

PATTERNS OF AFFECTIVE COMMUNICATION
IN ABUSIVE AND NON-ABUSIVE MOTHERS

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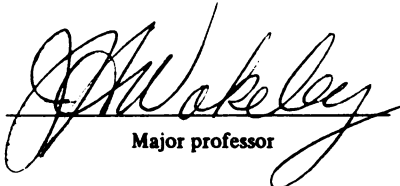
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ABSTRACT

PATTERNS OF AFFECTIVE COMMUNICATION IN ABUSIVE AND NONABUSIVE MOTHERS

By

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In recent years progress has been made in identifying the battered child syndrome and in describing some general characteristics of child abusers. As yet, however, there is relatively little systematic research to guide intervention and psychological treatment of abused children and their parents.

The present study focused on caregiver-child interaction in an effort to identify important components of abused parents' modes of relating to their children. More specifically, this investigation explored whether or not abusive mothers differ from nonabusive mothers on measures of maternal warmth and emotional support of their children as well as on a projective measure of safety and esteem needs. Additionally, the activity levels of abused vs. nonabused children were assessed.

Subjects were volunteers recruited through social workers and community service workers. The abuse group comprised 14 mother-child dyads who were seen at Wayne County Juvenile Court Clinic in Detroit because of reported child abuse. The no-abuse group included 14 mother-child dyads who reside within Detroit. Subjects in both

groups were matched on race, age, educational level, socioeconomic status, and marital status, as well as on sex and age of child. All subjects were black, with the mothers averaging 23 years of age and the children averaging 30 months.

Each mother-child dyad was observed (via a one-way mirror) in a playroom at the clinic. Two trained observers who were unaware of the purpose of the study and of the subjects' status scored interactions during four 5-minute periods: (1) an unstructured period during which mother and child waited for the researcher to return to the playroom after leaving them there; (2) a story period during which the mother read a simple story to the child; (3) a task period during which the mother taught her child to put geometric figures into a form-board from the Bayley Scales of Infant Development; and (4) a freeplay period during which the mother was instructed to play with her child. Behavioral measures included ratings of eye contact, touching, tone of voice, initiation of play, and amount of assistance. After the final play period, mothers completed Aronoff's Sentence Completion Test, and two other coders scored responses for expression of safety and esteem needs.

✓ The data strongly confirmed predictions regarding distorted affective communication between abusive mothers and their children. On all measures of maternal warmth and supportiveness, the abusive mothers differed significantly from nonabusive mothers. Furthermore, abused children were significantly less active and significantly less likely to initiate play with their mothers than were non-abused children. Contrary to prediction, however, abusive and

non-abusive mothers did not differ in expressed safety and esteem needs.

These findings were discussed in terms of current knowledge regarding abusive parents and in terms of presently available intervention strategies. Suggestions were presented regarding a comprehensive intervention approach that would be appropriate to populations comparable to the one included in this investigation.

PATTERNS OF AFFECTIVE COMMUNICATION
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By

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With Much Love to My Sister

Gloria Ann Gee



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CHAPTER I

INTRODUCTION

In 1961 C. H. Kempe directed attention to the seriousness of the problem of child abuse by describing the "battered child syndrome." This syndrome involves non-accidental physical injury resulting from acts or omissions on the part of a child's parents or guardians. Much of the present wave of concern about child abuse stems from findings from the relatively new discipline of pediatric radiology. X-rays of children often reveal not only current injuries but also evidence of past abuse shown in lesions, subdural hematomas, and abnormal changes in the long bones.

While there has been progress in identifying the battered child syndrome, there is as yet little systematic research to guide intervention and psychological treatment of abused children and their parents. This study focuses on caregiver-child interaction in an effort to identify important components of abused parents' modes of relating. In order to delineate the theoretical and research background for the present investigation, I shall first review relevant literature on the history of child abuse, the psychodynamics of abusive parents, and on styles of parenting, including research on visual and verbal communication.

Perspective on Child Abuse

Childhood as it is now perceived in our society is a relatively new phenomenon. For centuries children were not deemed worthy of special consideration or even of what we now consider adequate care. Often children were abandoned, whipped, or sexually abused by their caregivers, and infanticide (killing a newborn with parental or community consent) was widely practiced. During the days of the early Roman Empire, fathers were considered omnipotent and allowed to dispose of their offspring in any manner they desired. In medieval times infanticide was common among the poor of many nations (DeMause, 1975). Currently in the United States and other modern societies, infanticide is considered homicide. Maltreatment of children in various forms still persists, however, often with legal sanction.

Because of their relative helplessness, children always have been vulnerable to mutilation. The sex organs are a common site for mutilation. Today circumcision of males is practiced for hygienic or religious reasons. In the past the procedure was prescribed as a "treatment" for masturbation, and females were included. In the mid-nineteenth century, a prominent London surgeon introduced the operation of clitoridectomy, which he justified on the theory that masturbation led to hysteria, epilepsy, and convulsive diseases (Spitz, 1952). Thus, he sought to cure masturbation by removing the organ on which it was performed. Curiously, however, he did not recommend the analogous treatment for male masturbators.

Other forms of maltreatment of children have been justified over time by the belief that severe physical punishment is necessary to maintain discipline, to transmit educational ideas, to please certain gods, or to expel evil spirits (Helfer and Kempe, 1968). Beatings were used to drive out the devil in psychiatric treatment of children, especially those afflicted with epilepsy. Throughout history many influential people like Plato, Plutarch, Henry VI, and John Colet (founder of St. Paul's School in London) have spoken out against maltreatment of children. It was not until the end of the eighteenth century, however, that some legal regulations were established to curb corporal punishment in schools. Caning is still allowed in British schools, however, and a recent Supreme Court decision upheld the right of American teachers to use physical punishment. Thus, in historical perspective child abuse appears in a context of caregiver and community hostility, ambivalence, or at the very least lack of empathy for children and their needs.

The Abusive Pattern

Parents who physically abuse their babies and children come from all walks of life and all socioeconomic levels. No one psychiatric diagnosis encompasses the personalities and behavior of all child abusers. Nevertheless, as Steele and Pollock note, child abusers tend to share

. . . a common pattern of parent-child relationships or style of child rearing characterized by a high demand for the child to perform so as to gratify the parents, and by the use of severe physical punishment to ensure the child's

proper behavior. Abusive parents also show a high vulnerability to criticism, disinterest or abandonment by the spouse or other important person, or to anything that lowers their already inadequate self-esteem. Such events create a crisis of unmet needs in the parent, who then turns to the child with exaggerated demands for gratification. The child is often unable to meet such parental expectation and is punished excessively (Helfer and Kempe, 1972, p. 4).

According to Helfer and Kempe, three criteria typically characterize the pattern of child abuse:

1. A caregiver must have the potential to abuse. This potential is acquired over the years and generally involves the following factors: personal experience of mistreatment as a child; social isolation and distrust of others; a passive, non-supportive spouse or partner; and unrealistic expectations about his or her child's performance and capability of satisfying the caregiver's needs. These factors are explored further when we consider developmental patterns in abusive parents.

2. There is a "special" child--one who is seen differently by the caregiver, who fails to respond in the expected manner, or possibly one who visibly is different (has a birth defect, is retarded, too smart, or hyperactive). In many cases, the abused child is the product of a difficult pregnancy, starting life under the handicap of being seen as an unsatisfying troublemaker. Generally the caregiver perceives the abused child as a failure who rarely performs those things the parents need for their own satisfaction or who thwarts the parents' desires. In a study of abused and neglected children at Children's Hospital in Philadelphia,

Morris and Gould (1963) found that the parents displayed little interest in the child, often blaming him or her for the trouble they were in.

Some abusive parents find different phases of their child's growth and development especially frustrating to their expectations. For some the earliest months of life are the hardest to cope with because the child is perceived as extremely demanding and unrewarding. For others the period of toilet training may be when most difficulties arise. And for still other parents, expectations that the child should perform beyond his or her ability occur after the child has developed some degree of motor skill and can walk and talk. Many abusive parents cannot tolerate their child's striving for independence and self-assertion.

3. In addition to these background factors, there frequently is a crisis or a series of crises that set the abusive act in motion. The crisis is the precipitating factor in the abuse, not the cause. This catalyst may be minor or major--a washing machine breaking down, a lost job, no food, or personal rejection. Because they have no firm cushion of self-esteem or awareness of being loved and valued, abusive parents are in constant need of reassurance and are particularly vulnerable to stress. They are inwardly shattered by situations that indicate poor performance on their parts and result in disapproval from their spouse, relatives, employer, or any other significant person in their lives. During such a crisis of insecurity they repeat what they learned in childhood about how parents behave, and they turn to their own infant or child for the

nuturing or reassurance they so sorely need to restore their sense of self-esteem. Because the child also inevitably fails to satisfy their needs, the parents then vent their frustrations by abusing the child. Sometimes, too, abusive parents project their problems onto their child and feel the child is the cause of their troubles. They then attempt to relieve their distress by attacking the child instead of facing the crisis and their own problems (Kaufman, 1968).

Acquiring the Potential to Abuse

Abusing parents typically were raised in the same style they have recreated in rearing their own children (Helfer and Kempe, 1972; Nurse, 1964; Steele and Pollack, 1968; Wasserman, 1967). As children, their needs were not adequately considered, and in many cases were unmet because they were expected to focus on their parents' needs (DeFrancis, 1963; Feinstein, Paul, and Pattison, 1964; Jacobziner, 1964). Parental demands were excessive, not only in degree but also in their prematurity (Fontana, 1973; Helfer, 1968; Kempe, et al., 1962). Parents expected good, submissive behavior, prompt obedience, flawless performance, sympathetic comforting of parental distress, and enthusiastic approval for parental actions. Not surprisingly, the parents typically viewed the child's performance as erroneous, inadequate, inept, and ineffectual, and they included a constant barrage of criticism with their new demands.

As infants and children, therefore, most abusing parents were deprived of the deep sense of being cared for and cared about. This deprivation and disruption of the infant-caregiver affectional

system (Benedek, 1956) may be a basic factor in the genesis of the abusive potential. The deprived infant does not develop "basic trust"--a sense of confidence based on recurrent experiences of being adequately understood and cared for by the caregiver (Erikson, 1963). The sense of security that culminates in basic trust seems to develop from a variety of nonverbal as well as verbal communications from the caregiver. Since these nonverbal behaviors are the focus of the present study of affective communication, we shall explore their implications in further detail.

Tactile Communication Patterns

Animals that are handled in infancy tend to show a less extreme reaction to novel stimuli than non-handled animals. Generalizing from this, some researchers postulate that handling endows the organism "with the capacity to make responses more appropriate to the demands of the environment, including appropriate responses to stress" (Levine and Mullins, 1962, p. 1588). With respect to humans, many researchers have concluded that early tactile stimulation appears necessary for normal human development, particularly the development of trust in caregivers (Casler, 1961; Yarrow, 1961). On the basis of their study of tactile stimulation of twelve newborn baby girls, Korner and Grobstein (1966) suggest that such stimulation activates visual behavior. Brenneman (1932) reports that infants on a pediatric ward in New York's Bellevue Hospital required handling, carrying, cuddling, and cooing if they were to prosper. It is through the skin that communications of concern, responsibility,

and tenderness are transmitted to the infant in the early months of life. Comforting, reassuring tactile experiences can give an infant confidence in the caregiver as well as physiological assistance in achieving a more effective homeostasis, especially when under stress. How the baby is treated and handled by others governs his or her initial responses and thereby guides subsequent learning and relationships (Bosmajian, 1971).

Frustration of early needs for physical contact may lead to later use of sexuality as a means of gratifying desires to be held or cuddled. As Montague observes,

The desire to make some sort of human contact, to be cuddled and held is acceptable to most people as long as it is regarded as a component of adult sexuality. The wish to be cuddled and held in a maternal manner is felt to be too childish; to avoid embarrassment or shame, women convert it into the longing to be held by a man as part of an adult activity, sexual intercourse (1971, p. 190).

Visual Communication

In addition to tactile interaction, visual behavior markedly affects the quality of the early child-caregiver relationship. Mutual visual regard is one of the earliest communication channels available to the mother-infant dyad. By its intimate nature, mutual looking may serve an affective or expressive function in interpersonal encounters. The nature of the eye contact between a mother and her baby seems to cut across all interactional systems and conveys the intimacy or "distance" characteristic of their relationship as a whole (Robson, 1967). Some observers have suggested that eye-to-eye contact between mother and child acts as an innate

releaser of maternal caring responses (Ambrose, 1961; Robson, 1967). Other investigators have proposed that visual contact is the basis of human sociability (Rheingold, 1971), providing a context for more complex social responses (Moss and Robson, 1968). Indeed, some claim that little social interaction is possible without visual contact (Hutt and Ounsted, 1966).

A high degree of eye-to-eye contact between mother and infant has been observed to lead to an immediate cessation of crying, a stronger tie with the mother, and possibly, to advances in social and cognitive development (Lewis and Goldberg, 1969; Moss and Robson, 1967; Wolff, 1969). In a study of fifty-four primiparous mothers and their infants, Moss and Robson (1968) found that positive maternal attitudes during pregnancy predicted mutual visual regard between mother and infant at one month of age for both sexes and at three months for girls alone. Taken a step further, the results suggest that maternal behavior toward girls had a bearing on the social learning of the girls.

Abnormalities of gaze often represent distortions of affective communication (Reimer, 1955). Such distortions have been observed in abused children who exhibit "radar vision"--a vigilant, often constant visual scanning of the environment. Apparently based on anxiety about the reactions of others, radar vision impedes possibly reassuring eye-to-eye contact.

Visual behavior also moderates speech rate (Argyle, et al., 1968). In addition to visual communication, the caregiver-infant

vocalization pattern represents another important component of the developing affectional system.

Verbal Communication

Mothers frequently respond to an infant's vocalizations either by imitating the sounds or by answering in adult language. These answering responses appear important to the child's language development, and frequent verbal stimulation by reading or talking to the infant has been related to children's cognitive development (Goldberg and Lewis, 1969). The mother's attitude toward her child also is related to the amount of vocalization the infant displays. The more suppressive a mother's attitude, the less her infant babbles (Beckwith, 1971). Overall, the combination of frequent verbal and visual stimulation appears to accelerate children's development and to benefit their adjustment generally. Moreover, such stimulation seems particularly effective if it occurs during play rather than during caregiving activities (Clarke-Stewart, 1973).

To date, there are no systematic studies of abusive parent-child interactions which focus on the tactile, visual, and verbal communication systems just discussed, and that is why the current study investigates such behaviors. From the descriptions of childhood experiences of abusive parents it seems likely that they experienced distorted nonverbal and verbal interaction patterns with their own parents. The resulting impediment to the development of basic trust has far-reaching consequences. A study of predominantly lower-class black women (Melnick and Hurley, 1969) as well

as a study involving white women (Evans, 1976) revealed that mistrust of others was a key element in the destructive behavior of abusive mothers.

Recurrent Deprivation

As Erikson postulates, the unresolved conflicts and unmet needs of one stage in psychological development recur as issues throughout the life span. As adults, abusing parents feel it unrewarding to look to family, friends, or others for need-satisfying relationships. They may persistently return to their own parents seeking some evidence of love, understanding, and assistance, and usually they again find criticism and inappropriate response instead of what they want.

Basic trust is also absent in the other social relationships of abusive parents. Many times they have friends by title only, and they find their "friendships" distant, meager, superficial, and unfulfilling. Thus, abusive parents tend to lead a life which can be described as alienated, asocial, or isolated. They transfer their original attitudes towards their parents to all others they look to for help and understanding. Their lack of confidence not only helps instigate this transference but also compounds their failure by interfering with their clearly expressing to others their real needs and desires. Thus, because others in the social environment are unaware of the abusive parent's needs or are unable to fulfill them, these others continue to respond unrewardingly, thereby perpetuating the cycle.

Similarly, distrust plagues abusing parents' marital relationships. Many abusing parents have married people who accentuate their problems. Often the spouse is like the abusive parent and also like the abusing parents' parents--needy, dependent, unable to express clearly his or her needs, and at the same time demanding, critical, and unheeding of the abusing parent. Sometimes an aggressor-victim theme is prominent in the marital relationship (Young, 1963). Because they fear they cannot find a better partner, both spouses often cling to one another, desperately and unsuccessfully attempting to meet their mutual needs.

Identity Problems and Need Fixation of Abusive Parents

As a consequence of their life experiences, abusing parents typically lack identity. Erikson (1968) defines identity as the sense a person has of being a unique separate individual with a continuity of personal character and ability to maintain solidarity with social groups. Instead of these characteristics, the abusing parent displays a rather loose collection of unintegrated, disparate concepts of the self along with multiple identifications which remain separate and unamalgamated. Their strong ambivalences remain unresolved. Abusing parents may shift suddenly from being a confident parent to being a helpless, ineffectual, inadequate child. They may possess a firm concept of what they should be, and another of what they actually are. A most important defect of abusing parents is lack of useful integration of the two experiences of

being a child and being parented. This cannot be separated from their persistent, intense ambivalence about their caregivers.

Lacking basic trust and security in their relationships with their own parents, abusive parents appear to be fixated at the level of safety needs. According to Maslow's description (1970), safety needs center around the requirement for a predictable, secure, and orderly world and are manifested as needs for "security; stability; dependency; protection; freedom from fear, from anxiety and chaos; need for structure, order, limits; (and) strength in the protector" (1970, p. 39). All of these concerns aptly describe the plight of abusive parents, and as Maslow notes, lack of satisfaction of these deficiency needs prevent functioning at a level of self-esteem and self-actualization.

The Present Study

From the clinical descriptions and available studies of abusive parents, it appears that they have overwhelming unmet personal needs for love and protection. /In their roles as parents they seem to be reenacting the pattern modeled by their own caregivers and hence are not providing the kinds of tactile, visual, and vocal responsiveness necessary to build a trusting, loving relationship with their offspring. The present research, therefore, explores whether or not abusive mothers differ from non-abusive mothers on various measures of expressed needs, maternal warmth, and emotional support of their children. Additionally, differences in the activity level of abused vs. non-abused children were assessed.

Specifically, the foregoing review led to the following hypotheses regarding mother-child interactions under experimental condition:

1. There will be differences in the needs expressed by abusive and non-abusive mothers.
 - (a) Abusive mothers will express more safety concerns than non-abusive mothers.
 - (b) Non-abusive mothers will express more esteem needs than abusive mothers.

This hypothesis was based on considerations regarding the insecurity, sense of worthlessness, and low self-esteem of abusive parents.

2. Abusive mothers will display less warmth toward their children than non-abusive mothers.
 - (a) They will engage in less physical contact with their child than non-abusive mothers.
 - (b) They will engage in less eye-to-eye contact with their child than non-abusive mothers.
 - (c) They will speak less to their child than non-abusive mothers.
 - (d) Their tone of voice will be less warm than that of non-abusive mothers.

The lack of emotional warmth, physical and eye-to-eye contact with their child was expected as a consequence of the manner in which abusive parents themselves typically were raised.

3. Abusive mothers will be less supportive of their child than non-abusive mothers.
 - (a) They will be more critical of their child's performance on a given task than non-abusive mothers.
 - (b) They will be more restrictive of their child's behavior than non-abusive mothers.

Having been expected to meet parental demands and severely criticized for their performance, abusive parents are likely to be critical of their child's performance on a given task.

Since criticism and abuse are likely to depress a child's activity level, it also was hypothesized that as a consequence of

the mother-child relationship:

4. Abused children will be less active than non-abused children.

CHAPTER II

METHOD

Subjects

Subjects in the present study were recruited for a study of mother-child interaction from lists of individuals supplied by social workers or community service workers. The 14 abuse group mother-child dyads were all seen at Wayne County Juvenile Court in Detroit because of reported child abuse. The 14 no-abuse mother-child dyads resided in the Brewster-Douglas housing projects or a northwest section of the city. Only mothers who had engaged in physical abuse were included in the abuse group. Cases of pure neglect were not included in the present study, although it is possible (and probable) that a number of the abused children also were neglected in some manner.

Subjects in the abuse and no-abuse groups had the following characteristics: (1) all subjects were Black; (2) all mothers were from the lower socio-economic brackets and were on ADC or welfare as reported by their respective social worker or by themselves; (3) all children resided at home. Additionally, children were matched on sex, with an equal number of females and males in each group, and on age (ranging from 24 to 38 months). The mothers also were matched on age (ranging from 20 to 28 years), education level (all had completed at least 9th grade), and marital status (with

why not subjects white my experience

most in both groups single--i.e., never married). Demographic characteristics of mothers and children in this study are summarized in Table 1, Appendix A.

Materials

Test materials included a Story Book of Counting Numbers (1 through 10), the Blue-Form Board in the Bayley Scales of Infant Development (1969), and items from Aronoff's (1967) Sentence Completion Test.

Story Book

The Book of Numbers was chosen because it contains bright colors and large pictures which would capture the attention of the children. Additionally, for those mothers who had difficulty reading, the wording in the book was very simple and therefore unlikely to embarrass or frustrate them.

Blue Form Board

The Blue Form Board was taken from the Bayley Scales of Infant Development. Bayley consists of three scales--mental, behavior, and motor that assess the developmental level (in months) of infants zero to 30-plus months of age. Specifically, the Form Board (which is part of the mental scale) assesses visual motor coordination and the ability to differentiate geometric figures. This particular task was chosen because it requires some method of instruction (a dependent variable in the study) by the mother and is also relatively easy for the children to perform. Because this

study focused on the mother's behavior, the child's performance on this task was not relevant and therefore not recorded.

Sentence Completion Test

Items for the Sentence Completion Test (SCT) were taken from Aronoff's (1967) Manual for the Measurement of Safety, Love and Belongingness, and Esteem Needs. This test was constructed to measure Maslow's hierarchy of needs. The original form is composed of 60 sentence stems to which subjects add a word or words in order to make a complete sentence. However, after extensive testing in cross-cultural research (Aronoff, 1967, 1970) as well as use as a selection instrument for experimental studies involving several thousand undergraduates (e.g., Aronoff and Messè, 1971; Messè, Aronoff, and Wilson, 1972) the SCT was subjected to an item analysis and reduced to a 40-item test. In this study ten stems (numbers 4, 8, 9, 13, 19, 21, 24, 27, 31, 35) were deemed inappropriate for the research population. Some of the discarded items implied an education level higher than that attained by the subjects in the study; others seemed too difficult or confusing (see Appendix B for the 40-item test and the modified version).

Reliability

The original test was standardized on a college population as well as a West Indian population of male sugar cane cutters (Aronoff, 1967). Interjudge reliabilities for the latter group were .98, .99, .97, .92 for the physiological, safety, love and belongingness, and esteem levels respectively. A four-year follow-up

of the sugar cane population (in which there was a 68% turnover in subjects) yielded interjudge reliability coefficients of .98, .97, .89, .93 for the four need levels respectively (Aronoff, 1970). Numerous other studies (Wilson and Aronoff, 1973; Wilson, Aronoff and Messe, 1975; Michelini, Wilson and Messe, 1975) concerning the reliability of the SCT have yielded good interjudge reliability scores (above .70) for both safety and esteem needs. In addition, Aronoff (1967) reports interjudge reliabilities of .99 and .92 for safety and esteem in a field study of Black, lower-class males.

Validity

In order to investigate the influence of motivational variables on group structure, over 200 male volunteers were tested and 25 strongly safety-oriented (and low esteem) and 25 strongly esteem oriented (and low safety) individuals were placed in five-person groups organized homogeneously by predominant need. All groups were given a standardized task to perform. Safety-oriented groups established a more hierarchical social structure than did esteem-oriented groups (Aronoff and Messè, 1971).

A similar study of homogeneously safety or esteem-oriented three-person groups (Messè, Aronoff, and Wilson, 1972) included one male and two female members in each group. As predicted, males became the leader significantly more often in safety-oriented than in esteem-oriented groups; and the correlation between leadership and task competence scores was significantly higher for esteem-oriented than for safety-oriented groups.

Scoring

Aronoff's SCT manual presents clear definitions of each motivation level along with examples of sentence completions through which each motive may be expressed. (See Appendix B for scoring form and examples of the motivational categories.) Two experienced coders independently scored the SCT for this study.

Procedures

The children were brought to the Juvenile Court Clinic by their mother or their mother and her social worker. All mother-child dyads were seen in this clinic. The researcher showed the mother and child into the observation room and told them that she would be with them shortly. Meanwhile the researcher indicated, "There are some toys in the room, feel free to use them while you're waiting." Via a one-way mirror, two observers watched the mother and child interact for five minutes.

Next, the researcher entered the room and introduced the procedure:

I am conducting a study to gain information about mothers and their children. The purpose of the study is to increase my skills in helping others. The study is divided into four parts. In the first part you will read a story to your child. I and my observers will be observing you and your child behind a one-way mirror. When the time period is up for this part of the study I will knock on the door, enter the room, and then explain the next step to you. Do you have any questions?

When the researcher re-entered the playroom after this phase, she explained,

For the next part of the study I would like for you to teach your child to place these figures in their proper place on this board. When the time period is up I will knock on the door, enter the room, and then explain the next step to you.

For the next sequence of the procedure the researcher stated,

The third part of the study is a free play period. You and your child may play with any and all of the toys. When the time period is up I will knock on the door, enter the room, and then explain the final step to you.

Finally the researcher introduced the last task:

The last part of the study is a short Sentence Completion Test that I would like for you to fill out.

The mother sat at a table in the room to complete the test and the child either played alone with the toys or played with the researcher. After this the researcher thanked the mother for her help in this study, paid her two dollars for her and her child's participation, and escorted them back to the lobby of the clinic.

During the observation period, two trained observers rated the frequency or type of behavior in the following categories:

(1) mother initiates play with child; (2) child initiates play with mother; (3) mother's activity level; (4) child's activity level; (5) mother's degree of comfort; (6) mother's sensitivity to child's behavior; (7) mother-child eye-to-eye contact; (8) position of mother-child during reading; (9) method of reading; (10) mother's tone of voice; (11) mother's method of instruction; (12) mother's reaction to child's task performance. All observations were translated into a rating scale with a range of 1-5. (See Appendix C for

details regarding the coding.) The scorers were unaware of the overall purpose of the study and of the categorization of the mother as abusive or non-abusive.

Audio tape recordings also were made during the unstructured task and free-play periods. Unfortunately, due to inadequate facilities, the recordings were not clear enough to obtain data for the study.

CHAPTER III

RESULTS

To test Hypothesis 1--which predicted that abusive mothers would express more safety needs than non-abusive mothers and that non-abusive mothers would express more esteem needs than abusive mothers--two raters independently scored subjects' responses to Aronoff's Sentence Completion Test. The interrater reliability coefficient was .87. Contrary to the prediction, an analysis of variance revealed no significant differences in the safety and esteem needs expressed by mothers in each group. (See Table 1A, Appendix D.) In addition, the safety-esteem scores were not significantly correlated with the other dependent measures employed in this study. (See Table 2, Appendix D.)

The other research hypotheses were tested by analyses of variance involving the behavioral ratings of maternal warmth and supportiveness, and the child's activity level by two trained observers who achieved an overall interrater reliability coefficient of .98. Table 1 presents a summary of the F scores and mean scores for abusive and non-abusive mothers on the dependent measures of warmth, supportiveness, and activity level. All of these dependent measures were significantly interrelated ($p < .03$), as indicated in Tables 3, 4, and 5, Appendix D).

As indicated in Table 1, abusive mothers displayed significantly less warmth toward their children than did non-abusive mothers, as predicted by Hypothesis 2.[✓] The two groups were significantly different ($p < .0005$) on all of the measures regarding mother's physical and eye-to-eye contact with her child, her degree of comfort with the child, and her tone of voice in speaking to the child.

Abusive mothers also were significantly less supportive ($p < .0005$) of their children than were non-abusive mothers, as predicted by Hypothesis 3.[✓] As indicated in Table 1, unlike non-abusive mothers, the abusive mothers were less likely to initiate play with their children, were less sensitive to the children's behavior, less helpful and less demonstrative in instructing their children or in reading to them, and more critical of their children's performance.

As predicted by Hypothesis 3, the children of abusive mothers were less active and less likely to initiate play with their mothers ($p < .001$) than were the children of non-abusive mothers (see Table 1).

Aside from the differences between abusive and non-abusive mothers, this study also revealed some differences in the behavior of mothers during different time periods. During the unstructured period at the beginning of the study subjects were left in the testing room to wait for the experimenter. While they were invited to play with available materials in the room, they were not specifically instructed to play, as they were during the free play period.

TABLE 1.--Summary of Scores on Behavioral Measures for Abusive and Non-Abusive Mothers.

	Type of Child		F
	Abuse	No Abuse	
<u>1. Measures of Mother's Warmth</u>			
Mother's degree of comfort			
a. Unstructured Period	2.07	4.57	67.43 ^b
b. Free Play Period	2.57	4.57	19.24 ^b
Mother-child-eye-to-eye contact			
a. Unstructured Period	1.75	4.50	96.67 ^b
b. Free Play Period	2.50	4.43	19.53 ^b
Position of mother-child during			
a. Story Period	2.29	4.57	37.35*
b. Task Period	2.36	4.29	16.92*
Mother's tone of voice during			
a. Story Period	2.50	4.54	55.38*
b. Task Period	2.46	4.54	44.85*
Mother-child eye-to-eye contact			
a. Study Period	2.07	4.64	63.74*
b. Task Period	2.25	4.57	48.56*
<u>2. Measures of Mother's Supportiveness</u>			
Mother initiates play with child			
a. Unstructured period	1.25	4.43	181.40 ^b
b. Free Play Period	2.07	4.68	60.48 ^b
Mother's sensitivity to child's behavior			
a. Unstructured Period	1.96	4.71	117.80 ^b
b. Free Play Period	2.78	4.50	15.71 ^b
Mother's activity level			
a. Unstructured Period	1.68	4.50	114.16*
b. Free Play Period	2.28	4.86	48.00*
Method of reading	2.43	4.43	33.13*
Method of instruction	2.46	4.25	23.15*
Mother's reaction to child's task performance	3.32	4.82	20.35*
<u>3. Measures of Child's Activity Level</u>			
Child initiates play with mother			
a. Unstructured Period	2.00	3.54	21.34 ^b
b. Free Play Period	2.50	3.71	5.94 ^Δ
Child's activity level			
a. Unstructured Period	3.36	4.54	12.66 [#]
b. Free Play Period	3.43	4.75	15.38 ^b
c. Task Period	3.14	4.46	18.50*

^bp < .001

*p < .0005

^Δp < .02[#]p < .002

As indicated in Table 2, during the free play period, mothers initiated significantly more play activity with their children ($p < .05$) and also tended to be more active and to engage in more eye-to-eye contact with their children, who in turn tended to initiate more play with their mothers. While there were no significant differences in the scoring category regarding mothers' sensitivity to their children's behavior during the two time periods, there was a significant interaction effect by time period. Aside from the large difference between abusive and non-abusive mothers, analysis of simple effects revealed that abusive mothers displayed more sensitivity to their children when instructed to play with them (scoring 2.64) than during the unstructured period (scoring 1.93). Non-abusive mothers were more consistent on this measure during the two time periods (scoring 4.71 and 4.62).

Since the children in each group were equally divided according to sex, the analyses also tested for possible sex differences. There were no significant differences in the treatment of female or male children on any of the dependent measures.

TABLE 2.--Scores on Behavioral Measures During Different Time Periods.

Dependent Measures	Time Period		F
	Unstructured	Free Play	
Mother initiates play with child	2.80	3.30	7.56*
Child initiates play with mother	2.84	3.14	3.72**
Mother's activity level	3.09	3.46	3.70**
Child's activity level	3.87	3.94	.66***
Mother-Child eye-to-eye contact	3.14	3.46	4.03**
Mother's degree of comfort	3.27	3.57	1.84***
Mother's sensitivity to child's behavior	3.32	3.64	2.82***
Abusive mother's sensitivity to child's behavior	1.93	2.64	6.97*

*
 $p < .05$

**
 $p > .05 < .07$

 not significant

CHAPTER IV

DISCUSSION

The present investigation strongly confirms predictions regarding distorted affective communication between abusive mothers and their children. On a variety of measures of maternal warmth and supportiveness, abusive mothers differ significantly from non-abusive mothers who were matched on age, race, socioeconomic level, and marital status, as well as on sex and age of child.

Lack of emotional rapport between abusive mother and child was noteworthy in this study. Although the observers were blind to the purpose of the interaction and the type of mother observed, they remarked on the striking contrast in the mother-child interactions, noting especially the unresponsiveness of the mothers who turned out to be in the abusive group.

Abusive mothers engaged in minimal touching and eye contact and generally addressed their children in a neutral, cool tone of voice. When her child was supposed to be seated during the story telling and form board task periods, an abusive mother generally instructed her child to sit down rather than assisting the child, picking him or her up, or holding the child on her lap, as was true much more often of the non-abusive mothers. In instructing her child or reading a story, the abusive mothers' tone of voice tended to be

neutral and devoid of the warmth and expressiveness generally conveyed by the non-abusive mothers. Eye contact also was minimal between abusive mothers and their children. Generally such mothers kept their eyes focused on the story book, form board, or other objects in the room. When they did look at the child, their gaze generally was in the direction of the child but either to the left or right of direct eye contact. Similarly, abused children seldom looked at their mothers. Furthermore, the children were significantly less active than non-abused children, rarely initiating play with their mothers.

Consistent with their overall lack of emotional rapport with their children, abusive mothers also were significantly less supportive of their children than were non-abusive mothers. Generally abusive mothers seemed insensitive in their lack of appropriate or consistent responses to their children's behavior. Overall, they displayed a low level of interaction with their children often reading a book or looking at themselves in the mirror and primping during the play periods. They also tended to be significantly more critical of their children's performance on the form board task than were non-abusive mothers. All of these measures of warmth and supportiveness were strongly correlated, and the cumulative impact of the data is a picture of an emotionally remote, unempathic, nonsupportive relationship between abusive mother and child.

Judging from the previously reviewed descriptions of childhood experiences of abusive parents, it seems likely that if the

mothers in this study are comparable to those in previous studies, then they too are repeating the relational patterns modeled by their own caregivers. There is real pathos in this vicious cycle. Abusive mothers want desperately to be loved, and yet even their nonverbal behavior--their lack of touching and eye contact and their cool tone of voice--is likely to ward off approach behavior in their children. And coupled with their general nonsupportiveness and critical appraisals of their children's performance, their behavior is likely further to alienate the children. This critical pattern also probably reflects the abusive mothers' own experiences in being subjected to demands for inappropriately high levels of performance when they were maturationally incapable of success and in receiving severe censure for failure to meet caregivers' expectations.

As previous studies suggest, it is likely that the response patterns observed in these samples of behavior pervade all relationships of abusive mothers. But in this instance, the lack of warmth and supportiveness is likely amplified by the fact that the interaction partner is the abused child--the one likely to be perceived as "special" in being nonsupportive and frustrating to maternal needs (cf. Helfer, 1968). The probable long-range consequences of the distorted affective communication patterns displayed during this investigation include not only continued frustration of the mothers' needs but also perpetuation of the abusive response cycle in the children. Touching and mutual gaze seem crucially involved in the development of attachment and basic

trust. The abused children in this study are relatively deprived of such empathic communication as well as of supportiveness and encouragement in achievement tasks. They are thus unlikely to have their needs acknowledged and met, and they are unlikely to learn effective means of communicating with others. They, too, may therefore be doomed to repeating the abusive pattern modeled by their caregivers.

One prediction in this study regarding the need structures of abusive and non-abusive mothers was not confirmed by the data. Generalizing from data regarding the lack of satisfaction of basic deficiency needs in abused individuals, we predicted that the abusive mothers would be relatively fixated at the level of safety needs and thus would evince fewer esteem need responses on the Aronoff Sentence Completion Test (1967). Actually, abusive and non-abusive mothers did not differ significantly on this measure; in fact, the non-abusive mothers were slightly more safety oriented. This finding may result from several factors. There is the possibility that some "faking" might be involved in some of the esteem scores received by abusive mothers. There is no evidence about how easy or difficult it might be to fake the Aronoff Sentence Completion Test. Typically, it has been employed in research settings where individuals were not likely to feel particularly threatened or suspicious about its application. In the present study, however, the research was conducted in an observation room located in Juvenile Court. The researcher endeavored to assure the mothers that she was an independent researcher; that she was not connected in

any way with the legal system; and she would not provide social workers or others with any of the information. But, given the setting and the real threat abusive mothers perceive of having their children taken from them, it is likely that the abusive mothers harbored some suspicions about the research and consequently tried to look good in every way they could in this testing situation. In fact, this researcher believes that the abusive mothers were probably displaying their behavior because of their suspicions. Some indication of their concern for behaving in a manner the researcher might deem appropriate comes from other data in the study. In the unstructured play period at the beginning of the study, abusive mothers typically did not play with their children. Instead they primped in front of the two-way mirror or looked at magazines. Later when they were specifically instructed to play with their children, they did so. Although the quantity and quality of their interaction still differed from that displayed by non-abusive mothers, the change in attentiveness to their children from their behavior in the initial period was of such a magnitude as to produce a significant interaction between the measure of mother's sensitivity to her child and the time period (unstructured vs. instructed free play period). Possibly in the sentence completion testing, as well, abusive mothers may have endeavored to respond in a way to make themselves appear competent and effective.

Still other factors might account for the relatively high safety orientation displayed by the non-abusive mothers. When the data were collected in the summer of 1976, Detroit was experiencing

severe economic problems, and the unemployment rate as well as the crime rate was especially high among Blacks. The women in the non-abusive sample thus might have been accurately portraying their realistic preoccupation with survival needs during a very stressful period in their lives. Although the mothers in this study receive government financial assistance, the employment situation may have increased their concerns about opportunities for them or for their close relatives and friends to enter the job market; and the crime situation may have further undermined their overall sense of security. These same external factors, of course, would also affect the abusive mothers in this study. However, the greater personal threat of possibly losing their child might have superseded these other concerns and led to less openness in responding to the sentence cues.

✓ Implications of the Present Study

The present investigation provides cogent evidence regarding the dysfunctional interaction patterns of abusive mothers. A comprehensive systems oriented plan of intervention is necessary to deal with the problem of child abuse. While many of the suggestions will focus on psychological factors, we should note that for the population involved in the present study, environmental stress may well play a catalyzing role in the abusive pattern.

As previously noted, all of the mothers in the present study were receiving some type of government financial assistance.

The life circumstances of many of them have been aptly described by former Michigan Representative Martha Griffiths:

✱ Can you imagine any conditions more demoralizing than those welfare mothers live under? Imagine being confined all day in a room with falling plaster, inadequately heated in the winter and sweltering in the summer, without enough beds for the family, and with no sheets, the furniture falling apart, a bare bulb in the center of the room as the only light, with no hot water most of the time, plumbing that often does not work, with only the companionship of small children who are often hungry and always inadequately clothed--and, of course, the ever-present rats. To keep one's sanity under such conditions is a major achievement, and to give children the love and discipline they need for healthy development is superhuman. If one were designing a system to produce alcoholism, crime, and illegitimacy, he could not do better (cited in Newberger, 1971).

Many of these conditions may be implicated as precipitating factors in child abuse by mothers in the population studied. Gil (1970) suggests three approaches that might reduce the frequency and seriousness of child abuse based upon the assumption that child abuse is an environmentally determined phenomenon:

1. Systematic educational efforts should be directed toward changing our contemporary permissive attitudes toward the use of physical punishment.
2. Because poverty and its related ills appear to be intimately related to the incidence of child abuse, efforts to relieve poverty should be doubled.
3. Preventive and therapeutic agencies should be directed toward deviance and pathology to the extent that these are related to child abuse.

Reeducation of Supreme Court justices, among others, regarding corporal punishment of school children clearly is necessary; and as noted previously, our current welfare system is grossly inadequate. But environmental stress, even when coupled with a climate of permissiveness regarding physical punishment will not necessarily lead

to child abuse. Like many others who have studied this problem, this researcher is convinced that psychological factors are of prime importance in the etiology of child abuse; thus it is crucial to focus on therapeutic measures.

Data from the present study indicate that affective communication is distorted between abusing mother and child. While the children in this study were at least two years old, it is likely that these patterns could be observed even earlier and that the lack of appropriate maternal sensitivity actually prevented the normal attachment between mother and child that is so necessary for healthy social development. As Ainsworth notes, "Probably the fundamental ability underlying sensitivity is to see things from the baby's point of view--an empathic ability which rests not so much on a symbiotic relationship between mother and baby as upon the mother's developing beyond egocentricity" (1973, p. 80).

Many observers have described the behavior of mothers who are not adjusting to their infants while still in the hospital (Clark, 1976; Kennedy, 1973; Porter, 1972). Such mothers tend to (1) avoid eye contact with infants; (2) think their infants do not love them; (3) consider that their infants expose them as unlovable, unloving parents; (4) think of their infants as judging them and their efforts as an adult would; (5) perceive their infants' natural dependent needs as dangerous. Since such perceptions characterize abusive mothers, their expression in the hospital setting may be an early warning of future abuse. At the very least such perceptions would indicate need for education regarding

parenting skills. Training hospital personnel to be sensitive to such cues and providing programs for in-hospital child care instructions as well as post-hospital assistance may prevent some forms of child abuse. For the apparently "high-risk" mothers, expansion of the services of Parent Aides and Homemaker Services, outlined below, would seem particularly important.

Present intervention programs focus on different facets of the child abuse problem and include the following services for parents or children:

1. Parent Aides: Persons who serve as friends to an abusive parent. These aides generally are matched in terms of education, socioeconomic class, and ethnic group. All aides are carefully supervised by a mental health clinician.
2. Homemaker Services: A homemaker serves as a supportive maternal figure who provides instruction and modeling regarding childrearing and housekeeping. Like the parent aide she helps alleviate the personal and social isolation that typically characterizes the abusive family.
3. Parents Anonymous: A crisis intervention group whose objective is to help and prevent maladaptive relationships between parents and their children. Parent anonymous groups are often headed by trained social workers and/or mothers who have in the past been abusive toward their children.
4. Crisis Nursery: A safety valve technique which provides a place where a mother might leave her child for a few hours during periods of great stress. Many mothers would be better able to cope with their children if they had some relief during the day.
5. Foster Grandparents: The pediatric service at Colorado General Hospital utilizes the services of a group of foster grandparents whose job is simply to cuddle and comfort hospitalized children. They are paid a small salary to supplement their pension. All foster grandparents are over 65 years of age. Each is assigned to one child for the duration of his or her hospitalization.

This list is by no means exhaustive for there are a variety of intervention programs which are associated with particular clinics, hospitals, and courts but are not nationwide. Presently no cross country, comprehensive intervention programs are available in the area of child abuse. Furthermore, no systematic research exists which compares the numerous intervention programs.

Among communities that offer intervention services, generally only one or two of the above types of programs are available. Since child abuse is a multi-faceted problem, a more comprehensive systems approach incorporating features of all of the above programs seems desirable. As noted by those concerned with enhancing a family's "ecology of health" (Richmond, 1972), effective, lasting intervention requires helping families resolve problems in living. Services to families should include medical, dental, and social services, legal help, child care, homemaker services, and psychiatric treatments. This all encompassing approach views abuse as family distress and not just a problem of the parents or of the child.

Thus an ideal intervention system would incorporate services that generally are available currently only in piecemeal, isolated fashion--if at all. Central to the comprehensive intervention would be a mental health practitioner who would establish a close relationship with an abusive parent. The present study has shown that abusive mothers appear sensitive to instructions from an authority figure. When they were specifically instructed to play with their children, the abusive mothers did so--markedly changing

their behavior from the inattentive pattern they displayed during the initial free play period. Capitalizing on this apparent sensitivity to authority, mothers who are under court or Department of Social Services supervision due to abusive actions, can be helped to modify their behavior through sensitive instruction from their social worker. Frequent contacts with the parents by a social worker who exhibits care and concern about the parent may have beneficial effects for the entire family.

This effort to alleviate social isolation and to model effective means of communicating and relating responsively to others may be reinforced through services of a Parent Aide and Homemaker. Abusive parents are likely to respond by taking better care of their children when they feel themselves cared for by an adult. Many abusive parents simply are unaware of what to expect of children at a certain age or how to interact in a healthy manner with their children. Instructions by a person who has established some degree of rapport and trust with an abusive parent may greatly change the direction of the mother-child interaction because more appropriate behavior has been taught or modeled by someone important to that parent. The newly acquired behaviors or skills may be utilized by the parent in lieu of past negative actions. Hopefully continuing close relations with a social worker, parent aide, and homemaker will help abusive parents learn more effective ways of communicating and will provide more intimate friendships than they had previously experienced. But to try to undo abusive parents' distortions in relating and distrust of others requires therapy. One strategy

that might prove effective entails the pairing of abusive parents with a trained mental health specialist in a group setting. Weekly sessions in which there are structured exercises to enhance the establishment of rapport between parent and specialist could be utilized as a treatment modality to assist parents in possibly understanding the antecedents of their behaviors and attitudes. Evans (1976) suggests that psychotherapy for abusive women might fruitfully focus upon basic developmental issues such as trust vs. mistrust of others. In an environment as described above, these parents may be able to better grasp and cope with many of the psychological difficulties which beset them.

In conjunction with these therapeutic services for abusive parents, it is important that they have access to a 24-hour crisis hotline and to a crisis nursery. During times of great stress, to be able to leave the child with competent adults for a short period of time gives the parent and child a break during which some of their tension may dissipate. At the same time, a therapeutic nursery setting which the child attends a few hours a day allows the child to interact with other children and adults in a healthy environment. For the parent, this time may be spent engaging in some activity which they enjoy or to be gainfully employed. Whatever manner the mother chooses to occupy this time may serve as a relief valve from the constant pressures of parenting.

These are but a few of the intervention services which may greatly reduce the frequency of child abuse. When an abusive act occurs, not only is the child hurt, but the parent as well, is

communicating his or her extreme anguish. Thus it is futile to help only the obviously injured person. Child abuse represents damage to the entire family system; thus intervention must be directed toward that entire system lest the pattern be perpetuated in future generations.

APPENDICES

APPENDIX A

*Put
this
in*

APPENDIX TABLE A-1.--Demographic Characteristics of Participants in this Study.

No-Abuse Group		Abuse Group	
Mother's Age, Education, and Marital Status	Child's Age and Sex	Mother's Age, Education, and Marital Status	Child's Age and Sex
22 years High School grad Single	25 months male	23 years High School grad Single	24 months male
20 years 9th grade Married	27 months male	20 years 10th grade Single	28 months male
22 years High School grad Single	25 months female	20 years 10th grade Single	20 months female
26 years 9th grade Single	38 months female	24 years 10th grade Single	36 months female
23 years 11th grade Single	34 months male	24 years 11th grade Single	36 months male
22 years 11th grade Single	36 months female	23 years High School grad Single	38 months female
25 years High School grad Separated	30 months male	26 years 10th grade Separated	31 months male
23 years High School grad Separated	31 months male	21 years 11th grade Single	34 months male
25 years High School grad Single	36 months male	25 years 11th grade Single	24 months male
26 years 11th grade Single	38 months female	27 years 10th grade Single	36 months female
25 years High School grad Single	28 months male	24 years 11th grade Single	26 months male
24 years 11th grade Divorced	33 months female	20 years 11th grade Single	30 months female
27 years 11th grade Separated	27 months female	28 years 10th grade Married	24 months female
24 years 11th grade Single	35 months female	22 years 9th grade Single	31 months female

APPENDIX B

THE SENTENCE COMPLETION TEST

Name: _____

Date: _____

Below are forty incomplete sentences. Read and complete each one. If the suggested word occurs in the middle of the line, place it wherever you wish.

1. I should like to
2. Most important
3. My appearance
4. _____ good mood
5. When I am not treated right, I
6. If I could only
7. My head
8. The people who work for me
9. The main driving force in my life is
10. Other people are
11. If I could change anything, I
12. For sure
13. _____ last
14. The more involved one gets
15. For me, the best
16. As a child, I
17. A friend
18. I will fight when
19. _____ care
20. It's fun to daydream about

- 21. valuable possession
- 22. A stranger
- 23. When told to keep my place, I
- 24. Dormitory living
- 25. When an animal is wild,
- 26. If I were in charge
- 27. Being
- 28. People think I am
- 29. I don't like
- 30. What bothers me most
- 31. continually
- 32. To me, people
- 33. If I am put under pressure
- 34. I am happy when
- 35. broke , then
- 36. I want
- 37. The future
- 38. The people I like best
- 39. When I can't do something, I
- 40. Tests like this

SENTENCE COMPLETION TEST
(Modified Version)*put this in*

Name: _____

Date: _____

1. I should like to
2. Most important
3. My appearance
4. When I am not treated right, I
5. If I could only
6. My head
7. Other people are
8. If I could change anything, I
9. For sure
10. The more involved one gets
11. For me, the best
12. As a child, I
13. A friend
14. I will fight when
15. It's fun to daydream about
16. A stranger
17. When told to keep my place, I
18. When an animal is wild,
19. If I were in charge
20. People think I am
21. I don't like
22. What bothers me most
23. To me, people
24. If I am put under pressure
25. I am happy when
26. I want
27. The future
28. The people I like best
29. When I can't do something, I
30. Tests like this

SCORE SHEET

Name _____ Sex _____ Age _____ Judge _____

1.	21.	<u>Safety</u>
2.	22.	A. _____
3.	23.	B. _____
4.	24.	C. _____

5. 25.

6. 26.

7. 27.

8.	28.	<u>Affiliation</u>
----	-----	--------------------

9.	29.	_____
----	-----	-------

10. 30.

11. 31.

12. 32.

13. 33.

14.	34.	<u>Esteem</u>
-----	-----	---------------

15.	35.	A. _____
-----	-----	----------

16.	36.	B. _____
-----	-----	----------

17.	37.	C. _____
-----	-----	----------

18.	38.	<u>Totals</u>
-----	-----	---------------

19.	39.	Safety _____
-----	-----	--------------

20.	40.	Affiliation _____
-----	-----	-------------------

Esteem	_____
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APPENDIX C

UNSTRUCTURED PERIOD:		1	2	3	4	5
Mother Initiates Play with Child		0-1	2-3	4-5	6-7	8-9
	Number of Times:					
Child Initiates Play with Mother		0-1	2-3	4-5	6-7	8-9
	Number of Times:					
Mother's Activity Level	Passive, Inactive	Active			Very Active	
Child's Activity Level	Passive, Inactive	Active			Very Active	
Mother's Degree of Comfort	Uncomfortable, Unaccepting of Child's Play	Somewhat Comfortable			Very Comfortable, and Accepting of Child's Play	
Mother's Sensitivity to Child's Behavior	Highly Insensitive	Inconsistently Sensitive			Highly Sensitive	
Mother-Child Eye-to-Eye Contact	Never	Often			Very Often	

STORY PERIOD:	1	2	3	4	5
Position of Mother-Child During Reading	Tells Child to Sit on Floor or Chair	Places Child on Floor	Places Child on Chair in Front of Her	Places Child on Chair Next to Her	Holds Child on Lap
Method of Reading	Only Reads Text	Points to Pictures	Explains Some Detail About Text, Paraphrases	Shows Pictures to Child and Explains Details	Models Materials from Book Via Hands, Facial and/or Body Gestures
Mother's Tone of Voice	Distant, Cold	Neutral	Lukewarm	Warm, Kind	Very Warm, Lovey
Mother-Child Eye-to-Eye Contact	Never	Sometimes	Often	Frequent	Very Frequent

Sing
Song

TASK PERIOD	1	2	3	4	5
Method of Instruction	No Demonstration, Tells Child to Do Task	Demonstrates But Does Not Assist	Demonstrates Once and Assists to a Limited Extent	Demonstrates and Assists Much of Task	Demonstrates and Assists on Entire Task
Position of Child-Mother	Tells Child to Sit on Floor or Chair	Places Child on Floor	Places Child on Chair in Front of Her	Places Child on Chair Next to Her	Holds Child on Lap
Mother's Tone of Voice	Distant, Cold	Neutral	Lukewarm	Warm, Kind	Very Warm, Lovey
Child's Activity Level	Passive, Inactive	A Little Active		Moderately Active	Very Active
Mother's Eye-to-Eye Contact with Child	Never	Sometimes	Often	Frequent	Very Frequent
Mother's Reaction to Child's Task Performance	Criticizes Child for Its Performance and Gives Help When not Requested by Child	Criticizes Child for Its Performance	Gives Help Not Requested by Child	Gives Help When Child Indicates Need for Help	Praises Child and Gives Help When Child Indicates Need for Help

FREE PLAY PERIOD:	1	2	3	4	5
Mother Initiates Play with Child	0-1	2-3	4-5	6-7	8-9
					Number of Times:
Child Initiates Play with Mother	0-1	2-3	4-5	6-7	8-9
					Number of Times:
Mother's Activity Level	Passive, Inactive		Active		Very Active
Child's Activity Level	Passive, Inactive		Active		Very Active
Mother's Degree of Comfort	Uncomfortable, Unaccepting of Child's Play		Somewhat Comfortable		Very Comfortable and Accepting of Child's Play
Mother's Sensitivity to Child's Behavior	Highly Insensitive		Inconsistently Sensitive		Highly Sensitive
Mother-Child Eye-to-Eye Contact	Never		Often		Very Often

APPENDIX D

APPENDIX TABLE D-1a.--Analysis of Variance of Safety-esteem
Measures by Abuse Condition and Sex of Child.

	df	MS	F
<u>1. Raw Score Analysis**</u>			
Abuse	1	55.72	1.13*
Sex of Child	1	87.51	1.77*
Abuse x Sex	1	.438	.01*
<u>2. Absolute Score Analysis**</u>			
Abuse	1	.7232	.0296*
Sex of Child	1	37.72	1.55*
Abuse x Sex	1	40.08	1.65*

APPENDIX TABLE D-1b.--Cell Means on Safety-esteem Measures for
Abuse - No Abuse Conditions.

Condition	Cell Mean
<u>1. Raw Score Analysis**</u>	
Abuse	2.39
No-Abuse	5.21
<u>2. Absolute Score Analysis**</u>	
Abuse	5.89
No Abuse	6.21

*
p > .05

** Raw Score refers to the score--positive or negative--which resulted from subtracting the esteem score from the safety score, while the Absolute Score refers only to the positive value of the score which resulted from this subtraction

APPENDIX TABLE D-2.--Correlations Between Safety-Esteem Scores and Behavioral Measures.

Period	Dependent Measure	Safety-Esteem Raw Score	Safety-Esteem Absolute Score
Unstructured Free Play	Mother initiates play with child	.205/- .019	.076/ .104
	Child initiates play with mother	.031/ .033	.080/ .209
	Mother's activity level	.160/- .034	-.062/ .098
	Child's activity level	-.116/- .076	-.041/- .028
	Mother's degree of comfort	-.010/- .058	-.233/ .022
Story	Mother's sensitivity to child's behavior	.060/- .066	-.105/ .121
	Mother-child eye-to-eye contact	.066/- .075	-.099/ .053
	Position of mother-child during reading	.128	-.091
	Method of reading	-.146	.071
	Mother's tone of voice	-.038	-.005
Task	Mother-child eye-to-eye contact	-.098	.075
	Method of instruction	.093	-.205
	Position of mother-child	.103	-.084
	Mother's tone of voice	-.049	.055
	Child's activity level	-.023	.086
	Mother's eye-to-eye contact with child	-.078	.098
	Mother's reaction to child's task performance	.011	.094

	Time Period						
	Unstructured Period		Story Period		Task Period		
	Mother's Degree of Comfort	Mother-Child Eye-to-Eye Contact	Position of Mother during Reading	Mother's Tone of Voice	Mother-Child Eye-to-Eye Contact	Position of Mother-Child during Reading	Mother's Tone of Voice
<u>Unstructured Period:</u>							
Mother initiates play with child	.865	.858	.784	.824	.815	.625	.810
Child initiates play with mother	.726	.799	.762	.775	.782	.553	.747
Mother's activity level	.930	.891	.891	.861	.815	.757	.840
Child's activity level	.518	.568	.444	.638	.598	.354	.585
Mother's degree of comfort	--	.901	.811	.817	.750	.694	.791
Mother's sensitivity to child's behavior	.930	.834	.774	.835	.797	.661	.790
Mother-child eye-to-eye contact	.901	--	.756	.797	.816	.605	.752
<u>Story Period:</u>							
Position of mother-child during reading	.811	.756	--	.843	.753	.867	.822
Method of reading	.721	.656	.722	.838	.904	.594	.876
Mother's tone of voice	.817	.797	.843	--	.892	.711	.982
Mother-child eye-to-eye contact	.750	.816	.753	.892	--	.606	.909
<u>Task Period:</u>							
Method of instruction	.859	.732	.873	.735	.605	.829	.689
Position of mother-child	.694	.605	.878	.711	.605	--	.695
Mother's tone of voice	.791	.752	.822	.982	.909	.695	--
Child's activity level	.534	.520	.484	.692	.675	.379	.676
Mother-child eye-to-eye contact	.733	.793	.754	.911	.975	.611	.930
Mother's reaction to child's performance	.564	.620	.640	.736	.782	.532	.759
<u>Free Play Period:</u>							
Mother initiates play with child	.704	.760	.757	.914	.942	.612	.928
Child initiates play with mother	.519	.550	.729	.808	.776	.551	.834
Mother's activity level	.687	.760	.773	.876	.922	.637	.883
Child's activity level	.642	.537	.642	.799	.693	.568	.798
Mother's degree of comfort	.719	.758	.780	.881	.920	.641	.896
Mother's sensitivity to child's behavior	.721	.788	.757	.870	.922	.610	.896
Mother-child eye-to-eye contact	.719	.818	.749	.872	.931	.601	.883

APPENDIX TABLE D-4.--Correlations between Measures of Maternal Supportiveness and all Dependent Variables.

Dependent Measures	Time Period					
	Unstructured Period		Story Period		Task Period	
	Mother Initiates Play	Mother's Sensitivity to Child's Behavior	Method of Reading	Method of Instruction	Mother's Reaction to Child's Task Performance	Free Play Period Mother Initiates Play Mother's Sensitivity to Child's
<u>Unstructured Period:</u>						
Mother initiates activity with child	--	.858	.747	.705	.629	.816
Child initiates activity with mother	.768	.780	.738	.640	.625	.754
Mother's activity level	.925	.900	.766	.852	.638	.762
Child's activity level	.491	.594	.549	.372	.513	.505
Mother's degree of comfort	.865	.930	.721	.859	.564	.721
Mother's sensitivity to child's behavior	.858	--	.742	.825	.620	.724
Mother-child eye-to-eye contact	.858	.936	.656	.732	.620	.788
<u>Story Period:</u>						
Position of mother-child during reading	.784	.774	.722	.873	.640	.757
Method of reading	.747	.742	--	.638	.650	.816
Mother's tone of voice	.824	.835	.838	.735	.736	.870
Mother-child eye-to-eye contact	.815	.797	.904	.605	.782	.922
<u>Task Period:</u>						
Method of instruction	.705	.825	.638	--	.492	.603
Position of child-mother	.625	.661	.594	.829	.532	.610
Mother's tone of voice	.810	.790	.876	.689	.759	.896
Child's activity level	.596	.572	.647	.425	.668	.569
Mother's eye-to-eye contact with child	.785	.770	.880	.596	.796	.932
Mother's reaction to child's task performance	.629	.620	.650	.492	--	.712
<u>Free Play:</u>						
Mother initiates activity with child	.816	.731	.847	.544	.783	.904
Child initiates activity with mother	.639	.527	.742	.455	.725	.838
Mother's activity level	.758	.749	.822	.567	.771	.896
Child's activity level	.598	.619	.713	.544	.660	.637
Mother's degree of comfort	.737	.715	.818	.603	.775	.939
Mother's sensitivity to child's behavior	.747	.724	.816	.603	.712	--
Mother-child eye-to-eye contact	.727	.732	.790	.583	.746	.965

APPENDIX TABLE D-5.--Correlations between Child's Activity Level and All Dependent Measures.

	Time Period					
	Unstructured Period			Task Period		
	Child Initiates Play	Child's Activity Level	Child's Activity Level	Child's Activity Level	Child Initiates Play	Child's Activity Level
Unstructured Period:						
Mother initiates play with child	.768	.491	.596	.596	.639	.598
Child initiates play with mother	.768	.491	.596	.596	.639	.598
Mother's activity level	--	.726	.618	.618	.737	.636
Child's activity level	.764	.552	.639	.639	.640	.705
Mother's degree of comfort	.726	--	.858	.858	.607	.841
Mother's sensitivity to child's behavior	.726	.518	.534	.534	.510	.642
Mother-child eye-to-eye contact	.780	.594	.572	.572	.527	.619
	.799	.568	.520	.520	.550	.537
Story Period:						
Position of mother-child during reading	.762	.444	.484	.484	.729	.642
Method of reading	.738	.549	.647	.647	.742	.713
Mother's tone of voice	.775	.638	.692	.692	.808	.799
Mother-child eye-to-eye contact	.782	.598	.675	.675	.776	.693
Task Period:						
Method of instruction	.640	.372	.425	.425	.455	.544
Position of mother-child	.553	.354	.379	.379	.551	.568
Mother's tone of voice	.747	.585	.676	.676	.834	.798
Child's activity level	.618	.858	--	--	.670	.897
Mother-child eye-to-eye contact	.789	.634	.692	.692	.829	.740
Mother's reaction to child's task performance	.625	.513	.668	.668	.725	.660
Free Play Period:						
Mother initiates play with child	.785	.669	.729	.729	.875	.771
Child initiates play with mother	.737	.607	.670	.670	--	.751
Mother's activity level	.759	.686	.738	.738	.885	.786
Child's activity level	.636	.841	.897	.897	.751	--
Mother's degree of comfort	.790	.618	.657	.657	.846	.734
Mother's sensitivity to child's behavior	.754	.505	.569	.569	.338	.637
Mother-child eye-to-eye contact	.774	.599	.628	.628	.822	.684

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