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## ABUSIVE VS. COMPETENT MOTHERS: PREDICTING PARENTING BEHAVIORS FROM SELF-REPORTED LIFE HISTORY VARIABLES

presented by

Diane Elizabeth Johnson

has been accepted towards fulfillment of the requirements for

Ph.D. degree in Psychology

Major professor

Date May 30, 1979

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1979

# ABUSIVE VS. COMPETENT MOTHERS: PREDICTING PARENTING BEHAVIORS FROM SELF-REPORTED LIFE HISTORY VARIABLES

Ву

Diane Elizabeth Johnson

#### A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

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Department of Psychology

1979

#### ABSTRACT

## ABUSIVE VS. COMPETENT MOTHERS: PREDICTING PARENTING BEHAVIORS FROM SELF-REPORTED LIFE HISTORY VARIABLES

by

#### Diane Elizabeth Johnson

Determinants of mothering behavior were investigated by applying a variety of measures of developmental processes, personality attributes, and demographic characteristics suggested by the contemporary literature to samples of child-abusing and unusually competent mothers. More than direct preparation for their eventual role as mothers, culturally prescribed myths appear to guide most girls toward this goal. Perhaps contributing to the dissatisfaction of mothers in our culture is evidence that the mothering role may be becoming more stereotyped and narrow.

The widely held assumption of repetitious parenting behavior across generations suggests that women may be especially vulnerable to unresolved symbiotic attachment to their mothers. Theoretically, failure to resolve automony issues during the second stage of ego-development (1½ to 3 years) is related to the formation of destructive life-scripts in early childhood, which in turn heavily influence such subsequent behaviors as childrearing. To the extent that the role of motherhood is transmitted as traditional

and institutionalized, rather than as an autonomously experienced process, the individual is discounted. In extreme cases, child-abuse may be one result of such a process.

Seventeen abusive and twenty competent mothers were recruited from rural and urban locales. Each mother responded to interview questions about early childhood parenting experiences, the meanings she attached to those experiences, the developmental history of her expectations about parenting, and how these compared to her actual experiences. Each subject also completed five instruments, including demographic information, life-stress (Schedule of Recent Experiences), Erikson's developmental stages (E-Scales), empirically-derived predictors of parent-child difficulties (Michigan Screening Profile for Parenting--MSPP), and two checklists derived from Transactional Analysis (TA) theory about parents' problem-solving behavior and time structuring.

All interviews were audio-taped and independently assessed by teams of two or eight raters for the presence of items representing ten variables drawn from TA "life-script" theory. Raters also judged the quality of scripting for parenthood, the age that the basic life decisions were make, and the ego-state responsible for decisions about parenting. Six of the raters were Clinical Member trainees (intermediate level), while two were at more advanced levels in the International Transactional Analysis Association.

The variables from each method were initially screened using stepwise discriminant function analysis to select only those

which significantly related to the criterion of abuse versus competence. Comparison with direct solutions showed minimal losses of predictive efficiency. Rated TA variables emerged as the best predictors of group membership (89.2% correct classification), closely followed by self-reported TA and demographic measures (both 83.8%), and trailed by the Ericksonian (78.4%), MSPP (73.0%), and life-stress (58.6%) variables. Suggesting that TA variables were especially useful for accurately assigning these mothers to the abuse and competence groups was the fact that six TA measures (3 rated and 3 self-reported) played important roles in the final discriminant function solution. This final solution, which also included MSPP Emotional Needs Met, ES2 (Automony), ES7 (Generativity), Presence of Telephone, and Number of Children, yielded 100% correct classification into the abusive versus competent groups. Thus, these groups differed notably in some aspects of their upbringing and their reactions to it.

A <u>post hoc</u> analysis of linkages among the eleven most discriminating variables supported a theoretical bridge between Eriksonian and TA theories, along an Autonomy (ES2) versus passivity (TA Discounts) dimension. Examination of the relationships among TA variables unexpectedly highlighted the importance of fathers' expectations in these women's life scripts. Time structuring also appeared to play an important role in competence, as constructive time use (one manifestation of life-script decisions) was strongly related to the criterion of group membership. The patterns among these TA variables generally appeared consistent with TA theory.

The Erikson and SRE findings, which differed from previous studies, were discussed. Based upon the major results, strategies for assessment, prevention, and therapeutic intervention with abusive mothers were proposed.

To Bob and Andrea, whose love means so much . . .

#### **ACKNOWLEDGMENTS**

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#### INTRODUCTION

Adler (1939) stated that the whole of mankind is endangered if mothers fail. Skillful mothers, he noted, have been educated for motherhood from an early age and in such a way that they "like the prospect of being a mother, consider it a creative activity, and are not disappointed by their role when they face it in later life." Though much attention has been paid to the short-term effects of parenting behaviors on the learning abilities and social competencies of young children (Baumrind, 1967; Bell & Ainsworth, 1972; Clarke-Stewart, 1973; Hess & Shipman, 1965), little has been learned about the precise nature of education and experience required in childhood to produce skillful mothers. The purpose of this study was to investigate, albeit retrospectively, the childhood experiences of women who became mothers. In particular, we wanted to demonstrate that the "education" of women who became skillful parents, satisfied with their role, was different from that of women who grew dissatisfied with their role and who functioned poorly as parents.

Of the group who fail as parents, mothers who physically abuse their children are clearly at one extreme. With the growing emphasis in our culture and in its professional literature on the problem of child abuse, it was expected that information about the upbringing of abusive mothers would be useful in strengthening both

treatment and prevention efforts. It was with this goal in mind that abusive women were chosen as the contrast group for this study.

#### Assumptions About Parental Background

There is a pervasive assumption throughout the literature on child-rearing and abuse that parents raise their children as they were raised (Fraiberg, 1967; Helfer & Kempe, 1976; Steele, 1974). Specifically, it is believed that parents who abuse their children were themselves abused in childhood (Bakan, 1971; Burland, et al., 1973; Disbrow, Doerr, & Caulfield, 1977; Gil, 1971; Helfer, 1973; Kempe, et al., 1962; Komisaruk, 1966; Morris & Gould, 1963; Reiner & Kaufman, 1959; Steele & Pollack, 1968; Tuteur & Glotzer, 1966; and Wasserman, 1967). There is some support for this view from observation. Thus, Helfer, et al. (1977) found that a high percentage of abusive parents had failed to have their own emotional needs met as little children (80-95%), where as 60-70% of those designated as "good" parents reported "happy childhoods."

There is also evidence, however, to refute this assumption.

Gil (1970) found that only 14.1% of mothers and 7% of fathers in a nation-wide abusive sample had been childhood victims of abuse.

Jayaratne (1977) and Gelles (1973) both pointed out the lack of normative comparison groups in these early studies. Kadushin's (1974) review concluded, "there is little valid evidence to support the theory that abusive parents were themselves abused as children."

#### The Sociological Model

If the relationship is not a direct one between early experience and later performance, where can we look for explanations? Gelles (1973) proposed a sociological model formulating patterns of demographic variables associated with child abuse. Empirical studies of abusive parents have confirmed that they tend to belong to working or lower socioeconomic classes (Bennie & Sklare, 1969; Galdston, 1965; Gil. 1971), where intrafamilial violence is more common (Blumberg, 1964; Steinmetz & Straus, 1971), and female (Bennie & Sklare, 1969; Gil, 1971; Resnick, 1969; Steele & Pollack, 1968; Zalba, 1967). The abused child is usually quite young, often under three and a half years (Bennie & Sklare, 1969; Galdston, 1965; Kempe, et al., 1962; Resnick, 1969). The social context typically includes unemployment, especially of the father (Gil, 1971; O'Brien, 1971), an unwanted pregnancy (Bennie & Sklare, 1969; Kempe, et al, 1962; Resnick, 1969; Wasserman, 1967; Zalba, 1967) in an already large family, i.e., four or more children (Gil, 1971), religious differences of parents (Bennie & Sklare, 1969) and marital conflict or disruption (Bennie & Sklare, 1969; Zalba, 1967). While this model usefully demonstrates the wide variety of stressors which may accompany child abuse, and has been supported by life event research with abusive parents (Justice & Justice, 1976), it fails to direct practitioners to why these parents fail to cope, or to specific strategies for change.

#### The Transactional Analysis Model

The concept of scripting proposed by Transactional Analysis (TA) offers a promising alternative. TA theory posits that the outcomes of all "important behaviors" are predictable if we know a person's early decisions about himself, others, and what it takes to survive in the world. These early decisions are thought to affect length of life span, choice of being well or sick, choice of marital status and partner, occupation, and child-rearing positions (Berne, 1972). If the behaviors chosen in any one of these areas show the impact of early parental influence, compliance with that influence through decisions made in the first three to five years of life, and if the behaviors are organized as part of an overall program or plan with specific expectable outcomes, then they are part of a "lifescript," according to Berne (1972). Steiner (1974) added that the scripting process entails giving up autonomy of choice over development of potential under severe threats to survival in the family. The greater the degree of threat, the earlier the decisions will be made, and the more self-destructive or self-limiting they will be.

The Schiffs' (1971) work with passivity clarifies what happens when autonomy is relinquished. The individual is continually in the position of manipulating others to take care of her as she has given up responsibility for herself. In order to maintain such a dependent, symbiotic relationship, the person must engage in dysfunctional thinking (discounting) and dysfunctional behavior (passivity). The implicit contract in the symbiotic relationship is that only one person's needs can be met. As Erikson (1950)

pointed out, this mode of adaptation is generally accompanied by considerable insecurity, in the form of shame and self-doubt. He added that the adult who still despairs of autonomy experiences a revival of "oral rages and hallucinations" when the conflicts surface.

According to the Schiffs (1971), a mother would be "at high risk" for the appearance of violence (one form of passivity) if she competes with her child for the dependent position in the relationship. If she feels trapped and without choice vis-a-vis the infant's demands for nurturance, she also appears to be at risk according to extrapolations from Erikson (1950). Justice & Justice (1975, 1976) found this to be true in their study of abusive parents. These parents exhibited unstable symbiotic patterns of relating with both spouse and child, with no one consistently getting needs met. The Justices postulated that other symbiotic parents who are not abusive may have some kind of internal mechanism that prevents them from assuming the dependent role vis-a-vis their own children. The lack of a comparison group in the Justice's (1975, 1976) studies precluded a test of this possibility.

#### Origins of Parental Scripting

Although an individual's life script is formed out of the interaction between her and her parents, the role of the parents is to act as transmitters of the culture as they understand it. A cultural mandate for women to give priority to family roles and obligations, to bear several children and to care for them alone has been well documented (Griffith, 1973; Laws, 1971; Russo, 1976;

Sherman, 1976; Steinman & Fox, 1966; Wilson, Bolt, & Larsen, 1975; Zellman, 1976). As early as 1934, Horney had documented through case studies that "an overvaluation of relationships with men and parenting" was becoming common. Friedan (1963) observed that after 1949, the goal of nearly all American women became to seek fulfillment as wives and mothers. According to a mid-1950 study (Douvan & Adelson, 1966) of nearly 2000 girls 12-18 years old, 95% of the girls expected to marry and have children. Russo (1976) cited statistics that 80 to 85% of young women were married and mothers. Babcock and Keepers (1976) stated that "many couples still [marry and] have babies because they assume that they're supposed to have babies, and that something is wrong if they don't want to."

Friedan (1963) said, "our culture does not permit women to accept or gratify their basic need to grow and fulfill their potential as human beings." Wyckoff (1974) found that "women are trained to accept the mystification that they are incomplete, inadequate, and dependent . . . . They are trained to be adaptable." Rich (1976) decried the victimization of women which has them teach their daughters self-hatred and low expectations of life, as well. These views were pre-dated by Horney's (1934) belief that there was a "social narrowing of the woman's sphere of work." About the same time, Adler (1939) observed cultural forces which devalued motherhood and homemaking, and a little later, Erikson (1950) attributed these processes to the changing outcomes expected of child-rearing. Adler foresaw that girls would not prepare themselves with enthusiasm

for what was presented to them as an inferior task, and sounded an alarm which only recently has been heeded.

Specific myths which influence parental scripts have been discovered, also. Women feel they must choose between a "successful professional career" and "marriage, children, and resentment" (Elder, 1977). The latter choice may lead her to see her children as depriving her from her own share of nurturing due to the infant's excessive demands (Boulton, 1977). Women expect themselves to know instinctively how to mother (Boston Women's Health Book Collective, 1976; Jongeward & Scott, 1976), and to be infinitely loving and patient 24 hours a day--the "Madonna and Child" myth (Justice & Justice, 1976). Babies are commonly depicted as clean, cuddly little creatures who smile lovingly at their mothers and who sleep peacefully in their arms--the "bundle of joy" myth (Justice & Justice, 1976).

#### The Consequences of Motherhood Scripting

Friedan (1963) claimed that women who buy into these myths are remarkably incompetent and infantile as mothers, living through their children in an unhealthy symbiosis. Erikson (1950) said that for this type of mother "remnants of infantility join advanced senility to crowd out the middle range of mature womanhood, which thus becomes self-absorbed and stagnant."

Empirically, well-adjusted women tended to be identified with low-feminine mothers (Heilbrun & Fromme, 1965), while high-feminine women more frequently experienced spontaneous abortions than less

feminine women (Sherman, 1971), raised maladjusted children, reflected in child guidance referrals (Marks, 1961), and were judged more inadequate in all their assumed roles (Cohen, 1966; Sherman, 1976). To the consternation of investigators, independent raters found "masculine" women more attractive, maternal, and competent in their sex roles (Peskin, 1968). The passive-dependent life style of high-feminine women also appeared to impede full intellectual development (Maccoby, 1966; Maccoby & Jacklin, 1974; Sherman, 1974; Sontag, Baker & Nelson, 1953).

#### The Alternatives to Scripted Motherhood

TA has the added advantage of clearly specifying qualities of good and bad parenting. In particular, good parenting involves caring; cuddling, holding, feeding, and comforting infants; setting rational limits for safety and health; investing time in listening and in showing children how to do things; examining one's own beliefs and values to decide what to pass on to another generation; modeling after others who are doing a good job; and recognizing one's own needs and working out mutually satisfying ways of meeting needs (Babcock & Keepers, 1976; Jongeward & Scott, 1976).

The development of one's autonomy as the central issue to good mothering emerged from Friday's (1977) biographical research on contemporary women. The mother must be able to appropriately end the symbiotic infancy stage and support her daughter's separation and growing autonomy in early childhood. Later, during adolescence, identification and role modeling play an important part, opening the

door to choices. Jongeward and Scott (1976) emphasized that the more models a child has, the more opportunity she has to expand her repertoire of parenting behaviors, and the more stable will be her personality. Friday quoted Mio Fredland as saying, "for a woman to be maternal . . . somebody has been very maternal to them," even if "somebody" was "the father, or an uncle" (Friday, 1977, p. 221). Rich (1977), echoing Friday, said that women need a sense of their acceptability to their own mothers in their unique (autonomous) choices vis-a-vis womanhood.

Rich (1977) proposed the following resolution to the cultural dilemma as follows: "To destroy the institution [of motherhood] is not to abolish motherhood. It is to release the creation and sustenance of life into the same realm of decision, struggle, surprise, imagination, and conscious intelligence as any other difficult but freely chosen work."

#### Summary of the Problem

The goal of this study was to explore the early antecedents of abusive and good parenting outcomes. Theory suggests that the early interaction between the individual and her social environment is crucial to the establishment of trust and autonomy (Erikson, 1950; Berne, 1972). Steiner's (1974) contention that environmental oppression from parents creates pressure to give up autonomy clearly points to Erikson's Stage 2: Autonomy vs. Shame and Doubt (ages 1 1/2 to 3 years) as very important to scripting and the development of essentially symbiotic, manipulative, self-limiting relationships.

Erikson (1950) would seem to imply that particular scripting for adult roles, including parenthood, is absorbed in the next stage, Initiative vs. Guilt (ages 3 to 5 years). These ages overlap exactly with the period in which scripts are supposed to be formed according to TA.

#### METHOD

To compare the explanatory power of the models discussed earlier, instruments were chosen to measure demographic, TA, and Eriksonian variables. An additional well-known empirically derived predictive measure was included to assess its comparative efficacy for identifying abusive women.

#### Instruments

#### Demographic Assessment

Data was obtained on current and past social milieu and life events thought to be significant in the etiology of abuse from an information sheet completed by the mothers. The Schedule of Recent Experiences (SRE) developed by Holmes and Rahe (1967) was administered for more specific data on the stressfulness of recent life changes (items and scoring criteria available in Holmes & Rahe, 1967). The SRE is a list of 42 events which might normally occur in a person's life. This technique assumes that such events require an individual to expend energy toward readjustment, hence cause stress. Consensus on the stressfulness of the items has been demonstrated across a variety of rater groups (all  $\underline{r}$ 's > .90, except for racial group, where  $\underline{r}$  = .82; Masuda & Holmes, 1967).

The level of life stress experienced has been shown to be related to onset of illness (Rahe, et al., 1964) and the beginning

of pregnancy (Knittel & Holmes, in Dohrenwend & Dohrenwend, 1974). Justice and Justice (1976) used the SRE to study abusive and non-abusive parents and found that the life change scores of the abusive (A) parents were significantly higher than those of non-abusive (NA) parents ( $\overline{X}_A = 234$ ,  $\overline{X}_{NA} = 124$ ,  $\underline{t} = 4.28$ ,  $\underline{p} < .001$ ). While not presuming that life stress caused abuse, the Justices pointed out that exhaustion associated with on-going crises may lead to lower defenses and weaker controls against acting out.

#### Transactional Analysis Instruments

Because scripting for parenthood has not previously received systematic research attention, an interview format was constructed to elicit the necessary clinical information, and a rating system was created for summarizing these data. The interview included 21 content areas tapping early rearing experiences, the person's understanding of those early circumstances, and the development of ideas and self-concepts related to eventual parenthood. This interview required from 60 to 90 minutes (see Appendix A). General models for written script questionnaires were available (Corsover, 1977; McCormick, 1971; Steiner, 1974) and three clinical studies have been reported (delinquents: McCormick, 1971; reading disabled children: McCormick, 1977; and prison inmates: Corsover, 1977).

While no reliability or validity statistics were reported, these researchers claimed clinical validity, i.e., that experienced clinicians got both similar and meaningful results in inferring lifescript elements from the information derived from these questionnaires.

Script information from the tape-recorded interviews in the present study was quantified through clinical judgment along prescribed script element dimensions (see Appendix B for the Training Manual and definitions, and Appendix C for the rating forms used). These ratings were performed by eight TA clinicians. Six were candidates for Clinical and Special Fields memberships in the International Transactional Analysis Association, one was a Special Fields member, and one was a Provisional Teaching member. They ranged in age from late 20s to early 50s and included four men and four women. All were involved professionally in teaching or mental healthrelated activities. All had completed 50 hours of advanced didactic and experiential training, 50 hours of supervised practice, and 150 hours of clinical experience using TA methods, and two had passed comprehensive written and oral exams on knowledge of TA theory. All raters additionally completed four hours of training specific to this script rating task. Training followed Wilson's (1976, 1979) model for teaching cognitive discrimination tasks, which allows for successive approximations to the actual task. This method has been shown to produce high interrater reliabilities quickly (Wilson, 1976; see Appendix D for the reliabilities obtained in this study).

The subjects also filled out two brief TA-derived checklists enumerating different responses which they recalled their parents making to parent-child problems when they were little (Checklist A, Appendix E), and the average amount of time spent daily in the six modes of time-structuring (Checklist B, Appendix E) described by TA theory. These self-reported data comprised an additional source of

script information (see Appendix D for reliabilities of self-rated variables).

#### Erikson Instrument

Since the TA model closely resembles the earlier Eriksonian model of personality development, especially on issues of autonomy and symbiosis, Evans' (1976) E-Scale (ES) was chosen to measure the subjects' mastery of the seven stages described by Erikson (1950). Evans (1976) used the ES to assess developmental mastery in a very similar sample of abusive and non-abusive mothers, and found that stages 1 (Trust vs. Mistrust), 5 (Identity vs. Role Diffusion), and 6 (Intimacy vs. Isolation) were included in the discriminant function solution for good predictors of group membership.

Evans' (1976) ES was a revision of an earlier measure by Constantinople (1969), and included re-phrasing the items to enhance comprehension by less-educated, lower-income populations; he also added ten items to cover Stage 7 (Generativity vs. Stagnation). The ES consists of 70 items, ten for each stage. Evans (1976) did not report reliabilities or validities, but does list the items and scoring criteria (see Appendix F for reliabilities obtained in this study).

### Michigan Screening Profile for Parenting

The development of the Michigan Screening Profile for Parenting (MSPP) by Helfer, Schneider, and Hoffmeister (1977) was the culmination of a series of efforts to devise and validate

an instrument for predicting the potential of parents to abuse their children. The original items were based on clinical experience which suggested that abusive parents had more anxiety about dealing with child problems, more concern about criticism and isolation, higher expectations of children's performance, and more severe physical punishment in their own childhoods than had non-abusive parents. The version of this instrument used in the present study consisted of 50 items. It was made available by one of its authors (Helfer, MSU; currently available from James K. Hoffmeister, Test Analysis and Development Corporation, 2400 Park Lake Drive, Boulder, CO 80301). Initial test-retest stabilities (Helfer, et al., 1978) for 92 mothers appeared adequate for two scales (Relationship with Parents, 69% of the scores remained stable; Emotional Needs Met, 85%) and marginal for two (Expectations of Children, 62%; Coping, 65%). Emotional Needs Met has been identified as the best of the four scales for predicting membership in abusive versus non-abusive groups (Helfer, et al., 1977).

Validity studies to date indicate reasonable sensitivity (85.7% of 98 mothers with problems correctly classified) and specificity (79.8% of 138 mothers with no apparent problems correctly classified; Helfer, et al., 1977). Spinetta (1978) found that low-income abusers scored at the highest risk level for all but one of the abuse potential categories. However, his samples were extremely small (only 7 abusers and 13 neglectful parents, for example), and the middle-income comparison group produced the most significant differences. This was a doubtful base for comparisons with a

low-income abusive group, since socialization, values, and opportunities for relief are so different between low- and middle-income groups.

#### Subjects

The subjects for this study were selected to represent extreme manifestations of parenting behavior, physical abuse versus competent parenting. Physical abuse was defined as:

harm to a child's health by a person responsible for the child's health which occurs through non-accidental physical injury or maltreatment (from the 1975 Child Protection Law, State of Michigan).

Competence was defined by the six following criteria selected from the child-rearing and child-development literature:

- 1. Does not view children or child care as a burden, or complain inappropriately about their demands being excessive.
- 2. Responds to interruptions or demands by child in an interested, concerned, and patient way, yet can be appropriately firm.
- 3. Encourages child to express questions, ideas and feelings, and responds with interest.
- 4. Feels good about role as mother, likes what she's doing, and who she is as a mother.
- 5. Seems able to solve problems with the child, and to constructively use worker's advice in relationship to problems with the child.
- 6. Seeks and enjoys recreation with and for her children.

The sample consisted entirely of mothers, as there is much evidence that men's and women's socialization for parenthood is quite different in this culture (Douvan & Adelson, 1966). Further, race has been

found to be related to some of the personality variables to be studied (Evans, 1976), so race was also controlled (one black in each group, both from the same geographic area).

Seventeen abusive mothers (AM) were recruited in all, ten from the Department of Social Services (DSS) Protective Service (PS) and Parent Aide programs in the rural county, and seven from a nearby urban setting's service agencies, to which they had been referred subsequent to PS investigation and verification of abuse. Many of these abusive mothers (AMs) were or had been receiving treatment, but previous experience indicates that this has no effect on the variables of interest here (Evans, 1976).

The choice of highly competent mothers (CMs) for the comparison group reflects the desire to understand how, in similar life circumstances (age, income, marital status, size and age of family, and life stress), people come to be different in the quality of parenting they offer to their children. Previously demonstrated relationships between abusive behavior and levels of stress (Justice & Justice, 1976) and socioeconomic level (Bennie & Sklare, 1969; Galdston, 1965; Gil, 1971) have been questionned severely on the grounds that they may well be spurious effects determined by availability of subjects (PS referrals tend to be lower-class, multiproblem families). Therefore, every attempt was made to equalize the groups on these variables.

Twenty competent mothers were recruited from nominees by caseworkers of DSS Family Services, Extension Services, low-income housing, and preschool programs. There was equal urban and rural

representation. Statements documenting the observed high quality of parenting and the absence of known abuse were obtained from the nominating sources (see Appendix G).

Subjects were told that a group of people at Michigan State University (MSU) were studying mothering, and wanted to assess the common idea that parents raise their children the way they were raised. Parents were encouraged to contribute their own unique experiences to our knowledge of parenting (see Appendix H for sample recruitment information). In accord with ethical standards of research with human subjects, mothers were promised confidentiality and anonymity in final reports, and advised that the overall results would be made available to anyone wishing them. The project was reviewed and approved by the State of Michigan DSS Bureau of Finance, in order to protect the rights of DSS recipients, and to guarantee voluntary participation.

The two groups were similar in most respects on the demographic variables (see Appendix I for a complete data summary). The median age of AMs was 29 years, while the median age for CMs was 28 years. The median income claimed by both groups was in the \$4000-\$6000 per year range. AMs tended to be married (47%), while the largest group of CMs were divorced (45%). Slightly more AMs were separated (11.8%) or never married (17.6%) than CMs (0 and 10%, respectively). The CMs were better educated (55% had at least some college) than AMs (only 17.6% had some college). AMs had somewhat more children (median = 4) than did CMs (median = 2) and AMs' children were slightly older (median age of youngest child was 31-47

months for both groups, but median age oldest child was 9-12 years for AMs, but 4-6 years for CMs). Both groups appeared to be experiencing substantial life stress, as the average life stress score of each group exceeded the criterion of 300 points (Holmes & Rahe, 1967). Only one of these differences, education, was statistically significant using  $\chi^2$  and  $\underline{t}$  tests (see Appendix J). There were no important differences between the urban and rural subgroups.

The two groups required quite different management techniques. Nearly twice as many AMs as CMs refused to participate in the study when initially approached (45% versus 26%), and more dropped out after initially agreeing to participate (4 versus 3). It was necessary to schedule AMs more times to get a completed interview (means of 2.2 versus 1.5 appointments) despite offers of transportation and child-care, and reminder phone calls. The AM drop-outs were also more indecisive. The AMs scheduled an average of three missed sessions before they quit (mode = 3), while the CMs averaged only two sessions (mode = 1) to decide. The AMs' apparent ambivalence about their participation was both exasperating and expensive for the researcher.

#### RESULTS

Because of the unwieldly and unstable correlation matrix created by the large number of variables (48) at the initial stage of data analysis and the smaller number of subjects (37), the number of variables was reduced by regressing them against the abusive versus competence criterion by groups, according to instrument "package." The six packages were: (a) demographic variables (already reduced to the five measures that correlated significantly with group membership); (b) SRE variables (3); (c) clinician-rated TA variables (17); (d) self-reported TA variables (12); (e) Eriksonian scales (7); and (f) the MSPP scales (4). Discriminant function analysis with stepwise inclusion (Nie, et al., 1970) reduced the total number of variables to seventeen (see Appendix K for the complete summary of these computations).

The direct solutions for each package were also computed and compared to the stepwise solutions to check the loss in prediction efficiency due to eliminating variables. As can be seen in Table 1 and Figure 1, the direct solutions discriminated between AM and CM groups slightly better than did the stepwise solutions. However, by selecting the most powerful predictors, the stepwise solutions lost very little power in predicting group membership, and often yielded dramatic increases in statistical significance level. On the basis of these results, it appears appropriate to use only the

most powerful predictors from each package for the final analysis. The surviving variables were: demographic--Telephone, Number of Children, and Education; SRE--none; clinician-rated TA--"Little Professor" Program, Original Script Level, Discounts, and "Adult" Program; self-reported TA--Activities, Withdrawal, Paternal Allowers, Pastimes, Games, and Paternal Drivers; Eriksonian-- Generativity vs. Stagnation (ES7) and Autonomy vs. Shame and Doubt (ES2).

The variable packages are presented in Table 1 in order of best to worst predictive efficiency. It is noted that the rated TA script variables were the best predictors, followed by self-reported TA variables, demographic variables, Eriksonian scales, MSPP measures, and the SRE. Percentage of correct classification using the stepwise solutions ranged from 56.8% to 89.2%, and all stepwise solutions except the life-stress (SRE) solutions were significantly (p < .05) related to the criterion.

# Final Discriminant Function Analysis

This study's purpose was to explore the nature and origins of abusive and competent parenting in women. To the extent that variance between abusive and competent groups can be attributed to the variables in the discriminant function solution, we may conclude that the study has identified meaningful differences between these groups of mothers. A stepwise discriminant function analysis (Nie, et al., 1970) was conducted on the group of 17 variables selected in the previous step to meet this objective.

Eleven variables were selected by the analysis for the final solution (Eigenvalue = 7.32; cannonical  $\underline{r}$  = .94;  $\chi^2$  = 62.49;  $\underline{df}$  = 11;  $\underline{p}$  < .001). Table 2 illustrates these results. Using the discriminant function equation composed of these 11 variables to predict membership in the criterion groups results in <u>perfect</u> classification of all 37 cases, an unusually clear and powerful outcome.

From these results, we can conclude that there is a meaningful linear relationship between the competence of mothers and a variety of antecedent and concurrent parental conditions. Since five of the 11 variables were related to presumed childhood antecedents (TA Original Script, Discounts, and "Little Professor," ES2, and MSPP's ENM), we can also conclude that maternal abuse of children is linearly related to women's perceptions and responses to their own early parenting. Further, since three time-use variables are included (Pastime, Withdrawal, and Activity), we can conclude that abuse is linearly related to the way in which these women currently choose, perhaps according to their life scripts, to structure their time and relationships. The absence of telephones among abusive mothers may be similar to TA Withdrawal as an indicator of their use of isolation in structuring relationships although these two measurers did not correlate (r = -.13) significantly. Family size (Number of Children) may be indicative of the actual difficulty of the parenting task. The presence of variable ES7 (Generativity vs. Stagnation) was congruent in the sense that this stage is theoretically the time during which an adult is

developmentally ready to assume that mature parenting role of nurturing and educating a new generation.

# Post Hoc McQuitty Analysis of Important Predictor Variables

To further understand the relationships among those best predictor variables singled out by final discriminant function analysis, the eleven surviving measures were subjected to a McQuitty elementary linkage cluster analysis (McQuitty, 1957) based upon a reduced pooled within-groups correlation matrix (see Appendix L).

Three clusters were identified, as illustrated in Figure 2. The first cluster, positively anchored by Autonomy (ES2) and negatively anchored by TA Discounts, labeled "Autonomy vs. Discounts," embraced six variables, including Eriksonian Autonomy and Generativity, self-reported TA Activities and Pastimes, and rated TA Discounts and "Little Professor." This large primary cluster also related to the smaller tertiary cluster through the inverse linkage of TA Original Script Level to TA Discounts. The relationships within the first cluster indicate that the mother who describes herself as having resolved issues of autonomy and control (ES2) is more likely to be judged as taking responsibility in problem-solving (rated Discounts), to report spending time in social conversation (Pastimes), to show a high interest in the care and development of children (ES7), and be judged to parent on the basis of information and experience ("Adult") rather than from prejudice or attempts to please others ("Little Professor").

The secondary three-measure cluster appears to represent "social isolation." Across the whole sample, the number of children was negatively correlated to the amount of time these mothers reported spending alone, but positively correlated with the probability that she had a listed telephone number. Despite this general pattern, the AM subsample had  $\underline{more}$  children ( $\underline{p} < .05$ ), were  $\underline{less}$  likely to have a telephone ( $\underline{p} < .006$ ), and said they spent  $\underline{more}$  time alone ( $\underline{p} < .01$ ) than did the CM subsample.

The tertiary cluster appears to represent "early parental deprivation" and contained two variables, MSPP ENM and Original Script Level. The more positive the woman's memories of nurturing received in early childhood were, the less destructive the lifescript level she chose.

## Post Hoc Review of TA Variables

Because the present data concerning TA variables is unique, in the sense that no previous systematic quantitative research attention appears to have been given to these TA constructs, an exploratory examination of the relationships among these variables seemed timely. This discussion is based on the correlation matrix in Appendix M.

On the self-reported TA variables, the women tended to describe their mothers and fathers as similar in both Passivity ( $\underline{r}$  = .37) and Allowers ( $\underline{r}$  = .43). However, Maternal Drivers were strongly associated with Maternal Passivity ( $\underline{r}$  = .58), while Paternal Drivers were strongly inversely associated with Activities

 $(\underline{r}$  = -.45). Thus, high perceived maternal demands were accompanied by high levels of perceived maternal withdrawal and/or manipulation, while high perceived paternal demands were accompanied by low levels of current reported use of Activities (productive work and play). The time structuring variables were associated roughly as might be expected according to TA theory. Women high in productive Activities appeared to be low in their use of Rituals, high in amount of Intimacy, and low in Withdrawal or isolation. Mothers who structure thier interpersonal relationships with Games (discomfort) appeared less able to relate around superficial, but benign, common interests (Pastimes).

Among the clinician-rated TA variables, the salient relationships were between Original Script Level and Injunctions ( $\underline{r}=-.76$ ), Original and Current Script Levels ( $\underline{r}=.64$ ), and between Current Script Level and Discounts ( $\underline{r}=-.47$ ). These findings imply a high correlation between the number of injunctions given by parents and the destructiveness of the early script decisions. Original Script was a fairly good predictor of Current Script, which indicates that scripts may be quite stable over time. For this sample, the fewer the number of discounts reported from their own parents, the more benign was the outcome of the woman's life script.

Examination of the comparable variables based on rated versus self-reported sources showed Passive Behaviors to have the strongest relationships ( $\underline{r}_{MP/PB}$  = .29 and  $\underline{r}_{PP/PB}$  = .51). The correlations between rated Allowers and self-reported parental Allowers were

positive but nonsignificant. Rated Drivers fared poorly, correlating near zero with self-reported maternal and paternal Drivers.

Three variables accounted for 55% (11 out of 20) of all the statistically significant correlations between self-reported and rated TA measures. They were Rituals (5), "Little Professor" (3), and Activities (3). Reported high use of Rituals was accompanied by more rated Passive Behaviors, more destructive Payoffs, the presence of "Gallows" Transactions, and more destructive early and current life-scripts. "Little Professor" influences on parenting were positively correlated with number of perceived Paternal Drivers, and greater use of Games and less use of Pastimes in structuring relationships with others. High use of Activities was associated with more rated Permissions, less destructive Payoffs, and low levels of rated Racket: Shame.

#### DISCUSSION

## Findings

The purpose of the study was to find out if abusive mothers were notably different in their upbringing than competent mothers.

## Differences in Upbringing

While these retrospective interview and questionnaire data may not accurately represent actual circumstances, the two groups were found to differ substantially in their perceptions of their upbringing on many variables. The survival rate of the TA lifescript measures was gratifying. In fact, six of the final eleven best predictors of membership in Abusive versus Compenent groups were related to scripting and script decisions. Life script analysis appears to have considerable utility for exploring the origins of parenting behaviors.

The main Eriksonian Autonomy-stage conflict is that of control, which seems closely related to the responsibility conflicts characterized in TA theory by passivity. Thus, the inclusion of ES2 in the discriminant equation points to an important bridge between TA and Eriksonian theories, and emphasizes the importance of early developmental mastery in the etiology of parenting behavior. The presence of Emotional Needs Met, the best MSPP predictor, also supports the importance of early nurturing

in developing good mothers. Eriksonian Generativity concerns the individual willingly assuming the responsibility for both self <u>and</u> others. The presence of Telephone and Number of Children supports the idea that AMs are socially isolated and may be subject to increased pressures of child-rearing, and raise another aspect of control, that over reproductive decisions.

The following vignettes were drawn from two actual interviews to illustrate the differences between the groups in early parenting and current functioning. The CM with the highest discriminant function score and the AM with the lowest score were chosen for contrast. The two cases thus selected had annual family incomes notably greater (\$10-15,000 versus \$4-6,000) than the typical woman in the competent and abusive groups, suggesting that gross level of income is not an important determinant of parenting skill.

Vignette 1. Lucy, a CM, was raised by her natural parents as the middle child in a family of five. Many relatives lived nearby. Lucy described her mother as "very emotional," adding, "she could not make the kids do what she wanted." Her mother said she was "always lonely," and "had worked for everything she had." Her father, on the other hand, was "very domineering... egotistical... intelligent... the strong one of the two," who always "had everything given to him." "He came first," Lucy said, "and I've never agreed with it."

In Lucy's family, "Mom gave the love," while "Dad was not outwardly affectionate. . . . " When Lucy or a sibling was hurt, mom would "hold us on her lap . . . she remembers one spanking. Usually, dad would "sit us down and give us a really hard tongue-lashing."

<sup>\*</sup>Not her real name.

When she was five, her mother let her help with her new sister--what was special was "letting me be close." Her nicest experience with her father was during a trip she and her parents took to celebrate 8th grade graduation. One evening just she and her father went out to a movie, came back to the hotel, and he bought her coffee, just like an adult.

The worst things that happened were around trust--"I get feelings from my father, strong bad vibes . . . they just didn't trust their kids, you know." On one occasion, dad banned her girlfriend. "I told him I felt he was wrong. He said he didn't care, it was his house and that's the way it would be. I almost ran away. . . ." Another time she overheard her mother tell friends that she didn't trust Lucy and her boyfriend. Lucy told her mother, "If that's really what you feel then I really don't care anymore."

Lucy's mother showed her how to do things most, explaining how and why it was done that way. Mistakes were not exaggerated, just accepted. However, Lucy did not feel her parents understood her problems, and "gave up talking to them" fairly early.

Lucy decided that, "my kids were going to be able to . . . talk to me about problems, because I always felt strongly about not being able to . . . I wouldn't expect them to be excellent in everything, but I expect them to try. . . . I would praise them when good and come down on them when they didn't do things right, but not so hard they'd feel really guilty. . . . " She liked the way her mother gave affection, and wishes she had her dad's talent for speaking, making things understood.

Lucy is now 28, married for the second time. Her first husband was not the baby's father--she got pregnant "by accident." She had felt that the child came out of love, and she should accept it, and be responsible for her mistake. She finished college, and the family has an adequate income (\$10-15,000 annually).

She describes her pregnancy as "exciting," and her delivery as "very easy." She says her daughter "was like a miniature human being . . . so much to learn, and I want it to learn the right things in the right way. . . ."

Lucy finds being a mother "rewarding." She considers herself patient and easy going, but did lose her temper twice when her daughter was small, hurting her mildly the first time. The second time she did not act on her feelings, but "I told myself I wasn't going to ever have it happen again."

At the other extreme, we have Sara, an AM.

Vignette 2. Sara\* was adopted by her grandparents and raised as youngest in a family of three. Her sister, 16 years older, was "really my mother," and was "made to help raise me." Sara describes her mother as "always trying to help people, and me--a good cook, sewer." Dad was "quiet--never punished me at all, spanked me." Her sister "made up for it." She said wistfully that all she knew about her real father was "he was dark-haired and real good-looking . . . and he didn't want me."

Sara thought her sister might have been happy about the pregnancy at first, but very hurt and rejected when the father wouldn't marry her. She said, "when my adopted parents did find out, they sent her to [city] to have it." She imagined that her sister might have reacted to her at first by saying, "'take it away,' or something like that." She did feel wanted by her adopted parents, though, and wishes "I'd never been told about being adopted."

When angry, Sara's parents would yell at her, "Why can't you ever do things right?" She only remembers four spankings, and considers her adoptive dad's spanking the worst thing that ever happened to her. Her adoptive mother belittled her abilities in comparison to her biological mother's other daughter. The worst thing her biological mother ever yelled was, "I don't see how m-m-m-ma ever stood you."

Affection was expressed through hugs, and they'd tell her if they were proud, or "take me out to dinner." She remembers when they were disappointed "they wouldn't say anything at all, really . . . I kept asking them about it . . ." They would finally say, "Why couldn't you act your age?" Sara "got hit by a car and almost died when I was 12, so after that they were kind of protective . . . I felt li-li-li I was loved more . . . when I was older."

When Sara made a mistake doing chores, her mother would "show me how to do it and then make me do it . . . made me do it over again until I got it right."

Sara decided she was "not going to spoil my kids at all. Gotta make sure they mind you real good . . . none of that talking back the way I used to do . . . they should spanked me right then and there." Sara couldn't think of anything her parents did that she wanted to repeat.

<sup>\*</sup>Not her real name.

Sara is now 29, married, with two young children. She and her husband wanted to "have the first years all to ourselves"—they waited two years to have children. She knew her husband "wanted kids, one or two," and "everybody else was having them but me," so she finally got pregnant. Sara finished high school, and her family has a comfortable income (\$10-15,000 annually).

Sara says she "felt real good during my pregnancy," but "I didn't think delivery would hurt so much . . ." As a new mother, "I was scared . . . afraid I was going to drop them and hurt them all the time." Now, she says of motherhood, "It's an all day job! I thought it was going to be pretty easy, but it's not." She did have a friend who helped her out, as her husband now does, for which she sounds grateful.

Sara says she "likes hearing my children call me 'Mom'." She "gets upset when they don't mind," and threatens to tell their dad. She also spanks them quite a bit. Last fall, in a fit of anger, she told her husband she "just had them for him, so he took them and left." They are back together now, and when she gets mad now, she leaves the room. Sometimes he helps by warning the kids to leave her alone. Things appear to be improving for Sara.

### Prediction Potential

In screening the variable packages, it was found that the clinician-rated TA variables were the best classifiers of abuse/competence, closely followed by the self-reported TA, demographic, and Erikson variables. The MSPP package was distinctly less effective, and least effective were the life stress (SRE) measures. Predictive efficiency ranged from 89.19% to 56.76% correct classification, and all step-wise solutions except life stress (SRE) were significantly related to the criterion. Several other recent studies have attempted to develop effective sets of measures for discriminating child abusers from other parents with varying degrees of success (Evans, 1976: 97.5% correct classification; Disbrow, et. al., 1977: 88% correct classification;

Helfer, et al., 1977: 83% correct classification of mothers having actual child-rearing difficulties). The present study's correct classification rate of 100% appears unique. The feasibility of an effective set of discriminators for abusive mothers now seems well established.

There are several reasons for caution in this approach to abuse. The two studies with the highest correct classification rate (Evans and this study) need replication. Some shrinkage of predictive validity is to be expected when the measures are applied to a different sample, and considerably more if the study is a longitudinal one. The TA methodology developed here and the Eriksonian scales both have rather limited internal or inter-rater consistency (Appendices D and F, respectively), which contribute to sampling error. None of these four studies have examined in depth either the family system or the marital relationship. The latter two variables have been shown to be highly relevant to the maintenance of abuse (Justice & Justice, 1976). And finally, not all the variables used in each study were measured in ways that were equally meaningful or easy. The predictors which are most meaningful, accurate, and easy to administer without loss of predictive power need to be further identified.

# Contributions to Theory of Parental Abuse/Competence

TA ratings of interview data and the self-reported TA data were both powerful in predicting differences between the groups. Abusive mothers were rated as subjected to more

destructive early parental scripting and as showing more passive (symbiotic) behaviors and a more negative, survival-oriented parenting program than were CMs.

The father's influence on scripting of women emerged as unexpectedly potent in the present data. Fathers of CMs appeared to have high standards for their daughters, but also to allow considerable leeway for individuality in personality and style. Anecdotal support for this specific finding came directly from the interviews. At least five CMs mentioned specific events, typically occuring near puberty, where they were either given special attention by their fathers or given an "adult" privilege for the first time. Not one AM mentioned such an event. Competent mothers generally evidenced less symbiotic relating and greater productivity than did their AM counterparts, including being involved in more activities, fewer games and pastimes, and less withdrawal.

The results of this study suggest that a combination of self-report TA variables, selected demographic variables, and selected Erikson scales would make up a quick, meaningful, and very economical instrument package for discriminating abusive from non-abusive mothers. Specifically, the variables Activity, Withdrawal, Pastimes, Games, Paternal Allowers and Paternal Drivers from TA; ES2 (Autonomy vs. Shame and Doubt) and ES7 (Generativity vs. Stagnation) from the E-Scale, and Education, Telephone, Number of Children, and Number of Significant Adults

in childhood appear to be the best discriminators from the screening analyses. Discounts, a rated TA variable, would be fairly easy to learn to rate from ordinary interview material. Discounts would be a valuable addition to the total package, as it is a prominent variable in the TA correlation matrix and appears as the single most powerful variable in the final discriminant function analysis.

The raters identified eight women, two AMs and six CMs, who appeared to have chosen <u>not</u> to comply with their parents' scripting messages. Both AMs were still rated as choosing a tragic life script, whereas all six CMs were rated as choosing banal scripts. CMs also reported interacting during their child-hood with an average of 2.5 significant adults besides their parents, while these two AMs reported none. These observations seem pertinent to the work of Anthony (1975) and Garmezy (1976) on "invulnerables" or "superkids" and suggest that perhaps the child with sufficient alternative parenting <u>can</u> make autonomous, constructive decisions in childhood, even in the face of heavy destructive life scripting by parents.

Demographic variables were the second most efficient predictors. Lack of telephone suggests social isolation and control issues around help-seeking, an issue mentioned frequently in the child abuse literature (Davoren, 1974; Helfer, 1977; Steele, 1974). The AMs' higher number of children may also reflect a passive and inadequate stance toward controlling their own reproductivity and/or

sexual behavior. Educational level, lower for AMs, may be related to premature parenthood, and to general devaluation of a rational approach toward problem-solving.

The Eriksonian findings were expected in the sense that Autonomy's role was congruent with TA theory, while the presence of Generativity was predictable directly from Eriksonian theory (Erickson, 1950). From the psychodynamic viewpoint, symbiosis is the opposite of autonomy and its manifestation is passivity. MCOuitty cluster analysis revealed Discounts as strongly inversely linked to Autonomy in Cluster I, and Discounts are theoretically one of the two general manifestations of passivity (the other is Passive Behavior). These findings indicate an empirical bridge between the Eriksonian and TA theories, and suggest that scripting occurs during the resolution of the Autonomy stage (1½ to 3 years). Anecdotally, CMs frequently cited the patience of their parents, who seemed able to accept mistakes as an inevitable accompaniment of their immaturity and learning, and had rewarded their cooperation. In sharp contrast, the AMs were more likely to give examples of their parents trying to control them through coercion or "shaming."

The Eriksonian findings in this study differ substantially from those of Evans  $(1976)^*$  who reported that Trust (ES1), Identity (ES5), and Intimacy (ES6) were the best predictors, using the same

<sup>\*</sup>The present E-Scale scores are a linear transformation of those which would have been obtained using Evans' (1976) scoring  $\frac{ES_E + 40}{\text{rules }[ES_J]} = \frac{ES_E + 40}{\text{Number of Scorable Items}}$ . These difference do not affect the statistical analyses in any way.

instrument with somewhat similar samples. On closer examination, two differences between these central Michigan samples may have been important: (a) mothering ability, and (b) dependency (passivity). The present CMs were selected from a low income population, but primarily for <a href="their excellence">their excellence</a> in parenting. Evans' control mothers were randomly selected cases, presumably free from abuse. All were recipients of Aid to Dependent Children (ADC), while the present CMs were about equally divided between women who were low-income but never on ADC, "graduated" ADC clients, and women temporarily on ADC while receiving additional training. Thus, divergent samples may have importantly contributed to these discrepant findings.

The MSPP produced two variables, Emotional Needs Met and Expectations of Children, which discriminated moderately well between groups. While this package yielded weaker discrimination than did the TA, Eriksonian, and demographic approaches, the results seem consistent with the work of Helfer, et al. (1977). These two MSPP variables may be peripherally related to symbiosis, in that failure to have needs met in childhood was related to AMs' subsequent inability to tolerate much dependency in their children.

The SRE's failure is sharply contrary to the report of significant differences between abusive and non-abusive groups by Justice and Justice (1976). Their abusive mothers were experiencing moderate life crisis ( $\overline{X}$  = 234), while their non-abusive counterparts were only in mild life crisis ( $\overline{X}$  = 124; t = 4.28, p < .001). In

this study, the differences were not significant, and both groups were considered to be in severe life crisis ( $\overline{X}_A$  = 411;  $\overline{X}_C$  = 347;  $\underline{t}$  = .83,  $\underline{p}$  < .10). The Justices' groups ( $\underline{N}$ 's = 35) were matched quite carefully on age, income, size and age of family, and education. Since the current groups were similarly equated, the different findings may well be accounted for by divergent sampling.

## Contributions to Personality Theory

The post hoc analysis of best predictors identified three clusters of variables. The first, characterized by "Autonomy (ES2) vs. Discounts," appears to confirm the notion that the autonomy stage (1½ to 3 years) is an important one for development of a healthy, capable parent. It also supports the idea that the autonomy-symbiosis dimension is the bridge between Eriksonian and TA theories. The second "social isolation" cluster indicates that the more children one has, the greater the degree of one's social contact generally, and the less privacy is available. Children thus may represent a socially-involving force for most parents. The third cluster, involving only Original Scrip Level and ENM, supports previous observations on the importance of the nurturance of the early environment in future parent role performance. As a whole, these findings lend strong support to the original hypothesis that early upbringing strongly influences adult parenting, including the occurrence of child abuse. The mechanisms of that influence appear consistent with the notion of "life-scripts," the limiting and/or giving up of autonomy which starts in early childhood.

The post hoc examination of the TA variables also revealed that the women tended to see their parents as responding similarly to their children on the Passivity and Allower dimensions. The similarity on Passivity supports the Justices' (1976) finding that couples tended to have interlocking scripts that perpetuated passivity and symbiosis in each partner, and contributed to the maintenance of abuse in the family. Parental Driver behavior was experienced differently from mothers and fathers. These women may have seen their mothers' controlling demands as part of the manipulation to meet mother's needs, whereas fathers' demands had a strong inhibiting effect on the women's later ability to be productive people. The former finding seems consistent with Friday's (1977) observations that the main symbiotic tie for adult women is with their mothers. The latter finding appears consistent with TA theory in that if a person spends time trying to please another, she will spend less time in autonomous pursuits such as productivity and intimacy. These were in fact the relationships observed among the time-structure variables in this study. Together, these findings lend some support for TA theory's postulation that girls get their instructions on what to strive for from their fathers, but turn to their mothers for information about how to do it.

The relationships within the clinician-rated variables generally fell into patterns consistent with TA theory. Specifically, Injunctions were highly inversely correlated with Original Script

Level, and have been proposed as the primary source of parental influence on a person's life-script (Berne, 1972; Steiner, 1974). The negative correlation between Discounts and Current Script Level is also important theoretically, as Discounts are one of the two passivity mechanisms through which a person maintains destructive scripted positions and roles.

It is difficult to know how much bias was introducted into these correlations by the fact that the ratings on the variables were not independent, i.e., each rated by a different rater. Furthermore, the raters were highly committed to the TA model. Therefore, the opportunity to examine cross-source relationships is even more important than the separate findings.

The raters and subjects showed most agreement on the Passivity measures, less on Allowers, and none on Drivers. It is particularly gratifying to find agreement on the Passivity measures, since passivity plays such an important role theoretically as an apparent precursor of child abuse and poor parenting. The total lack of relationship between Driver variables may be due to the difficulty that was encountered in translating the TA variables into specific behavior which might be understood by the women on the self-report checklist. Most other items (e.g., Allowers, Passive Behaviors, etc.) were more readily describable and were often presented in the same language to both the subjects and the TA raters.

The patterns of correlations of the three most prominent variables in the cross-source matrix appeared to be consistent

with TA theory. Two other observations from these data are of special interest. The first is that women who appeared heavily "counterscripted" by their fathers (Drivers) tended to operate out of "Little Professor" and to relate to others primiarly through manipulation (Games). Second, Permissions given in childhood, appeared positively linked with self-confidence and productivity in adult women. Thus, the counterscript element Drivers may be as important to script outcome as the more traditional script element, Injunctions. It also appears useful to look for such positive elements as Permissions and Allowers in assessing the extent of constructive maternal scripting.

## Implications for Future Research

One logical extension of the present study would be to administer the best predictor instruments to several hundred randomly selected low income women. After a reasonably long period, say two years, each participant would be followed up with the referring agency staff and the State Child Abuse Registry to find out which, if any, of the women had been found to have physically abused their children in the interim period. The predictions from the measures would be compared with the actual group membership at follow-up.

This would be a complex and difficult study to execute, and it would be necessary to keep rather close contact with the referring agencies throughout. One way of doing that might be to request interim observational data from the caseworkers quarterly.

Such a strategy might also allow for better follow-up accessibility to the participants than is usually possible.

It would be expected that there would be shrinkage in the accuracy of group membership prediction over such an extended period, with a new sample, and with a true predictive model. However, the ability to assess intervening variables might give valuable clues to effective prevention strategies.

## <u>Implications for Treatment and Prevention</u>

Although the present study's correlational character does not permit causal statements about the relationships among the variables examined, it seems important to speak to the implicit issues of treatment and prevention. To counteract destructive early scripting in treatment, the therapist needs to strongly encourage the abusive mother to think and feel, to express her needs and intentions clearly, to observe others carefully and to trust her own senses, and to develop her ability to think through interpersonal problems and find solutions. The therapist needs to set firm limits on destructive maternal behaviors, but to allow the mother a considerable degree of latitude in meeting those limits (Erikson, 1950). According to the findings of this study, she may be embroiled in an Autonomy (ES2) conflict and be very fearful of external control. She will also probably be experiencing severe self-doubt and shame reactions accruing through both real and imagined inadequacies. Since curiosity appears to be an opposite of confusion, which is a common consequence of the shame

response (Lewis, 1971) the therapist can encourage curiosity. The mother must get permission from the therapist to attend to her own legitimate needs, but she must also learn that healthy relationships require a balance between attending to needs of the self and the needs of others.

The interview developed for this study appeared potent in helping these women focus on the origins of their ideas about mothering in an unthreatening way. Several spontaneously resolved during this interview to find out more from their own mothers, and several expressed relief after discussing their own experiences and feelings. The sense of continuity of parenting behavior between generations seemed to help them get perspective and some empathy for all three generations.

The importance of a wide range of services, including family planning, options to upgrade education, and the provision of a telephone, to the possible prevention of child abuse are suggested by the present findings. However, these findings need verification in subsequent studies. The availability of a telephone seems sufficiently important and inexpensive that granting one (perhaps without a long distance option) to every welfare recipient with small children could be a truly significant prevention strategy.

Preventatively, the abused or "at risk" child needs adequate support for a positive resolution of the Autonomy stage. Parent training for parents of toddlers and preschoolers focused on issues of autonomy and control and creative problem-solving might help parents to manage their own power and control conflicts

during this period. Preparatory guidance in teaching methods could help the parents to be clear in their directives and supportive of their children's mistakes and efforts to please.

Another form of support for the child appears to be the provision of a home visitor. This person, herself a good mother who had good parenting, acts as a friend of the family who visits regularly, discusses problems sympathetically with the parent, and acts as a positive parenting model for the child (Kempe, 1976). Such a visitor may introduce the child and family to a perspective of reason and sanity into the family which is unique in their experience. As the findings of this study suggest, the presence of other significant adults can be tremendously important in off-setting negative effects of the parents. In projects to date using such persons, reported incidents of abuse have been dramatically reduced or eliminated (Barry, undated; Gray, Cutler, Dean & Kempe, 1977; Hallock, 1976).

TABLE 1.--Summary of Discriminant Function Analyses of Six Sets of Data for Predicting Membership in Abusive and Competent Groups.

Dat	Data Set	Discriminant Function Method	Eigen- Value	Cannonical Correlation	Wilks' Lambda	Chi Square	df	۵۱	Percent Correct Classification
<del>-</del> :	Rated TA Variables	Direct Stepwise	1.43	.77	.51	23.49 22.39	17	.134	91.89 89.19
2.	Self-Report TA Variables	Direct Stepwise	66. 88.	.71	.50	19.91 20.17	12	.003	89.19 83.78
က်	Demographic	Direct Stepwise	.96 .93	.70	.51	21.52 22.00	တ က	.000	86.49 83.78
4.	Erikson's Stages of Development	Direct Stepwise	.46	.61 .56	.69	14.85 12.85	2	.002	81.08 78.38
2	Michigan Screening Profile of Parenting	Direct Stepwise	.27	. 44	.81	7.90	4 2	.095	72.97 72.97
9	Schedule of Recent Experiences	Direct Stepwise	80. *	**	.92	2.73	e *	.435	62.76 56.76

\*\* Indeterminate for this case.

TABLE 2.--Discriminant Function Analysis of Best Predictors from Initial Screening Analyses for Predicting Membership in Abusive and Competent Groups.

			Stepwise	Stat	tistics
Step	Variable Entered*	F to Enter	Wilks' Lambda	<u>p</u>	Standardized Discriminant Function Coefficient
1.	TA Original Script Level	16.99	.67	.00	70
2.	Telephone	14.91	.47	.00	69
3.	Generativity (ES7)	6.08	.40	.00	70
4.	TA Discounts	3.26	.36	.00	-1.28
5.	Number of Children	4.11	.32	.00	.98
6.	TA "Little Professor" Program	5.33	.27	.00	.88
7.	TA Pastime	6.33	.22	.00	1.22
8.	Autonomy (ES2)	13.02	.15	.00	-1.07
9.	TA Withdrawal	2.75	.14	.00	.42
10.	MSPP Emotional Needs Met	1.74	.13	.00	39
11.	TA Activity	1.87	.12	.00	.36

<sup>\*</sup>No variables were removed once entered.

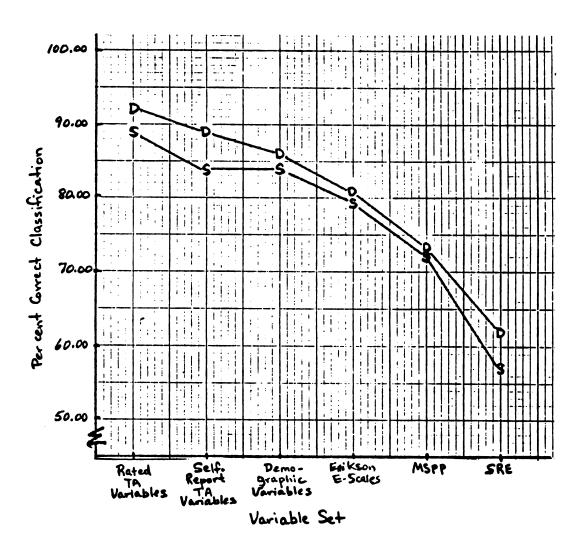
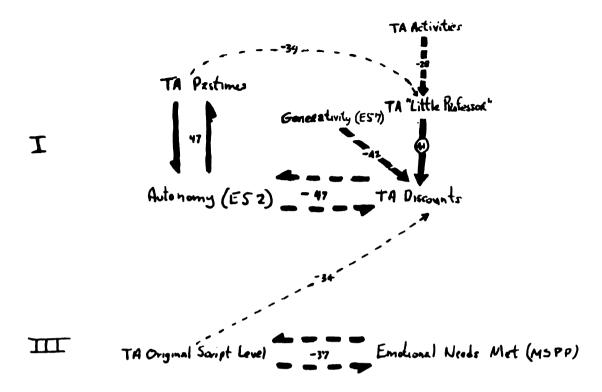


FIGURE 1.--Graph Comparing Percent Correct Classification into Abusive and Competent Groups for Direct (D) and Step-wise (S) Discriminant Function Analysis of Six Variable Sets.



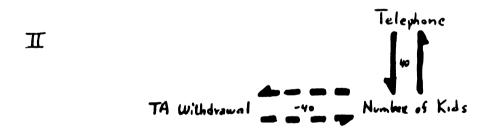


FIGURE 2.--Elementary Cluster Analysis Depicting Linkages among the Eleven Best Predictors of Membership in the Groups of Abusive versus Competent Mothers as Selected by Discriminant Function Analysis. McQuitty's (1957) typal structures are shown by heavy bonds, lighter bonds depict all supplementary linkages that achieved statistical significance ( $r < \pm .32$ , p < .05). Dashed bonds indicate negative relationships. Arrowheads point toward variable that contributed more to the total covariance matrix within each cluster or to the total covariance matrix. All decimals omitted for correlation coefficients. See Appendix L for pertinent correlation matrix.

**APPENDICES** 

# APPENDIX A

STRUCTURED INTERVIEW: SCRIPTING FOR PARENTHOOD

#### STRUCTURED INTERVIEW:

#### SCRIPTING FOR PARENTHOOD

### General Introduction

For the next hour or so, I'd like to talk with you about your own up-bringing. A lot of psychologists and other people who study families think that the attitudes and ideas that grown-ups have about raising children may have something to do with how that grown-up was brought up herself. The only thing any of us has to go on about how to do something is our experience and whatever we may have been taught or learned about how to do it. And the way psychologists often study such things is to get information from a lot of different people about what it was like for them.

So, all of the questions I will ask will have to do with things that happened when you were growing up, and with what's happening to you now with your own kids.

While most people find this interview to be quite interesting and fun, sometimes they have had strong reactions to some questions, both positive and negative. I am interested in your reactions to the questions, although you may, of course, share as much or as little of those feelings as you wish.

One more thing--in order to get finished in a reasonable time with all the questions, we may need to move on and not completely finish something that you have a lot of feelings about. If that happens, we can take time at the end, after the tape is off, to talk about items you may want to say more about.

As we go through the questions, feel free to take time to think and remember, and say as much as you need to to express your thoughts and feelings. Short answers are OK, too--if a few words say it for you, great!

Are you ready to start?

I'D LIKE TO START OUR DISCUSSION BY LOOKING BACK AT SOME OF YOUR EXPERIENCES IN YOUR OWN FAMILY, WHEN YOU WERE A CHILD, AND AT WHAT YOU KNOW ABOUT YOUR FAMILY FROM THINGS YOU MAY HAVE BEEN TOLD LATER ON.

- 1. I see who lived at your house--would you describe your mother for me in a few sentences? . . . OK, how about your dad? . . . What one or two words would best sum up each of their lives? (Continue for other important caretakers.)
- 2. What do you know or think you were like as a little girl, about 4 or 5? (Encourage fantasy: "Would you describe yourself as cute, etc.?")
- 3. Even before that, imagine back to the day your mother found out she was pregnant with you, and then when you were born. What do you think she said? What do you think your father said?
- 4. Tell me now what it was like in your family when you were small. (If "Don't remember," ask her to imagine what it was like, or tell what others have said about it.)

Inquire about the following if not mentioned:

- -- daily routine and organization
- -- division of care of children, household
- -- things family did for fun
- -- nicest things parents ever said or did to you when small (inquire about parent not mentioned spontaneously)
- -- what happened when mom/dad were upset or displeased with you
- -- worst thing they ever did or said to you when small
- -- childhood fears and fantasies
- 5. What pets did you have at home when you were young? What were you taught about their care? By whom?
- 6. How much responsibility did you have for chores or care of younger brothers and sisters? Who taught you how to do these things? How did they handle it if you made a mistake?
- 7. How did your parents usually express their different feelings toward you?

Inquire about: anger, disappointment, pride, affection.
What would they say or yell?

Did they act the same toward your siblings as they did toward you?

- 8. How did you express your different feelings toward them when you were little? (Inquire same.) Which of your feelings did you learn not to let your parents know about? When did you decide that, and why?
- 9. How did you get your parents to pay attention to you, or get what you wanted? (Your "never fail," "last ditch effort?") What was one thing you could always do to make mom/dad angry, or smile indulgently?

NOW I'D LIKE TO CHANGE THE FOCUS A BIT. HOW ARE YOU DOING SO FAR? (PAUSE) THE NEXT FEW AREAS HAVE TO DO WITH THINGS YOUR PARENTS AND OTHER ADULTS MAY HAVE SAID OR SUGGESTED BY THE WAY THEY ACTED.

- 10. What would your parents probably say about these ideas?
  What should women do or be?
  What does every woman want?
  What does every woman need?
- 11. Did your parents ever tell you how your life would (or should) turn out? What did they want you to be when you grew up?
- 12. What advice have your parents given you about how to raise your own family?
- 13. When you were younger, what did you think you'd want to do differently than your parents when you had kids of your own? What the same?

WE'RE ABOUT TWO THIRDS DONE WITH THE QUESTIONS--HOW'S THIS GOING FOR YOU? THE NEXT AREAS HAVE TO DO WITH HOW YOUR THOUGHTS AND IDEAS ABOUT YOURSELF AND ABOUT BEING A MOTHER HAVE CHANGED OVER THE YEARS.

- 14. Did you play with dolls or play house with other kids when you were little? What games did you like best with dolls, which part did you take in "house?" How did you feel about being a mommy someday then?
- 15. Describe to me someone you thought was an ideal parent when you were a teenager. How did your ideas and feelings about being a parent change during that part of your growing up?
- 16. Something I'm always curious about is why people decide to have children. Why do you think women do? Was that your reason?

- 17. Tell me what it's actually like for you being a mother. What do you like about it, what do you wish was different? What did you expect pregnancy and childbirth to be like? What reactions did you expect from others? Has it turned out like you expected?
- 18. Now I'd like to know what you like to do. How much time do you spend in close fun, talking, and being close to people in other ways? Alone? What familiar, uncomfortable feelings do you have often? What are you usually doing when you feel that way?

#### BREAK

THESE ARE SOME QUESTIONS ABOUT WHAT YOU'RE LIKE TODAY.

- 19. We talked earlier about your (mother's, father's) temper.
  Do you have a temper? When and how do you express it now?
- 20. We also talked about the ways you tried to get your way with your parents. How do you get what you want now, especially from your kid(s)?
- 21. You said you (always, never) wanted to have kids, and now you have \_\_\_. How do you express your different feelings toward your kid(s)? (Inquire anger, disappointment, pride, affection.) Who's in charge of what happens in your family? Conflicts between parents and kids are inevitable. Describe something your child does that really gets on your nerves. Tell me how you usually feel, what you say and do, and how it ends up when he/she does that.

#### DE-BRIEFING

Anything that came up that you would like to say more about? How are you feeling about what you said?

Since there wasn't time to explore everything in great detail, you may feel that someone you talked about came out a little one-sided. If you feel that you need to say more about anyone in order to do them justice, let's take some time to do that now.

#### APPENDIX B

## TRAINING MANUAL FOR RATING SCRIPT ELEMENTS FROM AUDIO-TAPED SCRIPT INTERVIEWS

#### OUTLINE:

### TRAINING MANUAL FOR RATING SCRIPT ELEMENTS FROM AUDIO-TAPED SCRIPT INTERVIEWS

- I. Overview
  - A. Background of the Study
  - B. The Core of the Study
  - C. What We Would Like from You
    - 1. Description of Training for Rating
      - a. The goals of training
      - b. Training activities
    - 2. Description of the Rating Task
      - a. The data
      - b. Rating the tapes--instructions
- II. Definitions of Script Variables
  - A. Script
    - 1. Definition
    - 2. Scale, if appropriate
    - 3. Models or examples of behavior
  - B-M. Other Script Variables
- III. Rater Training
  - A. Practice Session
  - B. Trial Run 1
  - C. Trial Run 2

### TRAINING MANUAL FOR RATING SCRIPT ELEMENTS FROM AUDIO-TAPED SCRIPT INTERVIEWS

#### I. Overview

#### A. Background of the Study

Transactional Analysis theory posits that the outcome of all "important behaviors" may be predictable if we know a person's early decision about himself, others, and what it takes to survive in the world. These early decisions affect such things as length of life span, choice of being well or sick, choice of marital status or partner, occupation, and child-rearing positions. If the behaviors chosen in any one of these areas show the impact of early parental influence and compliance with that influence through decisions in the first three to five years, and if the behaviors are organized as part of an overall program or plan, they are part of a script, according to Eric Berne.

Increased attention has been given in the past forty years to many aspects of parenting behaviors and their effects on the learning abilities and social competencies of children. While little formal research addresses effects of parenting on children's later adult behaviors or outcomes, the clinical literature and popular literature on child-rearing is full of speculation that children learn from their parents how to be parents, among other things, i.e., they rear their children in the same way they were reared.

Other writers, including Selma Frailberg, however, point out that many people with very detrimental childhoods become quite adequate parents, while some with adequate childhoods do poorly. Thus there is debate in the literature on the issue, and little evidence to support either contention. There is contamination, too, from such methodological issues as who judges the parent's childhood, and when the judging is done in time.

It appears likely that learnings about parenthood do not proceed in a one-to-one fashion, and that some other mechanism is probably operative. We believe that TA script theory may provide important information about the complex relationship between early experience in being parented and later parenting behavior.

#### B. The Core of this Study

Thirty-seven mothers were nominated by a variety of social agencies on the basis that their worker believed they might be willing to participate in a study of this nature. Because of the wide range of problems dealt with by the various agencies, it is to be expected that an equally wide range of parental styles and competencies will be encountered in the thirty-seven mothers who agreed to participate. Each mother has been rated by her caseworker on six behavioral scales thought to be important in parenting, in an attempt to independently assess their level of actual functioning. In addition, demographic information has been collected to serve as co-variates. should income, education, or marital status prove to be important variables. Each mother participated in a structured interview with the experimenter, which was designed to elicit early family experiences and the meanings the mother ascribed to those experiences. is called the "script interview." In addition, each mother completed a 70-item questionnaire which assesses her degree of resolution of each of Erikson's seven developmental stages of the life cycle, a life change scale which will be used as a measure of current stress level in the mother's life, and the Michigan Screening Profile of Parenting, a 30-item questionnaire which measures five areas of parents' perceptions about their expectations in parenting, and how they meet their own needs in a variety of interpersonal relationships. entire package of instruments, including the interview, took from two to three hours of the participants' time.

#### C. What We Would like from You

You have been recruited to help us draw from the taped interviews information about each mother's script in the area of parenting. We have selected thirteen specific variables to be evaluated, and are asking you to listen for the occurrence of script behaviors in the interviews, and rate each mother on several global script dimensions after hearing her entire interview. We will be using many of the same principles as those found in the standard matrix, as well as a few additional ones that are not in their traditional form. This is a clinical task, one in which you will listen to the raw data and make judgments about the existence or absence of the specific script elements.

In order to prepare you for the rating task and to heighten the reliability of the judgments to be made, you will have a brief training period of approximately four hours. During this time, the concepts will be explored, and you will be given opportunities to become familiar with their use by applying them to examples drawn from the same interview procedure with non-study mothers. There will be ample opportunity for discussion and resolution of misunderstandings about the meaning of the variables to be rated.

The rating task will take approximately 20-25 hours of each rater's time. Each rater will rate a core of ten tapes to provide a maximum inter-rater reliability score for the task. Teams of two raters (we have eight raters, for four teams) will rate a portion of the remaining 27 tapes, either seven or eight tapes per team. Rating will be done concurrently, in five four-hour sessions.

#### 1. Training for Rating

a. The goal of training. The goal of training is to develop skill at rating the script variables observed in the interviewee responses. Through training, it is expected that the rater will be able to rate repeated presentations of taped interviewee self-statements, and that on any given segment of rated material, the rater's ratings will not deviate markedly from those given by other raters for the same segment.

#### b. Training activities

- i. Definitions of the script variable concepts and levels.
- ii. Initial practice with immediate feedback (five 3' excerpts).
- iii. Trial run of short excerpts with delayed feedback (three 5' excerpts).
- iv. Trial run of longer excerpts with delayed feedback (three 10' excerpts).

#### 2. Description of the Rating Task

a. The data. Thirty-seven volunteer mothers were asked questions from a prepared interview schedule by one female interviewer. Each mother was aware of the presence of the tape recorder, and informed that the tape would be played for rating, but was

otherwise confidential. They had previously signed a release giving permission for all information provided by them to be used for research purposes by the interviewer.

- i. The interview format. The mothers were asked questions about twenty general areas derived from TA script theory. In order to avoid unnecessary repetition and reduce boredom, if information had already been provided spontaneously for an earlier question, later questions about the same issues were skipped or summarized. Thus, while all questions were asked of each mother, the information is not necessarily in the same order on each tape.
- ii. Each interview is approximately one hour long-the range is about 45 minutes to about one hour 20 minutes.
- b. The audio-cassette tapes. There are thirty-seven C-90 cassette tapes, one for each of the 37 mothers, each containing the entire script interview for that subject. Both sides are used for those interviews going over 45 minutes (most do).
- c. What each rater will do. Each rater will be given a tape recorder, a booklet of record forms, and a pen to be used while completing the rating task. When a rater has these materials, s/he will check the first page of the booklet to see what tape to start with, select that tape from the central data location, and begin.
  - i. Find a comfortable, private spot away from other raters to be free from distractions;
  - ii. Open the booklet of record forms to the first page and check that the subject number on the top of the page matches the numbers on the cassette tape;
  - iii. Insert the tape in the recorder with the subject number side up, and start the tape;
  - iv. Each time you feel you have enought data to make a judgment about one of the script elements on the record form, make a check mark in the appropriate space to the right of the item.

Go for the obvious information available--too much time spent "psyching out" the interviewee will result in missing other information on the tape, or taking too much time replaying portions of the tapes;

- v. When the tape has played to completion on side 1, turn it over and continue on side 2 until you reach the end of the script interview;
- vi. After you have listened to the entire tape and completed the first record form, turn to page 2 for that subject and complete the "Clincal Reactions and Assessment" form. When both forms have been completed, take a 5-10 minute break.
- vii. Check your record book for the next subject, select the tape and information sheets, and start over again at step ii.

#### II. Definitions of Script Variables

A. Decisions About Parenting Form

#### 1. Script

In "What Do You Say After You Say Hello?", Berne (1972) said, "A script is an on-going program developed in early childhood (based on childhood decisions) under parental influence (reinforced by parent figures and justified by subsequent events) which directs the individual's behavior in the most important aspects of his life (culminating in a chosen alternative)." (Inserts are from James, 1977). A script-free person is an <u>autonomous</u> person, whose behavior is reversible, with no particular time schedule, developed later in life, and not under parental influence. To be scripted, there <u>must be</u> early parental influence, development of a program, compliance of the child, in an area of important behavior, and a feeling payoff.

Berne also said, "Parents, deliberately or unaware, teach their children how to behave, think, feel, and perceive . . . the individual starts off in an autonomous state, that is, capable of awareness, spontaneity, and intimacy, and he has some discretion as to which parts of his parents' teachings he will accept." (From Games People Play, 1964). Steiner (1974) calls this process "basic training."

Babcock and Keepers (1976) write that "the decision to have a baby . . . (is) . . . determined at least in part by script. Many couples still have babies because they assume that they're supposed to have babies, and that something is wrong if they don't want to . . . They conceive and bear children on the basis of a Parent ego state assumption . . . (that is) reinforced by many other people. For instance, the parents or inlaws may ask questions: 'When are you going to have a baby (so I can have a grandchild)?' or 'What, you've been married two years and no children?' The implied message behind such questions . . . 'You are supposed to have children for someone else rather than for yourselves' . . . discounts the couple's choices . . . if they will have children, how many children they will have, and when they will have them.

Babcock and Keepers also say that the life plan includes expectations about having children which may be quite specific, such as, "I plan on having two children; the older will be a boy, the younger will be a girl." When actuality does not fit in with the plan, parents then have to make some accomodation to it. "In some cases, parents will attempt to make the infant conform to the script . . . such attempts . . . are always destructive . . . . To the extent that . . . parenting (behavior) . . . comes only out of our Parent or Primitive Parent ego state, the parenting will be rigid, unyielding, and poorly tailored to the needs of the specific infant (child)."

So outcome of parenting depends in part on how limiting (specific) the expectations (decisions) are about having children and parenting, and how much permission the parent has to gather reality data and be creative and flexible in solving problems with their actual children and parenting circumstances.

Berne (1977) gives definitions for four script levels:

- 1. Winner: someone who accomplishes his declared purpose.
- 2. Non-winner: someone who works hard just to break even.
- Loser: someone who does not accomplish his declared purpose.
- 4. Tragic (hamartic): someone who has a self-destructive, tragic ending; a loser in the extreme.

Steiner (1974) says that people may be script-free, or, if they have a script, it may be hamartic (dramatic), or banal (melodramatic). In the banal form, autonomy is restricted, but "not so restricted as to be dramatically obvious." People who live banal scripts are "normal" and unlikely to call attention to themselves. They live "'good' lives, where 'good' means normal, average, as others would want it to beothers whom we respect and admire and who have told us what a good life is."

For this study, we will rate four levels:

#### a. Tragic (Hamartic, dramatic).

This level will be rated if the predicted or observed parenting outcome is self- or otherdestructive, resulting in the parent "going crazy" or suiciding, or the child being seriously neglected, abused, failing to thrive, or murdered. Such a parent will have strong needs to make the child conform to his expectations and to be severely self- or other-punitive if this is unsuccessful. Such a parent will experience deep disappointment and failure in fulfilling-as a parent--the expectations of others, notably their own parenting figures. And their own OK-ness, conditional on being a certain kind of parent or having a particular child or outcome, will be repeatedly and for this parent, disastrously, discounted.

#### Example:

I don't know how I could have done such a horrible thing. But I just felt that I couldn't take the baby's screaming anymore.

I got pregnant when I was a senior in high school. When the baby was born, I felt that my whole life was over. Now I spend day and night taking care of a screaming kid. And I don't even know how.

The baby has colic and cries night after night. One night she just went on and on. I was so exhausted! I put some water on the stove to make coffee to keep me awake. When the baby started screaming again, I just went to pieces. All I could think of was, "I gotta make it stop crying." I grabbed the kettle and poured the water on the baby, but she kept on screaming. A neighbor drove me and the baby to the hospital. That night the newspaper headlined, "Five-Month-Old-Infant Scalded by Mother." I couldn't believe that that story was about me!

But I couldn't stand listening to the crying any more. I just can't seem to help myself. I didn't know that being a mother would be like this. I'm alone most of the time, and I have to do everything for the baby. I didn't mean to hurt her.

#### b. Loser.

This level will be rated if the person is clearly disappointed or dissatisfied with the role of parenting, his/her performance at parenting, or his/her child's outcome or other qualities, and if the parent acts in ways to maintain a nonsatisfying situation, through games, Drama roles, etc., accepting the feeling payoffs as inevitable. This parent will probably feel that the parenting role was unchosen, or a mistake, or forced upon her by others' expectations, as an unwelcome intrusion. She will probably exert pressure on self or child to conform to unrealistic expectations, but will not resort to tragic/dramatic punishments for failure to comply. Her attitude toward suffering is one of indifference and passivity--not perpetrating it as much as allowing it to continue for self and child.

#### Example:

Mother Hubbard counts her self-worth only in terms of her family. She perceives her reason for existing as leaving with her children. Many women rush to the family doctor saying, "I don't know what's wrong with me." They cope with their confusion by making up reasons: "My husband neglects me, my children never come around, they don't appreciate all I have done for them." Many convert their rage, depression, and stroke hunger into physical symptoms, and report to the doctor, "I have headaches" or "It must be menopause" instead of, "I am mad as hell at my dilemma!" They often get tranquilizers. Some women who maintain the not-0.K. position medicate themselves on alcohol. They become the silent drinkers, and slowly suicide.

#### c. Banal (Non-winner).

This level will be rated if the parent appears "normal" and to be living out his/her parenting choices on the basis of what is/was expected by his/her parents or social custom. Because this parent is essentially acting in compliance with

external expectations, he/she avoids highly charged situations (notably intimacy) and he/she generally "plays it safe." Good descriptors are "hard-working," and "takes care of but doesn't get very close to their family members." There may be some payoffs such as loneliness, mild martyrdom, and a lack of good feelings, but these are somewhat compensated by feeling pride in "doing the right thing," "being a good father/mother," "taking care of the family like I should," etc. The dissatisfaction of going nowhere will probably surface later when the kids leave home."

Example:

I remember the nightmare of weeks without adequate sleep, of quarrels and irritation and guilt feelings: "I love my baby, what's wrong with me?" The temporary after-baby blues that I read about felt like the forever-all-engulfing blacks! I remember the defeat of failing at breast feeding, I felt desperate and isolated. "I have two psychology degrees. I should know what to do, and I should do it all by myself, that's my job," I kept saying to myself.

Somehow, in preparing for parenthood, I had not anticipated the impact of those bad feelings. I was puzzled; I figured there must be something wrong with me. I blamed myself for Tanya's colic, and did not ask for help. Whom could I ask? My parents were two thousand miles away and poor. They couldn't afford to come, and I was not even sure I would want them. Whenever I thought about my mother I felt inadequate and angry. My nearest neighbor was sickly. The cleaning girl was so dumb, she put fingerprints of furniture polish on some of our unprotected pictures. I was better off without her!

What I did about it was what I usually did about problems--research the subject. I followed the advice of the known baby books. Dr. Spock said, "Trust yourself, and try these. . . . " So I observed the baby closely, tried the methods I read about, and eventually figured out what to to do for her.

#### d. Winner.

This level will be rated if the person appears free to grow and think and basically do what she wants or what others seem to need if it makes sense for her. She has made conscious choices about child-bearing and child-rearing, taking into account personal needs, interests, and skills, and the favorability of external circumstances, and is succeeding in doing what she set out to do. If a parent, she is able to postpone her own immediate gratification and to focus on the dependency needs of her infant/child, but is also able to work out mutually satisfying ways of meeting her own needs.

#### Example:

Andrew's mother had permission to be flexible and creative. When he developed colic, she quickly discovered that the way to help soothe her young son when he was having a bout of colic was to put him in the infant seat and place the infant seat with him in it on top of the washing machine. The vibrations and motions of the washing machine soon lulled him into a peaceful sleep.

#### 2. Decision

According to Steiner, (1974) "The <u>decision</u> is the moment when the existential <u>position</u> (OK, not OK) and the life decision were embraced." Jongeward and Scott say that scripts represent decisions about stated or implied rules for living, and (scripts) can be hard or soft depending on the punishment for not following the rules. If hard, the child makes decisions about OK-ness early under considerable threat, and tends to stick to it. Such early decisions are very hard to change.

Berne (1976) says that the young child develops convictions about himself and the people around him (positions) and makes life decisions on the basis of these, e.g., "It's a good world, someday I'll make it a better one;" "It's a mediocre world, I'll do what I have to do and have fun in between;" or "It's a dreary world, I'll spend it in a bar, wishing for something exciting to happen;" and last, "It's a rotten world, I think I'll leave."

What we will do in this study is try to pinpoint when the person on the tape made her first and subsequent decisions about how to view herself and the world around her, specifically in relation to whether or not she would have children. We also will evaluate whether the earliest decision was a conscious one ("Adult") thought out in relation to information relevant to the problem, or an unconscious one ("Little Professor") based on parental pressure or coercion, and the young person's intuition of what she must do to survive.

#### 3. Parenting Program

The parenting program consists of the information and beliefs we have stored in the Parent ego state about children and how to raise them. It tells us how to carry out the script injunctions and counterinjunctions, such as what it's "supposed to be like" to have kids, how babies and children are "supposed to act," what to do with kids and how to feel about it, and what to do when you don't know what to do! Programming can be specific to each different situation or characteristic of the child or circumstance of birth, how to feel and what to do at various ages, and how to feel and act when the children grow up and leave home.

This programming contains several levels of information:
1. What our own parents <u>said</u> about how children should be raised; 2. What our parents <u>did</u> in raising us; and
3. How our parents <u>felt</u> about raising children. There are usually some Child ego state resolutions about what to do differently, as well.

Examples of programming phrases include:

"Life is great until you have kids."

"Kids are a blessing and a joy, and you should have as many as possible."

"The only way to be completely fulfilled as a woman is to have children."

"Fathers don't know how to take care of children."

"When <u>I</u> get to be a parent, I'm <u>never</u> going to spank my children."

"When a baby cries, leave him alone--it's good for his lungs."

"You should have children close together so they'll have someone to play with."

"An only child is an unhappy or maladjusted child."

For this area, write down what rules you feel were communicated to this mother by her parents for how to feel and what to do with her children--what did her parents teach her to expect, and how did they instruct her, through words or behavior, to cope with it?

#### B. Early Programming (Script) Checklist

#### 1. <u>Injunctions</u>

Injunctions are negative messages about how to be that are transmitted from the Child ego state of the parents to the Child ego state of the offspring (often without Adult awareness of either). Injunctions are always expressed as inhibitions (i.e., "don'ts") or may easily be reduced to a "don't" message. The function of injunctions is to mold the child into the kind of person the parent will find acceptable. However, if the child tries to comply with the injunctions, failure is inevitable, along with distortions and warpings of his personality. Thus, attempts to comply lead inevitably to bad feelings.

According to the Gouldings (1976), the primary script injunctions, and the ones we'll be looking for, are:

#### a. Don't be.

Communicated directly, this can be "I wish you'd never been born;" communicated indirectly, it might be "If it weren't for you, I'd be happy," or "You'll end up just like your father (who suicided)," or in the behaviors of ignoring or discounting the child.

#### b. Don't be you.

- a. "Don't be the sex you are," or
- b. "You're not OK the way you are, but if you were different, you'd be OK." Sometimes this includes explicit expectations of how to be, and sometimes little or no positive demands are made.

#### c. Don't grow up.

Parents who derive their own sense of importance from caretaking and protector roles inhibit their children from growing up and becoming autonomous. Another variation is a message like "Don't surpass me."

#### d. Don't be a child.

Here the youngster learns to act grown-up, and take care of herself and others. Statements like "that's my great big girl!" or "that's my little man" may reinforce the message that being little, child-like or in need of care is not OK.

#### e. Don't make it.

Also, "don't succeed"--this is an injunction allowing hard work and progress, but without reaching goals, or reaching the goals but not being happy.

#### f. Don't be close.

This message is often picked up by children of "very busy" parents who stay distant from each other and/or from the kids. Here the child learns that staying distant (or at least, not too close) is safe, and being close is scary.

#### g. Don't feel.

Feelings are avoided or discounted in everyday transactions, and may be called "silly," "dumb," "childish," etc. Or the subject may quickly change when feelings come up.

#### h. Don't.

This across-the-board injunction has the effect of negating whatever the child is doing, thinking or feeling. It can be used by parents as a way of exercising their power and reinforce the helplessness and/or incompetence of the child.

i. Don't feel (or think) what you feel (think).

The parent projects his own feelings onto the child, or discounts his child's Adult information and reasoning. Both program a child to use her Parent instead of other ego states.

#### j. Don't be sane (well).

This message tells the child that as long as there is something mentally or physically wrong with her, Mom and/or Dad will be comfortable. Often the consequences of "going sane" are severe, such as brutal punishment, expulsion from the family, or the threat of Mom or Dad going crazy or becoming very ill.

#### k. Don't be important.

This injunction is another form of the "Don't make it" message on a less intense level. It may translate into a moderately successful job, or an "almost" pattern in life.

#### 2. Permissions

Permissions are positive unconditional messages from parent figures which function as permissions for growth, health, spontaneity, and autonomy, and, while they tell a person how to be and what to do, they do not limit the person in any way. Such messages are essential if a growing child is to fully develop her capacities. For every permission not given, there is a corresponding negative script injunction. Thus, permissions function as positive injunctions in a "winner's" script.

The permissions we'll be looking for have been outlined by Woollams, Brown, and Huige (1974) as follows:

- a. Be alive.
  - Beginning at the moment of birth, and perhaps before, the infant receives messages as to whether or not they really want her around. If she is ignored, or handled perfunctorily, at a distance, stiffly, or with rage, she is not given permission to live. The basic permission occurs in the first year or two. However, later messages such as "Go away" and "I wish you'd never been born" are also "Don't be" injunctions. The basic permission to live is given by loving touches and gentle care.
- b. Use your senses.

Beginning at birth, we have a need for responses to and acceptance of the basic bodily sensations inherent to human beings. If this does not occur, the injunction "Don't feel" is given.

c. Express real feelings.

From the early months of life, infants have feelings such as joy, despair, fear and anger. If these are not discounted by the important parent figures, the baby has permission to express her own feelings. Otherwise, she learns to feel only what other people want her to feel, i.e., a racket feeling.

d. Think clearly.

Beginning at around the age of two to three months, the individual needs permission to think. By responding reasonably to the young child, by not discounting what she says or what she wonders about, her parents and others give her continuing permission to think.

e. Be close to others.

Throughout childhood, a person needs to receive permission to be emotionally and physically close to others. Parents who are remote and fearful of touch or who are rarely around give "Don't be close" messages.

f. Be who you are.

Usually by the age of three, each one of us knows what sex we are and whether or not that is all right. All our basic physical attributes should be approved of, not only sex, but race, size, color of hair, etc.

g. Be your own age.

Often parents are either upset by small children or wish the child would quickly grow up so the child can take care of herself or her parents, so they transmit a "Don't be a child" message. Parents who would be upset if their children grow up and leave send "Don't grow up" messages.

h. Make it, succeed.

This message tells the child that the parent will be proud of the child's success, rather than jealous or afraid that the child will outdo her. The parent feels basically successful herself, so is not threatened.

i. Be important, outstanding.

A softer version of "Make it" which also gives the child permission to do as well as she can and to feel good about accomplishments.

j. Take care of yourself.

This message tells the child that it is important to be aware of one's own needs and to work to get those needs met. In addition, it gives permission to reject the unreasonable demands of others, and to work for acceptable solutions to conflict.

k. Be well/sane.

This message says that it is OK to be physically and mentally healthy, and that Mom and Dad can stand on their own two feet, i.e., find other meaning in life than caring for children or helpless dependents.

#### 3. <u>Counterscript Drivers</u>

These are messages from the parents' Parent ego state, and consist of "how to be OK" statements, direct or implied (i.e., conditional strokes). They appear to be constructive and healthy when given, but are most often working in the service of inhibiting and limiting the person's life to options set out in script. They are based on conditional positive strokes, "You can be OK only if you comply with these 'drivers.'" The attempt to comply inevitably fails, and "drives" one toward the script payoff.

There are two functions of drivers: they provide a way of getting along while carrying out the script injunction, or they provide a way to be while waiting for the injunction to take over. They are likely to be remembered as definite verbal slogans, since they are introduced after verbal ability develops in the child.

Kahler & Capers (1974) lists five basic counterscript drivers:

a. Be perfect.

Under the influence of this driver, one strives for perfection or expects others to do so. He uses big words, tells more than asked to tell, or covers all the bases. He believes that he has to give a great deal of information so that people will understand him "just right."

b. Try hard.

This person invites others to try hard with him. He may not answer questions directly, may repeat questions, pause, go off on tangents, or say things like, "It's hard for me" or "I don't know" (when actually he does).

c. Please me.

In this driver, the person feels responsible for "making" others feel good. He may agree freely with others. It may be important for him to be liked, and he may have an investment in getting approval from others. He may look away before he answers questions, nod his head frequently, say "um humm" often, or be interested in finding out "How am I doing?"

d. Hurry up.

This driver invites a person to do things faster, talk rapidly or more quickly. The person believes that he must do everything "right now." He may interrupt others, thus "hurrying" them to finish their sentence, glance at his watch frequently, or tap his fingers impatiently.

e. Be strong.

Under the influence of this driver, the person is stoic, holding in his feelings. He may talk in a monotone and evidence few signs of excitement. He may believe that feelings are a weakness, or make him vulnerable to being hurt by others.

#### 4. Counterscript Allowers

Allowers are positive unconditional messages from the OK-Nurturant Parent ego state of the parents that lead to positive constructive problem-solving, feelings of competence and success, and good feeling payoffs (i.e., they reinforce the OK mini-script). Since allowers are essentially counterscript messages, they teach an "I'm OK if . . ." too, but the "if" is unconditional and open-ended. Thus the person has permission to define him/herself and to feel good about it.

Kahler & Capers (1974) also lists five Allowers, which are the antitheses of the drivers:

a. It's OK to make mistakes.

It is not only humanly impossible to be perfect, but it's also not realistic to make that demand of others. One only sets himself up for disappointment with that unrealistic driver. "It's OK to be human; you don't have to make an impression."

b. Do it.

Instead of "try hard," the allower is "it's OK to do it; it's OK to finish what you're doing; it's OK to do well; it's OK to win. I like you just like you are--you are beautiful. Life can be fun."

c. Take your time.

The "hurry up" driver leaves a person trying to get someplace else. His allower is "It is OK to live now, to take your time." "You have time to do anything you want to do."

d. Respect yourself.

A person needs to know it's OK to rely on his own judgments and to take care of his own needs. He needs to know he is lovable and his worth is not dependent on other people's judgment. It is OK for him not to be responsible for other people's feelings. It is OK for him to accept responsibility for his own feelings.

e. Be open.

The antithesis to "be strong" is the allower "be open"—to be close and feel and express feelings. "It's OK not be be strong." "It's OK to be human."

#### 5. Gallows Transactions

A gallows transaction is one with an ulterior dimension. The stimulus comes when someone laughs or jokes about his own self-destructive behavior. The message is a discount, "Don't take me or what I say seriously." This invites the listener to laugh in response, confirming the self-discount.

For example, mother might say:

"I never can get Susie to pay attention to me," followed by a smile (ha, ha) as if the self-defeating behavior is somehow clever. The laugh from others reinforces the perception and the behavior.

or

"I never even wanted any kids, and here I am with four! I wonder how that happened?" (Ha, ha)

#### 6. Basic Positions

The basic position defines ourselves in relation to other people, and is decided very early in response to experiences the baby has with others. The view of self and others varies with script outcome, and each of the four possible positions also has components of expectable social relationship behavior and problem-solving style.

The four positions and their characteristics are:

a. I'm OK-You're OK (+,+)
This is the winner's position. She values both herself and others, is oriented toward growth, "getting it on" with others, and figuring out what to do and doing it when there's a problem.

She has always liked babies, and wanted her own. In child-rearing, this mother will probably react to 2-year old Susan making a mess by getting mad, cleaning up the mess, and figuring out how to keep it from happening again.

b. I'm OK-You're not OK (+,-)
This is a loser position in which others are seen as of little or no value, and can lead to tragic consequences. This person frequently blames others for problems, feels rage and indignation and generally solves problems by trying to "get rid of" the person she sees as "causing" the problem (the method may be socially acceptable or criminal).

She finds babies irritating and demanding, taking away from her own Child gratification, and she is likely to see pregnancy as imposed on her, perhaps seeking abortion as her solution. She will react to the messy 2-year old by spanking or beating her, making her clean up the mess (make things worse), sending her to bed for the rest of the day, and saying, "You are a stupid, rotten little idiot and I feel like killing you for this."

c. I'm not OK-You're OK (-,+) This is the position of a non-winner who values others over herself and lacks self-confidence. When under stress, she tries to "get away from" the problem.

She likes children and always wanted to be a mother, but feels totally inadequate to do a good job raising children. She is likely to become a martyr rather than "mess up" her child. She'd react to Susan by cleaning up the mess, excusing Susan, sitting down and crying and berating herself for being an inadequate mother, and going to her room to sulk for the rest of the day.

#### d. I'm not OK-You're not OK (-,-)

This is also potentially a tragic loser position, in which neither self nor others are valued. Problems are seen as insurmountable and inevitable; discounts are used heavily. This mother "gets nowhere with" people or problems.

She doesn't care much for children, nor does she want them, but she passively goes along with pregnancy and childbirth, and by and large ignores the children after they arrive. She would be most likely to react to Susan's mess by sitting down in it and crying, and not doing anything about it at all.

#### 7. Rackets

A racket involves a disturbance of the thinking process and an associated feeling and behavior pattern. A belief system is developed based on script messages, feeling reactions, and decisions. Memories and fantasies are used to reinforce the racket system.

Racket feelings are one element in the racket system. They are described variously as "substitute feelings" (chosen as an alternative to prohibited feelings); feelings consistent with script decisions, which are collected and later "cashed in" for the particular payoff called for in the script; and a display of emotion that places a burden on other people in a transaction, i.e., emotional blackmail.

The identifying characteristics of racket behavior are that the person's energy is largely wrapped up in an internal Parent-Child dialogue about the problem, there are fantasies about what could go wrong that are viewed as fact and there is little energy in Adult to seek external information or to arrive at a workable solution. There is a resulting bad feeling state that is reinforced by the "data" attended to.

An example regarding parenting is the mother who was told repeatedly by grandmother that she was incapable of anything good, and would ruin whatever she attempted. She responds to her infant daughter's colicky crying by trying everything, staying isolated because asking for help is admitting failure to mom, and ending up feeling self-blame and despair. She says to herself, "That proves it; I really am a rotten mother, and my daughter will never love me."

For purposes of this study, we will focus on racket behavior and feelings, and identify the occurrence and recurrence of these events, using the above definitions. On the next page is a chart showing common feeling categories drawn from the extensive literature on emotions; these categories should be helpful in labeling racket feelings. Several behavioral categories have been added, in parentheses, where they seem most appropriate. One of these is "confusion" rackets, which are noted for signs of distress, accompanied by a blank or puzzled look and an "I don't get it" or vague questions further and further from the point.

#### 8. Game Payoffs

Games are a series of predictable transactions at an ulterior level, leading to a switch in ego states or game roles, and resulting in a well-defined negative feeling pay-off. All this goes on outside of Adult awareness. The payoffs are used to secure strokes, reinforce early decisions and the life position, avoid intimacy, and support the racket system.

Payoffs are of varying intensities:

- a. <a href="Ist degree game payoffs">Ist degree game payoffs</a>.

  These feelings may be freely shared in social circles. Examples are feelings of frustration about lack of time to do housework common with new babies in the house, or feelings of resentment or disgust about husband's increasing demands to resume sexual relations after the baby's birth.
- b. 2nd degree game payoffs.
  These are feelings that people usually prefer to conceal, such as guilt and anger about sexual impotence, or about the birth of a handicapped child. Many women are afraid to tell others about their depression, believing they will be laughed at because they "have everything a woman could want."
- c. 3rd degree game payoffs.

  These payoffs involve tissue destruction or damage (actual physical damage) and may involve homicide or suicide. Alcoholism, drug abuse, psychosomatic illness, child abuse or neglect, severe physical punishment, and deliberate malnutrition are some examples.

TABLE B-1.--Feeling Categories.

hate anger rage	stubbornness firmness (temper tan- trums)	repugnance disgust contempt	scorn sneer
	11/13**		7/13
joy happiness elation pleasure laughter	glee merriment love mirth enjoyment	curiosity wonder surprise amazement	astonishment startle (confusion)
	10/13		7/13
sadness sorrow pain grief (depression)	disappointment torture distress anguish	ideas excitement attitudes interest	
·	9/13		4/13
fear horror terror	suffering anguish (guilt)	shyness subjection shame	humiliation
	8/13		3/13

<sup>\* (</sup>Wilson, 1976; Zerba, 1977)\*\*Indicates number of writers listing feeling in this category, i.e., amount of agreement on the categories.

#### 9. Discounts

Discounts are the functional manifestation of contaminations or exclusions of ego states. The person who discounts believes, or acts as if she believes, that her feelings about what someone else has said, done, or felt are more significant than what the person actually said, did, or felt. She may also discount herself, acting as if what someone else feels (parents or other important people) is more significant that how she actually feels or thinks. She does not use information relevant to a situation in evaluating it.

There are four possible ways of discounting self or others:

a. Discount the problem.

Act as if no problem exists. For example:

- --The baby is crying. Mother turns up the radio or goes to sleep.
- --At the Grand Canyon, 3-year old Georgie is in front of his parents a foot and a half from a thousand foot drop. They continue to look up and discuss the view.
- b. <u>Discount the significance of the problem</u>. Acknowledge the existence of the problem but deny its importance. For example:
  - --The baby is crying. Mother says, "He <u>always</u> cries this time of day."
  - --Four-year old Johnny has just hit his little sister with a stick. Father says to mother, "Boys will be boys" (sigh).
- c. Discount the solvability of the problem. Acknowledge that there is a problem, and that it is important, but exclude any possibility of solving it. For example:
  - --The baby is crying. Mother says exasperatedly, "Nothing satisfies him."
  - --In the previous hitting incident, mother replies to father, "Yes, that child is impossible to control."
- d. <u>Discount the person</u>.

  Acknowledge the existence, significance, and solvability of the problem, but deny that one can solve it oneself. For example:

- --The baby is crying. Mother says, "There's nothing I can do."
- --Mother says to her friend about five-year old Joey, "I can't make Joey mind, but the baby-sitter can."

#### 10. Passive Behavior

Passive behavior is used to compel other persons to be more uncomfortable about problem than we are (Schiff & Schiff, 1971). We attempt to get someone else to take over the problem-solving job. The person is trying to compensate for feelings of inadequacy by avoiding the establishment of tenable goals and risking failure. The thinking underlying passivity/grandiosity includes a delusional "I can't stand it." The person takes no responsibility for the decisions involved in specific situations and describes the situation as responsible for her behavior.

The four kinds of passive problem-solving behavior are:

a. Doing nothing.

All of the person's energy is utilized in inhibiting responses. People report "not thinking," "I was too scared (angry) to think." This lack of response to others makes them uncomfortable and elicits Rescuing.

A mother using this strategy would respond to Angie, age 2, who has dribbled honey all over the floor, by doing nothing. Finally one of the older children takes over and cleans up the mess.

b. Overadaptation.

The individual tries to achieve what he believes to be someone else's goal in solving problems rather than identifying his own goals. Most thinking occurs in this form of passive behavior, and in fact, this style is somewhat adaptive. However, the person usually exaggerates the projected expectations, seeing the problem as unsolvable and the expectations as unreasonable.

Angie's mother asks the baby-sitter to clean up the dishes he and Angie used for a snack. Using this strategy, he does that <u>plus</u> several more tasks that he thinks will please her, while ignoring Angie, who is upstairs making a mess of mother's lipstick and perfume.

c. Agitation.

This style consists of repetitive activities which are purposeless and non-goal directed. These behaviors drain off energy which could be used for problem-solving. The person is acutely uncomfortable, and her thinking is confused. She knows that she could solve the problem by "doing something," but feels inadequate. Agitated behavior is seen as productive, but merely builds up toward a violent or incapacitating discharge.

Angie has spilled honey all over the floor. When Momma comes in and sees the mess, she begins to pace the floor, wring her hands, and say over and over, "Oh, dear, what will I do? I'm already fifteen minutes late!"

d. Incapacitation or Violence.

This is the discharge of energy built up from other forms of passivity, and is an attempt to enforce the symbiotic relationship and prevent it from changing when breakdown of the established status is imminent. The person is not thinking and accepts no responsibility for her behavior. Both incapacitation and violence are payoffs in the "I can't stand it" game. Other persons are forced to take over for the time being, because of the lack of thinking and control on the part of the individual.

Angie's mother sees the mess, screams "I can't stand it," works herself up into a migraine headache, and goes to bed, incapacitating herself. Or, she comes in, sees the mess, and beats Angie severely, instead of doing something about the problem.

#### III. Rater Training

#### A. Practice Session

During the initial practice, you will hear a short taperecorded excerpt of a person responding to some of the script interview questions. For the first two segments, just listen and make formulations in your mind about the various script elements and outcomes. At the end of each excerpt, we will find out how an expert rates the person, and have time for discussion as needed. For the first three 3-minute excerpts, you should make notes about your formulations on the checklist labeled "Practice" for each excerpt. Following each of these segments, we will have feedback from the expert rater, so you can jot down her rating and compare it with your own. Time will be allowed for discussion as needed.

For doing this part, you should record on the Practice form in the back of the booklet your judgments of the script elements represented in that segment. Snap judgments based on the obvious content are OK and encouraged. You will need to keep your attention loose and flowing with the interview, as there is little time for deep thought and re-playing of the tapes.

Additional brief excerpts can be used here as needed to sharpen judgments.

#### B. Trial Run 1

These excerpts (three of them) will be slightly longer (5 minutes). Again, please record your judgments on the record form at the back labeled "Trial Run 1." After each excerpt, we will also fill out a "Clinical Reactions" form for each person.

Following each excerpt, you will each be asked to reveal your ratings, which will be tabulated on the board. We will go over them and attempt through discussion to resolve obvious differences in perception. Then the expert will tell us how she filled out the Clinical Reaction sheet on each person, with time for discussion as needed.

#### C. Trial Run 2

The next three excerpts will be longer yet (10 minutes) and more similar to the actual rating task, with more information to process. For each excerpt, you will record your judgments about script elements on the "Trial Run 2" checklists at the back as you listen to the taped segment. Following each excerpt, you will fill out the appropriate "Clinical Reactions" sheet.

After each excerpt, we will post ratings and responses to both the checklists, and discuss as needed to resolve differences of perception.

#### D. Additional Training

The criterion for any given excerpt/rating will be six out of eight raters in substantial agreement. If we fail to obtain this criterion by the final excerpt, additional training will be indicated.

#### APPENDIX C

TA SCRIPT VARIABLE RATING FORMS

#### DECISIONS ABOUT PARENTING

Rater:			Subject	: Number:	
Rate the p	person you just ended question t	listened to on that follows:	the following sca	les, and respon	d <u>briefly</u> to
SCRIPT LEV	/EL: Give your for parent	impression of t hood. Is her o	his person's orig riginal script a:	ginal and curren	t scripts
	_ 1	2	<b>3</b>	••••• 4	
	Tragic Script	Loser Script	Banal (Non-winner) Script	Winner (Script-free) Script	
	Using the	same scale, is	her current scrip	t for parenting	a:
	1	••••• 2 ••••		••••• 4	
			Banal		
DECISION:	her parental p Mark this judg which she re-d	rogramming for present with an X.	s life did she <u>fi</u> parenting and the Note with a cir c position with r hildren.	basic position cle (0) any per	s implied? iods during
1	2	3		5	6
Infancy	Pre-school	1-12 years Latency	13-17 years Adolescence	Young Adulthood	30 years Middle Adulthood
	survival issue	s interpreted by	cision appear to y Little Professo on? (Check one)	be influenced m	ore by ous
		Adult	Little Prof	essor	_
PARENTING			current rule of actually decided		
	Does she appea it herself?	r to have learn	ed this from her	parents or did	she decide
		Parents	Self		

#### EARLY PROGRAMMING (SCRIPT) CHECKLIST

Rater:	Subject Number:
INJUNCTIONS:	<del></del>
1. Don't Be 2. Don't Be You	
2. Don't Be You 3. Don't Grow Up	
4. Don't Be a Child	
5. Don't Make It 6. Don't Be Close	
6. Don't Be Close 7. Don't Feel	
8. Don't	
9. Don't Feel (or Think) What You Feel (Think	nk)
10. Don't Be Sane/Well	
11. Don't Be Important PERMISSIONS:	
1. Be Alive	
2. Use Your Senses	
3. Express Real Feelings	
4. Think Clearly	
5. Be Close to Others 6. Be Who You Are	
7. Be Your Own Age	<del></del>
8. Make It, Succeed	
9. Be Important/Outstanding	
10. Take Care of Yourself 11. Be Sane/Well	
11. Be Sane/Well COUNTERSCRIPT DRIVERS:	
1. Be Perfect	
2. Try Hard	
3. Please Me	
4. Hurry Up 5. Be Strong	
COUNTERSCRIPT ALLOWERS:	
1. It's OK to Make Mistakes	
2. Do It	
3. Take Your Time 4. Respect Yourself	
5. Be Open	
GALLOWS TRANSACTIONS: BASIC POSITION	
1. I'm OK - You're OK ++	
2. I'm OK - You're Not OK +- 3. I'm Not OK - You're OK -+	
4. I'm Not OK - You're Not OK	
RACKETS:	
1. Specify:	
2. Specify: 3. Specify:	
4. Specify:	
GAME (RACKET) PAYOFFS:	
lst Degree	
2nd Degree	
3rd Degree DISCOUNTS:	
1. Problem	
2. Significance	
3. Solvability	
4. Person PASSIVE BEHAVIOR:	
1. Doing Nothing	
2. Over-Adaptation	
3. Agitation	
4. Incapacitation	
5. Violence	

#### APPENDIX D

# RATER RELIABILITIES AND HOMOGENEITY ESTIMATES FOR CLINICIAN-RATED AND SELF-REPORTED TA VARIABLES FROM SAMPLE DATA

#### RATER RELIABILITIES AND HOMOGENEITY ESTIMATES FOR CLINICIAN-RATED AND SELF-REPORTED TA VARIABLES FROM SAMPLE DATA

The rater reliabilities obtained in this study for the rated TA variables varied considerably, and were somewhat lower than expected (see Tables D.1 and D.2). A strategy designed to improve the reliability estimates in which all eight raters rated a total of ten tapes (the other 27 tapes were rated by pairs of raters) was not effective. For 12 out of 18 variables, octet ratings were in less agreement than those made by rater pairs. For two variables, Age of Compliance and Age of Redecision, the octet reliability dissolved completely, primarily due to data missing when raters simply made no judgment. Despite the low to moderate reliabilities, all variables except Basic Position and Age of Redecision were included in the final analyses. (Too much mssing data led to the elimination of these two.) To eliminate TA variables for any other reason at this exploratory stage would have meant losing this chance to examine their correlates and relevance to the abuse criterion.

Inter-item homogeneity estimates ( $\alpha$ ) were calculated for all multi-item variables to assess the validity of combining the items into scales, i.e., assuming they measured a common underlying construct. The observed inter-item correlations and  $\alpha$ 's for the

TABLE D.1.--Proportion of Agreement\* Among Raters For TA Script Variables.

Variable	Number of	Pa	Pairs		0ctets		Composite	
variable	iable Items in the Scale		X	n	X	n	X	
Injunctions	11	27	.67	10	.62	37	.65	
Permissions	11	27	.69	10	<b>.6</b> 8	37	.69	
Drivers	5	27	.65	10	.52	37	.62	
Allowers	5	27	.84	10	.80	37	.83	
Gallows Transaction	ns 1	27	.74	10	.70	37	.73	
Basic Position	2	21	.76	10	.65	31	.73	
Passive Behavior	4	27	.55	10	.76	37	.61	
Discounts	4	27	.62	10	.40	37	.56	
Payoffs	3	27	.62	10	.47	37	.59	
Racket: Distress	1	27	.70	10	.70	37	.70	
Racket: Fear	1	27	.74	10	.80	37	.76	
Racket: Anger	1	27	.59	10	.60	37	.60	
Racket: Shame	1	27	.63	10	.90	37	.70	
Program: "Adult" "Little Professor"	2	27	.59	10	.50	37	.57	

<sup>\*</sup>Proportion of agreement =  $\frac{\Sigma \text{ items with 2/2 or } 6-7-8/8 \text{ in agreement}}{N_{\text{items}}}$ 

TABLE D.2.--Estimates of Homogeneity Among Raters for Four Likert-Type TA Variables.

Variables	Rate	ers	
	Pairs	Octets	
Original Script	.89 <sup>a</sup>	.92 <sup>b</sup>	
Current Script	.96 <sup>a</sup>	.91 <sup>b</sup>	
Compliance	.77 <sup>a</sup>	.01 <sup>b</sup>	
Redecisions	.84 <sup>a</sup>	**	

<sup>&</sup>lt;sup>a</sup>Proportion of cases with interrater discrepancy  $\leq$  1.0.

 $<sup>^{</sup>m b}$ Homogeneity estimated by coefficient alpha (Cronbach, 1967).

 $<sup>\</sup>star\star$ Indeterminant due to extensive missing data.

rated TA variables are presented in Table D.3. While none of the  $\alpha$ 's were high (.80 or better is highly acceptable), mean  $\alpha$ 's of .50 or better have sufficient reliability to warrant combining the items into a scale. The validity of using Drivers, Payoffs, and Rackets as scales is thus questionable due to their extremely low  $\alpha$ 's. Theory suggests that the items in Drivers and Payoffs should form a scale, but that different Racket feelings may not. Therefore, scale status was maintained for Drivers and Payoffs, but Rackets were analyzed individually.

Inter-item homogeneity estimates were also calculated for the self-reported TA variables, to see if the items in each were measuring the same constructs (see Table D.4). For this group of variables, the  $\alpha$ 's for Maternal Drivers and Paternal Passivity fell below the suggested minimum of .50, seriously compromising their value as scales. However, there are theoretical grounds for grouping the items, and the  $\alpha$ 's for the same scale items on the opposite-sex parent were adequate. Hence, they were treated as scales for the subsequent analyses.

TABLE D.3.--Minimum, Mean, and Maximum Inter-Item Correlations and Inter-Item Homogeneity Estimates ( $\alpha$ ) for Rated TA Variables.

Variable		Inter-I	tem Corr	elations	Coefficient
variable		Minimum	Mean	Maximum	A1pha* 
Injunctions	(10)	35	.10	.66	.58
Permissions	(9)	15	.16	.50	.67
Drivers	(5)	26	.06	.56	.23
Allowers	(3)	.24	.33	.40	.55
Passive Behavior	(5)	10	.16	.37	.52
Discounts	(4)	.05	.32	.48	.59
Payoffs	(3)	11	.18	.35	.17
Rackets	(4)	07	.07	.36	.28

<sup>\*</sup>Cronbach, 1967.

TABLE D.4.--Minimum, Mean, and Maximum Inter-Item Correlations and Inter-Item Homogeneity Estimates ( $\alpha$ ) for Self-Reported TA Variables.

Vanishla		Inter-I	tem Corr	elations	Coefficient
Variable		Minimum	Mean	Maximum	A1pha*
Maternal Allowers	(5)	02	.23	.57	.60
Paternal Allowers	(5)	06	.21	.44	.58
Maternal Drivers	(5)	32	.08	.37	.22
Paternal Drivers	(5)	13	.18	.56	.56
Maternal Passivity	(8)	21	.20	.57	.65
Paternal Passivity	(7)	42	.10	.35	.46

<sup>\*</sup>Cronbach, 1967.

# APPENDIX E

SELF-REPORT TA CHECKLISTS A AND B

# CHECKLIST A

# HOW PARENT HANDLED TENSIONS/PROBLEMS WITH KIDS

	Mom	Dad
Got sick Acted strong, brave Encouraged different opinions,		
ideas Lost control of temper Accepted mistakes as part		
of life Demanded compliance		
Went away		
Ate too much		
Expressed feelings openly		
Did nothing		
Took his/her time		
Paced floor or cried		
Tried hardmade excuses Drank too much		
Hurried self and others		
Got things done		
Expected perfection		
Acted or talked crazy		
•		
CHECKLIST B		
HOW YOU SPEND YOUR TI	ME	
		Hours a Day
Alone (include activities, work daydreaming, reading, etc.) In casual conversation with	•	
others Hobbies or work with others Talking seriously or planning		
with others Playing with others		
Expressing feelings, being clos	<b>.</b>	
Rituals, things you do every da	ıv	
Rituals, things you do every da Feeling uncomfortable, fighting	., I,	******
etc., with others	, <del>-</del>	
Sleeping		

### APPENDIX F

# ESTIMATES OF HOMOGENEITY OF THE ERIKSON DEVELOPMENTAL SCALES (ES) FROM SAMPLE DATA

# ESTIMATES OF HOMOGENEITY OF THE ERIKSON DEVELOPMENTAL SCALES (ES) FROM SAMPLE DATA

The Eriksonian developmental scales yielded a wide range (.24 to .81) of item homogeneity as calculated using the coefficient alpha index. The full set of homogeneity estimates are presented in Table F.l. Scale l, Basic Trust vs. Mistrust, was the most internally consistent, while least internally consistent were Scales 6 (Intimacy vs. Isolation) and 7 (Generativity vs. Stagnation). These homogeneity statistics are generally low, but the measures were retained for the final analysis because of their potential theoretical significance.

TABLE F.1.--Minimum, Mean, and Maximum Inter-Item Correlations and Inter-Item Homogeneity Estimates (Alpha) for Erikson Developmental Scales.

olean	٥[وم]	Inter-I	Inter-Item Correlation		Coefficient
20	9.1	Minimum	Mean	Maximum	Alpha *
_:	Trust vs. Mistrust	11	. 28	۲۲.	.81
2.	Autonomy vs. Shame	37	90.	.46	.34
e,	Initiative vs. Guilt	25	.12	. 49	.58
4.	Industry vs. Inferiority	25	.13	.59	.61
5.	Identity vs. Role Diffusion	27	.12	.73	.57
9.	Intimacy vs. Isolation	20	.03	.41	.24
7.	Generativity vs. Stagnation	46	.03	.50	.24

\*Cronbach, 1967.

# APPENDIX G

# ASSESSMENT OF MOTHERING ABILITIES AND PRACTICES

# ASSESSMENT OF MOTHERING ABILITIES AND PRACTICES

Part	tici	pant Number:							
Name	e of	Rater:		_					
1.	1-Ca	t is your relationship to this participan aseworker, 2-Social worker, 3-Child's tea ktension staff, 5-Homemaker, 6-Therapist ther:	che	er,					
2.	mont	long have you known this person? l-A feths, 2-Six months, 3-A year, 4-Longer than							
3.	ever with 1-Pl abus	your knowledge, have any of the following of the collowing of the collowing of the following of the collowing the collowing of the collowing o	)?	,					
4.	chai	e this participant on the following racteristics by circling the appropriate per on the scales to the right.							
			Never	Rarely	Occasionally	Half the time	Often	Usually	All the time
	Α.	Does not view children or child care as a burden, or complain inappropriately about their demands being	1	2	3	4	5	6	7
	В.	excessive. Responds to interruptions or demands by child in an interested, concerned, patient way, yet can be appropriately	1	2	3	4	5	6	7
	C.	firm. Encourages child to express questions, ideas and feelings, and responds with interest.	1	2	3	4	5	6	7

		Never	Rarely	Occasionally	Half the time	Often	Usually	All the time
D.	Feels good about role as mother, likes what she's doing, and who she is as a mother.	1	2	3	4	5	6	7
Ε.	Seems able to solve problems with child, and to constructively use worker's advice in relationship to problems with the child.	1	2	3	4	5	6	7
F.	Seeks and enjoys recreation with and for her children.	1	2	3	4	5	6	7

# APPENDIX H

SAMPLE RECRUITMENT LETTER

#### Dear Parent:

We would like to invite you to participate in a study about mothering. The Michigan Early Childhood Center, along with other schools and agencies in Lansing, are cooperating with Michigan State University to make this study possible. We are sending this letter to all parents who we thought might be willing to participate. You will probably find the study quite interesting if you decide to do it, and it's a chance for you to help all parents and kids by sharing your opinions and ideas about being a parent--since you're an individual, they won't be exactly like anyone else's! Let me explain the study a bit.

The past few years have seen considerable interest develop in how people are brought up, and how they, in turn, bring up their children. The purpose of this study is to look at what mothers think and know about bringing up kids, as well as where they first learned these ideas. By interviewing a lot of mothers, we can get a pretty good idea about what children need to learn in order to be good parents when they grow up.

You'll complete three brief questionnaires which cover different aspects of your own upbringing and growing up, your feelings and ideas about yourself and your job as a mother, and different things going on in your life now which might be making that job more difficult. These questionnaires take about an hour to fill out. You'll also talk to the person doing the study, Diane Johnson, for about an hourshe will ask you questions to make sure we really understand your ideas and feelings.

All of your answers to the questionnaires and interview will be completely confidential and will be used only for research purposes. Your name and address will not be used except to contact you for an appointment.

If you are willing to participate in the study, please sign the attached statement and return it to Ms. Cole at the Center by Monday, November 28th.

You will be contacted within a week or so if you are one of the parents chosen from those who are willing to volunteer (we need about ten altogether from this center). Please indicate on the bottom of the form you sign if you have any special needs to make it possible to participate, such as scheduling difficulties, transportation, or babysitting problems. Some special arrangements can be made.

Sincerely,

Diane Johnson Principal Researcher

# APPENDIX I

VARIABLE INDIVIDUAL SCORES, MEANS,

AND STANDARD DEVIATIONS BY

CRITERION GROUP

CASE-N	A GE	NKIUS	AGEY	AGEO	MARSTAT	AGESEP	PETS	PUNI SH	FINANCE
-	24.00	5.00	3.00	00.9	1.00	1.00	1.00	3.00	1.00
~	28.00	4.00	00.4	7.00	3.00	2.00	8.1	2.00	2.00
7	26 • CO	3.00	2.00	5.00	<b>*</b> 00	2.00	1.00	3.00	3.00
•	26.00	00.9	٠.00	00°8	1.00	1.00	1.00	••	3.00
'n	28.00	2.00	6.00	7.00	₩.00	2.00	1.00	2.00	2.00
£	37.60	9.00	2.00	00.0	00.1	2.00	9-1	3.00	2.00
1	22.00	1.00	3.00	3.00	2.00	2.00	-00	2.00	1.00
æ	15.00	2.00	3.00	• 00	1.00	2.00	1.00	2.00	•••
Э.	33.00	3.00	5.00	7.00	2.00	2.00	2.00	3.00	2.00
01	31.60	••00	00.4	00.9	2.00	1.00	1.00	3.00	1.00
=	20.00	2.00	00.9	7.00	•••	2.00	<b>8-0</b> 0	00°E	-00
7	23.00	3.00	3.00	2.00	••	00-1	1.00	3.00	
2	33.00	• 00	7.00	9.00	00.1	2.00	1.00	2.00	00-9
=	31.00	••00	3.00	7.00	2.00	00.1	1.00	3.00	2.00
15	25.00	4.00	00.4	7.00	1.00	2.00	1.00	3.00	3.00
91	25.00	2.00	9.00	9.00	00.1	2.00	1.00	2.00	00.4
11	30.00	<b>00.4</b>	3.00	2.00	1.00	1.00	1.00	2.00	9.00
£	28.53	3.47	4.12	6.23	1.00*	1.00*	1.00*	2.64	2.00**
9	34.00	3.00	9.00	9.00	1.00	<b>8.</b> 00	1.00	00.4	00.0
5	28.00	3.00	••00	2.00	2.00	2.00	2.00	2.00	2.00
20	35.00	3.00	00.9	9.00	2.00	2.00	1.00		- 00
21	38.00	6.00	2.00	9.00	2.00	2.00	1.00	2.00	3.00
	25.00	1.00	2.00	5.00	2.00	2.00	1.00	3.00	2.00
23	48.00	5.00	7.00	9.00	5.00	1.00	1.00	•••	1.00
54	<b>23.00</b>	1.00	2005	5.00	<b>4</b> .00	2.00	1.00	3.00	1.00
25	2e.00	3.00	2.00	9.00	1.00	1.00	2.00	2.00	2.00
<b>56</b>	33.00	•••	5.00	5.00	00.1	2.00	1.00	2.00	B. 00
۲۶	33.00	••00	3.00	8.00	2.00	00.1	2.00	3.00	3.00
8.7	35.00	2.00	6.00	8.00	7.00	2.00	1.00	1.00	•••
56	32.00	3.00	3.00	6.00	00.1	2.00	1.00	3.00	00-4
30	30.00	3.00	••00	7.00	2.00	2.00	1.00	3.00	2.00
31	03·57	1.00	3.00	3.00	1.00	2.00	1.00	•••	A. 00
32	26.00	1.00	3.00	3.00	1.00	2.00	1.00	3.00	9.00
33	23.00	5.00	00.4	5.00	2.00	1.00	1.00	2.00	2.00
34	26.00	2.00	3.00	5.00	1.00	2.00	1.00	2.00	3.00
÷	71.00	1.00	•••	4.00	2.00	2.00	1.00	2.00	-00
35	6.03	1.00	00.9	00.9	00.1	2.00	1.00	•••	<b>4.</b> 00
37	24.00	1.00	8.00	5.00	•••	1.00	00-1	3.00	1.00
<b>F</b> ee	30.25	2.50	4.25	6.00	2.00*	1.00*	1.00	5.65	2.00**
Total									

00000

8.8

NK I DE XP

8

Hedian

2.00 9. 2.00 2.00 2.00\* 2.00 2,00 2.00\* DIFFEREN 2.00 2.00 2.00\* 2.00 2.00\* 1.00 2.00\* 2.00 -00. 9.0 4.00.4 4.00.4 2.00 2.00 Total Group Mean duora instagmod

APPENDIX TABLE 1.1. Continued

2.00 ALCOHO 2.00 M N O I I I I M M N N I N N M M A I F M M 2.00 6.00 9.00 1.00 FNSIBS BISNE 5.00 9.00 9.00 9.00 4.92 .. 8 WHURAISE quora treatequo

Continued

APPENDIX TABLE 1.1.

7

44 www w44 4 ww 44 4 w 24 4 w 24 4 4 ESTOT 476.00 290.00 869.00 8594.55 951.00 972.00 962.00 69.00 780.00 326.00 357.00 357.00 401.00 401.00 356.00 356.00 356.00 356.00 356.00 356.00 356.00 356.00 356.00 356.00 356.00 356.00 356.00 8 3 6476.00 197.00 197.00 654.00 376.33 376.33 376.30 198.00 198.00 395.00 69.00 69.00 282.00 145.00 3546.00 356.00 366.00 47.00 47.00 42.00 42.00 445.00 36.88 33 376. 430.00 64.00 64.00 64.00 513.00 523.00 70.00 70.00 70.00 65.00 69.00 8

quora tnataqmol

APPENDIX TABLE 1.1. Continued

Abusive Group

8. 2.4 2.10 2.66 727.00 MSPPCCOP 22.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 3.32 

APPENDIX TABLE 1.1. Continued

PASM101 DRIMTO 8 ALLF TOT 2.53 65. 00000000000 

APPENDIX TABLE 1.1. Continued,

2.75 65 PAYR TOT \$ 35. DISRTCT \$ PASPTCT 57 65. 8 3 1.00 09 19 TOT =: PERO TOT 3.68 NJR TOT 8 dnoug quezadmog Abusive Group

APPENDIX TABLE 1.1. Continued

	LPRR	0.0	٠.		8	8	00-1	1.00	•	0.0	0.0	0.0	8:	•	0.0	8	8	95.	0.0	8.	•	•	0.0	0.0	0.0	•	•	•		0.0	0.0	0.0	0.0	0.0	•	0.0	•	.05	.27
	ADLR		80.			•	•	•	•	•	•	•	•	•	•	0	•	8.	00.	0.	•	•	000			90.		3		0	8	_	_	00.		00.		8.	e.
Continued.	•	90	00		000	20	0 00	00	0 06	00	00	00	20	_		00			00	0 00	_	0			0	_				0	20	1 0/	10 0	1 06	0 00	00	00	82	7
TABLE 1.1.	<b>8</b>	<b>6</b> -1	N 6			•	2.		-	· ·	-	2.0	-	•		<b>-</b>	~	n 1.72	2.0	)• <b>~</b>	2.		2.	-	61 (		N -				-	-1	~	-	6	-		-	1.77 p
APPENDIX TABLE	N-LVWL	•	<b>~</b> 1	• •		d	ino	79	•	A):	sno	dA 5	13	•	5 -	9.		Mean	E	•	٥,	21	60	F	dn:	<b>S</b> .;	92	, i	t s		0)	6	43	34	3.5	36	4.8	Mean	Total Group Mean

#### APPENDIX I

#### VARIABLE LIST AND SCORING KEY

- Age of Subject (in years)
- 2. Number of Children (total)
- 3. Age of Youngest Child

1.00 -	<pre>&lt; 2 months</pre>		4- 6 years
2.00 -	2-12 months		3-8 years
3.00 -	13-30 months	7.00 -	9-12 years
4.00 -	31-47 months		13-18 years
		9.00 -	> 18 years

4. Age of Oldest Child

Same as Number 3 above.

- 5. Marital Status
  - 1.00 Married 4.00 Never Married 2.00 Divorced 5.00 Widowed 3.00 Separated
- Early Separation from Mother (<11 years)</li>

7. Pets in Childhood

- 8. Parents' Punishment Methods
  - 1.00 None 3.00 Physical 2.00 Non-physical 4.00 Both
- 9. Financial Situation
  - 1.00 < \$4,000 2.00 - \$4-6,000 3.00 - \$6,10,000 4.00 - \$10-15,000 5.00 - \$15,20,000 6.00 - > \$20,000
- 10. Own Serious Illness
- 1.00 Yes 2.00 No

11. Educational Level

1.00 - 8th 4.00 -

2.00 - 8th 5.00 - Some College

3.00 - 10th 6.00 - College Completed

12th

12. Close Friend/Relative Death

1.00 - Yes 2.00 - No

13. Presence of Telephone

1.00 - None or Unlisted 2.00 - Yes

14. Had Premature Baby

1.00 - Yes 2.00 - No

15. Had C-Section

1.00 - Yes 2.00 - No

16. Own Birth Difficult

1.00 - Yes 2.00 - No

17. Breast Fed as Infant

1.00 - Yes 2.00 - No

18. Breast Fed Own Children

1.00 - Yes 2.00 - No

- 19. Number of Children Expected (total)
- 20. Number of Siblings (total)
- 21. Position in Birth Order

1.00 - Oldest 3.00 - Middle 2.00 - Youngest 4.00 - Only

22. Who Raised Subject

1.00 - Natural parents 2.00 - Other

- 23. Number Mother's Siblings (total)
- 24. Number Father's Siblings (total)

- 25. Other Important Adults in Childhood (total)26. Other Important Females in Childhood (total)
- 27. Parental Drug and Alcohol Use

1.00 - Yes 2.00 - No

28. Own current Alcohol Use

1.00 - Never 4.00 - Several times a week 2.00 - Once a month 5.00 - Every day

3.00 - Once a week

29. Own Current Drug Use

Same as Number 28, above.

(VARIABLES 30-69 ARE CONTINUOUS VARIABLES.)

- 30. Schedule of Recent Experiences 6 months
- 31. 1 year
- 32. 2 years
- 33. Erikson Scale 1, Trust vs. Mistrust
- 34. 2, Autonomy vs. Shame
- 35. 3, Initiative vs. Guilt
- 36. 4, Industry vs. Inferiority
- 37. 5, Identity vs. Role Diffusion
- 38. 6, Intimacy vs. Isolation
- 39. 7, Generativity vs. Stagnation
- 40. Michigan Screening Profile of Parenting:

**Emotional Needs Met** 

- 41. Relationships with Parents
- 42. Expectations of Children
- 43. Coping.
- 44. TA Self-Report: Withdrawal
- 45. Rituals
- 46. Pastimes
- 47. Activities
- 48. Games
- 49. Intimacy
- 50. TA Rated: Racket 1, Distress
- 51. Racket 2, Fear
- 52. Racket 3, Anger
- 53. Racket 4, Shame

54. 55. 56. 57. 58. 59.	TA Self Rep	ort: Maternal Allo Paternal Allo Maternal Driv Paternal Driv Maternal Pass Paternal Pass	wers ers ers ivity
60. 61. 62. 63. 64. 65. 66. 67. 68.	TA Rated:	Injunctions Permissions Drivers Allowers "Gallows" Transact Passive Behaviors Discounts Payoffs Original Script Le Current Script Lev Age of Compliance	vel
		1.00 - 1-3 years 2.00 - 4-6 years 3.00 - 7-12 years	4.00 - 13-17 years 5.00 - 18-30 years 6.00 - 30 years
71.		"Adult" Influence	
		1.00 - Yes	0.00 - No
72.		"Little Professor"	Influence
		1.00 - Yes	0.00 - No

### APPENDIX J

MEASURES OF ASSOCIATION BETWEEN DEMOGRAPHIC

VARIABLES AND MEMBERSHIP IN GEOGRAPHIC

GROUPS AND ABUSIVE/COMPETENT GROUPS

APPENDIX TABLE J.1.--Measures of Association between Demographic Variables and Membership in Geographic Groups and Abusive/Competent Groups.

(lemonyshic Variable				s. Rura				Abusiv				
Demographic Variable	<u>x</u> 2	P	ρ	<u>P</u>	r	P	<u>x</u> 2	P	ь	<u>p</u>	r	P
Age	21.57	.31			.16	.35	15.53	.69			.15	.38
Income	4.20	. 52	.23	.17			5.07	.41	.10	.58		
Marital Status	1.91	.75					4.91	.30				
Age Youngest Child	3.57	.61	12	.48			.89	. 97	.06	.74		
Age Oldest Child	2.79	.84	.22	.19			6.24	.40	08	.62		
Number of Children	12.96	.02*			.15	.38	7.78	.17			33	.051
Education	2.75	.60	03	.88			9.49	.05*	.49	.00*		
Birth Order	1.47	.69					2.76	.43				
Presence of Telephone	.53	.47					7.67	.01*				
Alcohol Use	3.57	.31	25	.13			2.15	.54	.22	.19		
Drug Use	1.89	. 39	.03	.84			1.77	.41	.21	.21		
Who Raised Subject	.08	.78					1.10	.29				
Childhood Punishment	2.26	.52	19	.26			3.83	.28	.01	. 97		
Own Birth Difficult	.02	.89					. 44	.51				
Separated from Mother	. 10	.75					.10	.75				
Childhood Pets	.04	.85					.04	.85				
Serious Illness	.07	.79					.07	.79				
Relative Died	.01	. 93					.01	.93				
Child by Caesarian	.01	. 93					.01	.93				
Child Premature	.44	.51					2.43	.12				
Breast Fed by Mother	.01	. 95					.12	.73				
Breast Fed Own Kids	.04	.84					.21	.65				
Parent Drug/Alcohol Use	.04	.85					.04	.85				
Number of Children Expected	6.28	. 39			.06	.73	5.61	.47			33	.06
Number of Siblings	4.92	.84			.12	.80	1.70	.23			22	.19
Maternal Sibship	12.17	.20			15	.42	5.20	.82			.02	. 91
Paternal Sibship	10.56	.31			.11	.57	2.84	.17			.ii	. 55
No. Significant Adults	.69	.22			07	.67	8.80	.07			.41	.01
No. Signif. Female Adults	.09	.99			02	.91	5.29	.15			. 35	.03

<sup>\*</sup>Significant at  $\underline{p} \leq .05$ 

### APPENDIX K

# SCREENING OUTCOMES FOR SIX VARIABLE SETS BY DIRECT AND STEP-WISE DISCRIMINANT FUNCTION ANALYSIS

TABLE K.1.--Discriminant Function Analysis of Selected Demographic Variables for Predicting Membership in Abusive and Competent Groups.

Method	Variables Included	Eigen- value	Eigen- Cannonical value Correlation	Wilks' Lambda	Chi Square	₽    G#	러	Percent Correct Classification
Direct	Education Telephone Number of Children Significant Adults Number of Signifi- cant Female Adults	96.	. 70	. 52	21.50	ις	.000	86.49%
Stepwise	<ol> <li>Telephone</li> <li>Number of Children</li> <li>Education</li> </ol>	.93	69.	.52	22.00	3 .000	000	83.78%

TABLE K.2.--Discriminant Function Analysis of Three Life Stress Measures (Schedule of Recent Experiences: SRE) for Predicting Membership in Abusive and Competent Groups.

Method	Variables Included	Eigenvalue	Eigenvalue Canonical Correlation	Wilks' Lambda	Wilks' Chi Lambda Square	df	더	Percent Correct Classification
	SRE 6 months							
Direct	SRE 1 year	80.	. 28	.92	2.73	က	3 .435	62.16%
	SRE 2 years							
Stepwise	1. SRE 6 months	*	*	*	*	*	*	56.76%
1								

\* Indeterminate due to faulty algorithm (Klecka, personal communication, 1979).

TABLE K.3.--Discriminant Function Analysis of Rated TA Script Variables for Predicting Membership in Abusive and Competent Groups.

Method	Variables Included	Eigen- value	Canonical Correlation	Wilks' Lambda	Chi Square	df 	ا م	Percent Correct Classification
Direct	Injunctions Permissions Drivers Allowers Allowers Passive Behaviors Discounts Payoff Level Gallows Transactions "Adult" Influence "Little Professor" Influence Original Script Level Current Script Level Becision to Comply Racket: Distress Fear Anger Shame	1.43	77.	T4.	23.49	11	.134	91.89%
Stepwise	<ol> <li>"Little Professor"         Influence</li> <li>Original Script         Level         3. Discounts         4. "Adult" Influence</li> </ol>	76.	.70	.51	22.39	4	000.	89.19%

TABLE K.4.--Discriminant Function Analysis of Self-Reported TA Variables for Predicting Membership in Abusive and Competent Groups.

Method	Variables Included	Eigen- value	Canonical Correlation	Wilks' Lambda	Chi Square	df df	ها	Percent Correct Classification
Direct	Maternal Allowers Paternal Allowers Maternal Drivers Paternal Drivers Maternal Passivity Withdrawal Rituals Pastimes Activities Games	66.	.77	. 50	19.91	12	690.	89.19%
Stepwise	1. Activities 2. Withdrawal 3. Paternal Allowers 4. Pastimes 5. Games 6. Paternal Drivers	88.	89.	. 53	20.17	Q	.003	83.78%

TABLE K.5.--Discriminant Function Analysis of Eriksonian Developmental Scales (ES) for Predicting Membership in Abusive and Competent Groups.

Method	Variables Included	Eigen- value	Cannonical Correlation	Wilks' Lambda	Chi Square	df	ᆈ	Percent Correct Classification
	Trust-Mistrust							
	Autonomy-Shame							
	Initiative-Guilt							
Direct	Industry-Inferiority	.60	.61	62	14.85	7	.038	81.08%
	Identity-Role Diffusion							
	Intimacy-Isolation							
	nerativity-							
Stepwise	1. Generativity- Stagnation 2. Autonomy-Shame	.46	. 56	69•	12.85	2	.002	78.38%

TABLE K.6.	TABLE K.6Discriminant Function Ana Scale Scores for Predicti	lysis of ng Membe	Function Analysis of Michigan Screening Profile for Parenting (MSPP) for Predicting Membership in Abusive and Competent Groups.	eening P ive and	rofile fo Competent	r Par	enting os.	(MSPP)
Method	Variables Included	Eigen- value	Cannonical Correlation	Wilks' Lambda	Chi Square	df	미	Percent Correct Classification
Direct	Emotional Needs Met Relationship with Parents Expectations of Children Coping with Problems	.27	. 46	.79	7.90	4	. 095	72.97
Stepwise	Expectations of Children Emotional Needs Met	.24	. 44	<u>8</u> .	7.29	2	.026	72.97

# APPENDIX L

# POOLED WITHIN-GROUP CORRELATION MATRIX FOR ELEVEN BEST PREDICTORS OF GROUP MEMBERSHIP

APPENDIX TABLE L.1.--Pooled within Groups Correlation Matrix for Eleven Best Predictors of Group Membership.\*

zəftivitəA AT-2	۲2.	.20	.05	25	.17	28	24	.13	02	6.	1.00
JaM Spa Meeds Met	37	.02	18	.15	.12	20	.13	13	91.	1.00	.01
[SWEYbit] AT-2	90	13	8.	03	40	09	06	14	1.00	91.	02
VimonotuA :SS3	91.	60.	\$	47	91.	26	.47	1.00	14	13	.13
əmitzs¶ AT-2	04	.00	91.	05	8.	39	1.8	.47	06	.13	24
"rozzałory elttil" AT-A		8.	27	.4.	14	1.00	39	26	09	20	28
Number of Children	16	.40	05	.21	1.00	14	8.	.16	40	.12	71.
sanuoseid AT-A	34	6.	45	1.00	.21	14.	05	47	03	.15	25
ES7: Generativity	15	.12	1.00	42	05	27	.16	ģ	06	18	.05
Te Jephone	25	1.00	.12	.00	€.	8.	.07	60.	13	-03	.20
fevel 1qtns2 fentgtn0 AT-A	1.00	25	15	34	16	<u>.</u> .	 8	91.	06	37	.21
	R-TA Original Script Level	Telephone	ES7: Generativity	R-TA Discounts	Number of Children	R-TA "Little Professor"	S-TA Pastime	ES2: Autonomy	S-TA Withdrawal	MSPP Emotional Needs Met	S-TA Activities

<sup>\*</sup>r < ± .32 significant at p < .05.
R = Rated by clinicians.
TA = Transactional Analysis
ES = Erikson Scale
S = Self-reported
MSPP = Michigan Screening Profile for Parenting

## APPENDIX M

POOLED WITHIN-GROUP CORRELATION MATRIX

FOR ALL CLINICIAN-RATED (R) AND

SELF-REPORTED (S) TA VARIABLES

R - Racket 4:

R - Racket 3: Anger Racket 2: 288 - 2 2 3 3 5 5 5 5 8 8 8 4 5 8 8 4 8 R - Racket 1: Distress - 4 4 5 8 6 1 5 6 8 Age of Compliance 5-= 2 5 5 5 5 8 2 2 8 = Clinician-Rated TA Variables R - Current Script Level R - Original Script Level 2 2 2 3 2 3 2 : \$ APPENDIX TABLE M.1.--Pooled Within Groups Correlation Matrix of Self-Reported and Clinician-Rated Transactional Analysis Variables.\* 2 × 8 \$ 8 8 8 E Ployed - A 2 8 3 5 6 8 5 5 1 23 nuossid - A = & t; 5; 2 2 2 2 2 : 2 = 8 8 R - Passive Behaviors 8 5 5 1 5 8 8 K - VIJOMELZ R - Drivers 5 C : 5 4 8 8 2 8 4 snotzzimn99 - A 2 2 2 2 3 3 2 5 6 2 2 2 3 ē ≈ ē Self-Reported TA Variables = 8 8 8 S - Activities 1 = -19 -25 -32 -29 -29 -28 1 2 6 8 5 4 4 5 zemitzes - 2 - 5 8 5 2 2 5 zisusia - 2 8 5 8 8 5 1 2 8 -25 -25 -29 -29 -31 -31 S - Withdrawal 8 2 9 ystivizzed famessavity 2 2 2 õ S - Maternal Passivity 8 2 8 2 - Paternal Drivers 25 25 16 17 17 17 18 18 18 18 19 19 "Little Professor" Program "Gallows" Transaction Original Script Level - Current Script Level Racket 1: Distress S - Maternal Passivity S - Paternal Passivity S - Maternal Allowers Passive Behaviors S - Paternal Allowers S - Paternal Drivers Age of Comptance Intimacy Racket 3: Anger S - Maternal Driver "Adult" Program Racket 2: Fear **Permissions** S - Withdrawal Activities Discounts S - Pastimes - Allowers S - Rituels Drivers Payoff Š Self-Reported bestaff-natiotalf2

•  $\mathbb{E} \le t$  .32 significant at  $\underline{p} \le .05$ .
\*Decimals eliminated for sake of clarity.

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