A PROJECTIVE ASSESSMENT OF FATHERS WHO ABUSE THEIR CHILDREN

Dissertation for the Degree of Ph. D.
MICHIGAN STATE UNIVERSITY
ERIC CHARLES AMBERG
1977

THESIS





This is to certify that the thesis entitled

A Projective Assessment of Fathers
Who Abuse Their Children
presented by

Eric Charles Amberg

has been accepted towards fulfillment of the requirements for

Ph.D. degree in Psychology

Betwo ! Law.

Date___March 16, 1977

0-7639





RETURNING MATERIALS: Place in book drop to remove this checkout from your record. FINES will be charged if book is returned after the date stamped below.

OX 1031

NOV. 1 5 1990

27



ABSTRACT

A PROJECTIVE ASSESSMENT OF FATHERS WHO ABUSE THEIR CHILDREN

By

Eric Charles Amberg

Male inmates of the psychiatric unit of a state prison who admitted in the course of psychotherapy with prison therapists, that they had earlier abused their children were investigated in an effort to identify personality characteristics which distinguished them from other inmates who did not voluntarily acknowledge that they had abused their children. A second control group of community resident fathers assumed to be non-abusive to their children was also used. The fifteen males, constituting each of the three groups, were administered the Rorschach and TAT tests.

The results revealed few differences between these groups on the selected personality measures. This lack of differences, and especially the unusually high pathogenic scores observed among the non-abusive control group, raised an important question about the adequacy of the control populations. The conclusions (as stated below) are, therefore, felt to be at best speculative.

In the area of pathogenesis the "abusive" group, although scoring slightly less pathological than the co-inmate controls, gave more "pathogenic" responses than the control fathers living in the community. With regard to personality structure, the "abusive" fathers appeared less integrated than both control populations. On an affective level, it was found that the "abusive" fathers were less able to integrate emotion effectively with realistic thinking. This impairment, if in fact distinctive, is believed to create conditions that prohibit the individual from responding effectively and realistically to everyday situations. When problems arise, the inability to cope may lead to a lowering of emotional safeguards which, in turn, may lead to assaultive behavior.

In concluding it is pointed out that in order to assess more effectively the hypothesized impaired integrity of the cognitive and emotional systems of abusive fathers, more rigorous investigations need to be carried out, especially when selecting control populations.



A PROJECTIVE ASSESSMENT OF FATHERS WHO ABUSE THEIR CHILDREN

Ву

Eric Charles Amberg

A DISSERTATION

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

DOCTOR OF PHILOSOPHY

Department of Psychology

1977

Copyright by ERIC CHARLES AMBERG 1977

ACKNOWLEDGEMENTS

This writer would like to take this opportunity to express his sincere appreciation to those individuals who have helped immeasurably with this research.

First I would like to thank the chairman and statistician of this committee, Dr. Bertram P. Karon, for his assistance in the scoring of the projective tests especially the T.A.T., for his aid in the analysis of the data, and with the formulation of the paper in general. Acknowledgement for assistance and support also goes to the other members of the committee, Dr. Lucy Rau Ferguson, Dr. Ray E. Helfer, and Dr. John Hurley whose constructive criticisms helped me to refine and focus on the essential issues in this paper.

Additional thanks to Dr. Ray E. Helfer for introducing me to the area of child abuse and for guiding my thinking in a field that has proven to be extremely intriguing and rewarding.

For their aid in helping me to secure subjects at Jackson Prison, I would like to extend my appreciation to Dr. Pesetsky and Dr. Prelsnik who have made my visits to the prison memorable. I also wish to thank the

members of the East Lansing Fire Department for their participation in this survey.

Dr. A. Pope and Dr. R. Kadden merit recognition for their assistance on the computational analyses of the data.

And last but not least, I would like to express a warm sense of appreciation to my wife Susan for her love and patience throughout most of this dissertation.

TABLE OF CONTENTS

P	age
REVIEW OF THE LITERATURE	1 .
	18 المحمدة
	20 أغ ^{ري}
RESULTS	31 /300
DISCUSSION	38 Bur
REFERENCES	45
APPENDIX	
1. THE QUESTIONNAIRE	51
2. POPULATION CHARACTERISTICS	52
3. CORRELATION OF TEST MEASURES	53
4. RAW DATA OF INDIVIDUAL SUBJECTS ARRANGED BY GROUPS	54
5. RAW TABULATIONS OF ADJECTIVE CHECK LIST	56

REVIEW OF LITERATURE

Since a symposium at the American Academy of Pediatrics (Kempe, 1962) a great deal of literature has been generated which has attempted to unravel the unique characteristics of the so called Battered Child Syndrome (BCS). This man-created childhood malady, according to Health, Education and Welfare's 1975 figures, affects approximately 500,000 annually and causes harm which ranges from multiple burns and lacerations to the more extreme injuries: gunshot wounds, subdural hematoma and death. Fontana (1976) estimates that one to two children a day are killed in this country due to abuse related injuries. The injuries are diagnosed as suspicious after accidental causes have been ruled out leaving willfulness as the only logical explanation for bodily insults.

In order to analyze the variables involved in the BCS, researchers have approached the topic from one of the following areas: life style (as related to such features as socio-economic status and family conditions), child related qualities (physiological and psychological), and parental traits and dynamics. While far from conclusive, the results do suggest a composite which has some utility in identifying critical issues related to abuse.

Socio-economic Status

The environment in which one grows up has behaviors and attitudes associated with it which have strong bearing on how children will be raised Social class values, for example, will in a large way deter-(Hess, 1970). mine whether a child will be assertive, challenging and exploratory, or if he will be passive, obedient, and constricted. The former type of behavior reflects the ideals of the middle class parent who tries to instill a sense of pride in the child's explorations (Bronfenbrenner, 1958, Sears, 1957). At school and at home, the parent encourages the child to question and challenge all that is not understood. When a transgression occurs, the parent expresses feelings of dissatisfaction and disapproval of the child's actions and not of his person. Contrary to this philosophy, the lower class parent, lacking the feeling of freedom to explore, provides the child with a view of the world that is essentially fatalistic and oriented to external power. The parent, in presenting this view, belittles the child's efforts to succeed. He (the lower class parent) teaches the child to react to members of authority with respect and thus perceive these figures as persons who will determine the course of events (Hess and Shipman, 1968, Kohn, 1963). If the child rebels, the

¹Membership in a particular class structure is based upon occupational status, economic resources, the availability of educational and occupational opportunities, and the sense of power or influence one feels one has in relation to the self and the community (Hess, 1970).

parent, using more physical forms of punishment, forces the child to succumb and adhere to the parents' dictims (Sears, Maccoby and Levin, 1957, Bronfenbrenner, 1958). Furthermore, when this power oriented approach is used, the child is not only left with the impression that his needs are being violated but his very person as well (Sears, 1957).

As child abuse is primarily associated with the lower class, (Spinnette and Rigler, 1972, Elmer, 1967, Bakan, 1971, Chessen, 1952, Hopwood, 1927, Lauer and Merloo, 1967), it can easily be said that abuse is just a type of lower class punishment. However, while there are some similarities in the general approach of abusive parents and of lower class parents to frustration, there are more limiting qualities in the environment of the former that tends to increase the usage of physical abuse.

Abusive parents, unlike the typical lower class parent, do not avail themselves of resources from which they can draw when crises arise (Steele, 1970). Problems which other people often discuss with peers and/or relatives are not shared with anyone outside the family by the abusive parents (Bakan, 1969, Davoren, 1974, Elmer, 1967a and 1967b). This isolationist approach prevents a sufficient discharge of feelings from occurring and hence they (the feelings) fester only to be displaced on some non-threatening person within the family, e.g. the child. Smith (1974) points out that:

Unlike other socially isolated populations, our index parents did not avail themselves of social support at crises times even though two-thirds had previous contact with social agencies. . . . The proportion of our mothers who were devoid of social activity is even higher than expected for their social class, and this concurs with the findings of those authors who have maintained that community contacts of battering parents are minimal (p. 578).

Life Style

The type of familial circumstances in which abusive parents find themselves are as much a manifestation of the illness (BCS) as the inappropriateness of their reactions when faced with crises.

Children of abusive parents range 2 to 12 with a mean of 7 and are born in close proximity to each other (Kempe et al., 1962). It is still an open question why individuals who clearly are unable to relate to people in general have this many children. One answer is that a number of children are said to be unplanned and/or unwanted (Fontana, 1976b). Another reply is that some children are conceived in order to satisfy appearances (i.e. perceived expectations of relatives, neighbors, and the religious community), or fulfill some more primitive need for a child's love and acceptance (Polansky, 1968, Jessner, Weigert and Foy, 1970). As a result, abusive parents rarely plan their children because they want to share their love with the child and thereby take mature pleasure in helping the child to develop. Instead, when the initial reason for having the child is past or when some

idiosyncratic expectation has been frustrated, the child's presence is no longer desired or appreciated.

The child who is seen as a strain is particularly evident in homes with single parents. While the circumstances for being single may vary (death of a spouse, separation, extramarital sex) once the child's presence becomes a symbol of a mishap, which requires an unwelcomed alteration in life style, the parent-child relationship becomes marred by excessive feelings of frustration, anger, or guilt. These hinder the flow of parental love for the child (Gardner, 1974, Perlman, 1964). Without a mate, decisions regarding such issues as livelihood and child care need to be met alone. Furthermore, the need (of the single parent) to deal with personal and emotional demands (including companionship and/or the fulfillment of interests and goals) also must be considered.

For the inadequate individual, the creation of appropriate strategies and the search for realistic resources on which to rebuild one's life may be an impossible task. Thus the inability to cope with the increasing demands on a mature level leaves the parent with little alternative but to displace the feelings onto the individual who is considered responsible for the increased burdens--the_child.

While the problems of single parents are magnified by virtue of the fact that they are alone, the married abusive parents also face the day to day chores with similar feelings of isolation. It will be recalled that

these parents are constrained individuals who view the world with suspicion and distrust. They resist all attempts made by outside agencies to offer help, and this agency assistance is either superficially acknowledged or openly rejected.

It should be noted that neither the isolationist trend, associated with abusive parents, nor abuse itself is class related (Smith et al., 1974, Fontana, 1976). Abuse within the middle and upper classes just stands a better chance of being undetected by local authorities (Fontana, 1976). Private physicians who treat the upper classes have been known to withhold information from the authorities for a number of reasons: to protect the family, to protect the private practice, and to avoid long and frustrating court appearances.

Thus, while much of the data on the frustrations experienced by abusive parents is derived from the lower class parents, it would be a mistake to assume that feelings of entrapment are relegated solely to members of the lower class. Moreover as frustrations of "singlehood" and feelings of alienation are not class related, it would be logical to assume that the displacement of anger onto children is similarly not class related. Unfortunately without sufficient data about abusive parents in the upper classes, one can only speculate about the parameters of abuse in the higher socioeconomic classes.

The Child

It has been noted that in many families where abuse is practiced, only one child is typically selected as the scapegoat (Elmer, 1967, Spinnette and Rigler, 1972). In a number of cases the child becomes the victim of assault as early as infancy (Polansky, 1968, Steele and Pollock, 1974). It has been discovered that approximately 66 to 75 percent of all cases of reported abuse are inflicted by the child's second birthday (with a mean age of 20 months), (Gil, 1970, Lauer and Merloo, 1967). Therefore, one must investigate the question: What (if any) are the unique features of a particular child that singles him (or her) out for abuse?

Physically and psychologically, the abused child comes across as being more deficient than the non-abused child even when the latter comes from the same family as the abused (Johnson and Morse, 1968). He (the abused) may suffer from a greater number of illnesses, have some physical difficulties (e.g. deafness, nervous disorder), and/or be intellectually impaired. Temperamentally, these children are diagnosed as hyperactive, hypersensitive, colicky, and irritable (Steele, 1971, Fontana, 1973). Some investigators (Elmer, 1967, Fontana, 1973b) question, however, whether these deficits or differences are congenital or have been the result of some form of assault or neglect. In other words, does the neglect, disinterest and/or extreme deprivation cause the mental retardation or nervousness, or is the condition truly biologic in origin? Proponents of deliberate actions as

a cause, point to the high number of cases of malnutrition in addition to the other maladies as supportive evidence for the pathogenic mothering or fathering. For example, Martin (1972, 1974) cites specific forms of pathological conditions that are suspicious in origin to support the contention that these problems may primarily be sociogenic. In his surveys, 43% of the victimized children were diagnosed as having some neurological pathology. However, within that population 50% had a history of skull fracture or subdural hematoma. In addition, other children showed evidence of under-nutrition which Martin states has led to mental retardation, hyperactivity, impaired alertness and attention span, decreased learning, and delay of language development. Mental retardation, another characteristic of abused children, has been found to be present in 30% of these subjects. Within this group 93% had a history of severe head trauma.

These psychological and/or physiological differences, regardless if they are endogenous or exogenous in nature, still call attention to themselves because of the extra care that is needed to deal with them. A child who is physically or mentally handicapped is usually less able to do things for himself and hence is more demanding of others. Similarly, the child who is colicky, fussy, and difficult to satisfy requires frequent ministrations with short-lived periods of relief.

Some parents think of the handicap as a blot on their image. The child's difficulty is like a stigma which apparently points out some imperfection

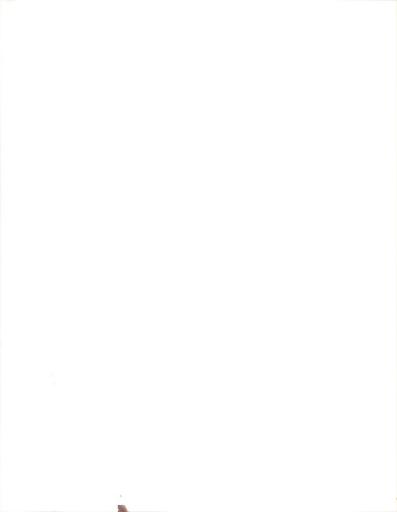
in the parents. As a result, the parents are ashamed and angered by the realization that their child will be unable to provide for them or meet their desired expectations. Instead the child becomes a spectacle for others to criticize or pity. It is not unusual to hear abusive parents constantly bemoaning the facts that their child is hard to please, irritable, always crying and unable to fall asleep, as well as complaints that he is slow or retarded (Steele and Pollock, 1974, Fontana, 1973). Such remarks reflect the parents' feelings of helplessness and inadequacy which further provoke their rage and hostility. Once the parents' anger is evoked, the child is no longer perceived as someone with problems but as an agent, satanic or otherwise, whose only motive is to punish or control the parent. child's behavior then is not recognized as helpless and infantile, but it is believed to be willful and sinister (Steele, 1970). The child is viewed as trying to hurt or upset the parent. Once the child is perceived as this evil person, the parent feels compelled to honor the perceptions accordingly and put the child back in his place to show him who is boss.

The Parent

In the end, one must look to the dynamics of the assailant for more definitive clues in unravelling the mystery of child abuse.

Historically the parent himself has been the victim of abuse as was his parent and his parent's parent before him (Steele and Pollock, 1974, Fontana, 1976). As a result the "illness" appears to feed on itself. When they were children, the parents were forced to assume the role of parent to their own parents. They were required to offer love and acceptance without ever having received any themselves. When the child made an attempt to please the parent, the child learned that such a task would be difficult to achieve. In effect, what would be rewardable one day could be punishable the next (Harrington, 1971). Moreover, when the child's own emotional and/or intellectual needs were voiced, the needs were left unmet or the child was admonished for his "selfish" qualities. / As a result of such a chaotic background, the child never really developed a firm sense of trust (in the self or in others) and instead learned to relate to people in a manner that can be described as superficial, cautious, rigid, and hostile (Holter and Friedman, 1968, Terr, 1970, Bennie and Sclare, 1969).

Without a feeling of well being and security, normal exploration and mental development is severely impaired. Children learn from questioning, and they look to the parent for the answers (Piaget, 1968). Because of the normal child's limitations, the parent is called upon to try to understand the nature of the child's questions, emotional discharges and idiosyncratic mannerisms. When the child cannot avail himself of the parental resources, his ability to move onto exploring with peers is stunted.



Experiences with malevolent parent(s) teach the child to view the world with suspicion. Consequently, the inability then to grow with peers fixates the individual on more primitive intellectual and emotional levels of interaction.

While the normal adolescent continues to go through processes of exploration and experimentation in an attempt to form some notion of personal identity or advanced meaning to existence (Lidz, 1968, Erikson, 1968), the abused person, not having had the opportunity for freedom of expression and independence or the closeness of another individual, faces the world with feelings of helplessness, hostility, suspicion, etc. (Kessler, 1966).

Psychodynamic Interpretation of the Parent

Dynamic theorists indicate that the early, pregenital fixation precludes the normal integration of ego processes and thereby leaves the ego fragmented. Every day experiences evoke intrapsychic wars wherein childhood whims are pitted against internalized parental taboos and proscriptions. Stated otherwise, perceptions and emotions are a continuous battleground for id and superego with the ego acting as a severely handicapped referee. The result is that individuals become personified as ids and superegos. For example, employers can come to represent superegos with the self (the parent) taking on the role of id. At home either spouse can assume the role of id or superego. Interestingly enough,

Steele (1970) has found that abused individuals tend to seek out each other in marriage and live out a sado-masochistic relationship.

Likewise, the child is perceived in this dualistic manner: the unloving rejecting parent or the "bad self" (Steele, et al., 1974). On the one hand, when the child makes demands upon the parent by asking for love, understanding or attention and/or when the child fails to comply with the parents' demands for the same, the child becomes seen as the cold rejecting, hostile parent. On the other hand, when the child exhibits behaviors that have been historically viewed (by the parents' parents) as sinful and definitely unacceptable (e.g. masturbation), the child will assume the identity of the parent's "bad self" or the evil id (Zilboorg, 1932). Steele (1970, 1974) adds that the need to repress sexual behavior in particular may also be due to the parent's own sexual feelings toward the child which have to be suppressed.

The ferocity and intensity of the parent's reaction is believed to be related to the stage at which the parent was fixated and/or the type of behavior exhibited by the child. If the parent were traumatized by his or her parent at the anal stage, it is conceivable that although other types of behaviors (e.g. oral type) may cause the parent some discomfort, it is primarily anal behaviors (e.g. withholding, smearing) which will evoke the parents' wrath. Similarly, a parent who began to experience difficulties at the Oedipal stage may view the child's attention-seeking behaviors

and even his smiling as seductive attempts to obtain the affections of the other parent. In this instance, the child or infant can represent the frustrating parent or a sibling whom the parent once viewed as a rival. In fact just the mere presence of the child can be felt as a threat to the parent who views the child as a rival or competitor for the spouse's love and compassion.

In any case, regardless of the child's age when he or she elicits old hostilities and angers in the parent, a distortion in perception of the child occurs, and the child comes to represent a forbidden wish or impulse, a rival or some other idiosyncrasy which is fraught with anxiety and powerful emotions. Once formed, the distortion leads to retaliation against the internal and external dangers. Afterwards, the assault is repressed only to arise again when the past is rekindled.

As stated earlier, this fragmentation in perceptions and in being evolved from a personality which lacks a basic sense of trust (Steele and Pollock, 1974). The incompleteness and instability of the ego causes the individual to be self-centered, to lack empathy, or to be unable to relate to people in a sincere, mature manner. Instead, relationships with others are highly defensive and superficial while the responses to the child are tinged with painful and fearful associations.

The distortion in perception further causes repressed beating fantasies to emerge and be acted upon. These fantasies according to

Freud (1919) (as cited by Flynn (1970) and Bakan (1971) date back to the genital stage at a time when the young child began to become sensitive to his own needs for sexual gratification. Excessive frustration during this stage causes the child's anger to be directed outwards towards those who are responsible for this condition, i.e. siblings, parents as well as the self. Thus, the theme of the fantasy is both sadistic and masochistic in nature. The sadistic component is manifested by the image of an authority figure beating a little boy. The authority figure (usually a teacher, principal, etc.) represents the father, and the little boy represents a rival. The sadistic gratification then stems from the satisfaction of having a competitor beaten for "if the father is beating the competitor, then he must love the child." The masochistic component is expressed on the unconscious level wherein the authority figure turns out to be the father and the little boy turns out to be the self (regardless of sex). This fantasy is the punishing agent that chastises the ego for having incestuous wishes. The beating in both cases is symbolic of "being loved (in a genital sense) though this has been debased to a lower level owing to repression" (Freud, 1919, p. 194).

When the ego is intact, the fantasy remains repressed; when as in the case of the abusive parent, the need to punish the competitor and the self is overwhelming, the fantasy of beating the child turns into reality (Flynn, 1970).

The Overcontrolled Personality

Interestingly, once the assault has been committed the episode is forgotten or denied. Some evidence for this belief comes out of the work done by Melnick and Hurley (1969). The authors found that mothers who had a history of abuse (AMs) and thus were more overtly rejecting of their children than comparative parents gave responses on Hurley's Manifest Rejection Scale (a thirty item scale which deals with the parent's general disciplinary policies) which seemed to indicate just the opposite -- that the control parents were more rejecting (p < .05) than the AMs. In other words, the mothers who were clearly more abusive towards their children came across as being less rejecting than comparable control mothers. Thus, for whatever the reason (fear of arrest, unconscious defensiveness, or just the feeling that in comparison to the way they were treated, their child is really treated well), the untrained observer is often led to view the abusive parent as a relatively harmless individual who could not even hurt

The authors compared the low score on the Manifest Rejection

Scale to the low hostility scores often associated with the overcontrolled murderer as discussed by Megargee and Mendelsohn (1962) and Megargee (1966).

Briefly, Megargee sees antisocial aggressive personalities as either being undercontrolled or overcontrolled. The former refers to a

when the individual feels provoked and the target is not too threatening, the venom will be unleashed directly. Otherwise it will be displaced on a less threatening object. The overcontrolled personality, on the other hand, tries to inhibit aggressive impulses from coming to the surface. His rigid stance does not allow any form of hostility to be expressed no matter how great the provocation. Instead, the feelings fester until a final straw is felt. Then an uncontrollable explosion occurs followed by a rebuilding of defenses.

According to interviews and reports from mental health personnel, abusive parents are depicted as social isolates with very few resources for expression. To talk with them, they do not come across as mean vengeful people nor do they seem to be action-oriented individuals. Instead they appear as well-controlled and mild mannered. Steele conceptualizes them as being super-ego dominated, i.e. they are rational, strict, and overcontrolling, but not hostile.

However, the lack of personal psychic freedom, the reclusive type of existence, and the tensions resulting from marriage and parenthood create (in the parent) an abundance of conflicts and emotions which have no target(s) for adequate discharge. As a result, when provoked, the parent finds in the child a non-threatening human being to whom she can bare her soul and aggressive impulses.

In summary, descriptions of abusive parents seem to revolve around the notion of a distortion of reality which leads to an emotional upheaval resulting in a need to vent these feelings. Much of the blame for this distortion has been linked to their (the parents) own disturbed childhoods which forced them to develop compensatory defense mechanisms at a very early age. Unfortunately, these defenses prevented the child from developing his potentials as well as schemata for realistically appraising the attributes of the environment. These defenses, while helping the child to cope with a malevolent world, instilled intense feelings of fear, anxiety, and hate in the growing child. However, fear of expression inhibited these feelings from surfacing and thereby created a personality that was rigid in thought and in behavior. Once an adult, this hostile, robot-like existence propagate itself, passed on from generation to generation. finds an outlet in the child. And so this crippling legacy continues to

HYPOTHESES

The hypotheses listed below are derived from statements and theories about abusive mothers, or about abusers in general. Abusive fathers as a group have not been well studied. Briefly, it has been said that the roots of abuse are implanted by abusive treatments during early infancy, the effects of which lead to the development of a personality that is orally oriented and excessively restrained when emotions (especially anxiety) are evoked. The consequences of this orientation are believed to lead to the creation of a personality that is highly controlled, agitated, and lacking in empathy.

Accordingly the following hypotheses 1 have been proposed:

- 1. Abusive fathers will show greater signs of orality than nonabusive fathers.
- Abusive fathers will exhibit more visible signs of secondary process thinking² than non-abusive fathers.

¹The measures used for assessing the hypotheses are discussed in the method section (pages 23 to 30).

²Secondary process is defined as methods for dealing with instinctual drives that are deemed socially acceptable and suitable for normal discourse. Primary process, on the other hand, is characterized as being more direct, intense, raw or blatant (Holt et al., 1970, Fenichel, 1945).

- 3. Abusive fathers will demonstrate less overt aggression and hostility than non-abusive fathers.
- 4. a. Abusive fathers will be more constricted than non-abusive fathers and
 - b. more tense as well.
- 5. Dynamically, abusive fathers are more prone to use restraint and withdrawal as defenses than non-abusive fathers.
- 6. Abusive fathers show greater signs of pathogenesis 1 than nonabusive fathers.

^{1&}quot;The pathogenic (psychologically destructive) individual is one who, when in the dominant position in a dependence relationship in which the needs of the two individuals conflict, satisfies his needs without regard for the needs of the dependent person" (Karon and VandenBos, unpublished material, p.2).

METHODS

Forty-five males (15 in each of 3 groups) recruited from Jackson State Prison, Michigan and from a neighboring community were used as subjects for this study (see Appendix 2). The subjects were Caucasians with approximately 11 years of education. The population had a mean age of 29.5 and a mean I.Q. that was slightly below average. The average yearly salary earned for all subjects (before imprisonment for inmates) was approximately 10 to 12 thousand dollars. The average number of siblings and children was 3.62 and 2.61 respectively.

The 15 child abusive fathers (AF) consisted of prisoners who were arrested for non-assaultive crimes i.e. breaking and entering, forgery, drug violation, passing bad checks, etc. but during the course of individual and/or group therapy, either with a psychologist or with a social worker, admitted that they had abused their children. The control prison population (NAF) was arrested for similar crimes, but denied any history of child abuse. In other words, when questioned specifically about possible child abusive patterns, the NAFs indicated that child abuse was not present in their history.

Both groups of prisoners resided in the psychiatric clinic of the prison. It should be noted though that many of the prisoners on the psychiatric ward were not necessarily more distrubed than the other prisoners, but they were individuals who used their membership on the ward as a means for obtaining an earlier parole. Requesting a transfer to the psychiatric clinic implied an attempt at rehabilitation, and therefore it was looked upon favorably by the parole boards. These prisoners (both groups) were therefore more cooperative with the examiner than might be expected. While MMPI or other test data were not available for all of the prisoners, the attending therapists were in agreement that the diagnostic label, psychopathic deviate, was probably the most appropriate label for most of the inmates on the psychiatric ward.

A second control group was included in order to partial out the effects of prison life as a contributing factor. Accordingly, this group was made up of non-abusive fathers (CF) who lived in a nearby community. Approximately 66% of the CF group were part-time firemen from the East Lansing Fire Department, who as a second job were involved in occupations (e.g. laborer, salesman) that were similar to those held by the prisoners before incarceration. In order to assess their disciplinary actions, these men were questioned about their child-rearing practices. In response, the subjects indicated that the primary mode of punishment was removal of privileges and some spanking infrequently. The rest of the

CF group (approximately one-third) was composed of individuals who lived in the community and had as the sole job one that matched that of the prison population. These fathers were referred to this writer by the staff pediatrician (at Michigan State University Health Center) who had contact with the families and as a result felt these fathers to be non-abusive. Both control groups, however, were matched as closely as possible (age, salary, education, religion, type of residence (urban, suburban)) to the abusive population as observed in Appendix 2.

Procedure

The staff psychologist in the prison made available to this examiner the names of those prisoners suspected of child abuse and the names of prisoners that denied abuse. The examiner was then introduced to the prisoners and asked them if they would like to volunteer to be subjects in a study that would help social scientists understand more about the personalities of prisoners. The prisoners were told that all the information would be kept confidential. Further, in return for their cooperation the prisoners were told that if they wished, they would be given feedback about the test results.

As many of the prisoners were bored, they were very agreeable.

Over a two month period, the prisoners were then individually administered

a series of psychological tests by this examiner in an office on the psychiatric ward.

All the subjects selected were initially given a brief questionnaire form (see Appendix 1) which required Ss to respond to statements about their present family or the family they were a part of when arrested 1 and about the family in which they were raised. In addition, Ss were asked to respond to a list of personality characteristics by stating whether or not the trait applied to them (see Appendix 5). The list was composed of terms which researchers have claimed are characteristic of abusive parents. All Ss were administered the Thematic Apperception and Rorschach tests. The CF groups were either tested in a room in the place of residence or (in the case of the firemen) in a separate room in the firehouse.

Measures

The Holt Scale (1970) for Rorschach analysis was used to assess the levels of psychological development (oral, anal, genital) and the presence of primary or secondary process. The scoring of a response is based upon the level of the response (1 or .2) according to the definition set forth

¹Some prisoners were not married but were living in a commonlaw situation and some who were married are now separated or divorced.

by Holt and his associates (see hypothesis one). In addition to the level of communication, Holt also pays attention to whether a subject is drawn to a segment of anatomy (e.g. penis, breast), or if he is able to deal with his drives by using more socially acceptable types of content (e.g. "This is a man" as opposed to "This is his penis"). Each response is then scored for the level of the response and the type of response (e.g. oral) when appropriate.

The developmental scale, as stated earlier, is based upon the type of activity described (e.g. eating) or the identification of a specific libidinal organ (e.g. mouth).

The reliability of these scales according to the literature, was determined by interjudge correlation between judges. For level one, a correlation coefficient of .97 was found for observer agreement. For content (developmental date included), the coefficient was .94. In this dissertation, the interjudge correlations for secondary process and degree of orality expressed were .89 and .91 respectively.

The levels of aggression and hostility were derived from Stone's (1956) Aggressive Content Scale (ACS) for the TAT and Elizur's Hostility Scale (Goldfried, Stricker and Weiner, 1971) for the Rorschach Test.

¹The judges used in this study were at least third clinical psychology students. Instructions for the scales used were given and the protocols were scored after they (the protocols) were randomly mixed.

The ACS categorizes each aggressive response in terms of a death content, physically aggressive content, and verbally aggressive content.

Subsequently, a weight of 3, 2, or 1 is given to each respective item. In addition, each response is scored for active or potential aggression. In the latter case, the response receives 1/2 credit point. The ACS has a reported average interjudge reliability coefficient of .90. Interjudge reliability in this study was found to be .85. Validity, according to Stone is based upon the scale's discrimination ability, demonstrated by the scoring of protocols of assaultive and non-assaultive prisoners. A t score of 2.98 (p < .01) clearly separated the assaultive from the non-assaultive groups (Stone, 1956).

Elizur's Hostility Scale (HL) has been used more often than any other system for the assessment of hostility (Goldfried, Stricker, and Weiner, 1971). The scoring is based solely on the content. The examiner views each response in terms of being obviously hostile or less obvious and symbolic.

The general categories of response, arranged according to decreasing level of hostility are: (1) expressive behavior, (2) emotions and attitudes expressed or implied, (3) objects of aggression, (4) symbolic responses, (5) double connotation and (6) unscorable or neutral responses (Goldfried et al., 1971, p.91).

The more obvious expressions of hostility, e.g. animals fighting, angry face (categories 1 and 2), receive a weight of two; the less obvious expressions of hostility (categories 3 and 4) receive a weight of one. With double connotations (category 5) the examiner has to determine whether the

major theme is hostility or anxiety. If the theme is primarily hostility, the examiner assigns the appropriate weight depending upon the level of hostility expressed; if the anxiety is the major theme, the response (as with category 6) remains unscorable.

The literature reports the average correlation for interscorer reliability to be approximately .90. This dissertation reports interjudge reliability for the ACS to be .95. With regard to validity,

when careful estimates of level of hostility (regardless of mode of expression) have been used as criterion measures--based on peer ratings of therapists, or estimates based on interviews specifically designed to assess hostility level--the correlation with HL has proven to be relatively high (Goldfried et al., 1971, p. 115).

Walker (1951) for example, found the correlation between ratings of patients' hostility and HL scale to be .78.

Measure of tension and self control were taken from Klopfer et al. (1954). The former is based upon the M: (FM+m) ratio. M refers to human movement, and FM+m refers to animal and inanimate movement respectively. According to Klopfer et al. (1954),

when FM+m is more than 1 1/2M, indications are that the tensions are too strong to permit the person to utilize his inner resources for the constructive solution of his every-day problems of living. When M is approximately equal to FM+m or a little greater and there are not more than one or two m, the implication is that the impulse life is subordinate to and fairly well integrated with the value system and that the individual is able to utilize his inner resources to give himself stability and control (p. 291).

The writer of this dissertation found the interjudge reliabilities for M and FM+m to be .91 and .77 respectively.

The degree of control is measured by FC: (FC+C). Here FC refers to responses in which the form of the percept is of primary importance but which is described as having a color component. With the latter half of the ratio, the color receives the primary emphasis with the form being either considered as secondary or disregarded. According to Klopfer (1954), when FC exceeds FC+C but the latter still is represented, the individual is capable of responding to his environment in a socially acceptable manner. He has a reasonable amount of control over his feelings and actions, and in addition, he is capable of expressing sincere and genuine emotions. When CF+C is absent or nearly so, control is excessive causing the person to suppress strong emotional reactions. Instead, the individual's responses tend to be superficial and lacking in sincerity. If, on the other hand, CF+C is greater than FC, the control over emotions and actions will be very weak and tenuous. Realiability correlations between scorers for FC and CF+C (from this survey) were .83 and .72 respectively.

The scoring for defensiveness (a by-product of the FC: (CF+C) ratio) as devised by Piotrowski (1957) utilizes a system which evaluates the type of shading emphasized by a subject. Piotrowski starts with the premise that any use of shading is associated with the presence of manifest anxiety. The larger the number of shading responses (ShR), the greater is the anxiety.

How one deals with anxiety is reflected in the type of ShR used. reliance on the blackness or starkness of the blot (c'R) is interpreted as a leaning towards maneuvers which are impulsive, confronting, and otherwise overtly agressive. These tactics are aimed at eliminating the perceived Therefore, people who fit into this category are often source of anxiety. perceived as being intolerant of discomfort, belligerent, anti-social, reckless, etc. Those persons, on the other hand, who pay more attention to the finer textures of the inkblot (cR) are usually seen as being more reserved, watchful, submissive, and otherwise more accommodating in the face of felt threats to the ego. Such individuals would rather sacrifice important goals and be less competitive than to face the consequences of confrontation and The defenses called upon include: reaction formation, assertiveness. intellectualization, withdrawal, etc. Interjudge reliability correlation coefficients for the above measures (c'R and cR) were found to be .75 and .72 respectively.

The Pathogenic Scoring System involves an evaluation of only those TAT stories in which there is a potential conflict between the needs of a dominant and dependent persons (other stories are neutral and unscorable). If the dominant person takes the other person's needs into account, the story is scored benign; if the dependent person's needs are ignored or violated, a pathogenic score is entered. More specifically, a story is scored pathogenic if:

the dominant individual either ignored expressed needs of the dependent individual or took from the dependent individual when their needs conflicted . . . if the dominant individual acknowledged and/or met the needs of the dependent individual, the story was scored benign (B). If there was no interaction, the story was judged unscorable (U), (Mitchell, 1969).

Interjudge reliability for this system is reported to be .89 (Mitchell, 1969). The validity based upon the ability to discriminate between pathogenic and normal mothers is equally high. The significance of this discrimination was found to be at the .003 level for judge one and at the .02 level for judge two (Mitchell, 1965). Interjudge reliability in this dissertation was found to be .74.

In order to evaluate statements in the literature about characteristics associated with abusive fathers, an adjective check list was used, and the subjects asked to check those attributes they saw as applicable. The adjectives used were: passive, aggressive, obsessive, compulsive, immature, rigid, hypersensitive, suspicious overburdened, hostile, suicidal, somatic, moody, inadequate, self centered, distant, dependent, impulsive, explosive, and alcoholic.

A simple count was taken of those adjectives that Ss felt applied to themselves. The summation within groups was then compared with each of the other groups. This was followed by a comparative evaluation of how each group responded to each adjective.

To try to insure against experimental bias all of the protocols were randomly mixed together to form one group for scoring purposes. In addition, all forms of identification were removed until all of the protocols were scored.

Nonetheless, the following variables were scored by the examiner (the same person who had administered the projective tests): Rorschach: Secondary process, orality, hostility, movement, color, shading; TAT: aggression, and pathogenesis. A second scorer (judge 2) for the purposes of reliability, scored the same variables from 18 protocols chosen at random. Only the examiner's scores, however, were used in the study except for pathogenesis (which was scored by judge 2 on all protocols).

Analysis of the Data

The data were analyzed by ANOVA to assess whether the hypothesized variables discriminated among the three groups of subjects. Chisquare was used to assess the discrimination of the individual adjectives among groups. For additional information, the intercorrelations of all experimental variables were computed and subjected to a McQuitty typal analysis.

RESULTS

The results of the study are shown in Table 1. The lack of a significant difference in the following: orality, % of secondary process thinking, the M: (FM+m) and FC: (CF+C) ratios, and the Piotrowski shading responses (c'R, cR), counterindicates support for hypotheses one, two, four and five. That is, the beliefs that abusive fathers; (1) have greater signs of orality, (2) exhibit more visible signs of secondary process thinking, (3) are more constricted and tense, and (4) are more prone to use restraint and withdrawal than control fathers were not supported by this study. With regard to the issue of constrictiveness (hypothesis 4a), while the basic hypothesized ratio (FC: (CF+C) failed to reach significance, closer inspection of the variables revealed a significant difference in per cent of FC. Abusive fathers were significantly deficient (p <.05) in the ability to utilize FC when compared to both control populations, that is, to express emotions in a logical and socially appropriate manner.

With respect to hypothesis three, no significant differences emerged on the ACS as derived from the TAT. It was hypothesized that



TABLE I

MEAN, STANDARD DEVIATIONS, AND F TESTS
OF VARIABLES

Variable	AF ¹ (mean) (S.D.)	NAF (mean) (S.D.)	CF (mean) (S.D.)	F Test ²	Comparison of Groups ² (where level of significance is present)
RORSCHACH:					
Orality	.076 ±.073	.135 ±.069	.108 ±.115	1.67	
Hostility	.097 ±.113	.173 ±.182	.097 ±.099	1.57	
% of secondary process	.886 <u>+</u> .119	.913 ±.081	.910 <u>+</u> .152	. 228	
Movement %	.125 <u>+</u> .116	.215 ±.157	.140 ±.105	2.15	
M: FM+m	.305 ±.299	.503 ±.595	.314 ±.252	1.11	
FC %	.033 ±.055	.096 <u>+</u> .078	.121 ±.094	5.25**	$\overline{CF} > \overline{AF}^*$ $\overline{NAF} > \overline{AF}^*$
FC; CF+C	.289 ±.756	.760 ±.738	.533 ±.104	1.13	
cR %	.071 <u>+</u> .091	.075 ±.174	.097 ±.105	.174	
c'R %	.073 ±.086	.093 ±.095	.059 ±.077	.570	
No. of responses	16.73 <u>+</u> 11.18	18.13 <u>+</u> 7.30	16.53 ±7.03	1,51	
ТАТ:					
ACS	.300 ±.092	.412 ±.087	.339 <u>+</u> .125	4.56**	NAF >AF*
Pathogenesis (scored by judge 1)	.655 <u>+</u> .175	.778 ±.135	.520 ±.221	7.66**	$\overline{AF} > \overline{CF}*$ $\overline{NAF} > \overline{CF}**$
Pathogenesis (scored by judge 2)	.711 <u>÷</u> .162	.783 <u>+</u> .157	.617 <u>+</u> .241	2.89	
Pathogenesis (averaged score from both judges)	.686 <u>+</u> .157	.783 ±.124	.571 <u>+</u> .218	5.78*	NAF > CF
CHECK LIST: Adjectives	8,40	8.47	4.47	7.05**	NAF CF**
jeenres	<u>+</u> 3.25	<u>⊬</u> 3.76	±2.70	,,00	AF CF

AF refers to abusive fathers, NAF refers to non-abusive fathers in prison, CF refers to control fathers living in the community.

²Levels of significance: *<.05, ** <.01.



abusive fathers produce less signs of aggression than control fathers. Here the ordering of the means lends partial support to hypothesis 3 with significance (p .05) actually reached between the NAF and AF populations.

In order to understand better the nature of the aggressive responses, a second look at the TAT was undertaken. This time, themes that involved expressions of anger and themes that included some form of physical altercation were evaluated. Here the results were not pronounced (see Table 2). For themes involving expressions of anger an FF of 5.47 emerged (significant at the .01 level of confidence) which, when further analyzed, indicated a significantly greater number of such stories only for the NAF group (mean .19) which differed significantly (p < .01) from both the AF mean (.07) and the CF mean (.08) at the .01 level of confidence.

TABLE 2

ANOVA and Comparison of Means

Variable	AF (mean) (S.D.)	NAF (mean) (S.D.)	CF (mean) (S.D.)	F	Comparison of groups (where level of significance is present)	
Anger	.07 <u>+</u> .08	.19 <u>+</u> .14	.08 <u>+</u> .10	5.47*	$ \frac{\overline{NAF}}{NAF} $ $ \frac{\overline{AF}}{CF}^{**} $	
Physical Aggression	.14 <u>+</u> .10	.32 <u>+</u> .12	.10 <u>+</u> .11	16.08**	NAF AF** NAF CF**	

Levels of significance: * < .05, ** < .01.



A similar finding also appeared with themes involving physical aggression. Here an F of 16.08 (significant at the .01 level of confidence) was computed which again revealed only the NAF population as being significantly different from the other groups. The NAF mean (.31) was significantly greater (.01) than both the AF mean (.14) and the CF mean (.10) with no significant difference between the latter groups.

The testing of hypothesis six also revealed interesting findings. Based upon the averaged ratings of both judges, the NAF group has a significantly greater (p < .01) number of pathogenic responses than the CF group. Similarly, pathogenic responses appeared to be more characteristic of abusive fathers than the CF group. Here again, while the results from the Newman-Keuls analysis is not clearly definitive, the ordering of the mean is. That is, pathogenesis appeared to be more prevalent (significance at the .05 level with judge one) with abusive fathers than with the CF group. There is no significant difference between the prison populations.

While one would expect the prison populations to be more pathogeneic than normal, the larger concentration of pathogenesis in the NAF group is strange. A comparison of the present data, with the data reported by Mitchell (1974), (see Table 3), indicates that these abusive fathers are high in pathogenesis and that the NAF population is extraordinarily high when compared to normal populations. Indeed even this normal sample is high as compared to Mitchell's control group.

TABLE 3

Mean Pathogenic Scores and Standard Deviations of Parents of Normal, Delinquent, and Schizophrenic Boys (from Mitchell's 1974 Survey) as Compared with Fathers in the Present Survey¹

Group	Mot	hers	Fathers		
	Mean	S.D.	Mean	S.D.	
Normal	.39	<u>+</u> .17	.43	<u>+</u> .08	
Delinquent	.38	±.18	.59	<u>+</u> .07	
Schizophrenic	.67	<u>+</u> .32	.61	<u>+</u> .20	
CF			.57	<u>+</u> .22	
NAF			.78	$\pm .12$	
AF			.69	±.16	

Pathogenic scores averaged from both judges.

That this control group (NAF) was for the most part diagnosed as psychopathic deviates indicates that they are not likely to be trustworthy people, and the high pathogenesis scores may be quite accurate. Indeed, even the absence of voluntary admissions of child abuse during psychotherapy does not mean for such a population that one can have certainty that abuse did not occur.

As for the adjectives, both the AF and the NAF groups characterized themselves as being significantly (p < .01) more aggressive, self centered, inadequate, and alcoholic than the CF population. On only one

issue, degree of suspiciousness, did the NAF population consider themselves to be significantly more disturbed (than the AF population). The AF group reported less suspiciousness than even the CF population. Indeed the openness of both prison groups given their diagnosis is for the most part questionable.

Finally, a group-by-group intercorrelational analysis (using the McQuitty (1961) typal approach 1), depicted in Figure 1, indicated that on an overall level, the CF group revealed the more complex and stronger linkages with the NAF group following one place behind; the AF group possessed the least complex and somewhat weaker linkages. A closer inspection of the intercorrelations further pointed out significant (p < .01) bonding of ACS to pathogenesis in all groups. However, only the control groups showed significant (p < .01) correlations between ACS (TAT) and hostility (Rorschach). Both of these McQuitty results reveal interesting findings, the meaning of which will be discussed in the subsequent section.

¹Each McQuitty (1961) type is defined as a cluster of measures derived from a pertinent intercorrelational matrix. The measures involved correlate more highly with at least one other member of the specific type than they correlate with any nonmember of that type. In the Figure 1 data, typal bonds are supplemented by finer bonds showing all other statistically significant correlations among variables within each of the groups of subjects. Positive correlations are shown by unbroken bonds; broken or dashed bonds show negative correlations.

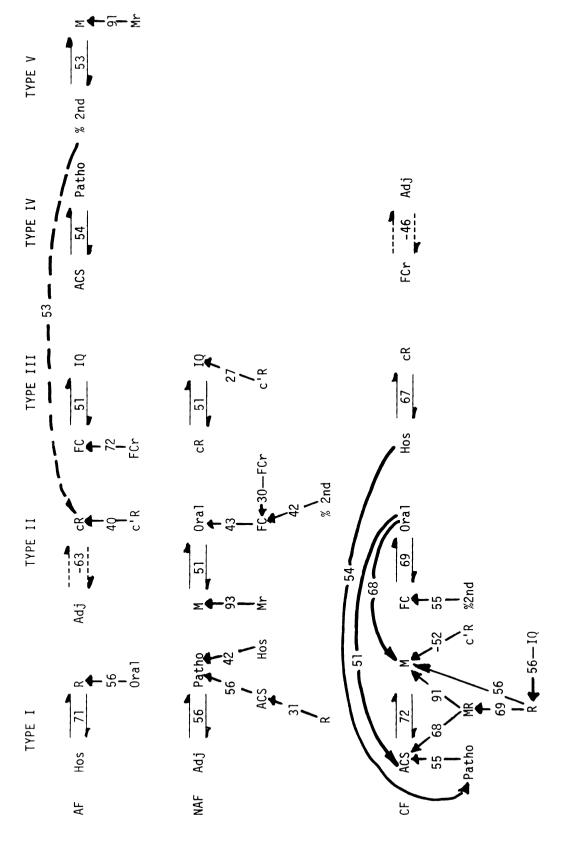


FIG. 1.--Typal Analysis of Measures Within Each Group Supplemented by All Additional Linkages Depected by Finer Hands Between Types Which Reached Statistical Significance (p<.05 by two tailed test)

DISCUSSION

Probably the most striking feature in this paper was the lack of a significant difference between both the supposedly AF and control groups on a number of factors, e.g. immaturity, defensiveness, constrictiveness, hostility, etc. The abusive fathers even came across as being significantly less aggressive than the NAFs and appreciably less aggressive than the CF group.

While the results are somewhat intriguing, part of the answer for the lack of significant differences (on most measures) may be due to methodological weaknesses. In other words, if assumptions made about the subject population and/or the method for evaluating the data are faulty, then the results will be misleading.

Be that as it may, this discussion, in order to present a more comprehensive understanding of the data, must begin with some of the problems that are inherent in this paper before proceeding with theoretical explanations.

The major problem concerns the assumption that the control population is truly non-abusive. To begin with, most studies on child abuse usually contain evidence of abuse in order to substantiate the

integrity of an abusive population. This study, unfortunately, used self-report, during-therapy sessions, i.e. admission or denial of abuse as the criterion for appropriation to either the AF or control groups. Thus while the AF's admission of abuse may be somewhat reliable (although lacking in concrete evidence) denial of abusive behavior can be questioned especially with regard to the prison population. In effect, failure to acknowledge child abuse (in the NAF groups) could be a function of the sociopathy present and/or be related to a fear of retribution. According to Prelsnik (personal communication), staff psychologist at Jackson State Prison, child abusers are not looked upon very favorably by other prisoners. In fact, it is not unusual for child abusers to be assaulted by other prisoners apparently or as a result of the former's unsavory treatment of their children.

Future research, should at the very least pay more attention to the subjects' history. For example, it might be desirable to learn about the subject's experiences as a child. If the subject felt that he was abused as a child, then according to the literature, a template for abuse may be present. In other words, there is a likelihood that individuals who are abused as children have a tendency to be abusive when they become parents. Thus, if the subject states that he did feel abused as a child, then the subject's denial of abusive behavior may have to be evaluated more thoroughly before he can be considered for a control population. It should be noted,

however, that denial of an abused childhood does not necessarily rule out abusive behavior as does the admission of an abused background necessarily imply that the subject will be abusive towards his children. Ideally, conversations with family members, and when possible with family contact e.g. social worker, family physicians, should be included in order to further evaluate the subject's child rearing practices.

A second problem in this paper has to do with the evaluation of the data. The author, as stated earlier, was the same individual who collected the data and then scored the protocols. Thus, while care was taken to score the data randomly, contamination due to latent knowledge of the identity of the protocols is always a possibility.

Hence, the unusually high pathogenic responses in all groups (with the prison populations eliciting significantly more pathogenesis than the CF group) could very well be a product of faulty group selection and/or be a consequence of the evaluative process¹. The potential for pathogenic interactions with a dependent individual was present in all groups as illustrated by Table 3 wherein the present populations were compared to Mitchell's (1974) normative male populations. Further, the high pathogenic scores coupled with the significantly greater number of aggressive

¹The scoring of pathogenesis is highly contingent upon the judge's base-rate and the particular TAT stimuli used.

TAT on the part of the NAF group bears strong support for the contention that abuse could very well be a part of the dynamics of the NAF group.

These cautions considered, some trends have been looked at with implications for future research included.

When looking at the AF group as compared to the control groups, the former appear to possess a deficiency in their ability to accept or integrate feelings with other sensations. The results of the McQuitty typal analysis for example, indicate that AFs as a group are less capable of integrating disparate pieces of data into their cognitive system (as evidenced by the less complex and weaker across type linkages of the AF group).

The lack of integration is further displayed by the lack of a significant correlation (only in the AF group) between pathogenesis and hostility and on the Rorschach by the significantly lower (p < .05) FC% (of the AFs) when compared to the control groups. FC reflects the ability to effectively integrate affect with realistic thinking.

This impairment (defined as a poorly integrated cognitive system) creates conditions that prohibit the individual from responding effectively and realistically to everyday situations. Consequently, when crises arise, the inability to cope could very well lead to a breakdown in emotional controls. Galdston (1968) contends that the lack of emotional safeguards

causes abusive parents to translate affect into physical actions which according to Bishop (1975) is further complicated by a "translocation of memories." In effect, should a problem achieve crisis proportion, the abusive parent may no longer perceive the problem in its proper perspective, but instead experience the situation in a manner reminiscent of a childhood incident. The parent may view himself as the child being harassed by the rejecting parent, tyrannical teacher, etc. with the child being perceived as the antagonist. Once this contamination in perception occurs, the drive to resolve the crisis becomes blocked by rage which is then directed at the perceived source—the child.

Melnick and Hurley (1969) have compared these abusive parents to the overcontrolled personalities as described by Megargee. Megargee (1962, 1966) has pointed out that overcontrolled personalities give an outward appearance of calmness and control. However, when these individuals are excessively provoked, the emotional safeguards collapse and a blind rage ensues. Afterwards, when the crisis has passed, the event is forgotten and the individual behaves as if nothing has happened. In a sense the person is amnesic to the experience of rage. Steele (1970, 1974) has found this (amnesia) to be the case with a variety of abusive parents whom he interviewed. While some believe the amnesia to be merely an excuse, others feel that the amnesia is a necessary, albeit unconscious, component for the individual's survival.



Once the emotional safeguards are lowered, the impulses associated with the pathogenesis are unleashed and assault occurs. After the attack, a reconstitution of perception probably occurs which allows the abusive father to once again closely resemble the non-abusive father that lives in the community.

This pattern of impulsive discharge of aggression followed by some reconstitutive process has also been described by Pincus and Tucker (1974) in their work on temporal lobe dysfunction. Generally people with this affliction also give the appearance of being in control. However, when the limbic system is stimulated (as in epilepsy), an explosive reaction can occur at the slightest provocation. Afterwards, perceptions return to normal while the elements that caused the outburst cannot be explained by the subject.

Consequently, while brain damage is not being proposed, a hypothesis about emotional interference is being raised. More specifically, it is possible that abusive fathers may have some form of emotional disturbance which can arise and momentarily interfere with normal perceptions. During that time, emotional safeguards are lowered, and an explosive reaction occurs.

Thus the data suggest that the ability to cope with everyday stress is an area of research that needs to be considered.

Gil (1970), tenBensel (1975), Mitchell (1975), and Alvy (1975) raise the issue that if one is to unravel the enigma of child abuse, one should not restrict oneself to looking only at individual dynamics or environmental factors but instead should address himself to how these factors interact with each other. Accordingly, more intensive research needs to be explored that will be geared towards uncovering the more subtle type of interactions which lead to the end product of child abuse.

Towards this end investigators may choose to concentrate on the reaction the abusive parent has to stressful situations, e.g. being accused of stealing, an illness of a significant other, the loss of livelihood, etc.

These reactions can then be compared to control groups in order to assess the extent of freedom which the abusive parent feels he has when faced with emotionally tinged situations.

These conclusions, however, as stated earlier are speculative. It remains for future research to evaluate the hypothesized impaired integrity of the cognitive and emotional systems of abusive fathers, but only after a more rigorous investigation of the subjects included is carried out.





REFERENCES

- Alvy, K. T. Preventing child abuse. American Psychologist, 1975, 30, 921-928.
- Bakan, D. <u>Slaughter of the innocents</u>. San Francisco: Josey-Bass Inc., 1971.
- Bennie, E. H. and Sclare, A. B. The battered child syndrome. American Journal of Psychiatry, 1969, 125, 975-979.
- Berlow, L. Recognition and rescue of the battered child. <u>Hospitals</u>:

 Journal of the American Hospitals Association, 1967, 41, 58-61.
- Bishop, F. Perception, memory, and pathological identification as precipitating factors in parental attacks on children. Medical Journal of Australia, 1975, 2, 243-245.
- Bronfenbrenner, U. Socialization and social class through time and space. In Maccoby, E. E., Newcomb, T. M., and Hartley, E. L. (Eds.)

 Readings in social psychology, N.Y.: Holt, 1958.
 - Brown, R. H. The battered child syndrome. <u>Journal of Forensic Science</u>, 1976, 21, 65-70.
 - Chessen, E. Cruelty to children. N.Y.: Philosophy Library Inc., 1952.
 - Davoren, E. The role of the social worker. In Helfer, R. E. and Kempe, C. H., The battered child. Chicago: University of Chicago Press, 1974, 89-150.
 - Elmer, E. Child abuse: the family's cry for help. <u>Journal of Psychiatric</u> <u>Nursing</u>, 1967a, 5, 332-341.
 - Elmer, E. <u>Children in jeopardy</u>. Pittsburgh: University of Pittsburgh Press, 1967b.

- Erikson, E. H. Identity, youth and crisis. W. W. Norton & Co., 1968.
- Fenichel, O. The psychoanalytic theory of neurosis. N.Y.: Norton, 1945.
- Flynn, W. R. Frontier justice: A contribution to the theory of child battering. American Journal of Psychiatry, 1970, 127, 375-379.
- Fontana, V. J. The neglect and abuse of children. New York State Journal of Medicine, 1964, 215-224.
- Fontana, V. J. Which parents abuse children? Medical Insights, 1967a, 18-21.
- Fontana, V. J. The maltreatment syndrome in children. <u>Hospital</u> Medicine, 1971b, 7-25.
- Fontana, V. J. Somewhere a child is crying. N.Y.: McMillan, 1973.
- Fontana, V. J. Children become what parents make them. Psychiatric Annals, 1976, 5, 59-67.
 - Freud, S. A child is being beaten: a contribution to the study of sexual perversion, (1919). In Strachey, J. (Ed.) The standard edition of the complete psychological works of Sigmund Freud. London: Hogarth Press, 1962, 17, 179-204.
 - Galdston, R. <u>International Clinics of Child Psychiatry</u>. Edinburgh: Olive & Boyd. 1968.
 - Gardner, E. Psychological aspects of divorce. In Arieti, S. (Ed.) <u>American handbook of psychiatry</u> (second edition), N.Y.: Basic Books, 1974, 1, 496-512.
 - Gil, D. G. Incidence of child abuse: demographic characteristics of persons involved. In Helfer, R. E., and Kempe, C. H., The battered child. Chicago: University of Chicago Press, 1968, 19-40.
 - Gil, D. G. <u>Violence against children</u>. N.Y.: Commonwealth Fund Book, 1970.

- Goldfried, M. R., Stricher, G., and Weiner, I. B. Rorschach handbook of clinical and research applications. N.J.: Prentice-Hall, 1971, 89-116.
- Harrington, J. A. Violence: a clinical viewpoint. <u>British Medical Journal</u>, 1971, 1, 228-231.
- Hess, R. D. and Shipman, V. C. Maternal attitudes toward the school and the role of the pupil: some social class comparisons. In Passow, A. H. (Ed.) Developing programs for the educationally disadvantaged. N.Y.: Teacher's College Columbia University, 1968.
- Hess, R. D. Social class and ethnic influences upon socialization. In Mussen, P. H. (Ed.) Carmichael's manual of child psychology. N.Y.: John Wiley & Sons, 1970. 457-558.
 - Holt, R. R. and Havel, J. A method for assessing primary and secondary process in the Rorschach. In Rickers-Ovsiankina, M. A. (Ed.) Rorschach psychology. N.Y.: John Wiley & Sons, 1960.
 - Holt, R. R. Manual for the scoring of primary process manifestations in Rorschach responses. N.Y.: Research Center for Mental Health, New York University, 1970.
 - Holter, J. C. and Friedman, S. D. Principles of management in child abuse cases. American Journal of Orthropsychiatry, 1968, 38, 127-135.
 - Hopwood, J. S. Child murder and insanity. Mental Science, 1927, 73, 95-108.
 - Jessner, L., Weigert, E., and Foy, J. L. The development of parental attitudes during pregnancy. In Anthony, E. J. and Benedek, T. (Eds.) Parenthood its psychology and psychopathology. Boston: Little Brown & Co., 1970, 209-243.
 - Johnson, B. and Morse, H. A. Injured children and their families. Children, 1968, 18, 147-152.
 - Karon, B. T. and Vanderbos, G. R. <u>Pathogenesis scoring</u>. Unpublished paper.
 - Kempe, C. H., Silverman, F. N., Steele, B. F. Droegmemueller, W. and Silver, H. K., The battered child syndrome. <u>Journal of the American Medical Association</u>, 1962, 181, 17-24.

- Kessler, J. W. <u>Psychopathology of childhood</u>. Englewood Cliffs: Prentice-Hall, 1966.
 - Klopfer, B., Ainsworth, M., Klopfer, W.G., and Holt, R.R. <u>Developments in the Rorschach technique</u>. N.Y.: Harcourt, Brace & World Inc., 1954.
 - Kohn, M. L. Social class and the parent-child relationships: an interpretation. American Journal of Sociology, 1963, 68, 471-480.
 - Lauer, G. V. and Merloo, J. A. M. Mental cruelty and child abuse. Psychiatric Quarterly (Supplement), 1967, 41, 203-254.
 - Lidz, T. The person: his development throughout the life cycle. N.Y.: Basic Books, 1968, 298-361.
- Martin, H. P. The child and his development. In Kempe, C. H. and Helfer, R. E. Helping the battered child and his family. Philadelphia: J. B. Lippencott, Co., 1972, 93-114.
 - Martin, H. P. and Beezley, P. Prevention and the consequences of child abuse. American Journal of Orthropsychiatry, 1974, 68-77.
 - McQuitty, L. L. Elementary Factor Analysis, <u>Psychological Reports</u>, 1961, 9, 71-78.
 - Megargee, E. and Mendelsohn, G. A. A cross validation of twelve MMPI indices of hostility and control.

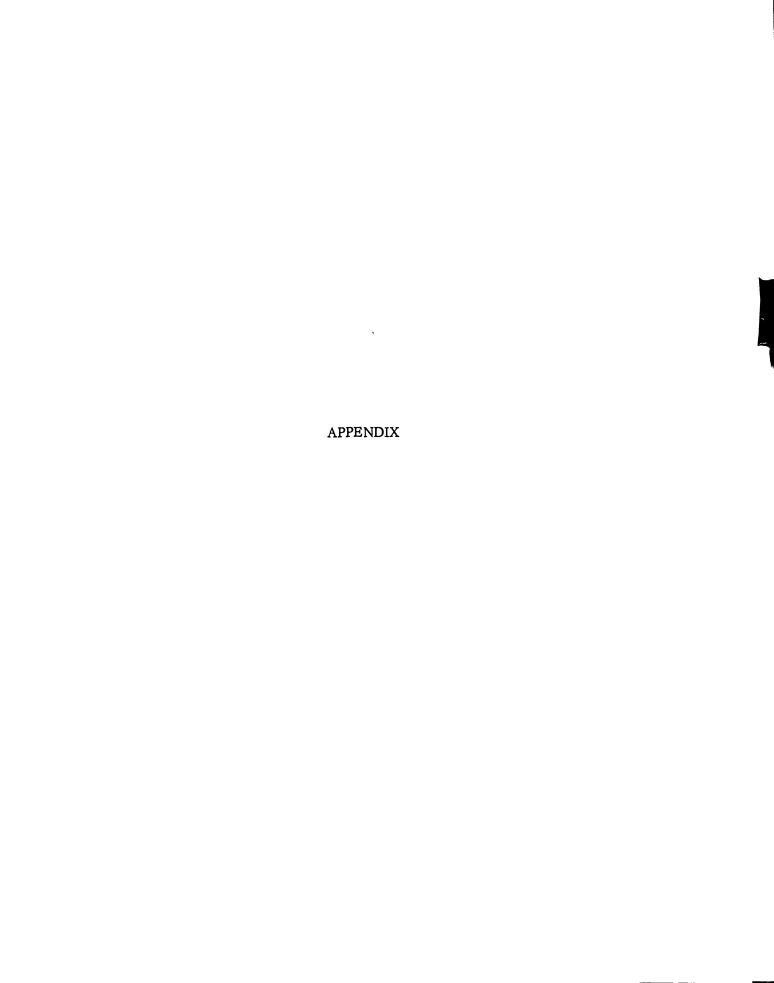
 Psychology, 1962, 65, 431-438.
 - Megargee, E. I. Undercontrolled and overcontrolled personality types in extreme antisocial aggression. Psychological Monographs, 1966, 80, 1-29.
 - Melnick, B. and Hurley, J. R. Personality characteristics of child abusing mothers. <u>Journal of Consulting Clinical Psychology</u>, 1969, 33, 746-749.
 - Mitchell, K. An elaboration of a study of the schizophrenogenic mother concept by means of the T.A.T. Unpublished dissertation, Michigan State University, 1965.

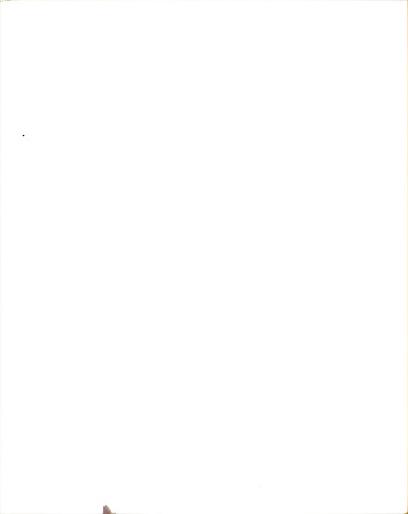
- Mitchell, K. M. Concept of pathogenesis in parents of schizophrenic and normal children. Journal of Abnormal Psychology, 1969, 74, 423-424.
- Mitchell, K. M. Relationship between differential levels of parental pathogenesis and male children's diagnosis. <u>Journal of Clinical</u> Psychology, 1974, 30, 49-50.
- Mitchell, R. G. The incidence and nature of achild abuse. Developmental
 Medicine and Child Neurology, 1975, 17, 641-644.
- Morris, M. G., Gould, R. W., and Mathews, P. J. Toward prevention of child abuse, Children, 1964, 11, 55-60.
- Perlman, H. H. Unmarried mothers. In Cohen, N. E., <u>Social Work and Social Problems</u>, N.Y.: National Association of <u>Social Workers Inc.</u>, 1964.
- Piaget, J. Six psychological studies. N.Y.: Random House, 1968.
- Pincus, J. H. and Tucker, G. J. <u>Behavioral neurology</u>, N.Y.: Oxford University Press, 1974.
- Piotrowski, Z. A. Perceptanalysis. N.Y.: McMillan Co., 1957, 246-293.
- Polansky, N. A. Child neglect in a rural community. Social Casework, 1968, 49, 467-474.
 - Pollak, O. The broken family. In Cohen, N. E., Social work and social problems, N.Y.: National Association of Social Workers Inc., 1964, 321-339.
- Sears, R. R., Maccoby, E. E., and Levin, H. Patterns of child rearing.
 N.Y.: Row, Peterson & Co., 1957.
 - Smith, S. M., Hanson, R., and Noble, S. Social aspects of the battered child syndrome. <u>British Journal of Psychiatry</u>, 1974, 125, 568-582.
- E. and Benedek, T. (Eds.), Parenthood: its psychology and psychopathology. Boston: Little Brown & Co., 1970, 449-477.

- © Steele, B. F. and Pollock, C. B. A psychiatric study of parents who abuse infants and small children. In Helfer, R. E. and Kempe, C. H.,

 The battered child. Chicago: University of Chicago Press, 1974,

 89-134.
- (I) Spinnette, J. J. and Rigler, D. The child abusing parent: a psychological review, Psychological Bulletin, 1972, 77, 296-304.
 - Stone, H. The T.A.T. aggressive content scale. <u>Journal of Projective</u> Techniques, 1956, 20, 445-452.
 - TenBensel, R. W. and King, K. J. Neglect and abuse of children:
 historical aspects, identification and management. Journal of
 Dentistry for Children, 1975, 45, 348-358.
 - Terr, L. C. A family study of child abuse. American Journal of Psychiatry, 1970, 127, 665-671.
 - Walker, R. G. A comparison of clinical manifestations of hostility with Rorschach and MAPS test performance. <u>Journal of Projective</u> Techniques, 1951, 15, 444-460.
 - Zilboorg, G. Sidelights on parent-child antagonisms. American Journal of Orthropsychiatry, 1932, 2, 35-41.





APPENDIX 1

THE QUESTIONNAIRE

Name		Re	eligion
Age now	At admissio	n H	ighest grade
Years married	Salary	Marita	l stability
Occupation		_	Divorced
Criminal backgro			
History of mental			
ChildrenNumbe			ich abused
SiblingsNumber		Pre	eferred child
Position in family			
As a childfelt p		felt rejected_	unloved
felt al		by whom	
Parentsliving			o is living
	atural		
foster pa		domi	
disciplin		Method	
	у	MarriageS	Stable
alcoholio			
PregnancyPlanne			Reason
Child seen as bur	den	Child expe	ctations
Check attributes t	hat are appro	priate	
passive	suspic		self centered
aggressive		urdened	distant
obsessive	hostile	е	dependent
compulsive	suicid		impulsive
immature		al complaints	explosive
rigid	moody		alcoholic
hypersensitive	feel ir	nadequate	habits
Vocabulary Answe	rs		
1.	6.	11.	16.
2.	7.	12.	17.
3.	8.	13.	18.
4.	9.	14.	19.
c	10	15	20

APPENDIX 2
POPULATION CHARACTERISTICS

	AF (maan)	NAF (mean)	CF (mean)	
Variable	(mean) (S.D.)	(S.D.)	(S.D.)	F
Age	26.73	29.47	32.27	3.01
	7.09	7.82	7.87	
I. Q. ¹	2.60	2.67	3.00	.783
(-	.91	1.11	.76	
Highest Grade Completed	10.33	11.13	12.40	7.23
	1.29	2.07	.91	
Siblings	4.73	3.33	2.80	1.20
	3.33	4.22	2.57	
No. of Children	1.93	2.57	3.33	2.55
	1.30	2.06	1.76	
Salary (in \$1,000)	9.60	9.80	10.93	.477
	5.28	3.26	3.22	

¹Estimates of I. Q. were derived from the Thorndike-Gallup Vocabulary Scale. This is a twenty item multiple choice test whose product moment correlation with full scale WAIS and Stanford-Binet I. Q.s has a range of .75 to .95 (Miner, 1956). The I. Q. scores are divided into five groups: 1=80 or below, 2=80-90, 3=90-110, 4=110-120, 5=120 or above. The mean I.Q.s therefore, of the subject populations (AF, NAF, CF) correspond approximately to 93, 94, and 100 respectively.

No. of responses

APPENDIX 3
CORRELATION OF TEST MEASURES

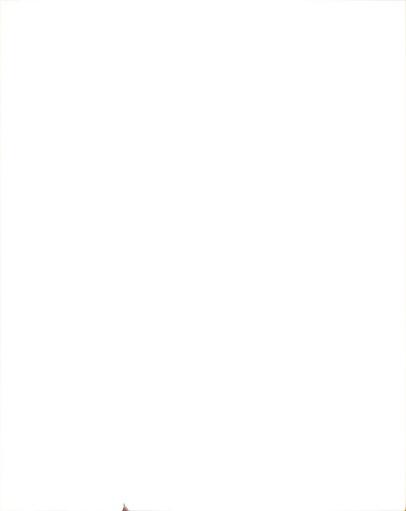
		λ	λ	%	(%	(:	%	Z	0.		S	s
	secondar secondar	Oralit	Hostilit	6 W	: (FM+m	EC &		C: (CE+C	CF+C) :5		с,К %	6 H2	8 Я'э 8 Яэ ACS
% of secondary process thinking					M			Э	ъ.	η	ρĀ		Patl
Orality	.28												
Hostility	-,10	.04											
M %	.27	.40	90.										
M: (FM+m)	.23	.30	.02	.92									
FC %	.28	.21	-,14	.28	.19								
FC: (CF+C)	-,03	90	02	03	03	.42							
c'R %	-,15	-,17	-,17	14	05	02	-,17	_	7	7	7	7	7
cR %	40	.02	08	-,16	18	.03	.05		. 22				
ACS	00.	.05	.21	.37	.36	.19	.12		-,21	Ċ	21	21	21
Pathogenesis	80	.12	.33	60.	.07	-,11	. 14		05	05		.19	.19
Adjectives	-,17	.05	.10	.05	-,02	24	-,14		*00		.08	.08	.08 .15 .09
٥.	-,23	.22	-,15	.05	.05	.31	. 25		.14	.14 .41	j	.41	.4110 -
No. of Responses	.01	.40	.39	60°	*00	.04	90.		61 9		-,19	19 .02	19 .02 .06

RAW DATA OF INDIVIDUAL SUBJECTS¹ ARRANGED BY GROUPS

APPENDIX 4

ср	No. of Rorscha Responses	32	48	13	11	90	22	13	11	25	10	15	10	02	18	10
	Pathogenesis	42	28	58	22	42	29	45	73	73	73	64	100	90	73	73
	Y C2	11	19	39	21	26	35	30	23	39	26	30	38	30	38	45
	Яэ	03	8	00	00	00	00	23	60	4	30	02	10	14	90	00
	Я'э	60	05	80	60	8	00	00	60	00	20	13	00	29	00	10
	CF+C	03	00	23	00	00	00	00	60	00	20	02	20	00	90	20
	FC	03	00	00	00	00	60	00	00	00	10	00	00	00	17	10
	FM+m	09	46	23	45	99	37	46	45	72	20	47	20	28	39	40
	М	60	40	15	18	33	41	80	18	04	00	07	00	14	90	10
	Hostility	31	27	00	00	8	60	08	00	08	00	20	20	00	22	00
	Orality	00	23	00	60	00	32	23	27	16	00	07	00	00	90	00
Fathers	Secondary Process	84	92	82	100	100	91	92	100	95	09	80	70	100	83	100
	D Location	78	91	46	64	59	4	29	42	95	22	65	20	17	61	36
Abus	W	22	60	54	36	71	21	33	28	08	43	35	20	83	39	64
Group: Abusive	I. D.	01	05	03	04	02	90	02	08	60	10	11	12	13	14	15

Data is reported as proportions, except for number of Rorschach responses.



	18	20	29	16	20	28	11	24	11	23	60	60	22	10	14		36	11	17	15	23	10	10	16	26	17	12	14	15	15	11
	91	91	100	52	64	64	73	82	64	91	73	64	82	82	91		82	27	45	64	27	73	27	36	52	45	27	73	82	82	27
	52	41	35	27	30	39	26	32	52	52	41	36	44	39	42		61	42	30	44	39	39	23	18	45	21	30	39	33	33	11
	00	97	00	00	15	00	00	00	00	60	8	8	89	10	02		28	27	24	20	00	10	10	00	00	12	00	02	00	02	00
	00	04	10	31	20	02	00	04	60	04	22	00	18	10	00		02	60	90	00	60	00	30	00	00	00	8	02	07	07	60
	05	07	00	00	10	80	60	17	18	40	22	11	23	10	02		28	18	12	00	00	20	20	31	00	90	00	02	00	00	00
	02	02	07	25	15	04	00	13	18	60	00	22	60	10	8		14	60	12	20	17	00	00	00	12	18	33	21	13	13	00
	77	20	38	20	52	39	63	20	27	34	22	33	22	80	22		45	45	29	73	39	20	20	31	31	9/	28	36	47	40	36
	11	25	17	31	10	39	60	13	64	30	00	11	14	20	56		33	00	00	20	17	20	00	13	23	12	25	02	20	20	00
	11	36	48	19	10	02	64	80	18	60	11	00	02	00	14		25	27	24	02	00	10	00	13	02	90	00	00	07	20	00
	11	18	02	19	02	14	00	29	18	17	11	11	18	10	14		14	00	90	13	60	10	00	00	75	00	25	02	13	13	00
	94	96	26	100	85	96	82	100	100	78	100	88	77	8	98		72	100	100	100	100	80	20	75	100	88	100	100	100	100	100
	86	74	26	62	41	9/	40	78	10	80	33	38	54	30	73		73	64	33	53	75	20	70	4	98	71	60	88	87	09	52
NAF	11	26	44	38	29	24	09	22	90	20	29	62	46	70	27	CF	28	36	29	47	25	20	30	21	18	29	91	12	13	40	45
Group:	01	05	03	04	02	90	07	80	60	10	11	12	13	14	15	Group:	01	05	03	04	02	90	07	80	60	10	11	12	13	14	15

APPENDIX 5

RAW TABULATIONS OF ADJECTIVE CHECK LIST

		Group	
Adjectives	AF	NAF	CF
Passive	10	11	9
Aggressive	5	9	4
Obsessive	5	1	4
Compulsive	4	5	5
Immature	6	7	2
Rigid	3	4	5
Hypersensitive	11	9	7
Suspicious	3	10	6
Overburdened	3	3	0
Hostile	2	3	0
Suicidal	3	4	0
Physical Complaints	1	2	0
Moody	5	7	5
Feel Inadequate	10	8	1
Self Centered	8	7	1
Distant	6	5	3
De pendent	4	3	5
Impulsive	7	7	3
Explosive	6	6	2
Alcoholic	4	8	1







