relationships will demonstrate higher levels of histrionic tendencies than women in non-psychologically abusive relationships.

Hypothesis #3-C: Women in psychologically abusive relationships will demonstrate higher levels of anxiety than women in non-psychologically abusive relationships.

Hypothesis #3-D: Women in psychologically abusive relationships will demonstrate higher levels of somaticism

than women in non-psychologically abusive relationships.

Table 10 shows the scores on the MCMI using three alternative methods for computing psychological abuse variables (Hypotheses 3A through 3-D). The use of the median split method relative to psychological abuse showed no apparent relationship with the MCMI scales. However, the comparison of the upper quartile with all others and with the lower quartile showed a significant difference on levels of anxiety and somaticism ($p < .05$).

Table 10

Differences in MCMI Scores for Abused vs. Non-Abused Subjects

1. Original Group Definition

	No Psychological Abuse (N=22)		Psychological Abuse (N=25)		t-test
	Mean	S.D.	Mean	S.D.	
Narcissism	52.04	7.05	49.96	4.89	1.16
Histrionic Tendencies	35.32	5.84	34.84	6.15	0.27
Anxiety	16.41	4.38	18.60	5.72	1.48
Somaticism	10.14	5.37	12.52	6.28	1.40

2. Upper quartile versus others

	No Psychological Abuse (N=37)		Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Narcissism	50.95	6.46	50.90	4.25	0.03
Histrionic Tendencies	34.87	5.79	35.80	6.76	0.40
Anxiety	16.68	4.10	20.90	7.45	1.72**
Somaticism	10.40	4.91	15.10	7.99	1.77**

3. Upper quartile versus lower quartile

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Narcissism	50.92	4.21	50.90	4.25	0.01
Histrionic Tendencies	33.83	5.39	35.80	6.76	0.74
Anxiety	15.08	4.23	20.90	7.45	2.19*

...table continues

Table 10 (continued)

Somaticism	9.17	5.15	15.10	7.99	2.02*
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* $p < .05$

**significant using one-tailed t-test. ($p < .05$)

Hypothesis #4: Women in psychologically abusive relationships will be more emotionally dependent than women in non-psychologically abusive relationships.

Table 11 compares scores on Measures of Interpersonal Dependence using three alternative group definitions for the psychological abuse variables (Hypotheses 3-A through 3-D). The original definition of psychological abuse had shown no significant relationship between interpersonal dependence and subsequent psychological abuse. This finding was replicated using the two alternative definitions of psychological abuse shown in Table 11.

Hypothesis #5: Women in psychologically abusive relationships will have lower levels of self-esteem than women in non-psychologically abusive relationships.

Results for this hypothesis test are shown in Table 12, which shows strong support for the hypothesis. Use of all three methods showed a significant difference between the psychological abuse groups on levels of self-esteem ($p < .01$), with abused women scoring lower.

Table 11

Differences in Interpersonal Dependence Scores for Abused versus Non-Abused Subjects

1. Original Group Definition

	No Psychological Abuse (N=22)		Psychological Abuse (N=25)		t-test
	Mean	S.D.	Mean	S.D.	
Emotional Reliance on Others	37.14	6.50	38.44	6.85	0.67
Lack of Self-Confidence	20.06	3.29	20.12	3.68	0.73
Interpersonal Dependence	58.00	8.12	58.56	9.58	0.22

2. Upper quartile versus others

	No Psychological Abuse (N=37)		Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Emotional Reliance on Others	37.76	6.85	38.10	6.15	0.15
Lack of Self-Confidence	20.83	3.36	19.10	3.76	1.33
Interpersonal Dependence	58.59	8.87	57.20	9.10	0.43

3. Upper quartile versus lower quartile

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Emotional Reliance on Others	38.00	7.97	38.10	6.15	0.03

...table continues

Table 11 (continued)

Lack of Self- Confidence	21.08	3.20	19.10	3.76	1.32
Interpersonal Dependence	59.08	9.31	57.20	9.10	0.48

Table 12

Differences in Self-Esteem Scores for Abused versus Non-Abused Subjects

1. Original Group Definition					
	No Psychological Abuse (N=22)		Psychological Abuse (N=25)		t-test
	Mean	S.D.	Mean	S.D.	
Self-esteem	33.18	4.47	29.64	4.65	2.66*
2. Upper quartile versus other					
	No Psychological Abuse (N=37)		Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Self-Esteem	32.03	4.58	28.60	5.17	1.90**
3. Upper quartile versus lower quartile					
	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Self-Esteem	34.33	4.12	28.60	5.17	2.84*

* $p < .01$

**significant using one-tailed t-test ($p < .05$).

Final Hypotheses Tests

The above analysis, then, showed that the strongest differences on overall psychological abuse were observed when using the second alternative definition; that is, comparisons of the upper to the lower quartile on levels of psychological abuse. Thus, this definition was selected for the final set of hypothesis tests presented in this section. For each hypothesis, results are presented as a set of five comparisons, first with overall psychological abuse defining the abuse, and second with each of the four types of psychological abuse being used to define the comparison groups. The results on overall psychological abuse comparisons, which were included in the previous section, are repeated for ease of comparison.

The first set of hypotheses referred to relationships between maternal love and psychological abuse. The results of the upper/lower quartile analysis of these hypotheses are shown in Table 13. The original median-split analysis had shown strong support for the hypotheses, and this is replicated here. However, results here are even stronger, with significant differences found consistently on all measures of psychological abuse except Social Isolation.

This implies that deficits in maternal love are important precursors to involvement in relationships characterized by verbal criticism, withdrawal of support, and

control, as well as overall psychological abuse by the partner.

Table 13

Comparison of Maternal Love By Whether Psychological Abuse Occurred, Upper Quartile Versus Lower Quartile (Hypothesis 1-A)

Overall Psychological Abuse

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Mother)	27.42	7.67	19.90	6.03	2.57**
Criticism from Mother	2.17	1.47	4.00	0.82	3.70**
Support from Mother	14.84	4.69	11.20	3.08	2.18*

Type of Psychological Abuse: Verbal Criticism

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Mother)	29.45	6.50	20.33	6.22	3.20**
Criticism from Mother	2.27	1.42	3.89	0.78	3.22**
Support from Mother	15.18	4.07	11.67	2.88	2.26*

Type of Psychological Abuse: Withdrawal of Support, Communication, and Sex

	Lowest Psychological Abuse (N=10)		Highest Psychological Abuse (N=12)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Mother)	31.50	3.66	20.50	5.99	5.25***

...table continues

Table 13 (continued)

Criticism from Mother	1.60	0.70	4.00	0.74	7.81***
Support from Mother	17.20	2.49	11.50	3.20	4.70***

Type of Psychological Abuse: Social Isolation

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=14)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Mother)	26.82	7.67	24.36	7.87	0.79
Criticism from Mother	2.54	1.51	3.00	1.30	0.79
Support from Mother	14.18	4.58	13.50	4.38	0.38

Type of Psychological Abuse: Control

	Lowest Psychological Abuse (N=23)		Highest Psychological Abuse (N=11)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Mother)	27.56	6.19	21.92	7.77	2.12*
Criticism from Mother	2.52	1.28	3.54	1.29	2.17*
Support from Mother	15.00	3.98	11.82	3.66	2.31*

*p < .05; ***p < .001

The second set of hypotheses referred to relationships between paternal love and psychological abuse. The median-split analysis had revealed no significant relationship. The revised analysis, shown in Table 14, showed that there was one significant difference: less support from father was found to be related to Social Isolation ($p < .01$). Thus, subjects who experienced little support from their fathers were at risk for being socially isolated by their partners.

The third set of hypotheses referred to size of social support network and satisfaction with social support network. The original findings had shown a difference on satisfaction with social support network, with reference to overall psychological abuse. The new findings, shown in Table 15, were somewhat stronger. Specifically, there was a significant effect for overall psychological abuse ($p < .05$), withdrawal of support ($p < .05$) and social isolation ($p < .05$).

The findings for narcissism and histrionic tendencies are shown in Tables 16 and 17 respectively. The original analysis had shown no significant differences; this was replicated in the revised analysis. Thus, there is no support for an effect of either narcissism or histrionic tendencies on psychological abuse.

Table 14

Comparison of Paternal Love By Whether Psychological Abuse Occurred, Upper Quartile Versus Lower Quartile (Hypothesis 1-B)

Overall Psychological Abuse

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Father)	17.50	3.34	18.67	2.96	0.85
Criticism from Father	2.00	1.54	2.78	1.39	1.21
Support from Father	15.17	4.80	14.67	3.39	0.28

Type of Psychological Abuse: Verbal Criticism

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=8)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Father)	17.54	3.64	18.25	2.87	0.47
Criticism from Father	2.18	1.72	3.00	1.31	1.18
Support from Father	14.09	5.80	14.75	3.61	0.30

Type of Psychological Abuse: Withdrawal of Support, Communication, or Sex

	Lowest Psychological Abuse (N=10)		Highest Psychological Abuse (N=11)		t-test
	Mean	S.D.	Mean	S.D.	
Love, Bonding, and Acceptance (Father)	34.80	4.08	33.82	3.43	0.59

...table continues

Table 14 (continued)

Criticism from Father	1.90	1.29	2.73	1.19	1.52
Support from Father	14.20	5.29	14.46	3.20	0.13

Type of Psychological Abuse: Social Isolation

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=12)		<u>t-test</u>
	<u>Mean</u>	<u>S.D.</u>	<u>Mean</u>	<u>S.D.</u>	
Love, Bonding, and Acceptance (Father)	16.54	2.07	18.58	3.58	1.69
Criticism from Father	2.00	1.54	2.50	1.09	0.89
Support from Father	17.18	1.60	13.92	3.42	2.97**

Type of Psychological Abuse: Control

	Lowest Psychological Abuse (N=23)		Highest Psychological Abuse (N=9)		<u>t-test</u>
	<u>Mean</u>	<u>S.D.</u>	<u>Mean</u>	<u>S.D.</u>	
Love, Bonding, and Acceptance (Father)	34.87	3.72	33.67	3.69	0.84
Criticism from Father	2.48	1.56	2.56	1.13	0.16
Support from Father	14.13	4.36	14.22	3.31	0.06

**p < .01

Table 15

Comparison of Social Support Networks By Whether Psychological Abuse Occurred, Upper Quartile Versus Lower Quartile (Hypothesis 2-A and 2-B)

Overall Psychological Abuse

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Size of Social Support Network	25.08	14.92	16.60	13.71	1.39
Satisfaction With Social Support Network	34.00	2.52	28.00	0.27	2.21*

Type of Psychological Abuse: Verbal Criticism

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Size of Social Support Network	23.64	13.18	17.56	14.19	0.98
Satisfaction With Social Support Network	32.64	4.06	29.89	6.07	1.16

Type of Psychological Abuse: Withdrawal of Support, Communication, or Sex

	Lowest Psychological Abuse (N=10)		Highest Psychological Abuse (N=12)		t-test
	Mean	S.D.	Mean	S.D.	
Size of Social Support Network	24.40	12.19	15.67	12.64	1.65

...table continues

Table 15 (continued)

Satisfaction With Social Support Network	35.40	0.84	28.67	7.67	3.02*
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Type of Psychological Abuse: Social Isolation

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=14)		t-test
	Mean	S.D.	Mean	S.D.	
Size of Social Support Network	24.46	15.99	18.71	13.64	0.95
Satisfaction With Social Support Network	33.64	2.77	30.21	6.76	1.72**

Type of Psychological Abuse: Control

	Lowest Psychological Abuse (N=23)		Highest Psychological Abuse (N=11)		t-test
	Mean	S.D.	Mean	S.D.	
Size of Social Support Network	19.87	11.92	21.18	15.24	0.25
Satisfaction With Social Support Network	32.39	4.89	30.36	7.63	0.81

* $p < .05$; ** $p < .01$

**significant using one-tailed t-test ($p < .05$).

Table 16

Levels of Narcissism By Whether Psychological Abuse Occurred
Upper Quartile Versus Lower Quartile (Hypothesis 3-A)

Overall Psychological Abuse

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Narcissism	50.92	4.21	50.90	4.25	0.01

Type of Psychological Abuse: Verbal Criticism

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Narcissism	51.64	5.94	50.78	4.94	0.37

Type of Psychological Abuse: Withdrawal of Support, Communication, or Sex

	Lowest Psychological Abuse (N=10)		Highest Psychological Abuse (N=12)		t-test
	Mean	S.D.	Mean	S.D.	
Narcissism	53.40	6.72	50.92	4.76	0.98

Type of Psychological Abuse: Social Isolation

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=14)		t-test
	Mean	S.D.	Mean	S.D.	
Narcissism	51.18	4.85	51.14	8.18	0.01

Type of Psychological Abuse: Control

	Lowest Psychological Abuse (N=23)		Highest Psychological Abuse (N=11)		t-test
	Mean	S.D.	Mean	S.D.	
Narcissism	52.17	6.22	50.55	3.91	0.93

Table 17

Levels of Histrionic Tendencies By Whether Psychological Abuse Occurred, Upper Quartile Versus Lower Quartile (Hypothesis 3-B)

Overall Psychological Abuse

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Histrionic Tendencies	33.83	5.39	35.80	6.76	0.74

Type of Psychological Abuse: Verbal Criticism

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Histrionic Tendencies	33.91	5.26	36.00	7.14	0.73

Type of Psychological Abuse: Withdrawal of Support, Communication, or Sex

	Lowest Psychological Abuse (N=10)		Highest Psychological Abuse (N=12)		t-test
	Mean	S.D.	Mean	S.D.	
Histrionic Tendencies	35.10	4.98	35.08	6.40	0.01

Type of Psychological Abuse: Social Isolation

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=14)		t-test
	Mean	S.D.	Mean	S.D.	
Histrionic Tendencies	33.82	5.55	35.79	7.94	0.73

...table continues

Table 17 (continued)

	Type of Psychological Abuse: Control				
	Lowest Psychological Abuse (N=23)		Highest Psychological Abuse (N=11)		t-test
	Mean	S.D.	Mean	S.D.	
Histrionic Tendencies	34.91	5.98	35.64	6.31	0.32

However, the revised analysis for anxiety was more significant than the original analysis (see Table 18). The original analysis had shown that while levels of anxiety were somewhat higher among the psychologically abused subjects, the observed differences were not significant. However, results of the new analysis show significant differences on anxiety with reference to overall psychological abuse, ($p < .05$), verbal criticism ($p < .05$) and withdrawal of support ($p < .05$). This provides support for the original hypothesis that the PA group will tend to be more anxious than their non-PA peers.

The detailed findings for somaticism are shown in Table 19. The original analysis had shown no significant differences, although there was an observed trend for somaticism to be higher among psychologically abused subjects. The new analysis, however, showed that somaticism was related to overall abuse, verbal criticism, and withdrawal of support ($p < .05$). The original hypothesis regarding the PA group having greater somatic complaints was found to be significant.

The findings for emotional dependence are shown in Table 20. The original analysis had shown no significant differences; this was replicated in the revised analysis. Thus, there is no support for an effect of interpersonal dependence on psychological abuse.

Table 18

Levels of Anxiety By Whether Psychological Abuse OccurredUpper Quartile Versus Lower Quartile, (Hypothesis 3-C)

Overall Psychological Abuse

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Anxiety	15.08	4.23	20.90	7.45	2.19*

Type of Psychological Abuse: Verbal Criticism

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Anxiety	15.91	4.46	21.33	7.76	1.86**

Type of Psychological Abuse: Withdrawal of Support, Communication, or Sex

	Lowest Psychological Abuse (N=10)		Highest Psychological Abuse (N=12)		t-test
	Mean	S.D.	Mean	S.D.	
Anxiety	15.70	4.62	22.00	6.63	2.62*

Type of Psychological Abuse: Social Isolation

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=14)		t-test
	Mean	S.D.	Mean	S.D.	
Anxiety	14.91	3.96	18.29	6.06	1.68

...table continues

Table 18 (continued)

Type of Psychological Abuse: Control

	Lowest Psychological Abuse (N=23)		Highest Psychological Abuse (N=11)		t-test
	Mean	S.D.	Mean	S.D.	
Anxiety	16.44	4.60	19.64	7.06	1.37

*p < .05

**significant using one-tailed t-test (p < .05)

Table 19

Levels of Somaticism By Whether PsychologicalAbuse Occurred (Hypothesis 3-D)

Overall Psychological Abuse

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Somaticism	9.17	5.15	15.10	7.99	2.02*

Type of Psychological Abuse: Verbal Criticism

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Somaticism	9.73	5.35	15.67	8.27	1.86**

Type of Psychological Abuse: Withdrawal of Support, Communication, or Sex

	Lowest Psychological Abuse (N=10)		Highest Psychological Abuse (N=12)		t-test
	Mean	S.D.	Mean	S.D.	
Somaticism	9.10	4.98	15.83	7.33	2.55*

Type of Psychological Abuse: Social Isolation

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=14)		t-test
	Mean	S.D.	Mean	S.D.	
Somaticism	9.36	5.35	12.00	6.45	1.12

Type of Psychological Abuse: Control

	Lowest Psychological Abuse (N=23)		Highest Psychological Abuse (N=11)		t-test
	Mean	S.D.	Mean	S.D.	
Somaticism	10.17	5.77	13.36	7.30	1.27

*p < .05

**significant using one-tailed t-test (p < .05).

Table 20

Levels of Emotional Dependence By Whether Psychological Abuse Occurred (Hypothesis 4)

Overall Psychological Abuse

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Emotional Reliance on Others	38.00	7.97	38.10	6.15	0.03
Lack of Self-Confidence	21.08	3.20	19.10	3.76	1.32
Interpersonal Dependence	59.08	9.31	57.20	9.10	0.48

Type of Psychological Abuse: Verbal Criticism

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Emotional Reliance on Others	36.45	4.32	38.00	6.52	0.61
Lack of Self-Confidence	20.82	2.64	19.00	3.97	1.18
Interpersonal Dependence	57.27	5.48	57.00	9.63	0.08

Type of Psychological Abuse: Withdrawal of Support, Communication, or Sex

	Lowest Psychological Abuse (N=10)		Highest Psychological Abuse (N=12)		t-test
	Mean	S.D.	Mean	S.D.	
Emotional Reliance on Others	37.70	4.32	38.33	5.50	0.30

...table continues

Table 20 (continued)

Lack of Self-Confidence	20.10	3.48	20.08	4.06	0.01
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Interpersonal Dependence	57.80	5.01	58.42	8.14	0.22
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Type of Psychological Abuse: Social Isolation

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=14)		t-test
	Mean	S.D.	Mean	S.D.	
Emotional Reliance on Others	38.55	8.17	38.64	6.55	0.03
Lack of Self-Confidence	21.64	3.56	19.93	3.69	1.17
Interpersonal Dependence	60.18	9.51	58.57	9.17	0.43

Type of Psychological Abuse: Control

	Lowest Psychological Abuse (N=23)		Highest Psychological Abuse (N=11)		t-test
	Mean	S.D.	Mean	S.D.	
Emotional Reliance on Others	36.96	6.32	39.91	6.33	1.27
Lack of Self-Confidence	20.74	3.77	19.64	3.91	0.78
Interpersonal Dependence	57.70	8.48	59.55	9.77	0.54

Finally, the revised analysis for self-esteem is shown in Table 21. The original findings had shown a difference on levels of self-esteem. The new analysis shows even stronger findings, with self-esteem being related to scores on all dimensions of psychological abuse: verbal criticism ($p < .05$); withdrawal of support ($p < .0001$); social isolation ($p < .05$); control ($p < .05$); and overall psychological abuse ($p < .01$). By any measures utilized in this study for psychological abuse, the abused group had significantly lower self-esteem scores.

Table 21

Levels of Self-Esteem By Whether Psychological Abuse Occurred (Hypothesis 5)

Overall Psychological Abuse

	Lowest Psychological Abuse (N=12)		Highest Psychological Abuse (N=10)		t-test
	Mean	S.D.	Mean	S.D.	
Self-Esteem	34.33	4.12	28.60	5.17	2.84**
Type of Psychological Abuse:	Verbal Criticism				

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=9)		t-test
	Mean	S.D.	Mean	S.D.	
Self-Esteem	33.64	4.48	28.67	5.48	2.19*
Type of Psychological Abuse:	Withdrawal of Support, Communication, or Sex				

	Lowest Psychological Abuse (N=10)		Highest Psychological Abuse (N=12)		t-test
	Mean	S.D.	Mean	S.D.	
Self-Esteem	35.20	4.16	27.08	4.66	4.31***
Type of Psychological Abuse:	Social Isolation				

	Lowest Psychological Abuse (N=11)		Highest Psychological Abuse (N=14)		t-test
	Mean	S.D.	Mean	S.D.	
Self-Esteem	33.91	5.01	29.57	5.52	2.06*

...table continues

Table 21 (continued)

Type of Psychological Abuse: Control

	Lowest Psychological Abuse (N=23)		Highest Psychological Abuse (N=11)		t-test
	Mean	S.D.	Mean	S.D.	
Self-Esteem	32.74	4.29	29.36	4.95	1.94****

* $p < .05$; ** $p < .01$; *** $p < .001$ ****significant at $p < .05$ using the one-tailed t-test.

Summary of Results

The findings of the study presented in this chapter may be summarized as follows. First, the findings with regard to maternal love were consistently significant and in the predicted direction. Women who had been psychologically abused recalled feeling unloved by their mothers. Experiences of deficient maternal love for this group were linked to verbal criticism, withdrawal of support, and control by their partners, although not with social isolation.

With reference to paternal love, there were few significant findings. One significant difference observed was on support from father, which was found to be associated with social isolation. In other words, the psychologically abused group tended to feel unsupported by their fathers and generally socially isolated. The PA group also tended to feel less loved, bonded and accepted by their fathers.

The psychologically abused group was generally less satisfied with their available social support network. More specifically, subjects who had experienced withdrawal of support or social isolation by their mates were found to be less satisfied with available social support. Although there were no significant differences between the two groups on the size of social support networks, the psychologically abused group reported having smaller social networks in most cases.

Women in the upper quartile of psychological abuse experienced significantly higher levels of anxiety. The anxiety was specifically correlated with verbal abuse and withdrawal of support. In other words, the psychologically abused group felt generally more anxious.

Somaticism among the upper quartile group was significantly related to overall psychological abuse, verbal criticism and withdrawal of support by the partner.

There were no significant differences observed on narcissism, histrionic tendency, or interpersonal dependency.

Significant differences were found on self-esteem. These differences were consistent, and spanned all measures of psychological abuse. Specifically, self-esteem was found to be highly related to verbal criticism ($p < .05$), withdrawal of support, communication, or sex ($p < .001$), social isolation ($p < .05$), control ($p < .05$), and overall psychological abuse ($p < .01$).

CHAPTER VI

DISCUSSION OF FINDINGS

Introduction

Forty-seven women participated in this study. Respondents were distinctive because of their demographics. Their salaries ranged from \$28,000 to \$120,000 per year. A wide range of occupations were represented by the respondents, from clerical and sales to the higher professions of doctors and lawyers.

Over fifty percent of the women were college educated, many with graduate training. Less than half of all respondents were married and living with their husbands. Nearly one-fourth had never married. However, over three-fourths of the women were mothers.

The above demographics were represented in the PA and non-PA groups. Additionally, these group characteristics tended to be non-supportive of common literature explanations for women remaining in abusive relationships, such as keeping families together and learned helplessness, or economic dependency.

Although the respondents were high functioning in the workplace, the experimental group reported being in hurtful relationships with men for over three years. The reported

pain was of a psychological nature rather than physical battering.

Clearly, the explanations for the loyalty of the experimental group to their emotionally hurtful partners was in the realm of psychology rather than economic dependence. To explore the issue of personality differences between the group reporting non-emotional abuse vs. emotional abuse, the present study was designed.

Psychological Abuse Defined

The foundation for the present research design depended on a reasonable definition of what the researcher termed "psychological abuse" or reported hurtful behaviors of men toward women that excluded any battering. Psychological abuse is the dependent variable in the research design.

A group of patients working with the researcher provided the stimulus for this project. Although not respondents for the study, these patients reported hurtful behaviors from their men that included severe verbal criticism; withdrawal of communication, support and/or sex; attempted control and social isolation. An initial review of the literature revealed support for this researcher's identified behaviors of men toward their women that may be reasonably termed "psychological abuse" because of the nature of the interactions or content, their intensity as well as duration.

Pat Hoffman (1984) also used the term "psychological abuse" to refer to complaints of women about treatment from their men. However, although many of these complaints were similar to those reported by the stimulus group, there were important differences. Some battery was reported by Hoffman's subjects as well as suicidal threats by the men.

Many Hoffman identified psychological abuse behaviors were included in the Tolman Inventory (1989) for physically abused women. However, neither Hoffman nor Tolman instruments were appropriate for use in this study primarily because of their implicit or explicit reference to physical violence.

Recently, a concurrent effort by Patricia Evans (1992) focused on an extended description of types of verbal abuse by men toward their women. However, this work did not include other important dimensions of psychological pain, such as, withdrawal of support, communication and/or sex; social isolation; and, control.

In order to more specifically define psychological abuse as a distinct set of behaviors, the researcher designed and administered a "Psychological Abuse Measurement Questionnaire" to all test respondents. Nineteen questions were answered by the respondents as to content and frequency. Their answers were content analyzed by the researcher. Certain themes were revealed that included primarily: verbal criticism; withdrawal of support; communication and/or sex; social

isolation; and control. Ten respondents re-tested approximately two weeks after the original test-taking. Correlations were high and significant for the two time periods.

The cut-off criteria for establishing the groups of psychologically abused and non-psychologically abused women was determined empirically. The most significant findings were revealed by comparing (a) subjects scoring in the upper quartile on each measure of psychological abuse to all those with lower scores on measures of psychological abuse; and (b) subjects scoring in the upper quartile on each measure of psychological abuse to those in the lower quartile. This latter method was relied upon primarily for discussion of the findings.

Primary Findings

Maternal Love

A common characteristic of the stimulus patient group was a chronic feeling of being unloved by the biological mother. The mothers were variously described as critical, non-supportive, cold, remote and/or unavailable, actually and/or emotionally. This description and characteristic emerged as strongly significant for the abused group in this study.

The instrument utilized to tap parental love was

researcher developed and entitled, "Adult Perceptions of Early Maternal and Paternal Love".

Additional complaints by the abused group regarding their mothers included: feeling unloved; not bonded and poorly accepted; constant and severe criticism; and a lack of general support. These categories were formed as subscales for purposes of analysis. Similar subscales were erected for paternal love.

Ten respondents also re-tested on the "Adult Perceptions of Early Maternal and Paternal Love Questionnaire" approximately two weeks after the original test-taking. Correlations of scores were high, indicating significant reliability.

The abused group reported strong feelings of being unloved by their mothers. Maternal criticism was especially identified as a hurtful memory of their mothers.

There were no significant differences for the abused vs. non-abused groups on paternal love. However, 89.4% of the study group as a whole reported being raised primarily by their mothers. One exception was a high correlation between social isolation (one subscale of psychological abuse) and support from father. In other words, subjects who experienced little support from their fathers were at risk for being socially isolated by their partners.

The linkage between being psychologically abused by

partners and the lack of perceived maternal love is profound. This finding suggest that the personalities of the abused group were negatively impacted by the constant and pervasive influence of their mothers from infancy onward and throughout their lives.

Although one cannot generalize these findings to all women who are psychologically abused, their feelings about their mothers should be a primary consideration for treatment.

Retroactive reporting, the method used to gather this information, may be considered flawed by the memories, defenses and idealized expectations of parents. However, it is a viable method and used by other researchers. (Zweig-Frank and Paris 1992). Also, parental personalities tend to be relatively fixed and thus additional credence is given to this type of reporting.

Maternal deficiencies have been repeatedly cited as theoretically precipitating causes for personality deficiencies. Bowlby argued that the mother-child attachment is the foundation for the emotional life of the child. Margaret Mahler suggested that a child receiving maternal care that is characterized by negativity, such as rejection and intrusiveness, may not successfully navigate through such important life stages as separation and individuation.

Also, emotional independence was viewed by Winnicott as a primary derivative of "good enough" mothering. He suggested

that with noxious maternal care, the "true self" would be repressed. A need to be socially accommodating in order to feel validated would tend to be dominate.

It is clearly implied by all of the aforementioned theorists, as well as Heinz Kohut, that good maternal care contributes to a child's sense of self-esteem, empowerment and personality cohesiveness.

When considering the close theoretical link of the quality of maternal early care and self-esteem, it is consistent that the second primary finding of this study also supports this connection. The abused group reported feelings of severe and low self-esteem. This was also a primary characteristic of most of the stimulus group.

Self-Esteem

Low self-esteem of the abused group is a surprising discovery given the achievements and economic independence of the subjects. One might expect that the long-term psychological abuse by male partners would tend to exacerbate feelings of poor self-worth. However, it is unlikely that the psychological abuse by the men was the primary cause for the women's low self-esteem. A woman with positive self-esteem would be unlikely to involve herself with a hurtful male for years.

A close examination of complaints by the abused group of

maternal and partner maltreatment revealed many similarities. Mothers and partners were described as critical, non-supportive and controlling. The women especially reported feeling unloved by both significant people in their lives.

In consideration of the above primary findings, the research question of why women remain in psychologically abusive relationships can be tentatively and theoretically answered. In the opinion of this researcher, the abused women in this study have transferred their unmet needs for love and affirmation to men with personalities similar to those of the original rejecting parents. The men are psychologically abusive. The motivation for this transference may be explained by the unconscious compulsion to repeat failed situations in an effort to realize a better outcome.

It is reasonable to associate a certain level of infantilism with unmet maternal needs that is activated in the abused women's relationships with their men. The stimulus group reported that they initially viewed their men as strong and powerful and that they tended to feel powerless in relation to them. This child-like quality that surfaced with the stimulus group may help to explain why they do not leave their hurtful partners. It is similar to the way abused children feel about feel about hurtful parents.

In summary, significant findings were reported for the abused group on feeling grossly unloved by their mothers and

suffering from low self-esteem. The similarity of complaints for the abused group on maternal and partner treatment suggests a transference of unmet maternal needs to the partners in an effort to work through associated personality deficiencies. Accompanying and closely associated with this transference may be a certain level of infantilism that is activated in the women that inhibits their permanently separating from the men.

Secondary Findings

Dissatisfaction with Social Support

This clinician noticed in working with the stimulus group that there were complaints about their social support networks. This group seemed to have few friends, even though they had co-workers and failed opportunities to develop greater support systems.

Although the stimulus group often were part of somewhat dysfunctional families, there was frequent contact and accompanying complaints of a lack of empathy, understanding and support from family.

The researcher for this study utilized the "Sarason Social Support and Satisfaction Questionnaires" in an effort to ascertain how extensive and satisfying social networks were for the study group.

Responses to the Sarason Scales suggested that the abused group were not significantly different on size of social networks. However, the abused group tended to have smaller social networks.

Significant differences were tapped by the Sarason Questionnaires on satisfaction of support. The abused group tended to report less satisfaction with their support systems. This finding was especially correlated with one subscale of psychological abuse - withdrawal of support, communication or sex.

The above findings are similar to assessment findings for the stimulus group, as previously stated. The findings are also consistent with theoretical predictions for children (and later adults) raised by non-empathic mothers. They may be expected to have difficulties in interpersonal relationships.

Kohut theorized that a child realizes a certain sense of power by getting his emotional needs met from an empathic and loving mother. This omnipotence is later socialized within acceptable ranges thus facilitating the meeting of needs for social support from others.

Failing to experience positive emotional maternal care, a child may become inhibited or inept in developing such satisfactory social support networks. The lack of satisfactory social support networks as perceived by the abused group in this study, however, was not significantly

correlated with other forms of psychological abuse, such as verbal criticism, social isolation and control.

In summary, the psychologically abused group reported feeling less satisfaction with their support groups. This finding was significantly correlated with particular types of abuse (social isolation and withdrawal of support, communication and/or sex). Essentially, however, there were no differences between the two groups on size of support groups, even though the abused group tended to have smaller support networks.

Ironically, many members of the abused group reported their psychologically abusive partners as part of their social support network. They also tended to include more family members than the non-abused group.

Dissatisfaction with social support networks by the PA group may be related to reliance on psychologically abusive partners and dysfunctional family members for support. (The stimulus group reported many dysfunctional siblings.) A sense of powerlessness by these women in getting their emotional needs met from others may also inhibit the development of a better and larger social network.

Pathological Tendencies

Narcissism - Although all of the stimulus group members were not assessed as having narcissistic tendencies to their

personalities, many did seem to be so characterized. These patients seemed to persevere on their personal needs and to minimize the needs of others, such as their children and their partners. In several instances, the women reported that the men complained about their demands or requirements for more attention, affection and direct support. There was a narcissistic quality to their complaints.

The narcissistic quality identified in the patient group was related to the profound emptiness and core needs for love and affirmation. This feeling had persisted for a lifetime, and they were crying out for help from their partners by continually seeking their love. Their failure to have their emotional needs met by their partners resulted in a narcissistic-like quality to their reporting of maltreatment from their partners, family members and others.

The findings of the present study, however, did not support the researcher's hypothesis that the abused group would be identified as more narcissistic than the non-abused group. These findings may be accurate and there is not as much narcissistic pathology present in the abused group as originally hypothesized by the researcher. However the MCMI, although widely validated, may also not be sensitive enough to tap their level of narcissism. The clinician has the benefit of interacting with the patient in a therapeutic setting and may come to different conclusions when compared to paper-

pencil test responses.

Also, the researcher may have emphasized different qualities than Millon in assessing the quality of narcissism. The clinician equated the stimulus group's preoccupation with self as a cry for a healing of a core deficiency that was narcissistic in quality and emphasis.

The stimulus group's quest for love proved burdensome to their partner, family and friends. The effect of this demand was a turning away from the patient by significant others who perceived the level of needs as overwhelming and somewhat narcissistic in nature.

The stimulus group looked to their partners to support a very fragile sense of self because they viewed the partner as strong. Kohut theorized that without the loving nurturance from at least one parent, a child would develop with a lack of cohesiveness and a narcissistic pathology. This defective sense of self would translate into impaired self-esteem and is related to narcissistic object relations.

It may be argued that the women sought to substitute their defective self-cohesion and self-esteem by identifying with the abusive male, the object of their transferred unmet needs for love and affirmation. If this is the case, overt narcissistic tendencies of the woman would be discouraged as the male had his own narcissistic needs to be met. It is likely that the male partner was too narcissistic to provide

nurturance and support for the woman.

The narcissistic component of the woman's personality may also be subdued in the adult personality by the demands of work and motherhood. In other words, in order to achieve, women need to respond to career demands and the demands of children regardless of their own needs. They thus learn to be less narcissistic and rely more on work and the demands of motherhood to provide a structure for their lives. However, due to the early personality defect resulting from inadequate or noxious parenting, their core needs for love and affirmation may persist.

Histrionics - The stimulus group exhibited many of the symptoms that typically characterize a histrionic personality. They seemed to be mildly theatrical when reporting their complaints. They were frequently tearful and dramatic in describing events in their lives. Some were overly seductive in their dress and impulsive, especially in getting their emotional needs met. They seemed to go to extremes occasionally to get desired responses from their mates and family members.

However, the researcher's hypothesis that the abused group would be identified as being significantly more histrionic than the non-abused group was not confirmed in this study. This adds additional credibility to the complaints of the abused group.

The non-significant findings on histrionics may also be at least partially attributed to the limited insight and the use of denial as a defense by the respondents. While clinicians and friends may view women similar to the abused group as histrionic, the women may not have such self-perceptions, and thus would not test as histrionic.

Anxiety - Some support was found for the researcher's hypothesis that the abused group would be found to be more anxious generally than the non-abused group. Significant differences on anxiety were tapped between the two groups on overall psychological abuse and withdrawal of support, communication and/or sex.

The anxiety for the abused group may be related to their dependency needs for love, affection and nurturance and their attempt to compensate for fears of abandonment by exhibiting competence in their career fields of endeavor. In other words, even though they are fearful of failure they have confronted their fears and achieved a measure of success economically and occupationally. However, the fear of being abandoned leads the patient to be overly compliant and obliging in an effort to reduce her anxiety in this area of life. Millon described this characteristic further by stating:

"At times she handles this fear of being socially gregarious and superficially charming, often

evident in the seeking of attention and in self-dramatizing behaviors. The patient typically reveals a naive attitude toward interpersonal problems. Critical thinking rarely is evident and most cognitive knowledge appears to be unreflective and scattered. In an effort to maintain an air of buoyancy, she tends to deny all disturbing emotions, covering inner disharmonies by short-lived enthusiasms. In part, this may stem from a tendency to be genuinely docile, soft-hearted, and sensitive to the desires of others. The patient is more than merely accommodating and docile in efforts to secure dependency needs. She is admiring and loving, giving all to those upon whom there is dependence. The patient has also learned to play the inferior role well, providing partners with the rewards of feeling useful, sympathetic, stronger, and more competent. There is often an active solicitousness of praise, a marketing of appeal, and a tendency to be seductive and entertaining." (Millon, and Everly, 1985, pg. 123-124).

The abused group may be similar to the stimulus-patient group in that the greatest fear was of being alone. Even the abusive partner was considered valuable because he was present

in her life. With others, such as family members, the stimulus group tended to be perceived as the strong ones who helped to settle problems for others. Only in therapy was the dependent side of their personalities expressed. Anxiety associated with abandonment fears was a typical characteristic of this group.

The repressed and split off aspects of the self for the abused group may further explain their tendency to be more generally anxious than others.

In other words, based on findings from this study, an emerging profile of the abused group includes a woman who appears to be independent and strong but who actually suffers from dependency needs that are denied, resulting in high anxiety levels.

Somaticism - Over long periods, many women in the stimulus-patient group developed somatic ills that frequently led to hospitalizations. Ulcers, high blood pressure and headaches were common somatic complaints.

The findings of the present study tended to support the hypothesis that the abused group would be identified as more significantly associated with somatic complaints than their peers and non-abused women. It is reasonable to assume that chronic states of anxiety and unresolved dependency needs contributed to such somatic ills.

More specifically, the findings suggested that somaticism

was significantly related to withdrawal of support, communication and/or sex. Again, the fear of abandonment issue and the denial of emotional dependency needs may be precipitating causes for higher levels of somaticism.

Somatic symptoms also tend to elicit sympathy and nurturance that is not otherwise available to women similar to those responding as the abused group in this study. According to Millon (1985): "It is notable that the symptoms often are located in their limbs, a way perhaps of demonstrating to others that they are disabled and, therefore, incapable of performing even routine chores." (pg. 124)

The principle goals of somatization may be summarized as a need to elicit attention, support and nurturance from others, in a way that is acceptable to the person.

The stimulus group reported that they did receive better than expected treatment from their partners and family members when they were ill. However, once they recovered, the relationship returned to previous levels of abuse and neglect.

Interpersonal Dependence - The stimulus-patient group was assessed generally as being emotionally dependent on their partners and family members, as well as some friends for validation and affirmation. These patients wanted very much to be liked and/or loved by others. They seemed incapable of self-validation, in spite of their achievements. They were extensive in doing for others in an effort to gain acceptance

and loyalty. Frequently, they extended help to family members and partners that was detrimental to themselves financially and involved unreasonable sacrifices. They were very generous in gift-giving to their abusive partners and in making excuses for the maltreatment.

In an effort to tap differences in the level of emotional dependence, a "Scale of Interpersonal Dependency" was administered for responses by the study group. This Scale included three dimensions: emotional reliance on others, lack of self-confidence and interpersonal dependency. However, no significant differences were found for the two groups on any of these scales. This negative finding may reflect a denial of dependency needs by the respondents, as the results are entirely dependent or direct self-reporting.

As previously stated, the stimulus group tended to deny their dependence on others and to present a strong, independent image to others. However, their actions, especially with regard to partners tends to contradict this finding. The women have demonstrated for long periods that they need to be associated with their partners in spite of the maltreatment. Also, they tended to remain close to their families in spite of alienation and hurtful behaviors toward them by siblings and mothers as reported in their social network. In the workplace, however, they enjoy a level of competence, independence and self-worth that is generally

sustaining.

Generally, it may be concluded that there is a turning inward for resolutions of independence and dependence conflicts for the experimental group. The denial of their emotional needs after unsuccessful attempts to have such needs met from significant others, suggest a need for psychotherapy with certain treatment directions.

Implications for Treatment

Unmet Maternal Needs

The median age for the study group was 39.2 years. In spite of this maturity of the abused group, severe unmet maternal needs surfaced as paramount and significant characteristics for the abused group. It may be reasonably assumed that these conditions have existed for a lifetime for these women.

It is important for such women presenting in therapy to find an empathic, nurturing and accepting therapist who is willing to allow the transference of such unmet maternal needs to take place. By so doing, eventually the patient may come to trust that a positive outcome to such needs is possible, from people they allow close to them.

By establishing a trusting relationship with the client, the therapist will set the stage for the healing process to

occur. As the patient begins to realize a stronger, more cohesive sense of self, she may also become able to view her own sense of loyalty to an abusive partner as destructive and self-defeating.

Self-Esteem

The economically independent women has many strengths that may also be tapped to work on vulnerable areas of her personality. Experience has proved that asking the patient to become more insightful in her assessment of her mate is beneficial. As she becomes more objective, the behaviors of the men are received and processed in a more realistic light. Hurtful behaviors then are no longer rationalized, denied and excused for irrational reasons.

As the self-esteem of the experimental group was continually assaulted by the abusive partner and family members, the patient may be invited to consider reducing contact with these people at a rate that is individually comfortable. This is essential, just as avoiding abrasive contact with an open wound is essential for healing.

Also, it is important for the abused women to be less critical of themselves and to acknowledge their accomplishments. As there is a tendency not only for the males to diminish the achievements of the women, the women also tend to buy into this kind of thinking. The therapist may complement,

encourage and otherwise validate these women with praise.

It is essential for improved self-esteem, however, for the abused group to learn to self-define rather than rely on the opinions of others for validation. Even though approval is important to everyone, self-satisfaction with one's level of functioning should be paramount.

Support Systems

Broader and more satisfying social support networks are recommended for the abused group. The therapist may wish to encourage these patients to extend their social support systems beyond their partners and families. This is an important area for growth and also involves learning to characterize such broader relationships with an acceptance of self and others without feeling obligated to be financially or unreasonably giving of oneself.

A more extensive and supportive social network will reduce the feeling of isolation. A correlation was found to be significant between social isolation and feeling unsupported by the fathers of the abused group. In other words, as previously stated, the abused group tended to feel more socially isolated and less supported by their fathers. Since the men tend not to include the women in social events, the sense of isolation may increase. This situation may be reduced as the woman develops friends around her own special

interests and experiences the joy of being accepted for herself without the obligation of financial or other unreasonable help.

The support by the therapist is most critical during the break-away period. When the woman becomes strong enough to leave her abusive partner, it will be critical for the therapist to be supportive and available as needed. The emotional dependence on the therapist will surface as paramount at this time.

Another aspect of social support has to do with the woman learning new social skills in terms of allowing others to support her. Frequently, their initial response to help is to deny their need for help. In an effort to appear emotionally strong and independent, they frequently do not give supporters an opportunity to be helpful.

Pathological Tendencies

A primary aim of therapy for the abused group should be a resolution of the independence-dependence conflict. Even though no significant differences were tapped by the MCMI on narcissism and histrionics for the two groups, the strong significant differences on maternal love and self-esteem would theoretically also suggest more accompanying personality pathology.

It may be argued that the significant anxiety and

somaticism findings for the abused group suggest a denial of emotional dependency needs. An effective therapeutic experience for the abused group should necessarily include a dissolving of this defense and a confrontation with this need so that resolution can begin to occur. The important point here is to acknowledge the need for emotional support, love and validation and to learn to get such needs met from others capable of such giving. Typically, such abused women tend to remain with unloving persons in an effort to change them and to win their love. Such rewards are impossible from an unloving mother or partner.

By improving the quality of a patient's self-perception and insight, encouraging a broader social network, and giving permission to relinquish wanting love from unloving people, the healing process can begin to occur.

The therapeutic effect of meaningful work may also tend to counteract greater psychological pathology. The abused group had other areas of satisfaction, such as their children and meaningful careers. Without these life components, greater pathology may be expected in the abused group.

Interpersonal Dependency

It may be argued that the non-significant findings for emotional dependency on others reflects denial by the abused group. Obviously, they involve themselves in relationships

relationships with men in an effort to gain love and acceptance. Also, they continue close contact with family members, even mothers who have rejected them for a lifetime. In other words, their behaviors tend to contradict these findings.

As previously stated, it is important for the abused group to acknowledge their need for others and to develop new social skills in relating to positive, supportive significant others.

A clinical assessment may be more sensitive to factors such as tone, facial expressions when reporting and the content of such reporting by abused women than any paper-pencil test may reveal.

In contrast to the denied emotional dependence of the abused group, credit should be given to their cognitive and achievement skills in the workplace. These strengths were developed over time as these women learned to depend on themselves. Their perception of abandonment by their mothers precipitated a turning inward and a development of self-reliance for which they received some satisfaction.

In therapy, the cognitive strengths of the abused group may be utilized positively to work on their vulnerable areas of denied social dependence. With improved insight such women may increasingly improve feelings about their own self-worth. Anxiety and associated somatic complaints may be reduced as

the women experience greater control over their own lives.

Limitations of Findings

The findings are limited by the inadequacy and lack of validation of some of the instrumentation. The economically independent women with denied emotional dependency needs is a unique group and more sensitive measures are needed to more accurately describe this group.

This preliminary, descriptive study does not adequately test the direction of the relationship among the variables. Although the etiology of the identified personality deficiencies is not entirely clear, this study constitutes a start in the direction of defining psychological abuse and the personalities of its female victims.

The male perspective is not reported in this study which relies entirely on the perceptions and reported behaviors of the men by the women.

Numerous life events may have significantly effected each woman in this study. However, it is not within the scope of this project to test or control for the effects of such events.

Also, the accidental or convenience sampling of the study population reduces the generalization of the findings to larger populations.

Implications for Future Research

Additional research is needed to further define the nature of psychological abuse and to differentiate its effects from the personality characteristics of its female victims.

Additionally, clarification of causation of personality deficiencies may be another fruitful area of future research. Valid self-administered measures of emotional dependence need to be developed. Also, validation of retrospective measures of early parental nurturing would also be of value to researchers in this field. Findings in all of these areas could lead to a better understanding of the personal and interactive dynamics of men and women.

Conclusions

The findings of this study suggest that there are core personality deficiencies that may be strongly associated with economically independent women involved in long-term psychologically abusive relationships. These deficiencies are in the realm primarily of feeling chronically unloved and abandoned by their mothers and unsupported by significant others. In the abusive relationships, they are most vulnerable to verbal criticism, withdrawal of support, communication and/or sex, social isolationism and control from

their partners. However, they deny emotional dependence on others.

A profile of economically independent women involved in long-term psychologically abusive relationships must also necessarily include a proneness for low self-esteem, high anxiety and numerous somatic ills, (as defenses against dependency).

The high striving and cognitive levels of the subject women may be considered positive elements to their personalities that operate to prevent greater psychological pathology. However, treatment recommendations include addressing the denied emotional needs and a resolution of the dependency-independency conflicts.

The physical battering of women is still uncontrolled but society is increasingly aware of this level of suffering endured by women. Legislation has been enacted to protect them against such injustice. However, the psychological abuse of women may be more detrimental and damaging to male-female relationships. It must also be addressed, especially by mental health professionals.

While this study linked poor self-esteem, anxiety and somaticism in female victims of psychological abuse to inadequate nurturing and suggested that they are precursors to psychological abusive relationships, there is no intent to suggest that the relationships themselves are not damaging.

On the contrary, the study aims to guide clinicians who seek to help women develop the internal and external resources to leave the destructive situations.

APPENDIX A

1. **LETTER TO EAP DIRECTOR**
2. **RECRUITMENT ANNOUNCEMENTS**
3. **"INTRODUCTION TO TEST TAKING"**
4. **INFORMED CONSENT FORM**
5. **VOLUNTARY CONSENT STATEMENT**
6. **RE-TEST CONSENT**

Dear _____:

I am a doctoral student beginning my dissertation in Clinical Social Work at the California Institute for Clinical Social Work.

I would like to recruit participants for my research project from your company employees.

The study concerns the quality of working woman's relationships with their primary partners, husbands or boyfriends. The research aims to describe long-term psychological characteristics associated with relationships in which women experience certain types of attitudes and behaviors from their partners.

The research procedures to protect the privacy and well-being of the participants have been approved by the Human Subjects Committee of the California Institute for Clinical Social Work. My goal is to provide data which will increase the knowledge and sensitivity of mental health professionals on the life circumstances of working women.

I have enclosed an announcement of the project for distribution among your employees should you agree to help in my recruitment of test participants. It sets forth the criteria for participation.

I will be telephoning you very soon regarding your consideration of this matter, I will be happy to discuss any questions you may have about the project at that time. Or, feel free to call me (213) 292-1652 at any time.

Your consideration of my project will be greatly appreciated.

Sincerely,

Vivian Cameron-McCoy, LCSW,
Researcher

ANNOUNCEMENT

FEMALE VOLUNTEERS ARE NEEDED to participate in a research project by a doctoral student on the quality of women's relationships with the men in their lives.

VOLUNTEERS NEED TO BE:

1. Presently involved in a relationship with a man for a least three years that is NOT characterized by physical abuse
2. Married or unmarried
3. The mother of 0 to 3 children
4. Employed by _____ Company with personal income of at least \$28,000
5. Between the ages of 25-50

The project involves responding to seven paper and pencil check-off or short answer questionnaires,

The questionnaires will be given in:

ROOM _____
 AT _____
 ON _____, 1993

NOTE: Allow about one hour to complete the questionnaires. All responses are confidential.

Participants will be asked to re-take two of the tests at a later date. They will receive a Notice of the date and time of the second test, which will take approximately one-half hour.

(continued)

ANNOUNCEMENT (CONTINUED)

Findings are for research purposes only:

PLEASE INDICATE YOUR DESIRE TO PARTICIPATE IN THIS PROJECT BY:

- 1) C a l l i n g y o u r E A P a t
to register.
- 2) Or, fill out and deposit the form below in the box located in your EAP's office.
- 3) Or, mail the completed form directly to the researcher at:

P.O. Box 8143
Los Angeles, California 90008

PLEASE RESPOND BEFORE _____, 1993

I wish to participate in the project on the quality of women's relationships with the men in their lives.

Name: _____

Company: _____

Address: _____

Phone: _____

Thank you,

Vivian Cameron-McCoy, LCSW,
Researcher

INTRODUCTION TO TEST TAKING

Dear Respondent:

Thank you for voluntarily agreeing to participate in this research project on the quality of women's relationships with men. We appreciate your EAP's cooperation in advertising our need for participants among company employees. We also appreciate your company's courtesies in this matter.

If you have any questions, please feel free to ask the researcher.

During the testing, you may or may not experience discomfort associated with feelings about your parents, spouses or other significant people in your lives. You may stop the test-taking at any time if you should become too uncomfortable to continue.

The researcher is a licensed clinical social worker and trained to provide psychological help. Her card is attached to the packet for you to take with you. You may contact her at any time.

A follow-up individual or group session is available for participants with the researcher for the purpose of discussing any reactions to the questionnaires.

All research procedures connected with this project have been approved by the California Institute for Clinical Social Work.

All data from this project will be used for research purposes only. We expect that the findings will increase professional knowledge and sensitivity to the circumstances of women served by employees assistance programs.

Your employer is not a part of this research project and will not be given any personal information on the respondents.

Thank you,

Vivian Cameron-McCoy, LCSW,
Researcher

CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

Informed Consent Form

I, _____, hereby willingly
 (human subject)

consent to participate in the _____
 (name of study)

research project of _____ of
 (principal investigator's name)

ICSW.

I understand the procedures to be as follows:*

I am aware of the following potential risks involved in the study:*

I understand that I may withdraw from the study at any time without penalty. I understand that this study may be published and my anonymity will be protected unless I give written consent to such disclosure.

Date: _____

Signature:

WITNESS:

*To be filled in by the subject in his or her own writing if he or she defined to be "at risk".

RE-TEST AGREEMENT

I am willing to take two of the questionnaires a second time approximately two weeks after the original test packet at the request of the researcher.

NAME: _____

ADDRESS: _____

PHONE: _____

APPENDIX B

1. BACKGROUND QUESTIONNAIRE
2. PSYCHOLOGICAL ABUSE MEASUREMENT
QUESTIONNAIRE

BACKGROUND QUESTIONNAIRE

I am a psychotherapist conducting a study as part of my research for my doctoral dissertation in Clinical Social Work. You are being asked to participate in the study by completing this questionnaire, which asks a few questions about yourself, and will be utilized for research purposes only. All responses are confidential. Please try to complete all questions if possible.

1. Name: (Optional)
2. Age _____
3. Which of the following best describes your ethnic background?

White _____
 Afro-American _____
 Latino _____
 Asian/Asian-American _____
 Other _____

4. What is the highest level education that you have attained?

High School _____
 Some College _____
 College Degree (2 yr) _____
 College Degree (4 yr) _____
 Graduate Degree _____

5. Are you currently working?

_____ Yes
 _____ No

- If Yes: 6. What is your current occupation?

7. How long have you worked in your current position? _____

8. What is your approximate annual income? \$ _____

9. Which of the following best describes your marital status?

Married _____

Divorced _____
 Separated _____
 Widowed _____
 Single, Never Married _____
 Living With Significant Other _____

10. I am currently in a relationship with a man and have been for at least three years.

Yes _____
 No _____

11. Do you have children?

_____ Yes
 _____ No

12. If Yes: How Many? _____

13. Which of the following best describes your current living situation?

- a. Live alone in own home _____
 b. Live alone in rented home or apartment _____
 c. Live with Husband _____
 d. Live with Partner (unmarried) _____
 e. Live with parents or other family members _____
 f. Live with children _____

14. Have you ever sought counseling help from a mental health professional (someone like a psychologist or social worker)?

_____ Yes
 _____ No

15. If Yes: When was this _____ (year began)

16. How long were you in treatment? _____

17. From the time I was born until I was 2 years old, I was raised mainly by my:

- a. Mother _____
 b. Father _____
 c. Grandmother _____
 d. Other Person _____ (Please specify)

18. How would you rate the quality of your relationship with this person?

- a. Excellent _____
- b. Good _____
- c. Fair _____
- d. Poor _____
- e. Bad _____

*** PSYCHOLOGICAL ABUSE MEASUREMENT QUESTIONNAIRE

Years in relationship _____

How often would you say that your partner in your current relationship treats you in the following ways? Rate each one on the scale:

- 1=Never
 2=Occasionally/Rarely
 3=Often (once a week or more)
 4=Very often (daily)

	Very	Never	Rarely	Often	Often
1. Refuses to talk to me even though I need to talk		_____	_____	_____	_____
2. Accuses me of promiscuity Tries to control my outside activities		_____	_____	_____	_____
3. Shows little or no tenderness		_____	_____	_____	_____
4. Discourages my efforts to improve educationally or on the job		_____	_____	_____	_____
5. Treats me like a slave or his property		_____	_____	_____	_____
6. Disregards my desires or feelings		_____	_____	_____	_____
7. Won't take me out with him when he goes out with friends		_____	_____	_____	_____
8. Won't take me with him when he sees his family		_____	_____	_____	_____
9. Won't let me go out alone with my own friends		_____	_____	_____	_____

- | | | | | |
|---|-------|-------|-------|-------|
| 10. Abuses me verbally when we're alone | _____ | _____ | _____ | _____ |
| 11. Causes me to feel sick | _____ | _____ | _____ | _____ |
| 12. Abuses me verbally in public or in front of friends | _____ | _____ | _____ | _____ |
| 13. Criticizes me or what I think are my strong points | _____ | _____ | _____ | _____ |
| 14. Criticizes me in general | _____ | _____ | _____ | _____ |
| 15. Criticizes my intelligence | _____ | _____ | _____ | _____ |
| 16. Criticizes my physical appearance | _____ | _____ | _____ | _____ |
| 17. Criticizes my sexual attractiveness | _____ | _____ | _____ | _____ |
| 18. Withdraws from me sexually for long periods | _____ | _____ | _____ | _____ |
| 19. Controls family finances | _____ | _____ | _____ | _____ |
| 20. Hurts me physically | _____ | _____ | _____ | _____ |

*** Title deleted for respondents

APPENDIX C**PRINCIPAL INSTRUMENTATION**

1. ADULT PERCEPTIONS OF EARLY MATERNAL AND PATERNAL LOVE
2. SARASON SOCIAL SUPPORT SCALES
3. SCALES OF INTERPERSONAL DEPENDENCY
(Hirschfield, et al)
4. ROSENBERG'S SELF-ESTEEM SCALE
5. MILLON MULTIAXIAL INVENTORY

*** ADULT PERCEPTIONS OF EARLY MATERNAL AND PATERNAL LOVE

The following questions are about your relationship with your mother and father. Please answer them as best you can on the following scale:

- 1 - Strongly Agree
- 2 - Agree
- 3 - Not Sure
- 4 - Disagree
- 5 - Strongly Disagree

Section A. Mother

- | | | | | | |
|---|---|---|---|---|---|
| 1. I always felt that my mother loved me. | 1 | 2 | 3 | 4 | 5 |
| 2. My mother was in tune with my feelings most of the time. | 1 | 2 | 3 | 4 | 5 |
| 3. My mother was very critical of me. | 1 | 2 | 3 | 4 | 5 |
| 4. My mother was accepting of me unconditionally. | 1 | 2 | 3 | 4 | 5 |
| 5. I felt rejected by my mother | 1 | 2 | 3 | 4 | 5 |
| 6. I have never doubted my mother's love for me. | 1 | 2 | 3 | 4 | 5 |
| 7. There is a positive bond between my mother and me. | 1 | 2 | 3 | 4 | 5 |
| 8. My mother could be counted on to comfort me when I was a child. | 1 | 2 | 3 | 4 | 5 |
| 9. My mother and I loved each other. | 1 | 2 | 3 | 4 | 5 |
| 10. I have always felt abandoned by my mother. | 1 | 2 | 3 | 4 | 5 |
| 11. My mother's personality could best be described as cold. | 1 | 2 | 3 | 4 | 5 |
| 12. As a child, my mother made me feel that I was important to her. | 1 | 2 | 3 | 4 | 5 |

Section B. Father

13. I always felt that my father loved me.	1	2	3	4	5
14. It was comforting to be with my father when I was little.	1	2	3	4	5
15. My father ignored me.	1	2	3	4	5
16. My father was kind and approving of me.	1	2	3	4	5
17. I felt rejected by my father.	1	2	3	4	5
18. I have never doubted my father's love.	1	2	3	4	5
19. My father and I were never close.	1	2	3	4	5
20. I have always felt abandoned by my father.	1	2	3	4	5
21. My father was very punitive when he was around.	1	2	3	4	5
22. I was my father's favorite child.	1	2	3	4	5
23. My father seemed to approve of me.	1	2	3	4	5
24. I love my father very much.	1	2	3	4	5

*** Title deleted for respondents

1. Whom can you really count on to be dependable when you need help?

_____ No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

2. How satisfied?

6-very satisfied	5-fairly satisfied	4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied		

3. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?

_____ No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

4. How satisfied?

6-very satisfied	5-fairly satisfied	4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied		

5. Who accepts you totally, including both your worse and your best points?

_____ No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

6. How satisfied?

6-very satisfied	5-fairly satisfied	4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied		

7. Whom can you really count on to care about you, regardless of what is happening to you?

_____ No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

8. How satisfied?

6-very satisfied	5-fairly satisfied	4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied		

9. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

_____ No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

10. How satisfied?

6-very satisfied	5-fairly satisfied	4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied		

11. Whom can you count on to console you when you are very upset?

_____ No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

12. How satisfied?

6-very satisfied	5-fairly satisfied	4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied		

*** SCALES OF INTERPERSONAL DEPENDENCY

Directions: Please read each statement and decide whether or not it is characteristic of your attitudes, feelings or behavior. Then assign a rating to every statement, using the values given below:

- 4 - very characteristic of me
- 3 - quite characteristic of me
- 2 - somewhat characteristic of me
- 1 - not characteristic of me

SECTION A

Rating

- | | |
|--|-------|
| 1. I do my best work when I know it will be appreciated. | _____ |
| 2. I believe people could do a lot more for me if they wanted to. | _____ |
| 3. As a child, pleasing my parents was very important to me. | _____ |
| 4. Disapproval by someone I care about is very painful to me. | _____ |
| 5. The idea of losing a close friend is terrifying to me. | _____ |
| 6. I would be completely lost if I didn't have someone special. | _____ |
| 7. I get upset when someone discovers a mistake I've made. | _____ |
| 8. I easily get discouraged when I don't get what I need from others. | _____ |
| 9. I must have one person who is very special to me. | _____ |
| 10. I'm never happier than when people say I've done a good job. | _____ |
| 11. I need to have one person who puts me above all others. | _____ |
| 12. I tend to imagine the worst if a loved one doesn't arrive when expected. | _____ |

SECTION A

13. I tend to expect too much from others. _____
14. Even if most people turn against me,
I could still go on if someone I love
stood by me. _____
15. I think that most people don't realize
how easily they can hurt me. _____
16. I have always had a terrible fear that
I will lose the love and support of
people I desperately need. _____
17. I would feel helpless if deserted by
someone I loved. _____

SECTION B (continued)

18. When I have a decision to make, I
always ask for advice. _____
19. I would rather be a follower than
a leader. _____
20. I feel confident of my ability to
deal with most of the personal
problems I am likely to meet in life. _____
21. I am quick to agree with the opinions
expressed by others. _____
22. It is hard for me to ask someone for
a favor. _____
23. In an argument I give in easily. _____
24. When I go to a party, I expect that
other people will like me. _____
25. It is hard for me to make up my mind
about a TV show or movie until I
know what other people think. _____

SECTION B (continued)

26. In social situations I tend to be very self-conscious. _____
27. I have a lot of trouble making decisions by myself. _____
28. I don't like to buy clothes by myself. _____
29. When I meet new people, I'm afraid that I won't do the right thing. _____
30. I would rather stay free of involvements with others than to risk disappointments. _____
31. I don't have what it takes to be a good leader. _____

SECTION C

32. I prefer to be myself. _____
33. I can't stand being fussed over when I am sick. _____
34. I don't need other people to make me feel good. _____
35. I'm the only person I want to please. _____
36. I rely only on myself. _____
37. I hate it when people offer me sympathy. _____
38. I don't need much from people. _____
39. When I am sick, I prefer that my friends leave me alone. _____
40. I am willing to disregard other people's feelings in order to accomplish something that's important to me. _____
41. I don't need anyone. _____

42. Even when things go wrong I can get along
without asking for help from my friends.

43. I tend to be a loner.

44. What people think of me doesn't affect
how I feel.

45. What other people say doesn't bother me.

*** Title deleted for respondents.

*** ROSENBERG SELF-ESTEEM QUESTIONNAIRE

Please rate the following questions on a scale of 1 to 4 under the desired category.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. On the whole, I'm satisfied with myself.	_____	_____	_____	_____
2. At times, I think I am no good at all.	_____	_____	_____	_____
3. I feel that I have a number of good qualities.	_____	_____	_____	_____
4. I am able to get my way with most people.	_____	_____	_____	_____
5. I feel that I do not have much to be proud of.	_____	_____	_____	_____
6. I certainly feel useless at times.	_____	_____	_____	_____
7. I feel that I am a person of worth, at least on an equal plain with others.	_____	_____	_____	_____
8. I wish I could take more responsibility for myself.	_____	_____	_____	_____
9. All in all, I am inclined to feel that I am a failure.	_____	_____	_____	_____
10. I take a positive attitude toward myself.	_____	_____	_____	_____

*** Title deleted for respondents.

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