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**OBJECT RELATIONS OF WOMEN SEXUALLY ABUSED
IN CHILDHOOD: A TAT INVESTIGATION**

BY

GLORIANNA VALLS

**A dissertation submitted to the Graduate Faculty in
Psychology in partial fulfillment of the requirements for
the degree of Doctor of Philosophy, The City University of
New York**

1999

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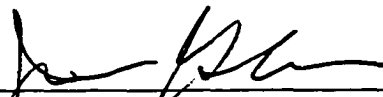
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This manuscript has been read and accepted by the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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AbstractOBJECT RELATIONS OF WOMEN SEXUALLY ABUSED
IN CHILDHOOD: A TAT INVESTIGATION

by

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This study explores the relationship between childhood sexual abuse and object relations in adulthood. Subjects were 30 women with a reported history of childhood sexual abuse by a father or father figure. All participants completed a Sexual Abuse Questionnaire, a demographic questionnaire, the Brief Symptom Inventory (BSI, Derogatis & Spencer, 1982) and were administered the Thematic Apperception Test (TAT, Murray, 1943).

Using a correlational design, seven abuse characteristics were compared with four dimensions of object relations functioning as measured by Westen's (1990) Social Cognition Object Relations Scale (SCORS), applied to the TAT. The seven abuse-related variables examined were: age of onset, degree of physical intrusiveness, degree of forceful coercion, duration, frequency, degree of maternal support upon disclosure and sense of intimacy with perpetrator prior to abuse onset.

Correlational analyses revealed that age of onset of sexual abuse significantly related to two aspects of object relations

functioning, in the predicted direction: earlier age of onset was related to more malevolently-toned representations ($r=.38$, $p=.04$). and with a decreased capacity to invest in relationships and moral standards ($r=.53$, $p=.003$). Surprisingly, the degree of physical intrusiveness of abuse correlated with more complex object representations ($r=.44$, $p=.018$).

Post-hoc analyses revealed a significant interaction effect, with women who had disclosed the abuse to their mothers and who had experienced more intrusive forms of abuse producing the most malevolently toned object representations (Beta = $-.20$, $t = -2.23$, $p = .038$)

The current study's findings lend empirical support to the idea that more severe forms of sexual abuse are associated with more problematic functioning in adulthood. The major findings of the present study indicate that the effects of trauma are not monolithic and that the differential effects of trauma on object relations can be successfully detected with projective tests. The value of the SCORS in assessing various domains of object relational functioning is indicated.

Findings are interpreted from an object relations perspective. Implications for clinical theory and practice are discussed. Suggestions for future research include replication with a larger sample size.

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TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	LITERATURE REVIEW	5
	Childhood Sexual Abuse and Adult Symptomatology	6
	Long-Term Effects as Related to Type of Abuse	7
	Self-Report Assessments of Trauma	8
	The Contributions of Finkelhor	8
	Russell's Large-Scale Study	9
	Effects Specific to Incestuous Abuse	11
	Outcome Studies Using Symptom Measures	12
	The Impact of Subjective Experience	14
	Quality of Relationship between Victims and	
	Perpetrators	15
	Disclosure: The Effect of Maternal Response	17
	Summary of Effects	18
	Drawbacks of Self-Report and Symptom Measures	19
	Advantages of Projective Measures	21
	Object Relations and Sexual Abuse	22
	Rorschach Studies With Sexual Abuse Survivors	23
	The Thematic Apperception Test	24
	TAT Research with Abuse Survivors	26
	Westen's Scoring System for the TAT: the SCORS	27
	Use of the SCORS in Sexual Abuse Research	32
	Summary	33
	Hypotheses	34

III. METHOD	37
Participants	37
Procedure	38
Instruments	41
The Thematic Apperception Test	41
Social Cognition and Object Relations Scale	
(SCORS)	41
Overview of the SCORS Scoring System	42
Administration and Scoring	43
The Brief Symptom Inventory (BSI)	44
The Demographic Questionnaire	45
The Sexual Abuse Questionnaire (SAQ)	45
Scoring the SAQ	45
Unstructured Interview	47
Hypotheses of Current Study	48
Data Analysis	50
IV. RESULTS	51
Sexual Abuse Experiences	51
Summary of Sexual Abuse Profile	55
Additional Data on Sample	56
Revictimization Rates	56
Psychiatric History of Sample	57
Brief Symptom Inventory Results	57
Analyses of Major Hypotheses	59

Multiple Regression Analyses	65
Exploratory Post Hoc Analyses	71
Summary of Results	77
V. DISCUSSION	78
Main Findings	79
Age of Onset Findings	80
Degree of Physical Intrusiveness Findings	89
Significant Correlational Trends	93
Multiple Regression Analyses	102
Non-significant Findings	104
Post Hoc Findings	107
Limitations of Present Study	116
External Validity	120
Clinical Implications of Present Study	123
Range of Functioning Among Abuse Survivors	126
Concluding Comments	128
REFERENCES	156

LIST OF TABLES

Table 1	Demographic Profile of Sample	39
Table 2	Identity of Perpetrators	52
Table 3	Sexual Abuse Experiences: Profile of Sample on Continuous Measures	53
Table 4	Frequency of Abuse	53
Table 5	Perceived Support by Mother upon Disclosure	55
Table 6	Identity of Subsequent Perpetrators	56
Table 7	One Sample T-Tests of BSI T scores	58
Table 8	Correlations Between Sexual Abuse Variables and Object Relations	60
Table 9	Partial Regression Coefficients and Significance Tests from Multiple Regression Analysis: Affect-Tone of Relationship Paradigms	66
Table 10	Partial Regression Coefficients and Significance tests from Multiple Regression Analyses: Understanding of Social Causality	67
Table 11	Partial Regression Coefficients and Significance Tests from Multiple Regression Analysis: Complexity of Representations Of People	69
Table 12	Partial Regression Coefficients and Significance Tests from Multiple Regression Analysis: Capacity for Emotional Investment in Relationships and Moral Standards	70

LIST OF FIGURES

Figure 1	Interaction Effects Between Physical Intrusiveness of Abuse and Affect-Tone	75
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LIST OF APPENDICES

Appendix A	Recruitment Flyer	131
Appendix B	Recruitment Letter to Clinicians and Agencies ...	132
Appendix C	Ad Placed in Newsletter for Sexual Abuse Survivors	133
Appendix D	Phone Screening of Participants	134
Appendix E	Consent Form	135
Appendix F	Description of TAT Cards used in Current Study ..	136
Appendix G	Social Cognition and Object Relations Scale (SCORS)	137
Appendix H	Demographic Questionnaire	140
Appendix I	Sexual Abuse Questionnaire	144
Appendix J	Scoring Code for Sexual Abuse Questionnaire	152
Appendix K	Unstructured Interview	153

CHAPTER I

INTRODUCTION

In the past two decades, child sexual abuse has become recognized as a serious and prevalent problem with negative short-term and long-term consequences. A century ago, Freud was the first to implicate childhood sexual abuse in the etiology of adult psychopathology (1896). But interest in this issue waned for many years for two reasons. Firstly, Freud repudiated his "seduction theory" and began to emphasize, instead, the role of fantasy and psychic reality in the formation of neurosis, and secondly, because the sexual abuse of children, often at the hands of family members, was a controversial subject that was difficult for academia and the community-at-large to accept.

With the public consciousness-raising that came, in part, from the women's movement of the 1970s the sexual victimization of women and girls became an issue for discussion and investigation once again. Writing and research on the topic of childhood sexual abuse has burgeoned in the last twenty years. One hundred years after Freud's initial investigations, the prevalence and gravity of the problem of incest has finally come back into public awareness.

Most clinicians, researchers and mental health workers now recognize the existence and pervasiveness of child sexual abuse. They also recognize that long-standing negative consequences can result from such abuse (Gelinas, 1983). However, while many clinical articles propose various theoretical models from which

to understand problems faced by individuals who have been sexually abused, most empirical studies lack a theoretical orientation (Cole & Putnam, 1992).

An object relations model is useful in understanding some of the long-term effects associated with childhood sexual abuse, particularly those effects associated with parental incest. One of the fundamental assumptions of object relations theory is that an individual internalizes aspects of her early caregivers and her interactions with those caregivers. The theory holds that these internalized representations of "objects" will affect the way the individual experiences others, self, and self in relation to others (Greenberg & Mitchell, 1983; Sandler & Rosenblatt, 1962; Kernberg, 1976; Fairbairn, 1952).

When a child is being sexually abused by a caregiver, the object internalized at that moment is an abusing, exploitative one. This internalization may affect the way the child, and later the adult, experiences self and others, consciously and unconsciously. Several articles and books on child sexual abuse have been written from a psychoanalytic/object relations point of view (Davies & Frawley, 1994; Shengold, 1989; Diamond, 1989; Levine, 1990; Grand & Alpert, 1993). However, very few empirical studies have been conducted from a psychoanalytic/object relations orientation (Wolf & Alpert, 1991) despite the usefulness of this model.

Grand & Alpert (1993), in their paper on object relations of sexual abuse survivors assert that:

there is a common core to the trauma of incest for all victims...all incest survivors sustain profound injury to critical areas of object relating and consequently suffer primitive annihilation anxieties. This injury occurs regardless of age of abuse, premorbid personality, or quality of family life. (p. 331)

There has been much debate about the degree of direct correspondence that exists between childhood experiences and adult pathology, since children adapt to their environment in their own individualized ways. Nevertheless, many studies have found particular aspects of childhood sexual abuse to be related to specific difficulties in adulthood. While many studies have focused on distinct problems or conflicts faced by adults with histories of incest, few of these studies have been explicitly framed by theory.

The current study proposes that the effects of childhood incest be considered from an object relations perspective. In the present study, several abuse characteristics that have been associated with long-term distress in past studies will be examined along with two more "subjective" aspects of the abuse experiences.

The Thematic Apperception Test will be used to assess object relations functioning. A relatively new measure developed to assess four distinct dimensions of object relations, the Social Cognition Object Relations Scale (SCORS, Westen, 1990), will be used to score TAT responses. Findings will be interpreted from an

object relations perspective. The interplay between external "objective" events and intrapsychic "subjective" experience will be explored *vis-à-vis* their contribution to the traumatic effects of incest. Implications for clinical theory and practice will be discussed.

CHAPTER II

LITERATURE REVIEW

In recent years, childhood sexual abuse has become recognized as a serious and prevalent problem. Several large-scale studies (Finkelhor, 1979; Russell, 1986; Wyatt, 1985), indicate that approximately 33% of American women report having had an unwanted sexual experience before the age of eighteen, and that, of these women, 43% report having been incestuously abused. Research on male victims of childhood sexual abuse has been less extensive than research on female victims. However, prevalence rates among men have been estimated at approximately 16% based on at least one recent national survey (Finkelhor, Hotaling, Lewis & Smith, 1990). Child sexual abuse has been found to occur across all socioeconomic levels and among all ethnic and racial groups (Russell, 1986).

In Russell's (1986) study of 930 women, 4.5% of the female sample reported molestation by a biological father or stepfather. Eight percent of Wyatt's (1985) random community female sample reported this type of sexual abuse, while in Finkelhor's survey of college students, 1.3% of the women reported sexual contact with a father or stepfather. In a later national community survey conducted by Finkelhor et al. (1990), sexual abuse by a father or stepfather was reported by a little under 2% of the women surveyed.

Sexual abuse by a father or stepfather has been associated with the highest rates of psychological problems in adulthood

(Herman, Russell, & Trocki, 1986; Briere & Runtz, 1988). The present study explores some of the long-term intrapsychic sequelae associated with sexual abuse by a father or father figure. The current study focuses specifically on the effects of childhood incest on women, although it is recognized that such abuse occurs among boys and that the long-term effects of these experiences require investigation.

Childhood Sexual Abuse and Adult Symptomatology

A number of diverse psychological difficulties have been reported among adults who experienced childhood sexual abuse. The most commonly cited symptom is depression (Briere & Runtz, 1988; Sedney & Brooks, 1984; Gold, 1986).

Other frequently reported long-term effects include: anxiety (Briere & Runtz, 1988; Herman & Schatzow, 1987; Sedney & Brooks, 1984; Fromuth, 1986); interpersonal difficulties (Herman, Russell, & Trocki, 1986; Meiselman, 1978); sexual dysfunction (Gold, 1986; Herman, Russell, & Trocki, 1986; Meiselman, 1978); self-destructive behavior (Herman, 1981; Sedney & Brooks, 1984); substance abuse (Miller, Downs, Gondoli & Keil, 1987); feelings of isolation and stigma (Herman, 1981); poor self-esteem (Steele, 1986; Gold, 1986; Herman et al., 1986); and somatization (Morrison, 1989; Briere & Runtz, 1988).

Studies have also indicated a tendency toward revictimization, as defined by having other incidents of sexual abuse or involvement in later abusive relationships, throughout the lives of women sexually abused as children (Fromuth, 1986;

Russell, 1986). Researchers have also discovered a high prevalence of dissociation among women who were sexually abused as children (Briere & Runtz, 1988; Goodwin, Cheeves, Connell, 1990).

Recently, childhood sexual abuse has been implicated in the development of borderline personality disorder (Herman & van der Kolk, 1987; Marcus, 1989; Westen, Ludolph, Misle, Ruffins & Block, 1990; Nigg, Silk, Westen, Lohr, Gold, Goodrich & Ogata, 1991; Steele, 1986).

For several thorough review articles on the effects of sexual abuse on children and adults, the reader is referred to Kendall-Tackett et al., 1993; Beitchman et al., 1992; Browne & Finkelhor, 1986; and Wolf & Alpert, 1991.

Long-Term Effects as Related to Type of Abuse

Some researchers have tried to account for variations in long-term negative effects of childhood sexual abuse by examining the characteristics of the abuse experience. It is important to acknowledge that incestuous abuse occurs in a larger family context in which dysfunction almost always predates the abuse. In addition, adult distress or symptomatology is almost always multi-determined. Nonetheless, studies have shown that certain types of abuse or aspects of the abuse are significantly associated with more severe problems in adulthood.

Groth (1978), in an early assessment of the traumatic impact of sexual abuse, contended that the greatest trauma resulted as a function of four factors. He proposed that the closer the

emotional relationship between the perpetrator and victim, the greater the trauma. Secondly, he hypothesized that the longer the duration of the abuse, the more potential for trauma. Thirdly, he stated that the more physically intrusive the sexual abuse, the more traumatic the impact would be. Lastly, he posited that the more physical aggression, force or violence directed at the child during the sexual abuse, the greater the traumatic effects.

Self-Report Assessments of Trauma

The contributions of Finkelhor. Finkelhor (1979), testing some of the hypotheses put forth by Groth (1978), conducted a survey of New England college students in which he inquired about sexual experiences in childhood. Of 796 respondents, 264 (33%) reported having had childhood sexual experiences with someone older, including family members. Finkelhor asked subjects to report on a scale of one to five how positive or negative they thought the sexual experience had been. He used this self-report measure to assess the traumatic impact of the sexual abuse.

Finkelhor (1979) looked at traumatic effects as they were related to the following factors: age of onset; age difference between the child and adult; closeness in relationship between the child and adult (measured by kinship); whether or not the experiences were homosexual or heterosexual; the particular sexual acts that occurred; whether force had been used; and whether or not the abuse was disclosed.

In a multiple regression analysis, Finkelhor (1979) found that use of force by the adult explained more of the negative

reactions than any other factor. Additionally, he states that his findings "give full support to the belief that father-daughter incest is the most traumatic kind of sexual experience that can occur" (p. 101).

A greater age difference between the victim and perpetrator was also associated with greater perceptions of trauma. Finally, Finkelhor found a non-significant trend that showed earlier-occurring abuse to be more traumatic.

Russell's large-scale study. Russell (1986), in one of the largest-scale studies conducted to date, ran a community survey of 930 San Francisco women and found that 38% reported a history of sexual abuse in childhood. Incestuous abuse by a father or father figure was reported by 4.5% of this sample. Russell, like Finkelhor, also used a self-report measure to assess the impact of the abuse. She asked women to assess how much of an effect the experience had had on their lives, and how upset they recalled being as a result of the experience.

Russell (1986) examined the effects of nine different aspects of sexual abuse and conducted a multiple regression analysis. She looked at outcome as it related to many of the same abuse variables investigated by Finkelhor. She added to these the frequency and duration of abuse and whether the victim was incestuously abused by more than one perpetrator.

Russell (1986) found that the severity of the sexual acts committed (i.e., how physically invasive/forcible they had been) proved to be the most significant factor in predicting the degree

of trauma reported. She also found a linear relationship between severity of the abuse and degree of perceived trauma. She proposes that Finkelhor's (1979) study may have had proportionally too few women who had experienced severe sexual abuse (4%, or five cases out of 119, who had abuse which involved intercourse) for a significant effect to be detected.

As was the case in Finkelhor's study, Russell found that sexual abuse committed by a father or father-figure (as opposed to another family member or stranger) emerged as highly significant in predicting negative effects. In concordance with Finkelhor's main finding, the degree of force or violence used by the perpetrator during the abuse was significantly related to traumatic effect.

The other two significant factors in Russell's (1986) study were duration of incest and age disparity between victim and perpetrator. Where the age difference was greater than 10 years, more traumatic effects were reported. A non-significant trend was noted toward greater estimate of harm the earlier the onset of the abuse.

In both these studies, earlier age of onset showed a non-significant trend in relation to negative outcome. It is important to note, however, that the definition of sexual abuse in both of these studies was highly inclusive. In Finkelhor's study, for instance, abuse by a stranger was considered in the data pool along with abuse by a family member.

It is possible that other significant findings might have been noted if the effects of incestuous abuse had been separated

out from the effects of other types of sexual abuse. This may be the case for the relationship between age of onset and outcome, which in both studies showed a trend toward significance in their relationship to negative outcome.

Effects specific to incestuous abuse. In a study that looked only at incestuous abuse, Herman, Russell, & Trocki (1986) compared the community group from Russell's (1986) study described above with a clinical group of 53 women who had sought outpatient group treatment for problems associated with incest histories. Herman et al. only included in their comparison the 152 women from Russell's survey who had reported a history of incest (and not other forms of sexual abuse).

They found that women in the outpatient therapy group who perceived having endured the greatest harm from their abuse were women whose abuse involved the most intrusive physical acts, the most violence, and began earlier in childhood or lasted a longer time. As in the other studies noted, they also found that women who had been abused by a father or stepfather reported the most long-lasting negative effects. Although Herman et al. (1986) did not conduct a formal analysis of their data since the demographics and selection of members in the two groups did not allow for statistical comparisons, some important relationships were found.

In the patient population, all of the women reported considerable long-term negative effects from their sexual abuse. As compared to the community sample, a much greater proportion of

the patient group reported incestuous abuse that involved a father or stepfather. The patient group also had a higher incidence of violent and longer-lasting abuse.

Herman, Russell & Trocki (1986) offer the following interpretation of these findings:

...it is clear [from these findings] that victims who become patients usually are those who have suffered the most severe early traumas. These results suggest that violent, prolonged, or intrusive abuse or abuse by a primary caretaker represents stressors that are beyond the adaptive capacities of all but the most exceptional children and that will regularly produce a long-lasting traumatic syndrome.
(p. 1296)

Outcome Studies Using Symptom Measures

Other studies have taken a symptom evaluation approach to the assessment of negative impact of incest. Briere & Runtz (1988), in a study of 278 college women found that 15% of their sample had experienced sexual contact with a significantly older person before age 15. Among these women, correlations were found between a number of specific abuse-related factors and symptomatology as measured by the Hopkins Symptom Checklist. More severe levels of anxiety, depression, somatic complaints and dissociation were positively associated with the presence of parental incest, use of force during the abuse, the age of the abuser, and abuse that went on for longer periods of time.

Sedney and Brooks (1984), surveying a nonclinical female college population found that 16% of the 301 women in their sample reported a history of childhood sexual experiences. Looking at symptomatology, the researchers found that these women had significantly greater rates of depression, anxiety, and self-abusive behavior than their peers who did not report such histories. Greater disturbance, reflected in the severity and higher rates of symptomatology, was associated with childhood sexual abuse experiences that involved more invasive acts, that went on for a longer period of time and that occurred within the family.

Tsai, Feldman-Summers & Edgar (1979), compared differences between women who sought treatment for problems associated with childhood molestation (a clinical group) and women who were molested in childhood but had never sought treatment and considered themselves well-adjusted (a non-clinical group). Incestuous abuse by a father, stepfather, and/or grandfather was found in 73% of the clinical group and 63% of the non-clinical group.

Tsai et al. (1979) looked at outcome based on women's responses to the Minnesota Multiphasic Personality Inventory (MMPI). They also assessed psychosexual functioning using a six-item scale. In addition to obtaining information about the aspects of the abuse such as frequency, age of onset, severity, etc., Tsai et al. asked participants to rate their feelings as they recalled them during the abuse.

Women who had sought treatment to deal with their histories of childhood sexual abuse were significantly different from women who had not sought treatment in a number of ways. Their experiences of molestation were of longer duration; more frequent; more painful; and were more likely to have involved attempted intercourse. Additionally, these women evidenced poorer performance on the MMPI and the psychosexual functioning scale.

In a variable uniquely investigated by Tsai et al., women in the clinical group differed from the non-clinical group in terms of their *recollection of feelings* at the time of the molestation. Women in the clinical group reported having had more negative feelings toward their molester; recalled more pressure from the molester to be compliant and to keep the acts secret; recalled feeling more guilt about keeping the acts secret; and reported feeling more guilt about the sexual activity itself.

Tsai et al. suggest that the emotional response evoked during the abuse may serve as a mediator between childhood sexual abuse and later adult adjustment. For example, they propose that "a woman's perception and recall of what happened during the molestation experience, even if distorted and flawed, may be an important determinant of her current psychological adjustment" (p. 416).

The Impact of Subjective Experience

One could argue that an important aspect of the abuse experience is the survivor's sense of being betrayed by the abuser. A recollection of closeness or intimacy to the

perpetrator prior to the abuse onset would indicate that the abuse might have been experienced as a betrayal of trust. Tsai et al. (1979), as mentioned, approached this issue by inquiring about feelings evoked *during* the abuse. One might infer that a greater sense of trust and intimacy with a caretaker *who then becomes* an abuser might lead to a greater sense of betrayal, confusion and internal conflict.

Most studies to date that have considered the survivor's relationship to the perpetrator have defined "relationship" by "kinship," i.e., looked at effects as related to whether the abuser was a father, family friend, neighbor, etc. (e.g., Finkelhor, 1979). However, theoreticians and clinicians have long been aware of understanding the impact of events in the emotional context in which they are recalled (Fowler, 1994). To date, the *survivor's sense of intimacy* with the perpetrator prior to abuse onset has not been looked at empirically.

The present study proposes that the "degree of betrayal," measured by degree of intimacy recalled with the parental figure prior to abuse onset, has not been explored systematically and bears further empirical investigation.

Quality of Relationship between Victims and Perpetrators

Berliner and Conte (1990) conducted a study that examined the quality of the relationship between abuse victims and their perpetrators. The study was conducted with children, aged 10 to 18, who had been sexually abused. The children were asked specific questions about the quality of the relationship they had

had with the person who abused them, the offender's pre-abuse behavior and the child's understanding of the behavior.

Although statistical analysis was not conducted with this data, Berliner and Conte (1990) conducted qualitative analyses of interviews with these children and found that over half of the children said they loved, liked, needed, or depended on their offenders. Offenders in this study included fathers, mothers' boyfriends, neighbors, and baby-sitters. The children described the quality of their relationships with their perpetrators in a variety of terms ranging from positive: e.g., "At that time I really needed love. He made me feel like I was really important," to neutral: "He was just around," to negative: "He was my stepfather. I was afraid of him" (p. 32).

Almost all of the children reported some type of force or coercion used to gain their cooperation or to prevent them from telling anyone. Additionally, many of the children reported that their offenders made statements to justify the abuse, such as, "You like it," (reported by 70% of the children); "I'm not really hurting you," (reported by 57%); "I'm teaching you about sex," (reported by 30%); "You're my daughter so it's okay," (13%); "I need love and affection too," (reported by 30%); "You didn't tell me to stop," (reported by 30%); and "You want me to do this," (reported by 44%).

The data gathered by Berliner and Conte (1990) might be used to explain some of the interpersonal problems experienced by adult survivors of child sexual abuse. For example, as stated by Berliner and Conte, "One common method of coercion involved the

exploitation of a child's normal need to feel loved, valued, and cared for by parents" (p.38).

The statements made by abusers would clearly make it all the more difficult for a child to understand what is happening when the abuse is taking place. Based on these statements, the child might question his/her own participation in the abuse and question his/her own feelings and perceptions. The child's own sense of reality would likely come into question. It is also likely that under these circumstances, a child could develop unfavorable feelings and perceptions about trusting others and about what it means to be vulnerable with another person.

One might expect that a caretaker's exploitation of a child's need for love, security and sense of worth would lead to psychological and emotional problems throughout that child's life. Thus, a more systematic study of the survivor's sense of intimacy with the perpetrator before the onset of the abuse, i.e., some measure of the degree of betrayal experienced by the child, and how this relates to the child's later (adult) psychological functioning, might be useful. It could be used to empirically document a clinically observable and theoretically logical connection.

Disclosure: The Effect of Maternal Response

Another important factor to consider is the woman's recollection of how supported she felt upon disclosing the abuse, if she disclosed the abuse at all. In recent studies of children who have been sexually abused, the mother's response toward her

child after the disclosure of sexual abuse has emerged as a significant variable relating to the child's adjustment (Johnson & Kenkel, 1991; Everson, Hunter, Runyon, Edelsohn and Coulter, 1989; Wyatt & Mickey, 1987). In these studies, more emotional disturbance and poorer levels of adjustment after disclosure of sexual abuse were associated with a lack of maternal support.

The effect of maternal response to disclosure has not been addressed systematically among adults. However, it seems to serve a significant mediating impact between sexual abuse and adjustment among children (Everson et. al., 1989). The current study proposes that the adult survivor's recollection of her mother's support following disclosure is an important aspect to consider in relation to the adult's psychological functioning.

Summary of Effects

In this review of studies of women who were sexually abused in childhood, certain aspects of the abuse appear to relate consistently to negative long-term effects, with different degrees of significance. The most salient factors associated with negative outcome are: whether or not the abuse was committed by a father (or father figure); the degree to which the abuse involved violence or force; and the degree to which the abuse involved invasive physical acts. Other aspects of the abuse such as age of onset, duration and frequency have also been associated with a greater negative impact, with differing degrees of consistency.

Two additional variables have been implicated in long-term negative impact but have not been studied systematically with

adult survivors of childhood sexual abuse. Studies that have examined the quality of the relationship between the victim and perpetrator (Tsai et al., 1979; Berliner & Conte, 1990) suggest that an important variable to explore is the degree to which the abuse was experienced by the child as a betrayal. Maternal reaction to disclosure has also been found to play an important part in the child's, and it is presumed the adult's, psychological functioning.

The current study will examine the relationship between seven abuse-related characteristics and adult functioning. The abuse variables to be examined include age of onset; degree of force; degree of physical invasiveness; duration; and frequency of the sexual abuse. In addition to these more routinely studied abuse variables, the more "subjective" variables of sense of intimacy with the abuser prior to onset and perceived maternal supportiveness upon disclosure will also be included. The present study proposes a unique measure to assess the negative impact of sexual abuse in childhood.

Drawbacks of Self-Report and Symptom Measures

In the studies described thus far, the traumatic or negative effects of abuse were assessed in primarily one of two ways. Some studies measured degree of trauma by self-appraisals of distress (Russell, 1986; Finkelhor, 1979; Herman, Russell & Trocki, 1986). Others used more "objective" assessments of maladjustment, such as symptom evaluations, etc. (Briere & Runtz, 1988; Tsai et al., 1979; Sedney & Brooks, 1984, Everson et al., 1989). While both

these methods of evaluation can contribute to the understanding of the impact of childhood sexual abuse, each has inherent drawbacks.

In a self-report assessment of trauma, valuable insight can be gained into the effects of trauma from a woman's appraisal of how upsetting an experience was and the degree of impact she feels it has had on her life. However, certain information can be hard to access when a person evaluates her own traumatic history.

For instance, there are aspects of functioning that a person may be unwilling or unable to report. Russell (1986) found that different women had different ideas of what constituted being "upset" or "affected by" their abuse experience. She gives the example of a woman who said she became pregnant when she was sixteen years old to avoid her stepfather's sexual advances, but who then went on to describe the abuse as having had "no effect" on her life (p. 141). Russell states that some women tended to discount the pain they experienced, utilizing what Russell calls a "protective mechanism."

The "protective mechanism" Russell describes is conceptualized in psychoanalytic theory as defense. Defenses are generally thought of as largely unconscious psychic mechanisms employed to protect the individual from overwhelming, painful, or uncomfortable feelings or thoughts. While the women in Russell's study may have provided as accurate a *conscious* appraisal of their experiences as they could, a certain degree of pain and discomfort was inevitably defended against, and therefore, would not have been reported. Hence, disturbances or conflicts that a

woman might experience on a less conscious level would not be captured in a self-report measure. These disturbances have the potential of profoundly affecting a woman's functioning.

More "objective" measures of adult symptomatology, such as symptom inventories, also have advantages and limitations. They can provide useful demographic and epidemiological data about a population. These data might be used to infer connections between distress in childhood and symptomatology in adulthood. They do not provide, however, an understanding of the underlying psychological processes that might produce these symptoms.

Advantages of Projective Measures

Projective measures offer a solution to the problems of symptom measures and self-report measures. In fact, it is suggested that projective measures may provide the least biased measure of personality functioning (Blatt, 1975; Schaefer, 1954). Projective measures such as the Rorschach and the Thematic Apperception Test require a subject to respond to ambiguous stimuli.

It is thought that when a person is presented with an ambiguous stimuli or task, he/she will create responses that are "projections" of that individual's internal, largely unconscious, inner world. These projections reflect ways in which the individual orients herself to the world and organizes her experience, perceptions, and emotions. Hence, projective measures can be useful tools for looking at psychological processes that underlie a person's external presentation or functioning.

In the case of sexual abuse survivors, projective measures can provide insight into aspects of the survivor's psychological functioning that might not otherwise be accessible through self-report. A better understanding of the intrapsychic or unconscious functioning of abuse survivors could provide a context in which to comprehend the symptoms and interpersonal difficulties experienced by childhood sexual abuse survivors. One aspect of the unconscious that can be accessed using projective measures is the individual's "object relations."

Object Relations and Sexual Abuse

Object relations theory is an offshoot of psychoanalytic theory. One of the fundamental assumptions of object relations theory is that through their early interactions with caretakers, children internalize a set of rules, expectations and beliefs about themselves and others. These then serve as "templates" for how relationships work and for how they experience themselves and others (referred to as "self" and "object" representations). These "templates," or representations, are thought to influence the expectations an individual brings to relationships and interpersonal experiences (Greenberg & Mitchell, 1988).

Some of the sexually abused child's earliest formative interpersonal experiences involve exploitation, victimization, and inappropriate sexualization. A child who is sexually abused is faced with cognitively and emotionally overwhelming experiences as well as threats to her physical safety. She might experience overt physical violence, threats to violence or

sexually seductive behavior on the part of a caretaker. She often has to manage intense fears of being abandoned by the very people she needs to love and protect her.

A woman who was sexually abused in childhood by her father or someone who functioned in a paternal role will have developed object and self-representations in the context of a sexually abusive relationship. It would be expected that these representations, which are often unconscious, might be disturbed or problematic and potentially distressing to the woman. For example, they might cause a woman to experience others as threatening, malevolent or incomprehensible. Naturally, this would limit her ability to enjoy relationships and to feel safe with others. Projective tests offer the potential to shed light on some of the "disturbed" object relations that underlie some of the problems experienced by sexual abuse survivors.

Rorschach Studies With Sexual Abuse Survivors

A popular measure in psychoanalytic research and clinical assessment has been the Rorschach. In one of the first published empirical studies examining sexually abused children with the Rorschach (Zivney, Nash, & Hulsey, 1988), researchers looked at protocols of girls abused before their ninth birthday as compared to girls first abused after their ninth birthday. They found that earlier abused girls displayed more pre-oedipal psychopathology characterized by deficits in perception and self-object representations than did later abused girls.

Meyers (1988) conducted a study of adult women who experienced chronic sexual abuse by their fathers and found certain consistent characteristics in the structural analysis of their Rorschach responses: difficulty with affect and impulse control; depression and suicide potential; difficulty in object relations; severely impaired body image involving confused sexual identification; and externalization of blame, feelings of helplessness, or dissociative reactions.

A study by DeSousa (1993) looked at sexually abused girls' object relations using the Mutuality of Autonomy (MOA) scale, developed by Urist (1973). The MOA scale measures the degree to which relationships between people, animals and objects on the Rorschach are perceived in terms of mutuality of autonomy. DeSousa found that sexually abused girls performed significantly more poorly than non-abused girls on the MOA scale. The author believes this suggests that the experience of child sexual abuse is associated with internal representations of self, others and relations in the object world as more malevolent and destructive.

The Thematic Apperception Test

A projective measure that has been used with less frequency in empirical research, and particularly in research with sexually abused women, is the Thematic Apperception Test (TAT; Murray, 1943). The TAT is a projective test in which subjects are presented with a series of cards and are asked to create stories relating to the pictures depicted in these cards. The cards

include pictures of individuals, children or adults, either alone or with others.

Some TAT cards depict fairly neutral scenes. For example, Card I shows a young boy contemplating a violin which rests on a table in front of him.¹ Other cards depict more emotionally charged scenes. For example, in Card 13MF, a young man is standing with his downcast head buried in his arm. Behind him is the figure of a woman lying in bed. Subjects are asked to tell a story for each card and to include a description of what is happening in the scene, what happened before and what will happen after, along with a description of what the characters in the picture are thinking and feeling.

General themes that come up in subjects' TAT stories have to do with how people are perceived, how people tend to deal with conflict, how people are expected to relate to one another, etc. In the course of telling stories to several cards, certain patterns begin to emerge that reflect subjects' views or experiences of themselves and others.

In summary, the TAT is a projective test that specifically pulls for interpersonal themes. Since sexual abuse takes place in an interpersonal context, the TAT can be a useful tool in understanding some of the internal representations of self and others that might be associated with a history of incest. To date there has been insufficient empirical research in the area of object relations among sexual abuse survivors in general, and using the TAT in particular. Insight into the survivor's internal

¹ Card descriptions taken from H.A. Murray, 1943.

object world could inform theory on how sexual abuse impacts development. It could also assist clinicians in their work with adult survivors of childhood sexual abuse. The TAT has the potential to do both.

TAT research with abuse survivors. In one TAT study, Stovall and Craig (1990) found that the mental representations of sexually abused and physically abused girls, aged seven to 12 were significantly different than those of non-abused but distressed girls. The researchers found that the abused girls (as a group) were more likely to have representations of others that were less complex, with figures in TAT stories depicted as less well-functioning and less intact than those depicted by non-abused girls. The interactions described by the abused girls were more often impersonal, transient, and temporary than the interactions described by the non-abused girls.

Stovall and Craig found that in contrast to the responses of physically abused girls, sexually abused girls seemed to have more narcissistic concerns (e.g., figures being more concerned about themselves than about others). They also manifested more confusion over the sources of "need" (e.g., in one sexually abused girl's story, the father is perceived as needing the little girl, at other moments the girl needs the father). Issues of triangulation and individuals choosing one person over the other (e.g., father in same story chooses daughter over wife) were also prominent in the TAT stories told by sexually abused girls.

Another study, conducted by Pistole and Ornduff (1994), looked at the manifest content of TAT stories told by sexually abused girls. They compared this content to that of TAT stories told by a clinical female sample with no history of sexual abuse. Subjects in the sexual abuse group were found to have significantly higher frequencies of certain negative feelings such as sexual preoccupation and expressed guilt.

The studies described thus far demonstrate the usefulness of the TAT in understanding themes of particular relevance to sexual abuse survivors. Until now, however, the TAT has mostly been used to analyze themes and manifest content. A few empirical measures have been developed recently to approach TAT material in more quantifiable ways (e.g., Wilson, 1993; Cramer, 1991; Thompson, 1981). One relatively new measure for assessing object relations by using TAT material will now be discussed.

Westen's Scoring System for the TAT: the SCORS

Westen, in collaboration with his colleagues Lohr, Silk and Kerber (1990) developed the Social Cognition and Object Relations Scales (SCORS) to assess four interrelated but distinct object relations dimensions. These dimensions represent ways in which object representations are organized into affective, cognitive and motivational components. Within each dimension, five levels are defined. The scales represent an attempt by Westen to integrate ideas from psychoanalytic, developmental and social cognition theory to understand the internal structures that can

motivate behavior. What follows is a brief description of each scale and the theories on which each scale is based.

Affect-Tone of Relationship Paradigms. This scale was developed from the ideas of various psychoanalytic theoreticians who have been interested in the affective nature of internalized representations (Klein, 1948; Kernberg, 1975). It was designed to assess the degree to which an individual expects relationships to be destructive and threatening or safe and enriching. At the lowest end of the scale, people in TAT stories are depicted as hostile and threatening. At higher levels, people are seen as more benign and relationships as more pleasurable and enriching.

Unlike the other three sub-scales of Westen's measure, this scale does not assess a dimension that is on a developmental trajectory from primitive, or relatively undeveloped, to mature. Rather, it seems to capture a potential for disruption in normative development.

Complexity of Representations of People. This scale was created based on the ideas of various different developmental and object relations theorists (e.g., Piaget, 1926; Jacobson, 1964; Kernberg, 1976) who have emphasized how, through the course of development, children gradually develop more complex and differentiated views of self and others. They also gradually become able to integrate more complex, and at times conflicting, thoughts and feelings about themselves and others.

The ideas of Kernberg (1976) seem particularly relevant to the present study and thus call for some elaboration. Kernberg (1976) has focused on the difficulty of adults diagnosed with borderline personality disorder to differentiate their perspective from that of others and to tolerate ambivalent feelings. Kernberg's ideas imply a theory of developmental arrest or disruption in the capacity to differentiate self from others, and to integrate complex thoughts and feelings about self and others.

Borderline personality disorder has been linked to traumatic experiences in childhood, particularly at the hands of an abusive parent (Herman, Perry & van der Kolk, 1989; Zanarini, Gunderson, Marino, Schwartz, & Frankenberg, 1989). For an abused child, the wish for a good parent must be preserved for psychological survival. Hence, integration of good and bad feelings can be impossible. The child can not allow representations of a parent on whom he or she must depend to coexist with representations of the same parent being destructive and hostile toward the child. The child utilizes primitive defenses such as splitting in order to preserve the good parent and hence, the good self.

Westen's (1990) scale assesses the extent to which a person experiences others as multidimensional, differentiates the perspective of self and others and "sees the self and others as psychological beings with complex motives and subjective experience" (p. 4). At the lowest levels, subjects have difficulty differentiating points of view. At slightly higher

levels, they provide simple univalent representations of people, lacking in psychological complexity. At the highest levels they manifest a complex understanding of the mental states of people and the contexts in which they can occur. Again, these levels of complexity are applied to TAT data.

Capacity for Emotional Investment in Relationships and Moral Standards. This scale is based on ideas of object relations theorists who posit a developmental movement from a need-gratifying, or narcissistic, pattern of emotional investment to more "mature" ways of relating which involve mutual love, concern and respect for others (e.g., Selman, 1981; Fairbairn, 1952). It is also believed that ideas about justice and fairness are developed in childhood (Kohlberg and Kramer, 1969; Gilligan, 1982).

Westen makes an argument for combining into one scale the capacity to invest in emotional relationships with the capacity to invest in moral standards. He bases this idea on the work of Gilligan (1982) who "suggests that true concern with the needs of significant others is inseparable from moral concerns" (p. 17). Furthermore, in Westen's view, advanced levels of moral development should involve *knowledge* of social rules with a commitment to *apply* them appropriately. Westen (1990) gives the example of the sociopath who may be quite aware of ethical and moral standards, but who shows no internal commitment to these values.

Thus, at the lowest levels of this scale, characters in TAT stories are depicted with narcissistic approaches to relationships. Their investment in others is based on need-gratification with disregard for moral standards. Rules and adherence to moral standards are seen as obstacles to achieving one's wishes. At the highest levels, relationships with others are represented as based on mutual love, concern, valuation of a person's specific attributes and a concern for morality within a context.

Understanding of Social Causality. The basis for this scale comes from social-cognitive research on the development of understanding of social causality in children (e.g., Piaget, 1970; Selman, 1980). Westen (1990) describes how the findings of this research suggest that developmental shifts occur in children's ability to infer causality in the social realm.

Westen has speculated about a "borderline attributional style," characterized by egocentric attributions, expectations of malevolence, tendency to make peculiar and inaccurate attributions, and tendency to make affect-centered rather than cognitively-based attributions. Again, since borderline pathology has been linked to early trauma, this theory implies that the capacity to develop a logical attributional style can be disrupted or impaired, possibly as a result of early traumatic experiences.

Hence, according to Westen (1990):

At the lowest levels [of the scale], causality is preoperational in Piaget's sense: it is illogical or alogical, with confused, inappropriate, highly unlikely, or absent attributions of interpersonal phenomena. At the middle levels, subjects make accurate attributions, which are relatively non-complex. At the highest levels, subjects manifest an understanding of the way complex psychological processes are involved in the generation of thoughts, feelings and actions. (p. 18)

Use of the SCORS in Sexual Abuse Research

The SCORS has been used to successfully differentiate sexually abused from non-abused females in past studies. Westen, Ludolph, Block et al. (1990), using the SCORS, examined the records and TAT data of 36 female adolescent inpatients. They found that a history of sexual abuse was associated with the affective quality of representations. Adolescents who had been sexually abused had more malevolent representations of people in their TAT stories than inpatient adolescents who had no sexual abuse history.

Similar findings were reported by Ornduff et al. (1994) in their study of 42 female outpatients. In this study, 17 of the subjects had documented sexual abuse histories. Using Westen's SCORS, the researchers also found significantly lower affect-tone scores among sexually abused subjects when compared to non-abused subjects. Significant differences were also noted between the two

groups when compared on the other three object relations dimensions of the Westen coding system.

Hence, to date the SCORS has not only been established as a valid measure, but one that has yielded important information about the object relations of sexually abused girls and women. To date, the SCORS has not been used to compare the object relations of women who have experienced different kinds of childhood sexual abuse.

Summary

Various studies have looked at the differential effects of abuse characteristics on adult functioning. Disturbances in object relations have been noted among sexually abused women. However, few empirical studies have examined the differential impact of abuse characteristics on object relational functioning in adulthood. Fewer studies still have looked at the specific aspects of object relations that might be affected by particular types of abuse.

The current study explores the relationship between the degree of severity of various abuse-related characteristics and object relations. Altogether seven abuse variables are included in the analysis. Four dimensions of object relations are examined.

A projective test, the TAT, is used to assess object relations functioning. The SCORS, developed by Westen, is the measure used to assess responses to the TAT on four different object relations dimensions. The following hypotheses will be

tested, using the four object relations sub-scales as the dependent (outcome) variable.

Hypotheses:

1. There will be a positive correlation between the age of onset of sexual abuse and object relational functioning. That is, sexual abuse that began at an earlier age will be associated with poorer object relational functioning than sexual abuse that began at a later age.
2. There will be a negative correlation between the physical intrusiveness of the sexual abuse and object relational functioning. That is, sexual abuse that was more physically intrusive will be associated with poorer object relational functioning than sexual abuse that was less physically intrusive.
3. There will be a negative correlation between the degree of forceful coercion involved in the sexual abuse and object relational functioning. That is, sexual abuse that involved more forceful coercion will be associated with poorer object relational functioning than sexual abuse that involved less forceful coercion.
4. There will be a negative correlation between the duration of the sexual abuse and object relational functioning. That is,

a longer duration of sexual abuse will be associated with poorer object relational functioning than sexual abuse that was of a shorter duration.

5. There will be a negative correlation between the frequency of the sexual abuse and object relational functioning. That is, more frequent abuse will be associated with poorer object relational functioning than less frequent abuse.

6. There will be a negative correlation between the reported sense of intimacy the adult survivor reports having had with her abuser prior to the abuse and object relational functioning. That is, greater sense of intimacy with the abuser prior to abuse onset will be associated with poorer object relational functioning. (I.e., the greater the betrayal of trust, the poorer the adult object relational functioning).

7. For those who disclosed the abuse to their mothers, there will be a positive correlation between degree of supportiveness of maternal response and object relational functioning. That is, more supportive responses by the mother upon disclosure will be associated with better object relational functioning.

In keeping with the design of the large-scale studies conducted to date, (Russell, 1986; Finkelhor, 1979) multiple

regression analyses will also be carried out to determine the relative impact of the seven abuse variables on adult object relational functioning.

CHAPTER III

METHOD

Participants

Subjects included 30 females who reported a history of childhood sexual abuse by fathers or father figures. The majority of the participants (83%, $N = 25$) were recruited through flyers placed on New York City college campuses. Other participants (13%, $N = 4$) were recruited through clinicians and social agencies; one participant responded to an ad placed in a newsletter for sexual abuse survivors. (See Appendices A, B, and C for recruitment materials.)

Demographics

Participants ranged in age from 21 to 56, with a mean age of 34 ($SD = 10.3$). This was a highly educated sample, with an average of 15.6 years of education. Seventeen percent ($N = 5$) held Masters degrees; 38% ($N = 11$) college degrees; 38% ($N = 11$) high school degrees; 7% ($N = 2$) held technical degrees or certificates. A vast majority of the women (83%, $N = 25$) were either college-educated or pursuing a college degree at the time of this study.

The sample was highly diverse in other characteristics. Caucasian women comprised less than half of the sample (43.3%, $N = 13$). The remainder of the sample was Latina (23.3%, $N = 7$); African American (13.3%, $N = 4$); Asian (3.3%, $N = 1$); Native American (3.3%, $N = 1$) or self-defined as "other" (13.3%, $N = 4$).

Twenty-seven percent ($N = 8$) reported not having grown up in the United States.

Forty-three percent ($N = 13$) of the sample reported an income level of \$18,000 a year or less, consistent with the fact that most subjects were still in school. Fifty-seven percent ($N = 17$) reported being single; 20% ($N = 6$) married; 16.6% ($N = 5$) separated or divorced; and 6.7% ($N = 2$) were living with partners at the time of the study. Eighty three percent ($N = 25$) of the participants identified themselves as heterosexual; 6.7% ($N = 2$) as lesbian; 6.7% ($N = 2$) as bisexual; one subject reported being unsure of her sexual orientation.

Procedure

Prospective participants contacted the researcher by phone to indicate their interest in the study. A brief description of the study was provided during this initial contact. If at that time the women expressed continued interest in participation, a preliminary screening took place over the phone to ensure that inclusion criteria were met. (The screening questionnaire can be found in Appendix D.) If a woman met the inclusion criteria, i.e., a self-reported history of childhood sexual abuse by a father or father figure, an appointment was scheduled for an interview.

Criteria for exclusion were factors that might cause inordinate stress for participants. Women who in the preliminary screening reported a history of psychiatric hospitalization for psychosis; who had ever been prescribed anti-psychotic

Table 1

Demographic Profile of Sample

Characteristic	<i>f</i>	%
Education		
Less than high school	1	3.3
High school	11	36.7
College	11	36.7
Masters	5	16.7
Technical/certificate	2	6.7
Race/ethnicity		
Asian	1	3.3
African-American	4	13.3
Latina	7	23.3
Native-American	1	3.3
Caucasian	13	43.3
Other	4	13.3
Religious background		
Catholic	4	13.8
Protestant	4	13.8
Jewish	3	10.3
Other	7	24.1
None	10	34.5
Multiple	1	3.3
Missing	1	3.3
Marital Status		
Single	17	56.7
Married	6	20.0
Separated/divorced	5	16.6
Living with partner	2	6.7
Yearly income (in thousands)		
<10,000	1	3.3
Public assist	4	13.3
10-18	8	26.7
19-25	5	16.7
26-35	3	10.0
46-55	5	16.7
55-75	3	10.0
76-95	1	3.3
Sexual orientation		
Heterosexual	25	83.3
Bisexual	2	6.7
Homosexual	2	6.7
Unsure	1	3.3

medication or who seemed highly distressed or emotionally vulnerable were excluded. These women were offered psychotherapy referrals. Of the total 48 women that called, 30 met the inclusion criteria and followed through with the entire study.

A female graduate student in clinical psychology interviewed all participants. Interviews took place in psychotherapy offices at the Psychological Center at City College of the City University of New York. Interviews lasted approximately one and a half to two hours.

Before interviews took place, a general overview of the study and procedures involved was provided. Participants were asked for permission to have portions of the interview audio-taped. Subjects were advised that they could terminate their participation at any time and that all responses would be kept confidential. Informed consent was obtained (see Appendix E).

All participants were administered 12 cards from the Thematic Apperception Test (TAT). A series of relatively neutral cards (e.g., cards 1 and 13B) were selected for administration, along with cards that have the potential to elicit sexual content (e.g., card 13MF) and themes about family dynamics (e.g., cards 2 and 7GF). The following cards were administered (in order): 1, 2, 3GF, 3BM, 4, 5, 7GF, 10, 12M, 13MF, 18GF, and 13B. (A description of these cards, according to Murray, 1943, can be found in Appendix F.)

Participants were then asked to complete the Brief Symptom Interview; a demographic questionnaire and a questionnaire regarding their sexual abuse history. Finally, an unstructured

interview about the abuse experience was conducted. The purpose of this interview was to give study participants an opportunity to speak about their individual experiences in an open-ended manner.

Subjects were then debriefed, during which time the study was described in greater detail. Subjects' reactions to the study were discussed and optional referrals were provided for women who expressed interest in psychotherapy. All subjects were paid ten dollars and thanked for their participation in the study.

Instruments

The Thematic Apperception Test

The Thematic Apperception Test (TAT; Murray, 1943) is a frequently used projective measure in the assessment of children and adults. Subjects are presented with a series of pictures of people who are depicted in various situations, either alone or interacting with others. Subjects are asked to tell stories about each picture. They are instructed to include a description of what led up to the depicted scene, what is happening in the scene, and what the outcome will be, as well as the thoughts and feelings of the characters. In the present study, the Social Cognition and Object Relations Scale (SCORS), developed by Westen (1990) was used to score TAT responses.

Social Cognition and Object Relations Scale (SCORS)

The SCORS (Westen, 1990), was developed to measure four dimensions of object relations using TAT responses. Each

dimension is scored on a five point Likert scale ranging from relatively primitive to relatively mature, with higher scores indicative of greater maturity and better relatedness. (For an elaboration of the development of each scale see pp. 27-31 of this document.)

Overview of the SCORS Scoring System

The following is a brief overview of the scoring used for each scale. A detailed summary of the scoring system can be found in Appendix G.

Complexity of Representation ranges from level one--people are not clearly differentiated and there is confusion of points of view, to level five--complex representations of people are presented, indicating an understanding of interaction of enduring and momentary psychological experience.

Affect-Tone of Relationship Paradigms ranges from level one--malevolent representations; gratuitous violence or gross negligence is depicted by significant others, to level five--predominantly positive representations, enriching interactions.

Capacity for Emotional Investment in Relationships and Moral Standards ranges from level one--profound self-preoccupation and need-gratifying orientation, to level five--autonomous selfhood in the context of committed relationships.

Understanding of Social Causality ranges from level one--noncausal or grossly illogical depictions of psychological and interpersonal events, to level five--complex appreciation of the

role of mental processes in generating thoughts, feelings, behaviors, and interpersonal interactions.

Administration and Coding

For optimal reliability, the following method of data collection and scoring was used: Subjects' responses were audio-taped and transcribed. All identifying information was removed and a code number for each protocol was assigned. Raters were blind to the nature of the study.

Three independent raters with B.A.s in Psychology and who had been trained in the SCORS coding system by Westen, the author of the SCORS rating system, rated the TAT stories using the procedures described in the Westen manual (1990 edition). Because coding extended over a period of several months and due to differing time constraints, not all three raters were available throughout the entire coding period. Thus, each sub-scale was rated by two coders, but not always the same pair. However, the same procedures to establish reliability were followed by each pair of raters on the respective scales that they coded.

Inter-rater reliability was established through the use of TAT stories that were not part of the study sample. After training reliability was established, the principal investigator coded a random sub-set of TATs to assess inter-rater reliability. Scoring discrepancies were resolved by conference and additional reliability protocols were scored until a minimum of .80 inter-rater reliability was achieved.

Inter-rater reliability was calculated for each sub-scale as follows: .84 on the Complexity of Representations sub-scale; .85 on the Capacity for Investment in Emotional Relationships and Moral Standards sub-scale; .94 on the Affect-Tone of Representations sub-scale; and .96 on the Understanding of Social Causality sub-scale.

The Brief Symptom Inventory (BSI)

The Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982), is a shortened version of the Symptom Check List-90 (SCL-90; Derogatis, 1977). The BSI has convergent validity when compared with scales such as the Minnesota Multiphasic Personality Instrument and the General Health Questionnaire (Derogatis & Melisaratos, 1983).

The BSI includes 53 items for self-report of psychopathology or psychological distress in the preceding week. It is scored in terms of nine primary symptom dimensions: somatization, obsessive-compulsive behaviors, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. The BSI also establishes three global scores for symptom severity.

For the purposes of this study, the BSI was used to obtain a profile of current psychological symptoms of the sample. Since symptomatology is reported in many studies with sexual abuse populations, the BSI was used to obtain an indication of this sample's representativeness as compared to those of participants in other studies. The BSI was scored using norms established for

clinical samples, as the vast majority of participants in the current study reported having been in psychotherapy at some point in their lives. The entire BSI takes approximately ten minutes to complete.

The Demographic Questionnaire

The Demographic Questionnaire was designed for this study (Appendix H). The 28 questions gather background information regarding participants' age, ethnicity, socioeconomic status, marital status, etc. Responses to this questionnaire were used for descriptive purposes.

The Sexual Abuse Questionnaire (SAQ)

The Sexual Abuse Questionnaire (SAQ) (Appendix I) was designed for this study. It is an adaptation of a questionnaire created by Silbert (1992). The SAQ is a written questionnaire consisting of 41 questions regarding the nature of the childhood sexual abuse. The questionnaire is designed to gather information regarding the age of onset of the sexual abuse, the duration and frequency of abuse, the degree of physical intrusiveness of abuse, and the degree of forceful coercion to which the woman was subjected in the abuse. Information was also obtained regarding perceived maternal support upon the disclosure of the sexual abuse and recalled sense of intimacy with the perpetrator prior to the onset of abuse.

Scoring the SAQ. Age of onset was determined by subjects' response to Question #2 on the SAQ. Duration of abuse was

determined by subtracting this reported age of onset from the reported age of most recent abuse, obtained from the response to Question #29 on the SAQ. Frequency of abuse was determined from subjects' response to question #30 on the SAQ.

The following sexual abuse variables: physical intrusiveness of abuse; degree of forceful coercion; degree of perceived maternal support upon disclosure; and perceived sense of intimacy with perpetrator prior to onset of abuse, were scored according to weights devised by the author. Three advanced doctoral students in clinical psychology were shown the weighting as a check on content validity. The scales were then revised based on their feedback. (Refer to Appendix J for full illustration of the scoring system.)

For example, on the physical intrusiveness sub-scale, the least intrusive physical acts, like self-exposure without physical contact, received a weighted score of 1 point. Various types of fondling (more physically intrusive) received weighted scores of 2 points and so on. The most intrusive physical acts, such as vaginal penetration, received a weighted score of 4 points.

Frequency scores for each physical act were then calculated. If a woman stated a particular act never occurred in all of the times she was abused, a 0 point was scored for that act. If the act reportedly occurred less than half the times the woman was abused, 1 point was scored; approximately half of the times, 2 points; most of the times, 3 points; all of the times, 4 points.

The weighted score for the physical act was then multiplied by the frequency score for the number of times it occurred. So for instance, vaginal penetration (4 points) that occurred all of the times a woman was abused (4 points) would receive a score of 16 (4 x 4 points), whereas vaginal penetration (4 points) that occurred half the times the woman was abused (2 points) would receive a score of 8 (4 x 2 points).

The sum of all the "physical act" points multiplied by their respective "frequency points" would produce the total score for physical intrusiveness. A similar scoring system was used for degree of forceful coercion; sense of intimacy with the abuser prior to abuse onset; and degree of perceived maternal support upon disclosure.

The score for physical intrusiveness of abuse was derived by summing the weighted scores on SAQ items 10 through 21. The score for degree of forceful coercion was derived by summing the weighted scores on SAQ items 23 through 28. The score for sense of intimacy with abuser prior to onset of sexual abuse was derived by summing the weighted scores on SAQ items 4 through 7. The perceived maternal support upon disclosure was obtained from response to item 33 on the SAQ.

Unstructured Interview

A brief unstructured oral interview was designed for this study (Valls, 1999). The purpose of this interview was to offer participants an opportunity to talk about their unique experiences of childhood abuse in their own words. It also

offered an opportunity for the women to discuss the impact that sexual abuse had had on their lives and to describe what they considered to have been most helpful to them in their recovery from this childhood trauma. (See Appendix K.) The Unstructured Interview was not coded in any way and therefore was not used in any of the statistical analyses.

Hypotheses of Current Study

It is hypothesized that certain characteristics of the sexual abuse experience will correlate with various aspects of an individual's object relational functioning. The following seven hypotheses were tested:

1. There will be a positive correlation between the age of onset of sexual abuse and object relational functioning. That is, sexual abuse that began at an earlier age will be associated with poorer object relational functioning than sexual abuse that began at a later age.
2. There will be a negative correlation between the physical intrusiveness of the sexual abuse and object relational functioning. That is, sexual abuse that was more physically intrusive will be associated with poorer object relational functioning than sexual abuse that was less physically intrusive.

3. There will be a negative correlation between the degree of forceful coercion involved in the sexual abuse and object relational functioning. That is, sexual abuse that involved more forceful coercion will be associated with poorer object relational functioning than sexual abuse that involved less forceful coercion.
4. There will be a negative correlation between the duration of the sexual abuse and object relational functioning. That is, a longer duration of sexual abuse will be associated with poorer object relational functioning than sexual abuse that was of a shorter duration.
5. There will be a negative correlation between the frequency of the sexual abuse and object relational functioning. That is, more frequent abuse will be associated with poorer object relational functioning than less frequent abuse.
6. There will be a negative correlation between the reported sense of intimacy the adult survivor reports having had with her abuser prior to the abuse and object relational functioning. That is, greater sense of intimacy with the abuser prior to abuse onset will be associated with poorer object relational functioning. (I.e., the greater the betrayal of trust, the poorer the adult object relational functioning).

7. For those who disclosed the abuse to their mothers, there will be a positive correlation between degree of supportiveness of maternal response and object relational functioning. That is, more supportive responses by the mother upon disclosure will be associated with better object relational functioning.

Data Analysis

Object relations functioning will be determined by subjects' scores on Westen's four object relations sub-scales as applied to the TAT. Each abuse variable will be correlated with each of the four object relations scales.

Hypotheses one through four and hypothesis six will be calculated using Pearson's Product-Moment correlations, used for continuous data. Hypotheses five and seven will be calculated using a Kendall's Tau correlation, used for ordinal data. Multiple regression analyses will be conducted to determine the influence of all seven abuse variables as a group on object relations functioning.

CHAPTER IV

RESULTS

The thirty women who participated in this study described a range of sexual abuse experiences. The characteristics of the abuse experienced by the current sample will first be described. The psychological profile of the sample, including psychiatric history and symptom levels as assessed by the BSI, will then be presented.

Three sets of results are then presented in this chapter. The first set includes the analyses of the major hypotheses of this study. These analyses were correlations that examined the relationship between aspects of sexual abuse and adult object relations functioning. The second set of results represents the findings of the multiple regression analyses. These regression analyses were conducted to assess the relative impact of all the abuse variables on object relations functioning. Finally the results of a series of exploratory post-hoc analyses are presented.

Sexual Abuse Experiences

All of the participants in this study reported a childhood history of sexual abuse by their fathers or by someone who functioned in a paternal role. Thirty-seven percent ($N = 11$) reported sexual abuse by their biological fathers; 33% ($N = 10$) by their stepfathers; and the remaining 30% ($N = 9$) reported

abuse by other father figures (mother's boyfriend, foster father, etc.). (See Table 2.)

Table 2

Identity of Perpetrators

	<i>f</i>	%
Father	11	36.7
Stepfather	10	33.3
Mother's boyfriend	4	13.3
Other father figure	3	10.3
Foster father	1	3.3
Uncle	1	3.3

The average age of onset of abuse was eight years old and ranged from one year old to 17 years old ($SD = 3.95$). The average duration of abuse was five years ($SD = 4.02$). The majority of participants (63%, $N = 19$) reported more than 20 incidents of sexual abuse by the same perpetrator. Only 10% ($N = 3$) reported a single incident of abuse. (See Tables 3 and 4.)

The majority of this sample experienced fairly severe sexual abuse with respect to physical intrusiveness. Incidents of sodomy (penile/anal penetration) were reported by 7% ($N = 2$) of participants. Thirty-seven percent ($N = 11$) experienced

Table 3

Sexual Abuse Experiences: Profile of Sample on Continuous Measures

Sexual Abuse Variable	M	SD	Min	Max
Age of onset (in years)	8.00	3.95	1.00	17.00
Duration (in years)	5.00	4.02	.00	14.0
Physical Intrusiveness*	31.25	20.61	.00	96.00
Forceful Coercion*	18.61	10.01	2.00	40.00
Intimacy with Perpetrator prior to onset*	11.32	3.57	4.00	16.00

Note. * = Scores derived from author's weighting system.

Table 4

Frequency of Abuse

	f	%
1 time	3	10.0
2-5 times	2	6.7
6-20 times	6	20.0
> 20 times	19	63.3

penile/vaginal penetration; 50% ($N = 15$) experienced finger/vaginal penetration. Forty-three percent of subjects ($N = 13$) reported incidents of oral sex performed on them; 30% ($N = 9$) were forced to perform oral sex on their abusers. Eighty-three percent of the women ($N = 25$) reported incidents of their abusers fondling their unclothed breasts or genitals.

There was a range in the degree of forceful coercion used by abusers, but more than half of the women (53%, $N = 16$) reported their abusers using physical force. Fifty-three percent ($N = 16$) reported verbal threats being used. Forty percent ($N = 12$) recalled being offered enticements or gifts as a form of coercion while 67% ($N = 20$) reported being treated as "special" or "with affection" by their abusers.

While a majority of participants (53%, $N = 16$) recalled feeling very or somewhat close to their abusers prior to the abuse onset, nearly all of the women (90%, $N = 27$) said they felt hardly close or not close at all to their abusers at the time of the study. This may provide some indication of the degree of betrayal these women experienced as a result of being sexually abused by a parental figure.

This sample reported, in general, minimal support by their mothers when they disclosed the abuse. Among those who disclosed the abuse to their mothers (80% of all subjects, $N = 24$), only 20.8% ($N = 5$) recalled their mothers responding in what they considered an extremely supportive manner. Fifty-eight percent ($N = 14$) recalled "minimal" to "no support at all" by their mothers.

One could infer that the 20% of women who did not disclose the abuse to their mothers might not have anticipated a supportive response.

Table 5

Perceived Support by Mother upon Disclosure (N = 24)

	<i>f</i>	%
Extremely	5	20.8
Very	2	8.3
Somewhat	2	8.3
Minimal	3	12.5
Not at all	11	45.8

Summary of Sexual Abuse Profile

In sum, this sample of women experienced an average of five years of sexual abuse by fathers or father figures. Abuse began, on average, at age eight. More than half the sample experienced frequent abuse (more than 20 incidents); a majority experienced vaginal penetration and more than half reported physical force or threats used as forms of coercion. A majority of the women remembered a close relationship with their abusers prior to the abuse onset, but did not feel close to their abusers as adults. More than half of the women described their mothers' response to their disclosures to be minimally supportive or unsupportive.

Additional Data on Sample

Revictimization Rates. There was a high rate of revictimization in this sample, as defined by experiencing other incidents of sexual abuse, with 73.3% (N = 22) reporting incidents of sexual abuse committed by perpetrators in addition to their fathers or father figures. (See Table 6.) Age of onset of other abuse ranged from 3 years old to 37 years old ($\underline{M} = 9.9$, $\underline{SD} = 8.34$).

Table 6

Identity of Subsequent Perpetrators (N = 22)

	<i>f</i>	%
Brother	2	9.1
Cousin	1	4.5
Uncle	1	4.5
Mother	1	4.5
Stranger	3	13.6
Stepbrother	2	9.1
Great Aunt	1	4.5
Therapist	1	4.5
Date	1	4.5
Two abusers (in addition to father)	6	27.3
>2 than two abusers (in addition to father)	3	13.6

Psychiatric History of Sample. This was found to be a largely clinical sample. The vast majority (93%, $N = 28$) reported having been or currently in some form of psychotherapy. Over half of the women (53%, $N = 16$) reported they were in psychotherapy at the time of their participation in this study. Twenty-seven percent ($N = 8$) reported past suicide attempts, 13% ($N = 4$) reported past psychiatric hospitalizations.

Brief Symptom Inventory Results

The women who participated in this study showed a high level of symptomatology on the Brief Symptom Inventory (BSI). As this unexpectedly turned out to be a clinical sample, (93% had had experience with psychotherapy and/or psychiatric treatment), BSI scores were compared to clinical norms, which tend to be higher (i.e., reflecting more severe symptomatology) than that of the "normal" population. When compared to the norms for a clinical female population, the participants of this study were found to be highly symptomatic on every symptom score at a $p = .001$ level. (See Table 7.)

Table 7

One Sample T-Tests# of BSI T scores

	M	SD	t
Anxiety	62.72	8.93	7.67***
Depression	62.14	10.74	6.09***
Hostility	59.86	9.59	5.54***
Interpersonal Sensitivity	60.28	14.24	3.89***
Obsessive Compulsive Behaviors	64.59	6.95	11.30***
Paranoid Ideation	65.14	10.30	7.92***
Phobic Anxiety	59.17	11.63	4.25***
Psychoticism	66.10	10.51	8.25***
Somatization	57.79	10.22	4.11***
Global Symptom Inventory	65.71	8.29	10.21***
Positive Symptom Distress Inventory	61.52	6.05	10.26***
Positive Symptom Total	66.52	10.23	8.69***

A norm of 50 was used for these t-tests.

*** = $p \leq .001$

Analyses of Major Hypotheses

A series of correlational analyses was conducted in order to test the major study hypotheses regarding the relationship between aspects of the sexual abuse experience and object relations. All of the correlational analyses were Pearson Product-Moment correlations, used for continuous data, except for the correlations involving frequency and maternal support upon disclosure. As this is ordinal data, Kendall's Tau coefficients were computed.

Scores for the seven abuse characteristics were obtained from the Sexual Abuse Questionnaire. Object relations scores were derived from subjects' TAT responses. Each subject received a score on each of the four object relations dimensions which reflected an average of the subject's responses across all twelve TAT cards on that dimension.

Analyses included the responses of all thirty subjects, except in cases where subjects omitted responses because they did not remember if/how a particular event occurred. This occurred with two subjects with respect to three abuse variables. Therefore, correlations involving these three abuse variables only reflect the responses of the remaining 28 subjects. In addition, not all subjects reported having disclosed the sexual abuse to their mothers. Therefore, correlations involving degree of perceived maternal support upon disclosure only included responses from women who disclosed to their mothers ($N = 24$). The results of all the correlations are reported in Table 8.

TABLE 8

Correlations Between Sexual Abuse Variables and Object Relations

SEXUAL ABUSE VARIABLE	OBJECT RELATIONS SCALES			
	AT	USC	CR	RM
Age of Onset ^a (N = 30)	.38*	-.11	-.12	.53**
Physical Intrusiveness ^a (N = 28)	-.32†	.09	.44*	-.28
Forceful Coercion ^a (N = 28)	-.18	-.25	-.08	.01
Duration ^a (N = 30)	-.24	.34†	.24	-.11
Intimacy with Perpetrator Prior to Onset ^a (N = 28)	.00	-.01	.20	.33†
Frequency ^b (N = 30)	-.01	.13	.07	.06
Perceived Maternal Support upon Disclosure ^b (N = 24)	.05	-.09	.03	.14

Note. AT = Affect-Tone of Relational Paradigms, USC = Understanding of Social Causality, CR = Complexity of Representations of People, RM = Capacity to Invest in Emotional Relationships and Moral Standards.

† = $p \leq .10$

* = $p \leq .05$

** = $p \leq .01$

^a = Pearson Product-Moment Correlation

^b = Kendall's Tau Correlation

Age of onset. The purpose of this analysis was to assess the relationship between age of sexual abuse onset and object relations functioning. It was hypothesized that younger age of onset would be associated with poorer object relations functioning as reflected by scores on the four object relations scales. Age of onset of abuse was found to be associated with two of the four object relations dimensions.

Consistent with the hypothesis of the present study, age of onset was positively associated with Affect-Tone of Representations ($r = .38$, $p = .04$). This finding indicates that women who experienced sexual abuse at an earlier age had more malevolent and hostile TAT representations than women whose sexual abuse began at a later age did.

Age of onset of abuse also showed a strong positive association with Capacity to Invest in Emotional Relationships and Moral Standards ($r = .53$, $p = .003$), again in the hypothesized direction. This indicates that women whose sexual abuse experiences began at an earlier age displayed a poorer capacity to invest in emotional relationships as compared to women whose initial sexual abuse experience was at a later age.

Age of onset was not significantly associated with either of the two remaining object relations dimensions: Understanding of Social Causality and Complexity of Representations of People.

Physical Intrusiveness of Abuse. The purpose of this analysis was to assess the relationship between the physical

intrusiveness of sexual abuse and object relations functioning. It was hypothesized that more physically intrusive abuse would be associated with poorer object relations functioning as reflected by scores on the four TAT scales. Two significant findings emerged.

Intrusiveness of sexual abuse was positively associated with Complexity of Representations ($r = .44$, $p = .018$). The direction of this relationship, however, countered the hypothesized one, which had predicated that more intrusive abuse would be associated with less complex and differentiated representations of people. Instead, women who experienced more intrusive sexual abuse were found to have more complex and differentiated representations of people.

A trend was found, in the hypothesized direction, between physical intrusiveness of abuse and Affect-Tone of Representations ($r = -.32$, $p = .10$). The trend toward a negative association between these two variables suggests that women who experienced more physically intrusive sexual abuse had more malevolently toned affective representations of people than women whose abuse was less physically intrusive.

Physical intrusiveness was not found to be associated with Understanding of Social Causality or Capacity to Invest in Emotional Relationships and Moral Standards.

Degree of Forceful Coercion. The purpose of this analysis was to assess the relationship between the degree of forceful

coercion the woman experienced during the abuse and object relations functioning. It was hypothesized that more forceful abuse would be associated with poorer object relations functioning as reflected in the four TAT scales. None of the object relations scales were found to be significantly associated with the degree of forceful coercion.

Duration of Abuse. This analysis was conducted to assess the relationship between the duration of the sexual abuse and object relations functioning. It was hypothesized that abuse that went on for a longer period of time would be associated with poorer object relations functioning as reflected in TAT scores.

One dimension of object relations showed a trend toward positive association with duration of abuse: Understanding of Social Causality ($r = .34$, $p = .06$). The direction of this trend countered the hypothesized relationship between these two variables. It suggests that women who were abused for a longer amount of time have a more sophisticated understanding of motivations and causes of interpersonal events than women whose abuse was of shorter duration.

Duration of abuse was not significantly associated with any of the other three object relations dimensions.

Frequency of Abuse. The purpose of this analysis was to assess the relationship between how often the sexual abuse occurred and object relations functioning. It was hypothesized

that frequency of abuse was not found to be significantly associated with any of the four object relations dimensions.

Perceived Intimacy with Perpetrator Prior to Onset of Abuse. This analysis was conducted to assess the relationship between sense of intimacy with the father or father-figure prior to abuse onset and object relations functioning. It was aimed at capturing the degree of betrayal experienced by the woman and the relationship this might have to object relations functioning. It was hypothesized that a greater degree of betrayal would be associated with poorer object relations functioning as reflected in TAT responses.

The degree of intimacy with the abuser unexpectedly revealed a trend toward a positive association with Capacity to Invest in Emotional Relationships and Moral Standards. This finding suggests that women who perceived a closer relationship with their abusers prior to abuse onset displayed a greater capacity to invest in relationships in other than need-gratifying ways as compared to women who felt less close to their abusers before the onset of the sexual abuse.

Perceived Maternal Support Upon Disclosure. This analysis was conducted in order to measure the relationship between degree of perceived maternal support upon disclosure of sexual abuse and object relations functioning. It was hypothesized that perceptions of more supportive responses by mothers upon

disclosure would be related to better object relations functioning as reflected in TAT responses. Degree of maternal support was not significantly associated with any of the four object relations measures.

Multiple Regression Analyses

Multiple regression analyses were conducted to gather two additional pieces of information regarding the relationship between the sexual abuse variables and the object relations scales. Firstly, to determine the influence of all seven abuse variables, taken together, on each of the four object relations measures. Partial regression coefficients were then examined in order to determine which of the variables, if any, had the most predictive value in its effect on object relations when the effect of other variables was held constant. Since there are four object relations scales, four separate multiple regressions were conducted, one for each scale.

Effect of sexual abuse variables on Affect-Tone. The seven sexual abuse variables together did not predict the Affect-Tone of representations ($R = .54$, $F(7,18) = 1.06$, $p = .43$, N.S.). The partial regression coefficients revealed that none of the sexual abuse variables was significantly associated with Affect-Tone when the effect of the other variables was held constant. (See Table 9.)

Table 9

Partial Regression Coefficients and Significance Tests from
Multiple Regression Analysis: Affect-Tone of Relationship
Paradigms

Sexual Abuse Variable	B	Beta	t
Age of Onset	0.05	0.3	1.22
Degree of Physical Intrusiveness	-0.01	-0.26	-1.15
Degree of Forceful Coercion	-0.01	-0.13	-0.61
Duration	-0.04	-0.25	-0.88
Sense of Intimacy with Abuser Prior to Onset	-0.02	-0.15	-0.64
Frequency	0.16	0.31	1.28
Perceived Maternal Support Upon Disclosure	0.11	0.38	1.58

Effect of sexual abuse variables on Understanding of Social Causality. The seven sexual abuse variables together did not predict the Understanding of Social Causality ($R = .52$, $F(7,18) = .97$, $p = .48$). The partial regression coefficients revealed that

the Degree of Physical Intrusiveness of the sexual abuse showed a trend toward prediction of Understanding of Social Causality ($p = .06$) when the effect of the other abuse variables was held constant. The direction of the relationship countered the one hypothesized: more physically intrusive abuse showed a trend toward higher scores in Understanding of Social Causality. (See Table 10.)

Table 10

Partial Regression Coefficients and Significance tests from Multiple Regression Analyses: Understanding of Social Causality

Sexual Abuse Variable	B	Beta	t
Age of Onset	0.05	0.34	1.36
Degree of Physical Intrusiveness	0.01	0.45	1.98 [†]
Degree of Forceful Coercion	-0.01	-0.22	-1.03
Duration	0.03	0.26	0.93
Sense of Intimacy with Abuser Prior to Onset	.00	.00	0.003
Frequency	-0.05	-0.11	-0.45
Perceived Maternal Support Upon Disclosure	-0.07	-0.26	-1.09

Note. [†] = $p \leq .10$

Effect of sexual abuse variables on Complexity of Representations. The seven sexual abuse variables together did not predict the Complexity of Representations of People ($R = .59$, $F(7,18) = 1.38$, $p = .27$, N.S.). The partial regression coefficients revealed that the degree of physical intrusiveness significantly predicted Complexity of Representations when the effect of the other abuse variables was held constant. The direction of this relationship was counterintuitive: more intrusive physical abuse was associated with more complex representations ($p = .02$). (See Table 11.)

Effect of sexual abuse variables on Capacity for Emotional Investment. The seven sexual abuse variables taken together did not predict the Capacity for Emotional Investment, ($R = .67$, $F(7,18) = 2.04$, $p = .11$, N.S.). The partial regression coefficients revealed that Age of Onset significantly predicted Capacity for Emotional Investment when the effect of the other abuse variables was held constant. The direction of this relationship confirmed the hypothesized one: later age of onset predicted greater Capacity for Emotional Investment ($p = .05$). (See Table 12.)

Table 11

Partial Regression Coefficients and Significance Tests from
Multiple Regression Analysis: Complexity of Representations

Sexual Abuse Variable	B	Beta	t
Age of Onset	0.02	0.11	.47
Degree of Physical Intrusiveness	0.02	0.56	2.63*
Degree of Forceful Coercion	-0.01	-0.15	-0.75
Duration	0.03	0.18	0.68
Sense of Intimacy with Abuser Prior to Onset	0.03	0.17	0.77
Frequency	-0.07	-0.12	-0.51
Perceived Maternal Support Upon Disclosure	0.03	0.09	0.37

Note. * = $p < .05$

Table 12

Partial Regression Coefficients and Significance Tests from
Multiple Regression Analysis: Capacity for Emotional Investment
in Relationships and Moral Standards

Sexual Abuse Variable	B	Beta	t
Age of Onset	0.05	0.47	2.15*
Degree of Physical Intrusiveness	-0.004	-0.12	-0.99
Degree of Forceful Coercion	0.01	0.17	0.92
Duration	-0.003	-0.04	-0.14
Sense of Intimacy with Abuser Prior to Onset	0.03	0.29	1.42
Frequency	0.07	0.20	0.93
Perceived Maternal Support Upon Disclosure	0.07	0.32	1.51

Note. * = $p < .05$

Exploratory Post Hoc Analyses

Because of the exploratory nature of the current study, additional analyses were conducted to examine other potential relationships among the data.

Individual Coercion Items

Individual coercion items on the Sexual Abuse Questionnaire were correlated with the four object relations scales. None of the individual items were significantly related to object relations.

This post-hoc analysis was conducted because of the surprising finding that degree of force was not associated with any negative outcomes. The coercion rating system applied to the Sexual Abuse Questionnaire (SAQ) was devised by the author. There were a series of questions in the SAQ that inquired into the types of coercion used by the abuser ranging from treating the victim as special to using physical threats and violence. These questions had each been given a scaled score, and then a total weighted score had been calculated based on all the scores on individual items.

To prevent potential masking or loss of findings due to validity problems associated with the measure and its scoring, each individual item on the coercion sub-scale was correlated separately with each of the four object relations scales. No significant findings emerged.

Effects of Disclosure

In the preliminary analyses, only the women who disclosed the abuse were included in the regression and correlation equations that took into account maternal support upon disclosure. In order to include women who did not disclose the abuse to their mothers ($N = 7, 23\%$), additional analyses were conducted. A variable that would assess the potential impact of telling vs. not telling mother was created ("disclosure"). Analyses were conducted to determine whether the act of disclosure alone impacts on object relations. The act of disclosure alone was not found to be associated with any of the four object relations dimensions.

Interaction Effects

To explore potential interaction effects upon object relations, a series of stepwise regression analyses were conducted. Since there are four object relations scales, four separate analyses were conducted. The same predictor variables were entered into the equation (all the sexual abuse variables), with the exception of degree of maternal supportiveness which, as stated above, was replaced by a "disclosure" variable to include subjects who did not disclose the abuse to their mothers into the analyses. Disclosure was chosen as an interaction variable because it has been found in the past to act as a mediator between abuse and its impact on functioning (Everson et al., 1989).

Interaction of disclosure and other abuse variables on Affect-Tone. A stepwise regression analysis was conducted using Affect-Tone as the dependent variable. The seven abuse variables were entered in the first step and the interactions of disclosure (tell/didn't tell) and each of the seven abuse variables were entered in the second step. All predictor variables were entered using stepwise entry criteria.

The results showed that three of these variables were included in the regression equation predicting Affect-Tone ($R = .70$, $F(3,20) = 6.42$, $p = .003$): age of onset, the act of disclosure (to one's mother), and the interaction of physical intrusiveness and disclosure. The interaction term was a crossproduct of the categorical variable of telling mother and the intrusiveness score.

Together, these three variables accounted for 49% of the variability in Affect-Tone scores. Examination of partial regression coefficients revealed that age of onset was positively associated with Affect-Tone scores, such that later onset of abuse was associated with higher Affect-Tone scores (Beta = .32, $t = 1.88$, $p = .075$). This finding was consistent with the previously reported correlational findings in which age of onset was positively and significantly correlated with Affect-Tone scores. However, note that in and of itself, age of onset was not significant to the overall regression equation.

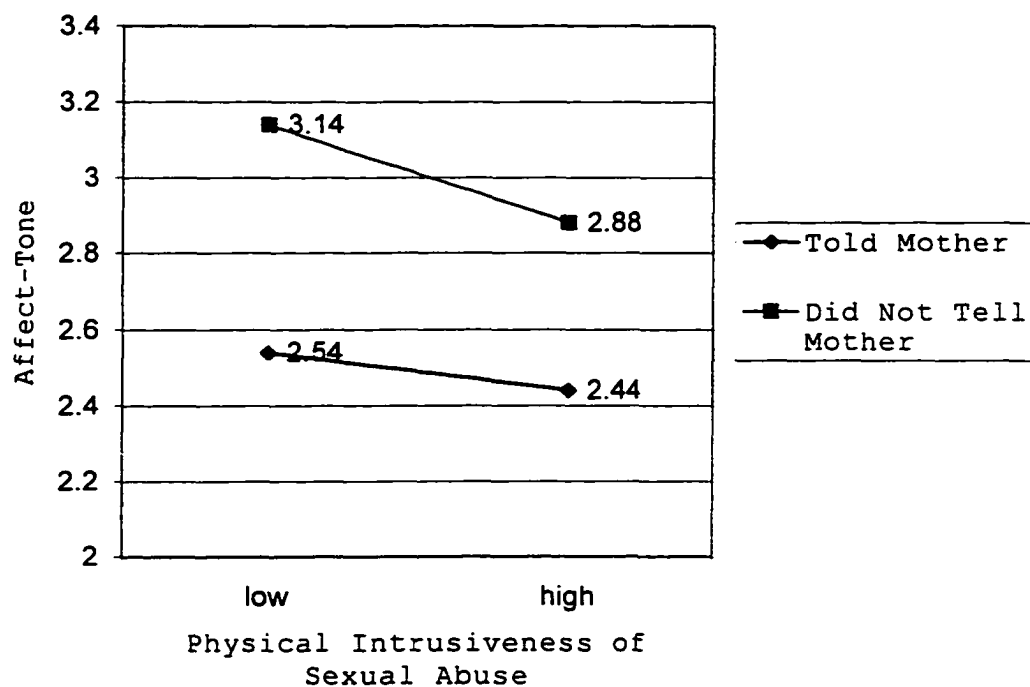
Individually, the variable of disclosure was not significantly associated with Affect-Tone (Beta = $-.20$, $t = -.98$, $p = .34$), although a significant interaction effect was found between Disclosure and degree of physical Intrusiveness in its relationship to Affect-Tone (Beta = $-.46$, $t = -2.23$, $p = .038$).

Affect-Tone scores were, on average, higher among women who did not disclose the abuse to their mothers. However, among women who told their mothers, those with less intrusive abuse scored higher on Affect-Tone ($M = 2.54$, $SD = .51$) than those who had highly intrusive abuse ($M = 2.44$, $SD = .59$). For the group who did not tell their mothers, those with less intrusive abuse also scored higher on Affect-Tone ($M = 3.14$, $SD = .25$) than those who had highly intrusive abuse ($M = 2.88$, $SD = .84$). The discrepancy in Affect-Tone between high and low intrusiveness was greater among those who did not disclose than the discrepancy in Affect-Tone scores between high/low intrusiveness among women who disclosed to their mothers. (See Figure 1.)

A simple way to describe these findings is that for women who did disclose the abuse to their mothers, if the intrusiveness of the abuse was lower, they fared better. In general, the non-disclosure group fared better than the group that disclosed. Interpretations of this finding will be offered in the Discussion section.

Figure 1

Interaction Effects Between Physical Intrusiveness of Abuse and Disclosure on Affect-Tone



Interaction of disclosure and other abuse variables on Understanding of Social Causality. A stepwise regression analysis was conducted using Understanding of Social Causality as the dependent variable. The seven abuse variables were entered in the first step and the interactions of telling mother and each of the seven abuse variables were entered in the second step. All predictor variables were entered using stepwise entry criteria. No variables were entered in the equation, signifying that no single factor and no interactions were associated with Causality scores.

Interaction of disclosure and other abuse variables on Complexity of Representations. A stepwise regression analysis was conducted using Complexity of Representations of People as the dependent variable. The seven abuse variables were entered in the first step and the interactions of telling mother and each of the seven abuse variables were entered in the second step. All predictor variables were entered using stepwise entry criteria.

One variable was entered into the equation: physical intrusiveness of abuse. This result is consistent with the findings in correlational analyses: that more intrusive abuse is associated with higher degree of Complexity of Representation scores (Beta = .53, $t = 2.97$, $p = .007$). The results showed that none of the other variables, including interaction between disclosure and other variables, were predictive of Complexity of Representations.

Interaction of disclosure and other abuse variables on Capacity to Invest in Emotional Relationships. A stepwise regression analysis was conducted using Capacity to Invest in Emotional Relationships and Moral Standards as the dependent variable. The seven abuse variables were entered in the first step and the interactions of telling mother and each of the seven abuse variables were entered in the second step. All predictor variables were entered using stepwise entry criteria.

The results showed that, consistent with the correlational findings, age of onset was related to Capacity to Invest in Relationships (Beta = .55, $t = 3.12$, $p = .005$). Abuse that began

at a later age was associated with higher scores on Capacity to Invest in Emotional Relationships. However no other variables were entered into the equation, indicating that no other factors significantly predicted Capacity to Invest in Relationships.

Summary of Results

Three main findings emerged in the present study.

Correlational analyses revealed that earlier age of onset was related to lower scores on Affect-Tone of Representations and on Capacity to Invest in Emotional Relationships, both in the predicted direction. Greater physical intrusiveness of abuse was related to higher scores on Complexity of Representations, an unexpected finding.

Multiple regression analyses of all abuse characteristics taken together did not reveal any significant findings. However, analyses of the partial regression coefficients revealed that certain individual abuse factors were significantly associated with the different object relations scales. These partial coefficients tended to replicate findings reported in the correlational analyses.

Post-hoc exploratory analyses revealed an interaction effect between disclosure of abuse and degree of intrusiveness of abuse. This effect was significantly predictive of Affect-Tone of Representations, with women who had disclosed the abuse to their mothers and who had experienced relatively more intrusive abuse scoring lower on the Affect-Tone scale.

CHAPTER V
DISCUSSION

Probably the most tragic sequel to sexual abuse is the pervasive, depressive feeling that one can never enter into a comfortable adult life and that rewarding, intimate relationships are impossible to achieve. (Steele, 1990, p.31)

This study explores the relationship between childhood sexual abuse and object relations in adulthood. It was hypothesized that more severe forms of sexual abuse in childhood would be related to greater disruption or impairment in adult object relations functioning. Object relations functioning was assessed by the use of the Thematic Apperception Test (TAT).

In the present study, more "severe" sexual abuse was defined as involving 1) earlier onset; 2) more physical intrusiveness; 3) more force; 4) longer duration; 5) greater frequency; 6) greater sense of betrayal by perpetrator; and 7) less maternal support upon disclosure. It was hypothesized that more severe sexual abuse, as measured by each of these variables, would be associated with poorer functioning in four distinct domains of object relations.

The four dimensions of object relations functioning were assessed according to Westen's (1990) coding system developed for use with the TAT. The four object relations dimensions examined

were: Affect-Tone of Relationship Paradigms; Complexity of Representations of People; Understanding of Social Causality; and Capacity for Emotional Investment in Relationships and Moral Standards.

More severe abuse was expected to relate to more malevolently-toned affect representations; to less logical and accurate attributions of behavior; to a poorer capacity to see individuals as differentiated and psychologically complex; and to greater difficulty investing in emotional relationships and moral standards.

Main Findings

Three important results emerged from this study. First, women abused at a younger age had representations of others as more hostile and malevolent. The second major finding of this study was that women abused at a younger age represented people in relationships as more self-serving and uncaring. The third major finding of this study was that women who experienced more intrusive abuse evidenced a greater capacity to understand people in complex and psychologically-minded ways than women whose abuse experiences were less physically intrusive.

These three main findings will be discussed. Following this discussion, significant trends and findings that emerged in post-hoc analysis will be presented. Excerpts from the narratives of

women who participated in this study will be included throughout the discussion to elucidate certain points using the participants' own words. The chapter will end with the author's description of the experience of conducting these interviews.

Main Correlational Findings

The most important factors that related to adult object relations functioning in the present study were the age of onset and the degree of physical intrusiveness of the sexual abuse.

Age of Onset Findings

As predicted, earlier age of onset of sexual abuse was found to correlate with lower scores on the Affect-Tone of Representations of People sub-scale and with lower scores on the Capacity to Invest in Emotional Relationships and Moral Standards sub-scale.

Age of onset and Affect-Tone of Representations. Earlier age of sexual abuse onset correlated with more malevolent representations of people. This finding supported the hypothesis of the present study.

The finding that early age of onset of sexual abuse is related to poorer object relations functioning in adulthood is relevant to theory and clinical research. It supports the notions of theorists such as Kernberg (1975) and Shengold (1989) who have

described developmental disruptions that can result when traumatic experiences occur in early childhood.

When a child is abused at an early age, the ego is overwhelmed, leading the child to have difficulty modulating affect. In normative development, young children have a tendency to experience polarized affects that are "all good" or "all bad." Over time, the child gradually becomes able to integrate extreme affects and see others as possessing both good and bad qualities. The parent facilitates and enables this integration to occur by tolerating the child's range of affects, remaining emotionally available and thus "surviving" the child's expectable expressions of rage and frustration (Mahler, Pine & Bergman, 1975).

This normative developmental process can be disrupted, however, when a child is abused. When a child experiences overwhelming threats to his or her safety and wellbeing, it becomes impossible to integrate good and bad feelings (Shengold, 1989). The idea of a "good" and "safe" parent must be preserved in order for the child to withstand and survive abuse.

Psychoanalysts Burland and Raskin (1990), describing adult patients who were sexually abused in childhood, state:

Because they need to protect the dependent tie to the 'good enough' side of the parent while simultaneously protecting themselves from the abusing side of the same parent, many of these patients develop a defensive splitting that spills over into all their relationships. (p. 38)

Thus, the finding that early age of onset of sexual abuse is related to more malevolently-toned representations of self and others lends support to the idea that developmental disruptions can occur as a result of sexual abuse. These disruptions, it might be said, can result in splitting and unintegrated affective representations.

The present study's findings suggest that women who were sexually abused at an earlier age possess less balanced or integrated affective representations of others. These representations of others seem directly linked to early experiences in which parental figures, who were supposed to protect and contain the child, abused and exploited the child instead.

Marcus (1989) proposes a developmental perspective from which to consider the effects of incestuous abuse. Marcus delineates certain "nodal points" of normative development that involve the establishment of self/other and internal/external boundaries. Structural deficits can result from the failure of parents to provide a benign, non-intrusive environment in which boundaries can be established during these critical stages.

According to Marcus, real boundary violations, as in the case of incestuous abuse, can leave the child, and presumably the adult, without a firm sense of boundary between the self and the outside world. Marcus draws the connection between the incidence of early sexual trauma and symptoms present in adults diagnosed

with borderline personality disorder, who are prone to experience boundary diffusion and affective instability.

Applied to the findings of the present study, one can imagine that the boundary violations that occur in incestuous abuse might lead to a sensitivity in adulthood to feeling attacked and intruded or impinged upon. Hence, lower Affect-Tone scores among women who were more intrusively abused might reflect the phenomenon of boundary diffusion described by Marcus's writings on incest survivors.

Age of onset and Capacity to Invest in Emotional Relationships and Moral Standards. The second major finding of the present study was that age of onset of sexual abuse correlated with the Capacity to Invest in Emotional Relationships and Moral Standards. Earlier onset was related to a compromised capacity to invest in relationships and moral standards, as predicted by the current study's hypothesis.

It seems logical that women who were exploited at an early age and whose own needs for safety and integrity were blatantly disregarded would have a tendency to expect individuals in relationships to be primarily concerned with the gratification of their own needs. The finding also suggests that these women, having been abused at an earlier stage of moral and interpersonal development, conceptualize morality at a more primitive level, as depicted by Kohlberg et al. (1969) and Gilligan (1982). That is, incest survivors abused at an early age represent others as

investing in relationships and moral conventions only to the degree that these conventions benefit their own narcissistic needs and interests, without any interest in justice or fairness and with little capacity for empathy.

Predictably, women with histories of early childhood sexual abuse do not expect others to be invested in moral standards or in mutuality in relationships, since their own caretakers took part in behaviors that violated all standards of morality and empathy. A father who sexually abuses his daughter and even offers explanations to her to justify this behavior can impart to his child a sense that in the world of relationships, the "ends always justify the means."

This troubled representation of relationships can carry on into adulthood. It was reflected in the answer given by one participant who, when asked how the abuse has affected her life, responded, "I trust no one. I take no one at face value. You have to want something. You can't just like me." Another woman stated: "I haven't had a relationship in seven years. I have a problem with intimacy. I don't even like the word. It reminds me of the abuse." Intimacy, among abuse survivors, can imply situations in which exploitation is the norm.

It is reasonable to assume that these women's difficulties trusting others are directly related to early experiences of sexual abuse. The TAT offers a way to capture difficulties with intimacy, even among women who do not draw such explicit

connections between past and present experiences as the women just cited here.

Summary and Implications of Age of Onset Findings

The findings related to age of onset in this study suggest that the younger the age at which a child is abused, the more vulnerable she is to suffer from distorted views of others, of relationships and of how morality and justice are applied. Unfortunately, what become defined as "distortions" in adulthood are representations of realities that these women experienced as children.

It has been proposed that attention be paid to the period of development during which sexual abuse occurs, since the child's subjective experience of the event will be determined by both the nature of the abuse and the developmental stage during which it occurs (Steele, 1990). Diamond (1989) also has suggested that "the external reality of incest may combine with certain pervasive fantasies at particular developmental stages to determine the nature and extent of the incest victim's pathology" (p. 434).

So, for instance, a pre-Oedipal child who is struggling with the developmental challenges of separation-individuation (Mahler, Pine & Bergman, 1975) and who is then abused may suffer from a perpetual sense of boundary diffusion. As the child's own mastery over the developmental challenge of separating, physically and psychologically, from the parent is interrupted by

a physical intrusion of his/her physical boundary, a certain blurring of boundaries between self and other can persist into adulthood (Marcus, 1989).

One woman who was sexually abused by her father, a prominent artist whom she had greatly admired, poignantly described the impact of sexual abuse on her development.

The first six years [of my life] I thought the world of him and we were having such a fun time travelling and I was really in love with the world so that I think that when he did that [referring to the abuse], I saw it as representative of the whole world. Because I associated all the explorations that we did--including that he taught me how to read and how to do math, that he would point things out to me while we were travelling--with the abuse. I feel that ever since, I'm watching out for the big gaping hole that I'm gonna fall into. I feel like, well, if I got that wrong, then everything else that I understood about the world around me, which is that it's a good and safe place to be, might be wrong too.

The sexual abuse described by this woman began when she was six years old, at what was probably the height of the Oedipal period, a period in which a child begins to have fantasies about sexual involvement with the parent of the opposite sex. However, under good-enough conditions, these fantasies remain safe because sexual feelings are not acted upon by the parent.

Davies and Frawley (1994) offer a poignant illustration of the normative oedipal period, in which:

The child experiences herself to be the most delightful of seductresses; her parent, it would appear, is utterly besotted by her most naïve and guileless attempts to seduce and cajole. In this best of all possible worlds, each has found in the other the perfect lover, passionate, tender, bemused, and without rival. Such love affairs exist only in fantasy, and it is only within this fantasy that they are permitted to flourish unspoiled." (p. 231)

Classically, the child is thought to ultimately relinquish these fantasies out of fear of loss of love or of retaliation by the parent of the same-sex.

However, if the parent acts upon sexual feelings toward his child, "an ordinary, healthy Oedipus complex cannot develop" (Steele, 1990, p.25). The normal playfulness of fantasy can forever feel dangerous and threatening, as the line between fantasy and reality becomes blurred. The child is left confused and unable to fully trust her own fantasy life and strivings. In the case of the woman cited earlier, she describes the sexual abuse as forever compromising her sense that the world might be a "good and safe place to be."

Hence, the present study's finding that earlier abuse onset is associated with more malevolent expectations of people and relationships lends empirical strength to the idea that the capacity to develop trust and feel safe is a developmental

process that can be disrupted (e.g., Shengold, 1989; Grand & Alpert, 1993).

The survivor's description, noted earlier, of the "gaping hole" into which she fears she might fall brings to mind Winnicott's (1957) description of the child who, experiencing a "failure of holding," by a containing environment will experience a sensation of "infinite falling" (p. 113). These feelings of "infinite falling" are associated with a sense that the world is not, as stated by the woman above, "a good and safe place to be."

There is a final consideration to bear in mind about the connection between early age of onset and malevolent object representations. In the absence of any information on the families of the participants of this study, some suppositions can be made but not verified. For instance, for a father or father-figure to sexually abuse a very young child, psychopathology may already predate the abuse onset: potentially in the family, definitely in the abuser, and likely in the child who has been exposed to the disturbed environment. Current research supports the idea that sexual abuse emerges in a larger context of family dysfunction (e.g., Zanarini, Dubo, Lewis, & Williams, 1997). Thus, while it may not be said that early age of abuse onset causes more disturbed object relations in adulthood, the two are noted as highly correlated.

Finally, this study lends support to findings of prior studies with the use of a different measure. Previous studies on age of onset of sexual abuse have used a variety of different

measures to predict adult disturbance. These measures have included: self-reports (Russell, 1986; Herman, Russell, & Trocki, 1986), symptom evaluations (Sedney & Brooks, 1984; Baglay & Ramsey, 1986) and Rorschach assessments (Saunders, 1991; Nash, Zivney & Hulsey, 1993). These studies have all found that sexual abuse occurring at an earlier age is related to greater levels of distress and symptomatology than abuse occurring at a later age.

The current study uses the TAT, a projective measure that specifically taps into interpersonal themes, to assess the relationship between age of onset of sexual abuse and object relations. The findings reported here reflect the usefulness of the TAT and the SCORS in empirically supporting the notion that early abuse experiences can have an effect on aspects of adult functioning.

Clinically, the findings suggest that patient reports of difficulties with intimacy, anxiety and depression need to be understood in the context of the patient's underlying disturbances of object relations.

Degree of Physical Intrusiveness Findings

An unexpected finding that emerged in this study is that women whose abuse was more physically intrusive had a higher degree of Complexity of Representations of People. This finding indicates that, rather than relate to an impairment in the capacity to see people in complex ways, intrusive sexual abuse is

related to higher degrees of psychological-mindedness and attunement to the mental states of others.

In fact, it may be said that these women exhibit a relative "hyper-attunement" to the mental states of others as compared to women who experienced less invasive abuse. One can speculate that this hyper-attunement might have developed in childhood out of necessity. That is, for the child to be able to predict and possibly avoid intrusive sexual assault, she may have learned to read the subtlest cues about her father's state of mind. Alternatively, she may have developed this attunement out of a wish for some sense of control over the abuse.

Intrusiveness of sexual abuse and high levels of distress and symptomatology have been correlated in many other studies (Russell, 1986, Herman et al., 1986, etc.). It is worth noting, therefore, that a heightened capacity to see people in complex ways, exhibited by the women in the present study, might not diminish their degree of suffering.

The disparity between these realms of functioning might best be addressed by the work of Fonagy. Fonagy and his colleagues (1995) have described how, with good-enough parenting, the child develops the capacity to reflect upon states of mind, his own and that of others. This reflective capacity comes about as a result of feeling contained and understood by the parent. This affective containment and feelings of being understood enable the child to develop the ability to consider his own

mental states and the mental states of others. This is represented by Fonagy as a metacognitive ability.

When abuse occurs, Fonagy argues, the development of the reflective capacity is impaired. The child finds the contemplation of his abusing caretaker's mind "overwhelming, as it harbors frankly hostile... intentions toward [the child]" (p.257). Fonagy argues that the child turns away from the parent and concurrently from the mentalizing or metacognitive process, as the thoughts of the parents are experienced as "unbearable."

The findings of the present study suggest that it is not the perceptive capacity *per se* that is impaired. In fact, women in this study who were intrusively abused seemed to manifest a relatively heightened sensitivity to the mental states of others. Rather, it appears that what occurs for these women is a difficulty modulating affect and that it is *this difficulty* that interferes with their employment of their heightened abilities to appreciate the mental states of others. Hence, it is their metacognitive capacities that may be impaired, not their ability to perceive the mental states of others in and of itself.

For example, a woman may be very attuned to motivational and psychological states of others. However, the accuracy of her perceptions may become distorted when her own emotional state and fear of danger is heightened. Hence, it would then be her *inability to modulate affect* that would interfere with her reflective capacity, not a deficiency in appreciating people as complex and psychologically-minded.

These ideas are not necessarily in opposition with Fonagy's views. Since the measure used in the current study was designed to examine distinct aspects of internal representations, it may be that by separating the Complexity of Representations from the Affect-Tone of the Representations, some insight may be brought to bear on the work of Fonagy.

The findings presented thus far have indicated that survivors of sexual abuse have highly malevolent representations. However, certain types of abuse have also been associated with more complex representations. This might suggest that the reflective capacity described by Fonagy is disrupted by intense affect, not by an *inability* to represent people in complex or psychologically minded ways. Again, caution should be taken before asserting direct correspondence between any childhood experience and adult functioning. Experiences are internalized in immensely variable ways. However, the present study's findings raise some compelling questions regarding Fonagy's work that bear further exploration.

In conclusion, the current study's findings lend empirical support to the existence of distinct dimensions of object relations. The findings support the idea that these dimensions can be affected differently by the experience of childhood sexual abuse. Additionally, the value of Westen's TAT measure in capturing these differences in domains of object relations is indicated. Finally, the major findings of the present study indicate that the effects of trauma are not monolithic, and that

the differential effects of trauma on object relations can be successfully detected with projective tests.

Significant Correlational Trends

Three significant trends were observed with respect to the relationship between sexual abuse characteristics and object relations. The degree of physical intrusiveness was found to be negatively associated with Affect-Tone, such that more intrusive sexual abuse was associated with more malevolent and threatening representations of people. This finding supports the prediction of the present study.

Duration of sexual abuse was associated with Understanding of Social Causality. Surprisingly, abuse that went on for longer periods of time was related to a better Understanding of Social Causality. Finally, in contrast to the hypothesis of the present study, degree of intimacy with the perpetrator prior to sexual abuse onset was positively associated with a Capacity to Invest in Emotional Relationships. Some possible explanations for each of these findings will now be offered.

Association Between Physical Intrusiveness and Affect-Tone

As predicted, sexual abuse that was more physically intrusive showed a trend toward association with more negatively-toned affective representations of relational paradigms. This finding concurs with findings of studies that used self-report measures of distress (Herman, Russell, Trocki, 1986; Russell,

1988) to assess the traumatic impact of intrusive abuse. Other studies that have examined the effects of intrusiveness of abuse have also found it to be related to more problematic functioning in adult relationships (Bagley & Ramsay, 1986; Sedney & Brooks, 1984).

An expectation of physical intrusion and threats to one's bodily integrity characterizes the low-level responses on the Affect-Tone sub-scale. The fundamental principles Westen suggests in his manual (1990) for scoring a Level 1 to a TAT response are as follows:

At Level 1 the person views the social world as tremendously threatening and/or experiences life as overwhelmingly capricious and painful. People are seen as abandoning, abusing, or destroying others with no reason, other than perhaps maliciousness or unconcern. People are often classified as victims and victimizers. (p. 24)

Once a hostile physical intrusion occurs in the context of a TAT story, that story is automatically scored a one (the lowest level score) for Affect-Tone.

Therefore, it is not surprising that the trend to anticipate intrusive threats emerged among women who were most intrusively abused. This finding lends strength to the notion that the experience of "real" bodily intrusions can be internalized into one's object relational schema, indicating some degree of direct correspondence between real experiences and intrapsychic reality.

Association Between Duration of Abuse and Understanding of Social Causality

A surprising trend that emerged was that women whose abuse went on for longer periods of time scored higher on the scale measuring Understanding of Social Causality. Similar to the seemingly paradoxical finding noted earlier of physical intrusiveness being positively associated with Complexity of Representations, the finding of this analysis, on closer examination, makes sense. According to the trend that emerged, women who were sexually abused for longer periods of times showed a keener understanding of people's motivations in social situations.

This trend might indicate a hypervigilance on the part of the survivor of long-term sexual abuse--a seeking out of meaning for why things happen. One way to think about this is that the longer the duration of sexual abuse, the more a woman is besieged with the need to understand and even *impose* meaning on interpersonal experiences. Indeed, many women in the study described a constant struggle to understand how such abhorrent acts could go on uninterrupted for such a long time.

One woman who witnessed her father repeatedly sexually abusing her stepsister exemplified this struggle: "I can't understand it [the abuse]. For the life of me, I can not understand it. I don't even attempt to understand it because I can come to some conclusions but they don't make sense." Although

this woman insists that she can not understand the abuse, it seems that she is plagued with a desire to comprehend it. However, one can imagine that none of the plausible reasons--for example, that her father was capable of justifying the rape of a young girl because it was pleasurable to him--are tolerable to her. Thus, one can speculate that the search can remain, in some ways, interminable.

In fact, on the TAT, this same woman told stories in which people's potential motives and states of mind were overelaborated. Her TAT stories received some of the highest scores on the Understanding of Social Causality scale.

This finding indicates, then, not a *deficiency* in the ability to make sense of interpersonal events but an almost constant need to find meaning and reason, even in the "unreasonable." A woman who endured sexual abuse for longer periods of time would have faced this dilemma in reality, over and over again. It is possible that being faced with such unconscionable acts over time might cause a person to perpetually seek meaning in the social realm. While the meanings in and of themselves may not be illogical (hence the high scores on this subscale), the woman's attempt to integrate meaning with her personal experience may pose more of a challenge. Fonagy (1995) has suggested that as a result of abuse, "the world of people... may remain profoundly bewildering and forbidding for the developing child" (p.270).

The value of assessing different aspects of sexual abuse is again indicated by this finding. The notion that cognitive and affective dimensions of object relations exist and can be differentially affected by abuse is supported.

Association Between Degree of Intimacy and Capacity to Invest in Relationships and Moral Standards

It was hypothesized that women who recalled a greater degree of intimacy with the perpetrator prior to abuse onset would perform more poorly on the object relations measures than women who recalled less intimate relationships with their perpetrators before the abuse began. It was proposed that a greater sense of trust in someone who then became an abuser would be experienced as a betrayal, and thus have a greater negative impact on a woman's capacity to perceive others benevolently. Greater betrayal was therefore expected to be associated with poorer object relational functioning.

In fact, a trend in the opposite direction emerged. Women who scored higher on the measure of intimacy prior to abuse onset fared better on the Capacity to Invest in Relationships and Moral Standards sub-scales. Reports of greater degrees of trust in the father, more time spent with the father and recollections of feelings of intimacy with the father prior to the abuse onset were associated with higher functioning on the interpersonal relatedness sub-scale.

This finding can be interpreted in different ways. One is that "betrayal" was not adequately captured by the author's measure, which assessed degree of intimacy prior to abuse onset and then inferred greater betrayal from higher intimacy scores. Another possibility is that women who reported greater sense of intimacy with their fathers prior to the onset of sexual abuse did not in fact feel betrayed by their fathers. Although they were abused by people they trusted, one can not assume that this was experienced as "betrayal." However, based on a unanimous report by most of these women that they no longer felt close to their abusers as adults, one could certainly speculate that a break in the relationship with the father ultimately occurred.

Finally, one could argue that women who had felt close to their fathers did, in fact, experience severe betrayal. In this case, intimacy with their fathers somehow might have made the abuse less damaging to their capacity to see relationships as nurturing and involving mutuality and respect than women who had never trusted their fathers to begin with.

When considered in context, this finding seems reasonable. Women who were able to have some positive experiences with their fathers or father-figures prior to the abuse were able to preserve some capacity to expect good to come of relationships. Women who were sexually abused by fathers they had never trusted or felt close to might have felt "less betrayed" (since they had never trusted in the first place) but at the same time might not

have had any good experiences or good expectations to internalize.

It is obviously not possible to capture the subtleties of intrapsychic functioning and the ways in which early experiences get internalized in empirical research such as this. Each woman internalized her abuse experience very differently. While feelings of betrayal may exist and impact women's adult functioning, the ways in which these experiences are internalized and processed are extremely complex. This remains therefore, an area open to future exploration.

One woman describes the complexity of dealing with the idea of a beloved father's becoming a perpetrator of sexual abuse. When asked what aspect of the abuse she thought had had the most effect on her life, she responded,

I think the betrayal by my father affected me the most profoundly because I was very, very close to him. I really looked up to him. I admired him, I loved him and when he did this it was devastating to me. ... You know, I'm never gonna have the relationship with him that I could have had or wanted to have... but it is what it is... and I just have to live with this thing. We have a relationship now and it's workable because I have to make it workable, otherwise I get crazy, but it's not very close.

This woman has clearly struggled with how to have a relationship with her father, whom she still wants to preserve in some way.

Her conflicted feelings about her father and her relationship with him is evident.

Again it should be stated that these women who had first trusted their abusers did not necessarily fare well, but did fare better than those women who reported lesser degrees of closeness and intimacy with their perpetrators prior to the abuse onset.

This confusing trend in the results represents one of the limitations of empirical measurement of psychodynamic material: individuals process and internalize events in enormously complex and different ways, which can not be captured by any single measure. While projective tests can offer a great deal of rich data and inform our theories and our practice, certain aspects of experience require exploration in a context that allows for ambiguity, for conflicting feelings, and contradictory thoughts to co-exist. One such context is in individual psychotherapy.

One dynamic that might take time to address in the context of a long-term treatment are the conflicted feelings a sexual abuse survivor might have about the perceived "special treatment" she received by her father. Some of these women, as children, may have been given special status in the home and treated or perceived as "daddy's little girl." (Herman, 1981).

There might also be guilt associated with any physical pleasure that may have resulted from the abuse as well as guilt over feeling like the "oedipal victor." (Diamond, 1989; Price, 1994). While in retrospect a woman might see that what was done to her as a child was a boundary transgression, she might also

find it difficult to come to terms with positive feelings that might have arisen at the time she was abused.

As an example, one woman tearfully and angrily described the most upsetting aspect of the abuse to her was the fact that in the beginning she "enjoyed it." Although she was only seven years old at the time that her stepfather performed oral sex on her, and the woman is aware that she was "too young not to trust," the memory of the physical sensations being pleasurable to her is repugnant and disturbing. Again, one can see how normal oedipal fantasies and wishes to seduce the parent of the opposite sex, if acted upon by the parent, can leave the child susceptible to feeling guilty about or responsible for the sexual abuse.

Steele (1990) has addressed the betrayal involved when a caregiver exploits a child's natural pleasure in his/her own erotic zones. According to Steele, this exploitation can forever compromise the child (and later, adult's) capacity to take pleasure in sexual activity, since it "becomes inextricably linked with feeling exploited and disregarded, resulting in a life-long tendency to have difficulty in seeking pleasure, an inability to really enjoy pleasure, and an attachment to abusive love objects" (p.24).

Hence, the finding that women sexually abused by father figures they once trusted fare better than women who did not trust their fathers is not one that can be interpreted simply. As was noted earlier, the context in which the abuse occurred, in addition to the stage-specific fantasies present in the child,

are as important in determining adult pathology as is the nature of the abuse incidents themselves.

Multiple Regression Analyses

Four multiple regression analyses were conducted as part of this study. In each of the four analyses, when the effect of all seven abuse variables was examined with respect to each of the four object relations scales, no significant equations emerged. This means that the seven abuse variables, taken together, offer no predictive value of a person's object relational functioning.

Analysis of the partial regression coefficients, however, yielded some significant results. What this means is that even though the group of variables as a whole had no predictive value in predicting object relations functioning, the predictive values of the individual variables could be looked at and their significance levels (in predicting the respective object relations scale) determined. Most of the relationships that were found significantly associated in the correlational analyses were also significantly associated in the multiple regression analyses.

Due to the fact that for each scale only one or two abuse variables were significant in the correlations, the multiple regression analyses that yielded the same significant individual findings were essentially replications of the correlational findings. Because the analysis of partial regression coefficients "partials out" the effects of other variables, the findings that

emerged from examining partial regression coefficients may be said to add to the strength to the correlational findings.

For instance, the fact that the effect of age of onset on Capacity for Investment in Emotional Relationships was evident in both the correlational analyses and the multiple regression analysis suggests that age of onset does have predictive value in determining the Capacity to Invest in Emotional Relationships, even when the effects of other variables was held constant.

Similarly, the significant correlation between physical intrusiveness and Complexity of Representations was noted in the partial regression coefficients, in the same direction as the one noted in the correlations. This suggests that the degree of physical intrusiveness, when the potential influence of all other variables is held constant, still shows a significant relationship with Complexity of Representations. It is a relationship that is thus less confounded by the effects of other superfluous variables.

Some new trends were seen in the examination of the partial regression coefficients that had not been evident in the correlational analyses. Conversely, some trends noted in the correlations were no longer present in the analysis of the partial regression coefficients.

Rather than offer lengthy possible interpretations of each of these differing trends, an attempt will be made here to address statistical design issues that most likely explain these differences. Statisticians (e.g., Licht, 1995) have cautioned

against the choice of conducting multiple regression analyses with too many superfluous variables. The addition of every variable, even ones deemed "important," to a multiple regression analysis increases the chances of Type I errors (finding things that aren't there) as well Type II errors (failing to find things that are there). This is because more analyses need to be conducted with each additional variable. So that, for instance, looking at the effects of five predictor variables upon one dependent variable, at least six statistical analyses are conducted: one for the equation as a whole, and one for each of the predictor variables. Only variables considered to be reasonably meaningful should thus be examined in multiple regression analyses.

Due to the exploratory nature of the present study, all the variables were deemed meaningful and therefore were included in the multiple regression analyses, despite the fact that only some had yielded significant findings in the correlational analyses. Licht (1995) does not discourage such an approach when the nature of the study is investigatory and the study of a phenomenon is in its initial stages. However, he argues (p. 55) that statements made about findings in these cases should be interpreted tentatively and that the findings require replication.

Non-significant Findings

Several variables were not found to be significantly related to any of the object relations scales in the statistical

analyses. These were: the degree of forceful coercion, frequency of abuse, and degree of perceived maternal support upon disclosure. Several reasons might account for the lack of findings in these areas. In general, it is possible that the study's sample size of thirty was not large enough to detect differences in object relations based on these variables. Other possibilities for lack of findings will now be discussed.

Maternal Support

In the case of maternal support upon disclosure, the sample size was even more limited ($n = 24$) than the total sample ($n = 30$) because not all of the study participants disclosed the abuse to their mothers. Within the group that disclosed, only seven women (29%) said they had felt "very" or "extremely" supported by their mothers upon disclosure. The remaining women (71%) reported mixed to no support from their mothers upon disclosure. Since so few women in this sample felt supported, this restricts the potential for detecting significant findings that might exist between degree of maternal support and object relations. Therefore, to prevent making a Type II error, in which significant relationships that do exist between variables are not detected, it should only be noted tentatively that maternal support upon disclosure and object relations do not appear to correlate.

Frequency of Abuse

The limited sample size might also have contributed to the lack of findings based on frequency of abuse. Nineteen of the 30 women (63.3%) reported that the sexual abuse occurred more than twenty times. Only 11 women, therefore, fell into the various categories that represented frequencies of less than twenty times. This resulted in a very limited range of experiences to examine.

On the other hand, the absence of significant findings might indicate that frequency of abuse does not actually have as much of a differential impact on object relations as was hypothesized. It seems reasonable that whether sexual abuse occurred five or fifteen times might not matter as much as whether abuse occurred at age five or at age fifteen.

The mere fact that sexual abuse by a father occurred at all might be enough to cause serious long-lasting effects. One woman in the study reported what she perceived to be a very traumatic single incidence of rape by her biological father when she was an adolescent. This need not have happened again to forever change her life. Hence frequency of abuse may not be as important a factor in determining adult pathology as whether or not sexual abuse occurred at all.

Forceful Coercion

It is unclear why degree of forceful coercion did not relate significantly with any of the object relations scales.

This was the case even when each individual item from the SAQ regarding coercion was correlated with the object relations scales.

One possibility is that the author's scaling system for forceful coercion does not appropriately capture the degree of forceful coercion. The validity of the scaling system, therefore, bears further investigation.

Another possibility is that the degree of forceful coercion in and of itself is not associated with impairments in object relational functioning. A third and most likely possibility is that, again, not enough variability existed within this sample for differences to be detected. With a majority of participants reporting having experienced physical force during the abuse or having been threatened with violence, making differential comparisons seems moot.

Future studies should take these limitations into consideration and include a larger sample size with a greater degree of variability on all abuse-related characteristics. Ideally, a control group of non-abused women should also be included.

Post Hoc Findings

Exploratory post-hoc analyses yielded some significant and interesting findings. These will now be discussed.

Interaction Effects

When the variable of "disclosure status" was created by collapsing the categories of degrees of maternal support into "did/did not disclose," this served the function of allowing all 30 women to be considered in the analysis and for the effects of the act of disclosure alone to be examined. The act of disclosure alone was not found to be significantly related to object relational functioning. However, when looked at in interaction with other variables, an important significant finding emerged.

An interaction was noted between the effect of disclosure alone and the degree of physical intrusiveness upon Affect-Tone. Women in this sample who told their mothers generally had more malevolently-toned representations of others than those who did not tell. This was especially true when intrusiveness levels were high. It seems that in order for disclosure to have been beneficial to the women, intrusiveness levels had to be relatively less severe.

A way to understand this finding is that mothers of daughters who were being severely and intrusively sexually abused had to have known about the abuse on some level. Therefore, in these cases, the daughters' telling their mothers would have upset the mothers' implicit collusion in the abuse. In fact, disclosure in these cases might have caused trouble in the family, forcing family members to address openly something that was being allowed to go on covertly. In these cases of severe abuse, then, telling mother could have acted as a stressor for

the child, because the child was telling the mother something she likely already knew and that the mother had chosen not to address directly and assertively.

One could imagine that in a home where such a severe transgression as parental incest occurred, the act of openly complaining about it and asking for intervention could have dire consequences for the child. Most of the women in this study who did disclose to their mothers thought that their mothers were minimally supportive at best. Many felt their mothers outrightly disbelieved or chose to ignore their claims of abuse. Such a betrayal, then, by the mother, could compound the trauma of sexual abuse by a father and logically lead to internal representation of others as cruel, abandoning, and disinterested in one another's needs.

Some examples of TAT stories provide illustrations of these types of disturbed object relations.

TAT Stories to Card 7GF: Mother/Daughter Themes

Card 7GF depicts an older woman sitting on a sofa close beside a girl, speaking or reading to her. The girl is holding a doll in her lap and is looking away. Some examples of TAT stories the women in this study told to Card 7GF depict the painful indifference and lack of validation many experienced in their relationships with their mothers.

One participant told the following story:

Well, here I would say the girl seems sad and the mother is trying to explain something to her that obviously the girl doesn't understand or doesn't agree with. That's why she's looking away instead of looking at her mother. Maybe the girl is telling her in her own way and as best she is able to understand, about some problem, maybe with her father, and the mother is telling her, 'look, don't worry.' It looks here like the mother doesn't understand what the daughter is feeling, what she has told her, and she's trying to tell her that it's something not so important and obviously the girl doesn't understand. What's going to happen is, well the daughter is going to feel even more alone.

Here the subject describes a mother who is misattuned to her daughter's needs and who minimizes her daughter's communications of distress.

Another subject tells the following story and includes a description of a dissociative defense employed by the child:

Uh, mother and daughter. Daughter not giving two shits what her mother is saying to her. Um, what probably happened before is daughter probably tried to tell her mother something. And her mother didn't wanna listen. She'll get out of the house and leave and be on her own, but she's still too small to do that now. So she has to deal with the circumstances. But to deal with it, she uses her mind to,

to, to escape the situation. So, she might be in the household, and might be dealing with the situation, but she's not there mentally. Mentally she's somewhere else where she wants to be and she's happy.

Another subject describes the child's confusion and anger over her mother's detachment:

She looks like a woman, like a mother trying to read to her daughter. The daughter's not listening. The child's lost in her own mind. Like she's thinking about what's wrong with her, what's wrong with.. what did she do, what she did. She can't figure out what's wrong. She never will figure out what's wrong. It makes her angry, because her mother doesn't even notice that she's not paying attention. Her mother doesn't even ask. [Why doesn't she notice?] Maybe she doesn't want to see it. She doesn't want to know. Doesn't want to deal with it.

TAT Stories to Card 5: Neglect/Abandonment Themes

TAT Card 5 also seemed to have elicited themes of neglect and indifference by a maternal figure. This card depicts a middle-aged woman peering into a room from a hallway. Some stories told to this card were as follows:

This is grandma. Grandma is looking and knowing what's going on. She probably heard a noise in the room and came

opening the door, being nosy as possible. She probably knows what's going on and she sees what's going on but, it's like she's an outsider. And she's not willing to break up the supposedly happy home. So, what happens after here is that she closes the door and ignores the situation. [What is going on?] What's probably going on is she's seeing a man doing something to somebody. He's hurting the person and she knows it, she sees it, cause you could see it in her eyes, but... she's not willing to do anything. And it's like, I don't know, with the expression on her face it's like she sees the other person. The other person sees her too and knows that she knows, but she's not saying anything and it's like she'd rather just close the door than deal with it.

What is particularly disturbing about this story is not just the grandmother's refusal to do anything about the abuse she witnesses, but the fact that the grandmother and perpetrator have made eye contact and seem to have silently agreed that this type of violation will be permitted. Grandmother has caught the perpetrator in the act, looked him in the eye, and will close the door.

Another woman told the following story:

Looks like a mother has come in and opened the door, and she's seeing something illicit happening. Could be a man who's being sexual with a younger child, a girl. She's

seeing that. She's not gonna do anything about it, but she's going to maybe reprimand the man. (she feeling?) She feels kind of righteous, like 'what are you guys doing?' you know, 'that's not appropriate.' She doesn't differentiate that one's a child and one's not. She just thinks that they're both at fault. She's gonna say a few words right now, like 'what are you doing?' and her tone of voice will seem like she's reprimanding the both of them.

This woman's story represents the boundary confusion that takes place not only in the home in which incest occurs, but in the mind of the child who is not sure who is to be blamed for the sexual abuse. Although the woman telling the story expresses some anger at the mother who does not differentiate adult from child's responsibility, one can imagine that a child experiencing the harshness of a mother's tone under these circumstances would not have the same clarity of perspective.

One of the women interviewed recalled a seductive abuse by her father that began before she was nine years old. She recalls, "Sometimes I was seduced by it and I was confused because it would feel pleasurable but at the same time I wanted it to stop. I guess I wasn't strong enough to say no." This woman provides a vivid example of the confusion over agency and blame with which many women sexually abused as children contend, particularly if there were aspects of the abuse that were in any way pleasurable to them as children. Sometimes the pleasure had to do with

physical sensations produced by the abuse or with the special attention they were receiving.

Women who experienced any pleasurable physical sensations are often plagued with guilt over not having stopped the abuse. In these cases, victims have difficulty accepting that, as children, they should never have been expected to take on the protective and boundary-setting functions of their caretakers. Again, these adult conflicts suggest the way in which normative oedipal strivings can become distorted if adults in the home act upon their sexual impulses and fantasies that the child was merely entertaining.

The woman telling the next TAT story gives explicit details about the sexual violations and the ambiguity of the potential protective action the woman looking in the room might take:

This is a person who looks like they're in shock. This is a person who looks like they opened the door really quickly, like they thought they heard something, and they're in disbelief, or like saddened at what they're seeing.

[seeing?] Could be seeing... someone violating the space of a child, a little child, like the child has no clothes on and they're touching the child..... Could be somebody.... who is really sick. [What is going to happen?] Either the woman is gonna be really angry... and ask the person to leave... and not come back, or nothing is gonna happen.

Finally, an excerpt from an interview with a woman who was severely and regularly sexually abused by her stepfather captures the crisis experienced by the child who fears the consequences of disclosing to her mother:

I didn't tell my mom. I thought the family would fall apart. I thought my mom would kill my stepfather. I never told her. The first person I ever told was my therapist, at age 30. I still believed at that time that my mother had never known. My therapist one day said, 'she probably knew.' I remember that made me so angry because my whole childhood structure was set up with her [subject's mother] not knowing.

One could imagine that if this woman had told her mother, she might have potentially lost the one parent she needed to believe would not hurt her, since it appeared likely that her mother was in fact aware of the abuse. Had this subject's mother been able to tolerate knowing about and confronting the abuse, she would have taken some action without her daughter's needing to disclose it to her.

Summary of Impact of Disclosure

Contrary to what was expected, women in this sample who did not tell their mothers had higher average Affect-Tone scores than women who did tell. Almost half of the women who did disclose experienced their mothers to have been either unsupportive or minimally supportive. Under those circumstances, one could see how the effect of telling did not lessen the impact of the sexual

trauma, but in fact worsened it. Thus, it is not surprising that on the Affect-Tone dimension there were more representations of malevolence and abandonment among those who disclosed than among those who did not disclose to their mothers.

Those who disclosed the abuse had hoped that their mothers would protect them. When the abuse was severe, however, telling their mothers seemed to make the traumatic impact worse. For women whose abuse was less intrusive, the act of telling seemed to have played a mediating role.

In sum, the words of Herman (1981) aptly describe the "crisis of disclosure" that often occurs in families in which father-daughter incest has occurred.

Usually, by the time the [incest] secret is revealed, the abuse has been going on for a number of years and has become an integral part of family life. Disclosure disrupts whatever fragile equilibrium has been maintained, jeopardizes the functioning of all family members, increases the likelihood of violent and desperate behavior, and places everyone, but particularly the daughter, at risk for retaliation. (p.131)

Limitations of Present Study

Sample

Sample size. A larger sample size might have allowed for more significant effects to be detected. This particular sample, as noted earlier, had a fairly restricted range of variability on

the sexual abuse measures. Without a broad enough range of experiences to compare them to, statistical analyses of this sample might not have captured relationships that might exist in the larger population of sexually abused women. Likewise, a control group of women subjects who had not experienced childhood sexual abuse might have revealed a stronger association between physically intrusive abuse and malevolently-toned object representations. Researchers interested in the differential impact of sexual abuse experiences should aim to have larger sample sizes in order to detect these effects.

Representativeness of the sample. This was a self-selected sample that may represent a more disturbed group of sexually abused women and/or may represent women who most feel the need to talk about it.

As was noted, many of these women (90%) had had some type of experience with therapy. These may be women who have required psychological interventions because they were more disturbed by their incest histories. Tsai et al. (1979) and Herman et al. (1986) found that sexually abused women who had sought treatment, when compared to incest survivors who had not sought treatment, were in general, a more distressed and symptomatic group.

The fact that these women chose to participate in this research study might also indicate an interest in sharing their traumatic life experience with another. One could also surmise that because a majority of these women were either in college or

college educated, they were more knowledgeable about the benefits of therapy and might have had more access to psychological services.

Another important factor to keep in mind is that this was a self-selected sample. Their participation in this research is likely related to the fact that these women had sought treatment, almost unanimously, at some point in their lives. This sample represents a group of women who are actively seeking to process their traumatic experiences by talking about it, by participating in research, by potentially helping others through their participation. They represent a capacity and desire to use narrative and the power of narrative to work through psychological trauma, a manner of working through traumatic events that has been described in the works of psychoanalysts such as Laub and Auerhahn (1993).

The resiliency represented by this sample is indicated by the fact that many of these women were students who seemed to function fairly well in academia. Many were pursuing college or graduate degrees. This might suggest an ability and interest to persevere in areas that did not feel as threatening or in which they could gain a sense of mastery. Their desire to participate in this research, for example, can be seen as a testament to these women's strength and commitment to actively work through and contribute something of benefit out of their own destructive experiences. This leads me to a related area of debate in the field of treating sexual abuse survivors.

Confounding Effect of Multiple Abusers

Many of these women reported multiple experiences of sexual abuse by perpetrators in addition to their fathers (73%). It would be impossible to state that distress levels and object relations disturbances noted in this sample is directly related to their abuse by father figures.

However, the experiences of multiple abuses in this sample is indicative of its representativeness of a sexually abused population. Most studies have found high rates of sexual revictimization among women sexually abused in childhood (e.g., Fromuth, 1986).

In order to make causal statements about distress in this population being related to sexual abuse by a father or father-figure and not to subsequent abuse, women who were only sexually abused by fathers/father-figures would be examined. Unfortunately, with the prevalence levels of subsequent abuse being so high, such a sample can be difficult to find.

A more pragmatic approach to this issue might be to note the high levels of co-occurrence between father abuse and later victimizations and make tentative interpretations about how abuse by one's father can leave one vulnerable to being abused again. As noted earlier, this finding is consistent with the literature on sexual abuse survivors and prevalence rates of re-victimization.

External Validity

In this study, analyses and findings were based purely on women's subjective accounts of what happened. These accounts were not "corroborated" by any outside sources.

It was important in conducting this study to take into account whatever was recalled by the woman, to the best of her abilities, about what happened. Fowler (1994) has suggested that it is the communications embedded in memories that are most important. He criticizes therapists "who are willing to dismiss all memory as inaccurate, or view all memory as totally accurate," and conceptualizes memory as a dynamic phenomenon. Similarly, the work of early psychoanalytic theoreticians and diagnosticians such as Mayman (1968) and of course, Freud, who represented memory as dynamic and reconstructive.

Even though there are inherent distortions involved in retrospective appraisal of one's feelings, these recollections can yield important information about the adult's functioning nonetheless. Studies have shown that memories of early childhood experiences and of how an event occurred can be more predictive of later functioning and shed more light on later conflicts than any objective measure of what really happened (Fowler, 1994).

The issue of recovered memories is a controversial one and one that goes beyond the scope of the present study. It should be noted, however, that none of the women who participated in the current study reported a spontaneous recollection in adulthood of memories of childhood sexual abuse, either in therapy or

elsewhere. While some stated that some parts of their recollections were fuzzy, all the women had lived with a nagging and persisting certainty that they had been sexually abused, no matter how much they wanted to believe they had not. As one woman put it, "It's something that just won't go away, no matter how hard I try."

In my own clinical experience and contrary to the popular depiction of women who have been found to have "false" or "implanted" memories of sexual abuse, most women who have been sexually abused are reluctant to believe it actually occurred. Indeed, many will report that the shame and the secrecy with which they lived were some of the most traumatic aspects of the abuse. One woman described that as a result of having to keep her incest history a secret all her life she "got into this habit of pretending that some things that are really hurting (her) aren't."

Although this may not apply to all sexually-abused women, it is important to recognize dissociation as a pervasive phenomenon among incest survivors (Davies and Frawley, 1994; Herman, 1992). Studies by van der Kolk et al. (1987) have proposed a direct link between trauma and dissociation.

Many of the women who participated in this study described a process of actively numbing themselves during the abuse so that they would not have to be "in" their bodies while it was happening. As adults, therefore, it seems that these women had not forgotten or repressed their memories of abuse, but that they

had compartmentalized them in order to function. It is believed that the process of speaking about and "working through" the memories of abuse can be an opportunity to reintegrate the abuse experiences and thereby gain mastery over them.

The recovered memories debate has caused something of a setback for women who have experienced incest. It is commonly difficult for women to accept that something as traumatic as sexual abuse by their fathers could have actually happened to them. Living in a climate of doubt, particularly when the women are already inclined to want to "disbelieve" their memories and make them "go away," can only make it more challenging and make these women feel more despairing.

Thus, it can be extremely difficult for women to talk about these experiences. Many sexually abused women live in secrecy or denial about their sexual abuse histories. A majority of the women in the unstructured interview, when asked what was most helpful to them in dealing with their incest histories, said "talking about it," to therapists or friends and family members who have been supportive and offered unambiguous support and belief in their reports of sexual abuse.

In an atmosphere that presents distrust and suspiciousness about the "validity" of sexual abuse memories, talking about a history of incest can be a frightening and difficult undertaking. The idea of childhood incest, especially father-daughter incest, is considered so taboo in our society that despite the fact that a significant number of women experience it, many still live with

it in silence. Even in this study of adult women who were willing to talk about their incest histories with a researcher, 10% of the study participants stated they had never told anyone about their childhood abuse.

Unfortunately, sexual abuse is more prevalent than many realize. In my own experience of conducting this study I found it both surprising and unsettling when I posted one flyer to recruit participants and received half a dozen phone calls in just a few days. Conducting this research was difficult; finding subjects was not.

Clinical Implications of Present Study

Overall, the findings of this study suggest that the effects of sexual abuse can be profound, but that they are not monolithic and that both research and treatment with abuse survivors need to incorporate complexities and allow for ambiguities.

Any clinician working with a sexually-abused woman should try to be aware of the internal object "landscape" the woman brings to the treatment in order to understand the cause of her presenting problems. Clearly, these representations are not always readily accessible to the woman or the clinician. They might involve feelings and thoughts that the sexually-abused woman consciously and unconsciously defends against. However, a clinician trained to work within the transference will

sensitively allow these representations to be brought to life in the therapy relationship so that they may be reworked.

A therapist working with a woman who was sexually abused by a father or father figure, particularly at an early age, should be prepared to face especially malevolent interpretations of her behavior and particularly acute distrust in and disavowal of the therapeutic process. A hyper-attunement to the therapist's moods and inner states can be experienced by the therapist as challenging and at times intrusive. A familiarity with the findings of studies such as this one can add strength to the clinician's theoretical and intuitive convictions. This awareness can be especially useful when the therapeutic process has become challenging, the patient hostile and distrustful, and the transference overtly negative. Paradoxically, this can be an indication that the treatment is underway.

Of course, working within a psychodynamic treatment model requires that the clinician remain sensitive to the particular needs of each individual. For instance, with a woman in a particularly fragile emotional state, whose own ability to reality-test has been severely compromised by a history of incest, more reality-based work will be required. Before any transference interpretations can be made, a fundamental basis of trust and safety needs to be established between the woman and her therapist. A therapist who communicates ambiguity about where he/she stands with respect to a woman's sexual abuse "story" can be retraumatizing to the woman. The patient in this case might

end up feeling abandoned, disbelieved or even attacked by the therapist.

Levine (1990), writes about treatment issues with adults who were sexually abused in childhood. He states: "Treatments are frequently long and stormy, beset by prolonged periods of distrust and intense negative or erotic transferences" (p. 198). He goes on to say that for abuse survivors, the childhood incest experience "tends to organize and unconsciously inform their experiences of analysis and indeed virtually every relationship of any significance" (p.199). These are important points for a psychodynamic therapist to keep in mind when beginning to work with a sexual abuse survivor.

It is also important to keep in mind, however, that the adult patient's subjective appraisal and recollection of the abuse, along with her particular defensive style, need to be respected and treated delicately. Naturally, any sensitive and well-trained clinician working with any patient takes these factors into consideration.

A disturbing implication arises in the present study in relation to the findings on disclosure. It was found that the act of disclosure to one's mother did not help and in cases of severe intrusive abuse, disclosure was related to particularly poor functioning. It might be that women who have experienced the most severe trauma might be the least likely to seek help, based on their experiences that seeking help and talking about painful experiences does not yield any positive results.

Alternately, one could imagine that for people who have experienced relatively less severe forms of trauma and who spoke about it and felt that action was taken on their behalf, a better chance exists that they might seek therapy. For these women, perhaps, a supportive intervention on their behalf by their mothers might have allowed them to seek treatment later on. These women might enter therapy with higher expectations of being helped than women whose mothers were non-supportive upon disclosure. In clinical practice, therefore, inquiries into the mother's degree of awareness of the abuse or supportiveness upon disclosure can provide valuable information to therapists regarding their patients' trust in the therapeutic process.

Range of Functioning Among Abuse Survivors

It is hoped that the findings of this study will increase awareness of some of the problems associated with sexual abuse and the damage it can incur. Contrary to what might be expected, some women who have been sexually abused have the potential to succeed in some areas. In fact, school, academia and the workplace can be domains in which these women function well. Certainly this was the case for the participants of this study.

Despite the high levels of distress and symptoms many of these women contend with, less emotionally-charged atmospheres may provide some safety and containment. Involvement in academics can be particularly gratifying and rewarding for women who are intellectually gifted and able to distance themselves from their

emotions under certain circumstances. However, these same women might very well have profound difficulties in relationships, expecting, as was seen in this study, for others to be hostile and self-serving.

These women might also seek mastery over their traumatic pasts by re-engaging in abusive relationships and thereby re-enacting their traumatic histories in the hopes of gaining mastery over past abuses. Hence, a great variability in functioning can exist in women sexually abused in childhood. The therapist should not only be aware of this, but also be prepared to address the dissociation involved and indeed necessitated by the woman's coping in day-to-day life. Over time, an integration of split-off parts of the self will need to be addressed in the long-term treatment.

An object relations approach to treatment allows for the multiple self/object representations to be brought to life in the treatment so that they may be worked through. If a therapist can remain aware of the potential reenactments, for instance, occurring in the transference, a thought given to "who am I for this person at this time" might shed light on potentially critical material brought up in the treatment. This material might include all the aggressive as well as seductive and libidinal derivatives of the sexual abuse experience. In sum, any clinician approaching TAT or other clinical material or studies should always bear in mind the particular feelings or thoughts

that might be evoked: by the TAT card, by the tester and by the context in which an individual is seen.

Concluding Comments

The experience of interviewing these women was both wrenching and inspiring. Even a year after the interviews were completed, when going over the audio-taped interviews, I recalled the experiences of being with these women and hearing their stories vividly. Some entered the room tentatively and over the course of the interview revealed life histories that included remarkable feats of resilience and courage. Others entered the interview room brazenly. Over the course of the meeting, some of these same women spoke about intense feelings of vulnerability and fear that pervade their interpersonal relationships.

In accordance with the findings of the present research that postulate that abused women may have higher expectations of threat and malevolence by others, one can imagine that many of these women entered the interview room with dubious expectations. However, it seemed to me that in the interviews, many of these women were able to become less guarded as they began to talk and have the experience of being heard and attended to with interest.

Although at times I experienced guilt in asking women to talk about such painful experiences, I also often left the interviews feeling the value that might come of "bearing witness." These women shared some of the most shameful and

devastating experiences of their lives. On several occasions I felt sickened and somehow "invaded" by these stories of abuse.

It was often after the interviews, when I had been able to examine what had happened for me during the meeting, that I realized that these women were not only giving a great deal to me, but that by allowing myself to be "taken over," in a sense, by their stories, I had offered something of value to them.

The process of conducting this research brought to life for me the therapeutic value that can come from a clinical interview, even in a research context. To hear women talk about the worst abuses of power and violations of trust and to feel at times that all I could do was listen was humbling. To realize that it was, in many cases, exactly what these women were seeking and needing was heartening.

When we remind ourselves that, as clinicians, we need not use polished skills or eloquent words, but simply have a sincere desire and interest in knowing about the depth and range of people's experiences, we become able to do effective and meaningful work. This awareness can keep our grandiosity in check and relieve us of the burden of feeling we need to "do" something to help someone who is suffering.

Messer and Warren (1998) in their discussion of issues that arise in working with "difficult patients," speak to the extreme defensive positions therapists can take when treating traumatized patients. Some therapists assume a position of "therapeutic grandiosity," which includes an overly optimistic vision of

treatment that involves minimizing of conflict and difficulties. At the opposite extreme is the position of "therapeutic nihilism" that involves feelings of hopelessness and that can arise in the face of seemingly insurmountable problems. Both are defensive positions, argue Messer and Warren, that enable the therapist to avoid painful realities.

The therapeutic task of working with incest survivors and addressing internalized effects of traumatic experiences can be disquieting. It is certainly true that as therapists we can not make these experiences "go away," as patients and we ourselves often wish we could. Yet, the act of being with and listening to a person, providing a safe "holding environment" (Winnicott, 1963) in the therapeutic relationship, can be invaluable.

By processing and articulating their experiences and by reworking their internal representations, these women can reclaim an active mastery over events that were once out of their control. Our willingness as clinicians and researchers to face the reality of childhood sexual abuse and address its effects at its fundamental core, that is, its impact on individuals' unconscious object world, brings us full circle, one hundred years later, to the ideas about treating sexual abuse survivors that were originally proposed by Freud (1896).

Appendix A

Recruitment Flyer

**WOMEN ARE NEEDED
FOR A RESEARCH STUDY**

WE ARE CONDUCTING A STUDY TO UNDERSTAND THE IMPACT OF CHILDHOOD SEXUAL ABUSE ON ADULT FUNCTIONING.

WE WOULD LIKE TO INTERVIEW WOMEN WHO WERE SEXUALLY ABUSED IN CHILDHOOD BY A FATHER OR FATHER FIGURE (STEPFATHER).

ALL INTERVIEWS WILL BE INDIVIDUAL, CONDUCTED BY A FEMALE PH.D. PSYCHOLOGY CANDIDATE WITH EXPERIENCE WORKING WITH ABUSE SURVIVORS.

INTERVIEWS WILL LAST APPROXIMATELY ONE-AND-A-HALF HOURS. WOMEN WILL BE PAID \$10.00 FOR PARTICIPATING IN THE STUDY.

***CONFIDENTIALITY AND RESPECTFULNESS
OF PARTICIPANTS ARE ASSURED.***

IF YOU ARE INTERESTED IN PARTICIPATING IN THIS STUDY

PLEASE CALL 212-330-9116
ALL CALLS WILL BE CONFIDENTIAL

Appendix B
Recruitment Letter to Clinicians and Agencies

Dear Colleague,

My name is Glorianna Valls, and I am a doctoral candidate in clinical psychology at City College of the City University of New York. I am currently working on my dissertation on interpersonal functioning in women who were sexually abused in childhood. I am writing to ask for your assistance in recruiting participants.

I have worked as a therapist with survivors of childhood incest in a variety of settings and modalities. In my clinical training at City College I have had experience in long-term treatment with sexual abuse survivors. I have also co-lead rape and incest groups at the Mount Sinai Rape Crisis Intervention Program. In both of these settings, I have received intensive weekly supervision.

At the present time, I am looking for participants to take part in my research. Specifically, I am recruiting women who were sexually abused in childhood by a father, stepfather, or other father figures. To date, relatively few empirical studies have examined long-term sequelae of childhood incest. My intent is to examine the relationship between certain aspects of abuse and interpersonal functioning in adulthood.

Participation in my study will involve two-hour meeting that will take place in a private therapy office either at the Psychological Center at City College. In the meeting with a female interviewer, the participant will be interviewed, asked to fill out some questionnaires, and administered some brief tasks. The study will be conducted in a sensitive manner with appropriate supervision. The confidentiality of all participants will be assured.

If you work with patients who you think would be appropriate for this study, or work in a clinic or office where there is a bulletin board on which the enclosed fliers could be posted, I would appreciate it greatly if you would make the study known to your clients. I have enclosed some fliers for you. Please note that women with chronic psychotic disorders and/or women on anti-psychotic medications would not be appropriate for this study. Women who are actively suicidal would also not be appropriate for this study.

While this is not a therapeutic intervention, women who with incest histories often report finding it helpful to talk about their experiences, and to do so in a forum in which they may help other women with similar experiences. Since this study is not designed as a therapeutic intervention, if issues arise that seem more appropriate to address in therapy, participants will be encouraged to discuss them with their primary clinicians.

I ask that you consider letting your patients know about this study. If you have any questions or would like to receive a copy of the results of this study once it is completed, please call 212-330-9116. My dissertation advisor, Dr. Diana Diamond, will also be available to answer any questions you may have. Thank you for your time and consideration.

Sincerely,
Glorianna Valls, M.A.

Appendix C

Ad placed in *The Healing Woman*, a monthly newsletter for women survivors of childhood sexual abuse:

Glorianna Valls, M.A., is conducting research on the effects of childhood incest on adult women's functioning. She would like to interview women who were sexually abused by a father or father figure (e.g., stepfather). If you are in the New York City area and would like to participate in this research, please call 212-330-9116. All calls and interviews will be confidential.

Appendix D

Phone Screening of Participants

When women who are interested in participating in the study call the number on the flyer, 212-330-9116, they will hear a voice-recorded message. They will be asked to leave a message including their name (they are told they can leave their first name only), and a telephone number where they can be reached.

Women will be called, thanked for their interest in the study, and the following questions will be asked in order to determine their appropriateness for the current study:

- 1) How did you hear about the study?
- 2) How old are you?

You understand that this study is for women who were sexually abused by a father or father figure. This includes stepfather or adoptive fathers or mother's boyfriends who acted as father figures. Did you have this experience?

(If yes, inquire about abuser. Go to question #3)

- 3) Have you ever been hospitalized for a psychiatric condition before?

(If yes, ask about the conditions of the hospitalization)

- 4) Are you taking any medications now for any psychological or emotional difficulties?

(If yes, inquire about the name of medication/s)

- 5) Have you taken any medications in the past for any psychological or emotional difficulties?

(If yes, inquire about the medication)

If woman meets inclusion criteria and is not or has not had a history of psychosis or been on anti-psychotic medication; if woman seems emotionally stable enough on the phone to participate in study, set up appointment and explain conditions of participation.

Appendix E
Consent Form

This study considers the relationship between childhood sexual abuse and adult functioning. It is performed as a partial fulfillment of the requirements for the researcher's Ph.D. in Clinical Psychology at The City University of New York. This form will inform you about your rights as a research participant. Please take the time to read it carefully, and, if you agree to participate in this study, please sign this form at the bottom.

I agree to participate in this research project and I understand that:

1. The time required for this study is about two hours.
2. The nature of my participation includes completing one story-telling task, one background information questionnaire, one sexual abuse history questionnaire, and one brief verbal interview. It also includes completing one brief questionnaire regarding how I've been feeling in the past week.
3. My participation is entirely voluntary. I may terminate my involvement at any time without penalty, and still be paid the \$10.00 for my participation.
4. I understand that some of the questions may be upsetting, and I may decline to answer any interview question I wish.
5. I understand that my responses will be tape-recorded for the purposes of transcribing. The tapes will be kept in a locked file cabinet, to which only the researcher and her designated assistants will have access.
6. I understand that the tapes and all other data I provide will be kept confidential and that there will be no identifying information on the tapes or any other data I provide. The data will be kept in a locked file cabinet. Only the researcher and her designated assistants will have access to it.
7. All data are for research purposes only.
8. Questions that I have about this study will be answered by the interviewer, Ms. Glorianna Valls, M.A., to the best of her ability.
9. If information related to a risk of my endangering myself or others is revealed during the course of the interview, I understand that appropriate clinical action will be taken. A clinical supervisor will be informed and a referral will be made.
10. My participation in this study is independent of any current treatment I am in and will not affect my treatment in any way.

Signed _____

Date _____

Appendix F

Description of TAT Cards used in Current Study (cited from H.A. Murray, 1943)

Card 1. A young boy is contemplating a violin which rests on a table in front of him.

Card 2. Country scene: in the foreground is a young woman with books in her hand; in the background a man is working in the fields and an older woman is looking on.

Card 3 BM. On the floor against a couch is the huddled form of a boy with his head bowed on his right arm. Beside him on the floor is a revolver.

Card 3 GF. A young woman is standing with downcast head, her face covered with her right hand. Her left arm is stretched forward against a wooden door.

Card 4. A woman is clutching the shoulders of a man whose face and body are averted as if he were trying to pull away from her.

Card 5. A middle-aged woman is standing on the threshold of a half-opened door looking into a room.

Card 7 GF. An older woman is sitting on a sofa close beside a girl, speaking or reading to her. The girl, who holds a doll in her lap, is looking away.

Card 10. A young woman's head against a man's shoulder.

Card 12 M. A young man is lying on a couch with his eyes closed. Leaning over him is the gaunt form of an elderly man, his hand stretched out above the face of the reclining figure.

Card 13 MF. A young man is standing with downcast head buried in his arm. Behind him is the figure of a woman lying in bed.

Card 13B. A little boy is sitting on the doorstep of a log cabin.

Card 18GF. A woman has her hands squeezed around the throat of another woman whom she appears to be pushing backwards across the banister of a stairway.

Appendix G

Social Cognition and Object Relations Scale (SCORS)

(From Westen, 1991)

Complexity of Representations of People

Level 1. People are not clearly differentiated; confusion of points of view.

Level 2. Simple, unidimensional representations, focus on actions; traits are global and univalent.

Level 3. Minor elaboration of mental life or personality.

Level 4. Expanded appreciation of complexity of subjective experience and personality dispositions; absence of representations integrating life history, complex subjectivity, and personality processes.

Level 5. Complex representations, indicating understanding of interaction of enduring and momentary psychological experience; understanding of personality as system of processes interacting with each other and the environment.

Affect-Tone of Relationship Paradigms

Level 1. Malevolent representations; gratuitous violence or gross negligence by significant others.

Level 2. Representation of relationships as hostile, empty, or capricious but not profoundly malevolent; profound loneliness or disappointment in relationships.

Level 3. Mixed representations with mildly negative tone.

Level 4. Mixed representations with neutral or balanced tone.

Level 5. Predominantly positive representations; benign and enriching interactions.

Capacity for Emotional Investment in Relationships and Moral Standards

Level 1. Need-gratifying orientation; profound self-preoccupation.

Level 2. Limited investment in people, relationships, and moral standards; conflicting interests recognized, but gratification remains primary aim; moral standards minimally developed or followed to avoid punishment.

Level 3. Conventional investment in people and moral standards; stereotypic compassion, mutuality, or helping orientation; guilt at moral transgressions.

Level 4. Mature, committed investment in relationships and values; mutual empathy and concern; commitment to abstract values.

Level 5. Autonomous selfhood in the context of committed relationships; recognition of conventional nature of moral rules in the context of carefully considered standards or concern for concrete people or relationships.

Understanding of Social Causality

Level 1. Non-causal or grossly illogical depictions of psychological and interpersonal events.

- Level 2. Rudimentary understanding of social causality; minor logic errors or unexplained transitions; simple stimulus-response causality.
- Level 3. Complex, accurate situational causality and rudimentary understanding of the role of thoughts and feelings in mediating action.
- Level 4. Expanded appreciation of the role of mental processes in generating thoughts, feelings, behaviors, and interpersonal interactions; understanding of unconscious motivation processes.
- Level 5. Complex appreciation of the role of mental processes in generating thoughts, feelings, behaviors, and interpersonal interactions; understanding of unconscious motivation processes.

Appendix H

Demographic Questionnaire

1. What is your age? _____ years

2. What is your ethnic group? (please check one)

<input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Latina	<input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other (please describe)
--	--

3. What is the religion in which you were raised? (check one)

<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish <input type="checkbox"/> Other (please describe) <hr/> <input type="checkbox"/> I was not raised in any religion.
---	---

4. What is the religion which you practice or identify with now? (check one)

<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish <input type="checkbox"/> Other (please describe) <hr/> <input type="checkbox"/> I am not religious now.
---	---

5. What is your current marital status? (check all that apply)

<input type="checkbox"/> single, never married <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced	<input type="checkbox"/> remarried <input type="checkbox"/> widowed <input type="checkbox"/> living with partner
---	--

5a. What is your current sexual orientation?

<input type="checkbox"/> heterosexual <input type="checkbox"/> bisexual	<input type="checkbox"/> homosexual <input type="checkbox"/> unsure
--	--

6. Do you have any children?

<input type="checkbox"/> Yes (how many? _____)	<input type="checkbox"/> No
--	-----------------------------

7. How many people currently live in your household including yourself? _____

8. How many years of school did you complete? _____ years

9. Please check off the highest educational degree you obtained: (check one)

<input type="checkbox"/> high school <input type="checkbox"/> college <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D.	<input type="checkbox"/> Other (please describe) _____
--	--

10. If you are currently a college student, how many years of college have you completed? _____

11. What is your current occupation?: _____

12. Please check your immediate household's combined yearly income: (check one)

- public assistance
 \$10,000 - \$18,000
 \$19,000 - \$25,000
 \$26,000 - \$35,000
 \$36,000 - \$45,000
 \$46,000 - \$55,000
 \$55,000 - \$75,000
 \$76,000 - \$95,000
 more than \$95,000

13. How many siblings do you have? (please insert a number response for each)

_____ brothers _____ sisters

14. With respect to your brothers and sisters, you are the: (check one)

oldest youngest
 second born other (please explain) _____

15. Did you grow up in the United States? (If your answer is no, please state where you grew up.)

_____ Yes

_____ No. I grew up in _____

16. In what type of setting did you grow up? (check one)

a city the country
 a suburb other _____

17. Are you currently taking any medication(s) for a psychiatric condition or an emotional problem?
(please check one)

_____ Yes

_____ No

18. If you answered yes to question #17, what is the name of the medication(s) you are taking?

What is this medication for?

26. How many times per week are you in therapy with this person? (please check one)

- Less than once a week
- Once a week
- Two times a week
- Three times a week
- Four times a week
- Five times a week

27. (answer only if you know): What is the orientation of your therapist? (check any/all that apply)

- Cognitive/Behavioral
- Psychodynamic/Psychoanalytic
- Existential
- Jungian
- Medical
- Gestalt
- I'm not sure
- Other (please explain if possible:) _____

28. In what ways have you found this treatment to be helpful? (write as much or as little as you'd like)

29. How did you find out about this research?

- a newsletter
- my individual therapist
- my group therapist
- a posted flyer I saw at _____
- a friend
- other _____

Appendix I

Sexual Abuse Questionnaire (includes scoring codes)

The following questionnaire is meant to obtain a history of the sexual abuse you have experienced. Take your time, and answer in as much detail as you can remember and are comfortable with. Please do not worry about being exact when you are answering questions, but do the best you can. Feel free to add information. Thank you in advance for your cooperation.

First, please answer the following questions about your relationship with the person who abused you.

Please Note: IF YOU WERE ABUSED BY MORE THAN ONE PERSON, PLEASE ANSWER THE FOLLOWING QUESTIONS IN THIS QUESTIONNAIRE AS THEY PERTAIN TO THE FATHER OR FATHER FIGURE WHO ABUSED YOU.

1. Who was it that abused you?

- father
 stepfather, who lived in our home for _____ months
 mother's boyfriend, who lived in our home for _____ months
 other father figure (please explain) _____

2. How old were you when you were first sexually abused by this person?

_____ years old.

3. How long had you known the abuser **before** the abuse began? _____ months

4. **Before** the abuse began, how much time, on average, did you spend with the abuser? (check one)

- I spent a lot of time with the abuser. [4]
 I sometimes spent time with the abuser. [3]
 I rarely spent time with the abuser. [2]
 I never spent any time with the abuser. [1]

5. **Before** the abuse began, how much did you trust this person? (check one)

- I always trusted that this person would never hurt me in any way. [4]
 Sometimes I trusted this person not to hurt me but other times I wasn't sure. [3]
 I rarely trusted this person not to hurt me. [2]
 I never trusted this person; I always knew that some time he would hurt me. [1]

6. **Before** the abuse began, how close did you feel to the abuser? (check one)

- I felt very close to him. [4]
 I sometimes felt close to him. [3]
 I rarely felt close to him. [2]
 I never felt close to him. [1]

7. **Before** the abuse began, how much did you enjoy spending time with the abuser? (check one)

- I always enjoyed spending time with him. [4]
 Sometimes I enjoyed spending time with him. [3]
 I rarely enjoyed spending time with him. [2]
 I never enjoyed spending time with him. [1]

8. **During the period** in which you were being abused, how close did you feel to the abuser? (check one)

- I felt very close to him.
 I sometimes felt close to him.
 I rarely felt close to him.
 I never felt close to him.

9. How close do you feel to the abuser **now**? (check one)

- I feel very close to him.
 I feel somewhat close to him.
 I hardly feel close to him at all.
 I do not feel close to him.

In the following questions, please try to estimate how often the following acts were involved during the time period that you were being abused.

10. How often did the abuser have you expose your breasts or genitals to him without there being any physical contact? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

11. How often did the abuser expose his genitals to you without there being any physical contact? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

12. How often did the abuser kiss you sexually? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

13. How often did the abuser touch your clothed breasts or genitals? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

14. How often did the abuser touch your unclothed breasts or genitals? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

15. How often did the abuser have you touch his genitals? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

16. How often did the abuser perform oral sex on you? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

17. How often did the abuser have you perform oral sex on him? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

18. How often did the abuser penetrate your vagina with his finger? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

19. How often did the abuser penetrate your vagina with his penis? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

20. How often did the abuser penetrate your anus with his finger? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

21. How often did the abuser penetrate your anus with his penis? (check one)

- all of the times I was abused [4]
 most of the times I was abused [3]
 approximately half of the times I was abused [2]
 less than half the times I was abused [1]
 never [0]

If something else occurred, please describe it below and note how often it occurred:

22. Some women report having experienced pleasurable physical sensations even while they were being sexually abused. Did you ever experience any pleasurable physical sensations during the abuse?

- Yes No

If you answered yes, how often did you experience pleasurable physical sensations while being abused?

- all of the times I was abused
 most of the times I was abused
 approximately half of the times I was abused
 less than half the times I was abused
 never

Please answer the following questions which pertain to *how* the abuser coerced you in the sexual abuse.

23. How often did you feel you were coerced or led into participating because the abuser was "gentle," "loving," or in some way treated you as "special"? (check one)

- all of the times I was abused by him [4]
 most of the times I was abused by him [3]
 approximately half of the times I was abused by him [2]
 less than half of the times I was abused him [1]
 never [0]

24. How much of the time did the abuser coerce you to submit by communicating, implicitly or explicitly, that this was simply how affection was shown? (check one)

- all of the times I was abused by him [4]
 most of the times I was abused by him [3]
 approximately half of the times I was abused by him [2]
 less than half of the times I was abused him [1]
 never [0]

25. How much of the time did the abuser coerce you to submit by claiming that the abuse was a "game"? (check one)

- all of the times I was abused by him [4]
 most of the times I was abused by him [3]
 approximately half of the times I was abused by him [2]
 less than half of the times I was abused him [1]
 never [0]

26. How much of the time did the abuser coerce you to submit by offering, implicitly or explicitly, any sort of enticements such as gifts or privileges? (check one)

- all of the times I was abused by him [4]
 most of the times I was abused by him [3]
 approximately half of the times I was abused by him [2]
 less than half of the times I was abused him [1]
 never [0]

27. How much of the time did the abuser coerce you to submit by threatening you in any way? (check one)

- all of the times I was abused by him [4]
 most of the times I was abused by him [3]
 approximately half of the times I was abused by him [2]
 less than half of the times I was abused him [1]
 never [0]

28. How much of the time did the abuser **physically force** you to submit to the abuse? (check one)

- all of the times I was abused by him [4]
 most of the times I was abused by him [3]
 approximately half of the times I was abused by him [2]
 less than half of the times I was abused by him [1]
 never [0]

29. Think about the time you were most **recently** sexually abused by this person. How old were you?

I was _____ years old.

30. How many times did the sexual abuse by this person occur? (check one)

- It occurred one time only.
 It occurred from two to five times.
 It occurred from six to 20 times.
 It occurred over 20 times.

31. Did you ever tell anyone about the sexual abuse by this person? (check one)

Yes No

32. If yes, whom did you tell? (Check all that apply.) For each person you told, please specify the age at which you told him/her.

mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told her.
stepmother	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told her.
father	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told him.
stepfather	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told him.
uncle	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told him.
aunt	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told her.
grandmother	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told her.
grandfather	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told her.
friend	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told him/her.
teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told him/her.
sister	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told her.
brother	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, I was _____ years old when I told him.

other (please specify whom:)

I was _____ years old when I told him/her.
 I was _____ years old when I told him/her.
 I was _____ years old when I told him/her.

If you stated on the last page that you told your mother about the abuse, please answer the following five questions. If you stated above that you did not tell your mother, skip the following five questions and go to question #38.

33. If you did tell your mother about the abuse, how would you describe her reaction? (check one)

- extremely supportive of you [1]
 very supportive [2]
 somewhat supportive [3]
 minimally supportive [4]
 not at all supportive [5]

34. If you did tell your mother about the abuse, to what degree did you feel she provided emotional support? (check one)

- I felt she was committed to me and provided meaningful emotional support.
 I felt she was somewhat supportive emotionally.
 I felt she vacillated in her ability and/or desire to support me emotionally.
 I felt she was emotionally unsupportive, yet she was not hostile or abandoning.
 I felt she was hostile to me; she abandoned me emotionally.

35. If you did tell your mother about the abuse, to what degree did she show that she did or did not believe you? (check one)

- She made a clear, public statement that she believed me.
 She made weak statements of belief.
 She wavered in her belief or seemed undecided.
 She made weak statements of disbelief.
 She totally denied that the abuse occurred.

36. If you did tell your mother about the abuse, what type of action did she take toward the perpetrator?

- She actively demonstrated disapproval of the perpetrator's behavior and took clear action, such as seeking separation, forcing treatment, cooperating with criminal prosecution, etc.
 She remained passive, refusing to take sides.
 She actively chose the perpetrator over me.

37. Please describe your mother's reaction in your own words:

38. Do you think anyone else in your family was ever sexually abused by this person?

- Yes
 No
 I don't know

39. If you answered "yes" or "I don't know" to the above question, please state who else in the family you think was abused by this person:

40. Were you ever sexually abused by anyone besides this person?

- Yes No

41. If you answered *yes* to the above question, please state the relationship (example: cousin, brother, stranger, etc.) you had with this person and your age when this person first abused you.

Relationship with abuser: Age at which I was first abused by him/her:

Thank you for taking the time to complete this questionnaire and for participating in this study.

Appendix J

Scoring Code for Sexual Abuse Questionnaire

Sense of Intimacy with Perpetrator Prior to Abuse Onset =

Sum of scores on Questions 4 - 7.

Degree of Physical Intrusiveness = Total sum of the following:

Score on Question # 10 multiplied by 1

Score on Question # 11 multiplied by 1

Score on Question # 12 multiplied by 2

Score on Question # 13 multiplied by 2

Score on Question # 14 multiplied by 2

Score on Question # 15 multiplied by 2

Score on Question # 16 multiplied by 3

Score on Question # 17 multiplied by 3

Score on Question # 18 multiplied by 3

Score on Question # 19 multiplied by 4

Score on Question # 20 multiplied by 4

Score on Question # 10 multiplied by 4

Degree of Forceful Coercion = Total sum of the following:

Score on Question # 23 multiplied by 1

Score on Question # 24 multiplied by 1

Score on Question # 25 multiplied by 2

Score on Question # 26 multiplied by 2

Score on Question # 27 multiplied by 3

Score on Question # 28 multiplied by 4

Appendix K
Unstructured Interview

- 1) When you think about the abuse experience now, how do you think about the perpetrator?
- 2) Looking back on the abuse now, how do you understand what happened?
- 3) How do you think (the abuse) has affected your life?
- 4) What aspect of the abuse was the most upsetting to you? or what has had the most negative effect on your life?
- 5) What, if anything, do you feel has helped you most in dealing with the abuse?

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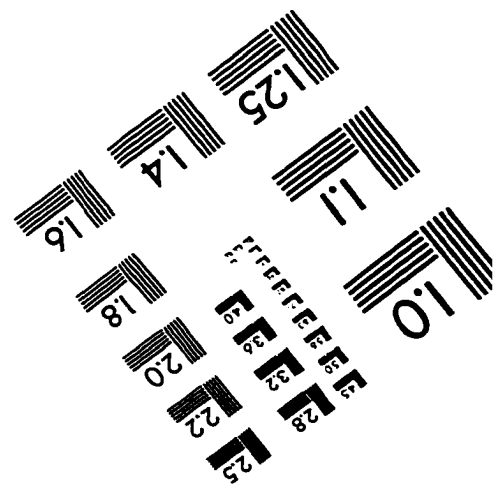
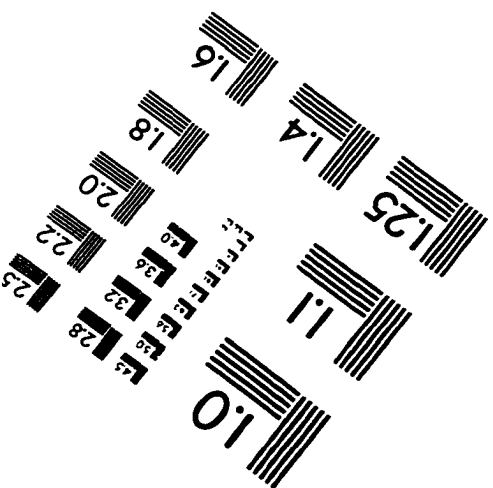
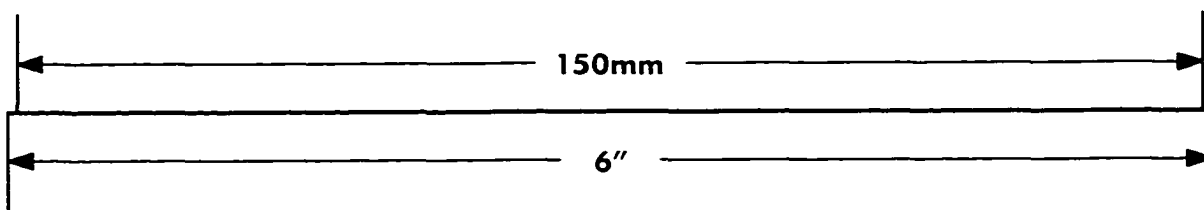
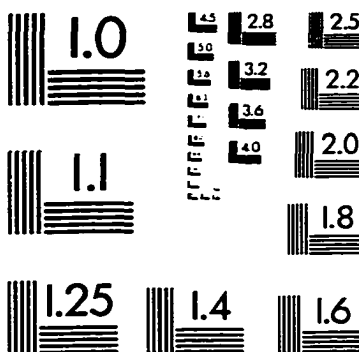
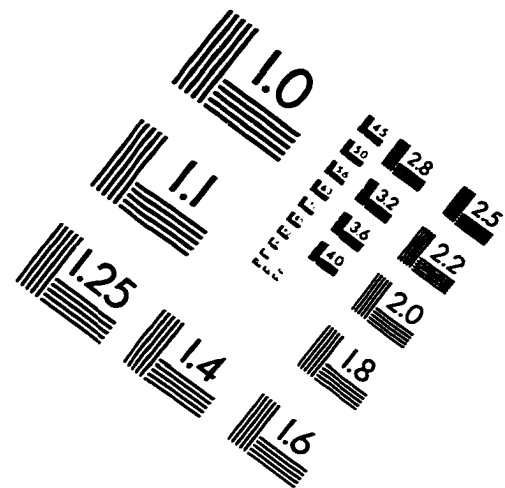
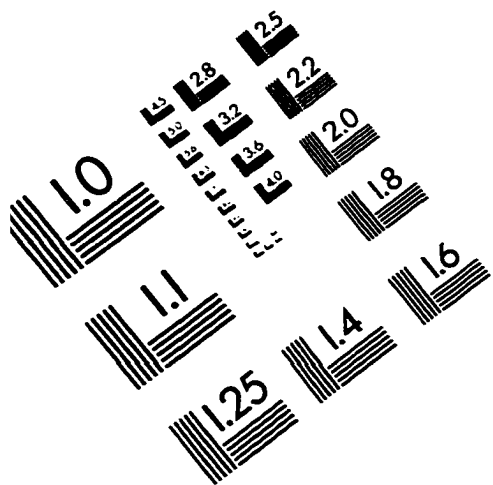
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IMAGE EVALUATION TEST TARGET (QA-3)



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