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**THE INVADED SELF: SYSTEMIC ASPECTS OF FEMALE
SUBORDINATION**

VOLUME I

By

Betsy Cullum-Swan

A DISSERTATION

**Submitted to
Michigan State University
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ABSTRACT

THE INVADED SELF: SYSTEMIC ASPECTS OF FEMALE SUBORDINATION

By

Betsy Cullum-Swan

Although they are traumatic personal events, invasions of women are organized and patterned by patrimonial social structure, by social institutions (religion, state, family, medicine, law) and by interactive conventions that frame the experience and give it meaning. These serve to legitimate male violence. Patrimony works through the structuring of; 1)the mode of production, 2)relations in paid work, 3)relations in the state, 4)relations in sexuality , 5)male violence, and 5)cultural institutions. Institutions label, legitimate, and deny invasions selectively. Interactive rules and conventions stabilize and conventionalize the experience.

In many respects society legitimates invasions of women herein conceptualized as: positive, neutral, and negative. Consensual intercourse is typical of a positive invasion, medical procedures are considered neutral invasions, and coerced intercourse, incest, and rape are labeled negative invasions. The study aims to illuminate the social construction of negative invasions, to discover their historical antecedents in social relations, and to investigate the sequelae of such

invasions in present alcohol use, and male/female relations.

The study is based on a sample survey (N=341, 33% male 67% female) of college students, and data from ten interviews with female volunteers from the survey sample. The study examines some basic propositions and hypotheses concerning patrimonial order, social institutions, interactive conventions, and the meaning of invasions. Twenty-two hypotheses were tested. Eighteen were supported by the data. The principal independent variables were presence of violence in the home, father abusive to mother, and parental use of alcohol. The primary dependent variable was involvement in negative invasions.

Responses to neutral medical invasions and positive sexual invasion were explored, as was the impact of negative experience on frame confusion and inappropriate emotions. Guttman scaling, cross-tabulation, and descriptive statistics were used. A semiotic framing technique was used to derive the social constructions of invasions, Inductive methodology was utilized to discover themes in the interviews with particular focus on the subjects' experience of negative invasion. These qualitative findings were discussed in three areas: family dynamics, family dysfunction, the event and its meaning. Findings were consistent with the quantitative data.

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I am grateful to my parents who made me believe I could accomplish any goal I chose. (Sorry E.L. brain surgery wasn't my first choice!) I dedicate this work to my father who taught me that ideas, the most valuable commodity, could be sold and consumed like any other desirable product, if you only had the right pitch.

The most important contribution was made by the women who participated in the interviews. Their bravery, honesty, and concern for others permeates the work.

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CHAPTER 1

INTRODUCTION

This is a study of the generation of meaning within a cultural context. The conceptualization, labeling, and phenomenon, of a continuum of acts, the invasion of women, and their pragmatic and philosophical contribution to unequal distribution of power between the sexes will be explored. I contend that female invasion is a form of male/female interaction which supports gender stereotyping and the exclusion of females from appropriate participation in cultural forms (Simmel 1971, 1984). Similarly the fear and reality of invasion delimits women's ability to construct and define the content of their own daily lives. This is a complex issue which does not simply call for examination of the male psyche. Rather one must focus upon the elements of engenderation, roles, socialization, and social structure to fully explore the phenomenon. I begin with social structure.

The social construction of psychological and physical female invasions and acceptance of certain types of controlling invasions as "normal male behavior" will be investigated. The specific focus will be upon physical invasions of women, e.g. intercourse, incest, rape, childbirth, abortion, gynecological exams, and how they function to define and maintain appropriately gendered behavior in American society. In what manner invasions

are legitimated and institutionalized through family, the state, law, religion, and medicine, and the dominance and control which accompany the male role of invader, is basic to the research. The ramifications of controlling² and negative invasions³ upon individual women, and the possible development of medically defined symptoms or syndromes will be further explored through interviews with appropriate subjects. The operational definitions of invasions are contained in footnotes at the end of this chapter. These definitions and others are also listed in Appendix A.

STRATIFICATION AND POWER

All cultural groups have a people ordering system. A stratification system tells the individual where s/he is placed in the cultural and social context and to some degree what the content of his/her given role should be. Many means or tools are utilized, by those holding powerful positions and authoritative roles, to maintain social ordering both vertically and horizontally. Stereotyping, cultural domination, and sexual objectification (Simmel 1984, Irigaray 1985, de Lauretis 1987, Bartkey 1990, Butler 1990) are highly effective means of labeling and oppressing particular types of persons, e.g., Blacks, Hispanics, women. They are simultaneously effective strategies for sustaining control for the powerful elite. These types of psychological

oppression allow "those who benefit from the established order of things to maintain their ascendancy with more appearance of legitimacy and with less recourse to overt acts of violence than they might otherwise require" (Bartkey 1990: 23). Thus individual placement and the dominant/submissive, superior/inferior paradigm for social relations is variously communicated and operationalized.

It is frequently a strategy of controllers to create and generate conflict within and between powerless subordinate groups to maintain their separation and circumvent cooperation and feelings of unity. This keeps "minority" groups and their members in constant conflict over limited resources and disallows focus upon the real enemy the powerful ruling minority. Conceiving female experience as essentially different according to race, ethnicity, and/or class, effectively obscures the consistent fears and threats that all women face in male dominated societies. This strategy focuses attention on difference rather than similarity and maintains divisions between women.

Culture purveyed through language, experience, and socialization provides a model or code for properly gendered persons. Language structures the way individuals think about themselves, others, and social relations (Mead 1962, Berger and Luckmann 1966, Goffman 1981). Androcentric language, history, and culture, serve to

marginalize and separate non-members from the ruling group (Rich 1980, Spender 1980, Todd 1989, Bartkey 1990, Flax 1990, Walby 1990). Those willing and able to affiliate and identify with white males, i.e., their wives, educated black males, may receive a sort of second class referred status and power. However the lack of fit between self, identity, personal experience, and cultural forms, (Simmel 1971, 1984) remains for these individuals.

Stratification systems utilize a variety of social variables, both ascribed and achieved, to label and stereotype individuals, establish social and spatial boundaries, and to facilitate socialization to appropriate role behaviors (Black 1984). Race, sex, class, ethnicity, gender, health status, age, education, and occupation are primary variables used to classify and position people in a context. Rare or unusual combinations of these variables may result in anomalous structural and/or interactive situations. Individuals may find themselves placed outside the system because of their conflicting position or status (Black 1984: 1-28). Their title or label may approximate an oxymoron as in woman lawyer, or black senator. In these cases lawyer and senator must be qualified by woman and black because the social assumption and reality has been that white men hold these positions.

Stratification systems are really about the control of wealth and power in a social group and must incorporate

a means of mastering the bodies, minds, and labor of the collective "minority" populations. Frequently a member of the subordinate class may only access power through relationships with others. This is generally the case with members of the group female who approach power primarily through significant powerful males. Thus what the general populous does, thinks, reads, feels, and generally their experience of everyday life, must be structured to facilitate and maintain their relationship to powerlessness and dependency upon the ruling status group. A "don't bite the hand that feeds you" philosophy is at work in extreme dependency relations where animosity and hatred are repressed and emerge in self-destructive and/or passive aggressive behaviors. The inability of many "minority" groups to systematically and overtly express negative feelings toward their "superiors" results in "problems of everyday life" (Szaz 1960) e.g., chronic depression and mental illness, which are statistically more prevalent among blacks and women than white males (Broman 1991).

American institutions, which inculcate society with sexist, racist, and heterosexist, hegemony and language, reflect a stratification system in which white males, a powerful minority, have been able to divide, conquer, and subordinate other social groups (Rich 1980, Spender 1980, Frye 1983, Keller 1985, de Lauretis 1987, Bartkey 1990).

The strategies are various and complex and range from systematic exclusionary mechanisms from groups or institutions which teach and support economic and social success, to sympathetic behavior toward groups which act violently to remove competition. The exclusion of Jews from country clubs, women from civic and athletic clubs, and blacks from baseball teams and golfing clubs are examples of the first tactic. The Klu Klux Klan, the brotherhood of Masons, the Shriners, and the Mafia, are examples of the second. Thus American society has historically generated a variety of social mechanisms, predicated upon diverse demographic criteria, to select against and disadvantage everyone but white middle and upper class males.

The interaction of class, sex, and gender, have served to maintain the generally subordinate position of women in American culture. They are significant social mechanism which serve to group, label, unite and /or separate individuals. Because a woman's ability to economically survive is directly linked to her affective and relational ties with men, her class placement and effective representation of the feminine ideal are essential in finding and keeping a marital partner (Weitzman 1985). Thus economic and social survival of women and children is socially enstructured and pragmatically a function of ties with men. Therefore the

status of women in stratification studies remains ambiguous.

Other variables such as race and education may moderate interactive effects, but the primary relationship between the three is multiple and extremely complex. In the course of this study I will examine; 1) how these variables function cooperatively to keep women in "their place", 2) the ways in which institutions inculcate, legitimate, and socialize individuals into roles which are congruent with a patriarchal or male dominant social form, and 3) the strategies and tactics (particularly invasions) which are used to maintain an unequal distribution of power between men and women.

INVASIONS

Throughout history invasions of an other's community, land or property, privacy, or bodily integrity, have proven a successful means of control and protecting the stratification order. Taking away, possessing or inhabiting an other's space or limiting their autonomy is a highly effective means to gain access and create and maintain a position of power. In an invasive context, the use of force and violence 4 whether it is ideological, psychological, and/or physical, facilitates the event and the maintenance of power relations.

For centuries women have been claimed as booty by victorious males (Veblen 1934). As groups of males

invaded and sought control of others' territory they enslaved the women of the vanquished group. The men of the conquered group were killed, the settlement was pillaged, and the women were raped. Such women continued to be utilized for their labor and sexual services. Their only escape from treatment as a slave was to please a powerful male within the new group and receive personal protection in exchange for their loyalty and sexual services. Women were the first slaves and only after the successful enslavement of women who could be defined as strangers, did men learn how to enslave men of those groups and later subordinates from within their own group (Lerner 1986: 213). Thus an historical precedent exists for the status of women as subordinate to men and primarily a function of their sexual ties and familial relationships with particular men.

PHENOMENOLOGY OF INVASIONS

Invasions may be of a variety of types; geographical, psychological, physical, and present in different sorts of settings or relationships; e.g. wars, territorial conflict, brainwashing, "mindfucking", sexual harassment, pornography, psychoanalysis, and sexual intercourse, rape, or a gynecological exam. Invasions have an element of aggression which may be manifested in the use of violence, although I do not define all invasions as violence toward women, nor does an invasion call for entry into a body.

Mental or psychic invasions are highly effective tools for the control of women which do not necessarily call for physical invasion.

Women's subordinate status and physical construction seems to render them more frequently vulnerable to physical invasions than men. Women's bodies are constructed in a manner which provides a specific passage for invasion. Although all humans have mouths and rectums which may be invaded, these passages are not primarily defined as pathways for invasion by a bodily part of the opposite sex i.e. the penis. The mouth provides an aperture for taking in food and the anal sphincter expels waste matter from the body. The moral prohibition against invasive sexual behaviors around these openings, with the exception of mouth to mouth kissing, serves to stigmatize and criminalize oral and anal intercourse. Thus invasions or penetrations of the vagina are legitimated biologically and through the social construction of sexuality.

Vaginal invasions may carry an instrumental and/or affective component and have conflicting denotative and connotative meanings. The specific meaning of invasive events has provided much fodder for discussion between feminists. Are intercourse, rape, and incest, sexual behaviors, violent and aggressive acts, or some combination of the two? The focus upon the violent and aggressive aspects of these events has been extensively examined in

feminist literature. Catharine MacKinnon, an important spokesperson for this perspective, characterizes intercourse as an act having male and female roles of domination and submission "in which masculinity is the enjoyment of violation, and femininity the enjoyment of being violated" (1991: 136). Similarly Freud's focus upon sexual and aggressive drives as primary in both his theoretical work and clinical findings provides an insight into the difficulty of disengaging the two.

The use and effect of of invasive techniques (physical, psychological, and emotional), is primary in the research. I have chosen the word *invasion* to describe a group of strategies and tactics males use to assert their power over females. Webster (1936) defines *invasion* as "the incoming, or first attack, of anything painful," *invade* as "1)to enter for conquest or plunder. 2)to infringe; or encroach on; to invade the rights of the people" and *invasive* as "aggressive, encroaching" (530). The word and its derivatives combine the element of aggression with intruding into someone else's space, taking away something belonging to another, and/or limiting another's autonomy. I believe this describes many women's feelings about a variety of "intimate intrusions" (Stanko 1985) e.g., sexual joking and harassment, unwanted sexual touching, gynecological exams (Cullum-Swan 1994), C-sections, birth (Arms 1975,

Ehrenreich & English 1979, Oakley 1980, Smith-Rosenberg 1985) abortion, rape, incest, and potentially sexual intercourse (Dworkin 1987, MacKinnon 1991). These acts, although different in many ways, may leave women with a similar feeling of being encroached upon and controlled.

For this research undertaking an invasion is defined as entering another's space, e.g., land, bodily orifice, or psyche, which will be differentially labeled according to consent, role relations, and "function" of the event. These labels are congruent with the social construction of invasive events. For example consensual vaginal intercourse is labeled a positive invasion⁵ because both parties participate voluntarily. Rape and incest are considered negative invasions because of the nonconsensual nature of the act, and vaginal penetration for medical purposes e.g., childbirth, gynecological exam, abortion, is considered a neutral invasion⁶.

DEFINING INVASIONS

For purposes of this research, the significant definitional elements of invasions are individual consent and role propriety. A positive invasion is characterized both by its consensual nature and the role attributes which allow the participants to give consent. Thus children, the mentally ill, and certain blood relations, are never appropriate sexual partners. "Consensual intercourse" between a man and woman having inappropriate

social relations, e.g., father/daughter, sister/brother, mother/son, physician/patient, is defined as as a negative invasion because of moral and legal codes. A minor is considered incapable of action with responsibility and aforethought and therefore can't engage in consensual sex with anyone, especially an adult family member. They are not equals, both experientially and under the law, and the minor needs protection, guidance, and socialization from significant adults.

Patients are inappropriate in terms of role relations and ability to consent. Thus sexual intercourse between physicians and patients is considered immoral and illegal regardless of the age, desire, and/or yea saying of the patient. The physician is placed in a position of trust and in a caretaking role similar to that of a parent. This is not the only nor necessarily optimal role relations for physicians and patients, but it is the standard in a patriarchal culture having gender roles generated by familial form. Professional standards and a medical model calling for affective neutrality from the physician (Parsons 1952) means that intimate sexual relations within this dyad would confuse and pollute the primary relationship.

The propriety of sexual relations between consenting adults has always been controversial as is evidenced by the volume of constant gossip over who is screwing whom.

However the recent public nature of the debate and the barrage of media information concerning alleged inappropriate sexual couplings, e.g., nursery school scandals, psycho therapists and their patients, has brought the phenomenon of negative invasion to movie of the week format and elevated it to social problem status.

Although invasions are herein conceptualized as positive, neutral, and negative, remember these value labels are perspectival, somewhat external, and objective social constructions of events and that all invasive events stimulate feelings and memories stored in the psyche and the body. It is also clear, within a symbolic interactionist framework and from a dramaturgical perspective, that invasive events are laden with meanings both personal, cultural, and historical, and that defining a specific occasion as only sex, violence, making love, or having a medical procedure, is not theoretically useful (Cullum-Swan 1994). The impact or meaning of any interactive event is frequently negotiated and retrospectively analyzed and understood. We do recall similar experiences and frames (Goffman 1974) which have common elements, and the presence of these elements in a variety of frames is precisely what I contend causes women to confuse and conflate a variety of different invasive experiences.

It is thus possible for the woman's subjective

evaluation of an event to differ from the pragmatic label. Clearly an affective component is present in all types of vaginal invasions and the woman's feelings and reaction to a particular incident may not be congruent with the labels used in this research. For example a woman may feel negatively about intercourse with her husband and experience some feelings of sexual stimulation during a gynecological exam. But a typology of positive, negative, and neutral objectively differentiates types of vaginal invasions and is functional for this research. I will examine the subjective and affective component of invasions by looking at women's memories of negative or difficult neutral invasions and how such reminders effect a woman's ability to experience vaginal penetration of any type without a traumatic reaction.

INSTITUTIONS

I will examine the social construction or meaning of these three types of invasions and how institutions define a given occurrence as a particular type, e.g., positive, neutral, negative. For example vaginal penetration of the female by a male can be defined as intercourse, rape, incest, or attempted impregnation, if an institutional definition becomes relevant. Direct institutional intervention in the definition of an invasive act is not routinely necessary. It occurs when a woman seeks help because of physical or psychological violence and fear for

her safety or that of her children. However women internalize the cultural and institutional definitions of invasive events. These definitions are important in a woman's decision to name or take action about an unwanted and nonconsensual invasion.

It is clear that individual women may define a given event differently from the involved male/s and authority figures, e.g., police, physicians, therapists, lawyers. Rape by a stranger is the most frequent invasive event brought to institutional attention (Brownmiller 1975, Russell 1975, Estrich 1987, Matoesian 1993) simply because the institution may define the act as "real" and consider the perpetrator at fault rather than the victim.

Thus the embodied experience of sexual molestation, rape, and/or incest may remain locked inside the woman because she realistically fears it will not be validated by others. It lies dormant to disable and cripple. If "secret stories" are disclosed, especially those involving a male relative, they remain primarily within the family. Their reality may be denied even as the behaviors become normalized and routinized. "Silence about intimate assault, including childhood sexual abuse remains the norm...They are never discovered because women continue to remain silent (Stanko 1985: 25).

Victims of negative invasions frequently don't tell because they fear loss of affection, support, domicile,

and the reality of more abuse because of the disclosure (Stanko 1985, Russell 1986, Loseke 1992). The powerful dominant male role and submissive powerless female role are actualized and perpetuated through the denial conspiracy. Because the United States is historically a patriarchal and capitalist society, the vestiges of thinking about women and children as property of men (Collins 1982) cannot be ignored as significant in the social construction and disattention toward violent invasions of women.

INSTITUTIONAL COLLUSION

I conceptualize the institutions of religion, the state, medicine, and the patriarchal family, as primary in the actual socialization and engenderation of males and females. If stereotypical male/female roles are culturally entrenched and supportive of a sex/gender system (Rubin 1975), then the the invasion of women serves as an effective social control mechanism. I will specifically examine how institutions function to maintain a sex/gendered stratification system and how these institutions name, label, legitimate, and sometimes sanction female invasion.

Ideal types are useful for making generalizations. Belief typifications concerning conventional behaviors or attributes of persons are very important tools for socialization. Pink and blue blankets, boisterous voices

and rough games, daintiness, red fire trucks, and baking cookies, are easily connected to boys or girls by cultural members. We know what the stereotypes are even if we do not believe them nor cohere to them. But they are institutionally and culturally prevalent and inform our beliefs and attitudes concerning gender. Thus it is essential to note that whether an individual 1)adheres to particular religious beliefs or is an atheist, 2)supports or opposes social control through legislation and enforcement, 3)seeks conservative medical care or uses alternative healing practices, and 4)lives in an ideal nuclear male headed or nontraditional household, the behavioral and ideological expectations of institutions have manifest and latent effects upon all members of society.

These macro structures serve to inculcate and actually coerce individuals into their predetermined roles. This is possible because people can't totally avoid dealing with institutions and their representatives, e.g., doctors, lawyers, police, religious leaders, and government officials, who directly effect the health, wealth, liberty, and general well being of individuals. Indirect institutional effects come through media constructions of "real life experiences", and others accounts and experiences, so that all cultural members believe they know what it is like to be hospitalized, to

go to court, or get divorced.

Institutions and their ideologies are overtly structurally linked and manifest in Catholic hospitals run by nuns, and religious fanatics "legally" harassing women at abortion clinics (Time, April 19, 1993). We can see how medicine, the law, family, and religion converge in this example. Labeling abortion as murder, a religious and potentially legal definition of abortion, is used to preserve the family, and define for physicians the propriety, morality, and legality of a medical procedure regardless of the best interest of the patient. These institutions are covertly and instrumentally conjoined through ideological means such as legal codes congruent with Christianity and patriarchy, and attempts to overturn Roe. V Wade so the state and "fathers" of fetuses can intervene in a woman's physical autonomy.

I also consider these institutions as nested in terms of function from the macro to micro level. Religion is ideology which shelters and bleeds into the other institutions and caters to individual and social requirements for a set of sacred beliefs. Religion provides the means to explain the inexplicable, forgive the unforgivable, and have faith in the impossible. Religious systems may similarly remove individual blame or guilt for wrong doing by claiming the act is moral in the name of god, e.g., the crusades, Salem trials and burning

of "witches", and virulent anti-abortionists' violence.

Medicine is practical and functional. It deals with the physical body yet is moderated and controlled by religious norms and values as exemplified by the uproar over Dr. Koverkian and the topic of euthanasia. Religious doctrine, particularly Christian beliefs, provide a baseline for moralistic behaviors and decisions in the medical sphere. Because physicians attend the liminal events of birth and death, which literally open and close the family circle, a certain flush of sacridity and belief in "family values" is attributed to the profession. After all science and technology have replaced religion as the opiates of the people and usurped decisions which previously belonged to the family. Clearly strong ties exist between religion, family, and medicine, and a set of pseudo sacred beliefs comes to intervene in the decision making and operation of a practical science.

The democratic state functions to preserve order in society by establishing and enforcing laws and protecting the rights of the individual. However law is predicated upon and reflects the vertical and horizontal structure of society (Black 1984). Thus a social contract becomes necessary. As Rousseau saw it "a social contract enables individuals voluntarily to subject themselves to the state of civil law; freedom becomes obedience and, in exchange protection is provided (Pateman 1988: 7). Individual

rights are specified in contractual agreements between parties, e.g., husband and wife, capitalist and laborer, and citizens may expect that agreements will be enforced by the state if necessary. Citizens exchange obedience for protection which results in relations of civil mastery and obedience. However if women are excluded from the category of citizen under the original contract, which was certainly constructed without the direct input of women, what is their status under the law? If law is a patriarchal institution can the civil position of woman differ from her place in the male headed household?

I contend this objectification and lack of clear legal status has allowed male control of women individually and as a group, and has denied women legal protection. I argue that the original contract does not include women and this omission and the conceptualization of women as property (Collins 1982, Pateman 1988) has allowed men to violently abuse and utilize negative invasions to control women.

When women claim to be negatively invaded the legal institution gathers information and may take action upon the perpetrators if it is unquestionably "real" (Estrich 1987) as in a stranger-stranger, forcible, rape. This action on behalf of the wronged citizen, the husband, father or brother, functions to maintain men's control over their female kin and to protect their property rights

(Collins 1982) and "investments". This objective definition of women as property means that theoretically men can't rape their wives since there is no contention over rights or disagreement concerning a man's access to his own property. Because most negative invasions are not between strangers, the legal definition of the situation frequently conflicts with the woman's personal definition of the situation.

Physicians, i.e., psychiatrists, gynecologists, may also be prosecuted for negative invasion of a patient, even if the woman has been seductive or consented, on the basis they have acted inappropriately and broken the Hippocratic oath. Thus the state and its legal arm intervene when actions and contracts, primarily between men, are under contention and functions to regulate and police familial relations and medical malpractice which may be occurrences of negative invasions.

The relationships between the three previous institutions should be clarified before moving on to the family. Religion is conceptualized as ideological, a primary socializer, and having a significant affect upon the practical medical institution. The person needs religion to nurture the soul, and medicine to care for the body. Regulatory functions are served by the state through the social contract, legislation, and the practical and intrusive element of policing.

The family will be conceptualized as the primary micro and interactive socializer of engendered persons and a significant site for negative invasions. Because of the private nature of the family and various institutional supports, violence toward females, through acts of unwanted sexual intercourse and incest, remains hidden and condoned. It is also within the family that children observe their significant others attachment and interaction with religious and medical institutions as well as the state. Church attendance and inculcation with religious norms and values is frequently a function of the parents or grandparents influence and behavior. The role of the medical establishment in familial coping with normal events and medical crises is a significant factor in the individual's future reactions to medical events and personal version of the "sick role" (Parsons 1952). A conceptualization of the state as intrusive and/or supportive of the family is similarly learned by watching and listening to parental conversations and interaction with authority figures such as the police.

Family solidarity and longevity directly effect the individual's relationship with significant institutions. The prevalence of divorce and reconstituted families results in loyalty questions and the presence of many biologically unrelated persons cohabiting. The potential for anger, jealousy and violence, as well as

inappropriate sexual relationships within the "family" is certainly a function of such changes in family form.

It is important to note that women's roles and "place(s)" in society are radically changing and that men's roles are somewhat reactive to these changes (Kimmel 1987). It is precisely these changes and the assumption of some powerful roles by women, e.g. doctor, lawyer, politician, priest, economic head of household, which has facilitated questioning the meaning and function of invasions of women. It is only during the past two decades that rape, incest, and wife battering, have emerged as social problems. I do not insinuate or contend that control of women through negative invasions is a conscious male strategy in which all men actively and wantonly participate. The biological, psychological, social, and interactive elements which have contributed to the current state of affairs are extremely complex and difficult to disentangle. Nonetheless, the situation exists. Women are systematically raped, abused, and molested, primarily by their male significant others, and how these abuses of power are institutionally supported calls for examination.

Notes Chapter 1

- 1 An invasion is entering another's space, e.g., land, bodily orifice, or psyche.
- 2 A controlling invasion is nonconsensual and violent entry into another's psychological and/or physical space.
- 3 A negative invasion is involuntary, unwanted, and violent sexual interaction having attempted or completed orifice entry by an object, e.g., penis, finger, bottle, dildo, banana. The individuals are not expressing positive affect for one another and often have inappropriate role relations.
- 4 Violence is use of routinized and implicit, or explicit coercion in the form of force, fear, and/or threats towards another's autonomy. It may be psychological or physical in form.
- 5 A positive invasion is voluntary orifice entry which is sexual in nature, often characterized by mutual expression of positive affect, and culturally appropriate role relations between the individuals.

6 A neutral invasion is orifice entry for a medical purpose such as childbirth, abortion, or a gynecological exam. The participants have neutral affect for one another which is acted out through their role relations.

CHAPTER 2

INVASIONS AS SOCIAL CONTROL

The primary thesis of this research is that women are dominated and controlled by men through a variety of overt and covert methods. I contend that invasions of women, having male dominant and female submissive roles, are endemic and extremely effective control and disciplinary mechanisms. Invasions are operationalized in the social structures which evolve in a patriarchal society. A patriarchal society is characterized by consistent male\female roles and power relations which exist in both the public and private sectors of society. Thus social institutions, e.g., medicine, law, family, religion, which are organizationally structured and populated according to a male dominant model, facilitate, and utilize invasions.

Patriarchy is defined by Walby as "a system of social structures and practices in which men dominate, oppress and exploit women" (1990: 20). These male/female relations are operationalized through six primary social structures: 1)patriarchal mode of production, 2)patriarchal relations in paid work, 3)patriarchal relations in the state, 4)male violence, 5)patriarchal relations in sexuality, and 6)patriarchal relations in cultural institutions (Walby 1990). Although I agree with the structural mode of operationalization, I will focus upon patriarchy as "the manifestation and institutionalization of male dominance

over women and children in the family and the extension of "male dominance over women in society in general" (Lerner 1986: 239).

I contend that female oppression and exploitation are only two of the strategic modalities which educate and coerce persons concerning their social placement. Stereotyping and objectification are other strategies to keep individuals in their appropriate place. Thus oppression and exploitation help to enforce and maintain male cultural, institutional, social, and interactive domination. To hold the subordinate position female, in this stratification system, is to be oppressed and exploited.

The male/dominant female/submissive paradigm is socially pervasive and learned through observation and intensive, coercive tutoring in proper sex/gender appearance and behavior. Consistent representations and enactments of male/dominant and female submissive roles facilitate maintenance of the status quo. For example, hairy women, hairless effeminate men, aggressive "castrating bitches", and "faggots" are all offenses of gender norms which consequently draw forth angry and offensive responses and labels.

GENDER AND OPPRESSION

Gender is an oppressive social construct which maintains women's subordination. Examination of the

pragmatic and systemic elements of the engenderation system helps to expose its functional efficacy and insidious character. For efficient

subordination, what's wanted is that the structure not appear to be a cultural artifact kept in place by human decision or custom, but that it appear *natural* that it appear to be a quite direct consequence of facts about the beast which are beyond the scope of human manipulation or revision. It must seem natural that the individuals of the one category are dominated by individuals of the other and that as groups, the one dominates the other.

(Frye 1983: 34)

Thus the social construction of gender which appears to correlate with biological sex, provides a dramatic facade of male/female difference and supports the "natural" empowerment of bigger, stronger, males. Again, I focus upon the concept of male domination as the organizing feature of patriarchy. I define oppression as a strategy or a "how to" of subordination.

A; stratification system has formal and informal means to maintain order. Oppression, which functions in both arenas, is an instrumental means to maintain the unequal distribution of power in society. It is a tool which supports the stratification system. Subordination denotes role and placement, whereas oppression, in cooperation with a variety of other strategies, keeps the powerless in place. The state of being oppressed creates a subjective and existential state of being. Thus the

power of oppression lies in the fact that the oppressed can be socialized to function as their own oppressors (Frye 1983, Bartkey 1990). The victims victimize themselves. For example mothers and grandmothers infibulating their female offspring (Walker 1992) for fear they will not be viable in the marriage market.

Oppression has to do with restriction of mobility- both physical and psychological. Oppressed groups exist in confinement. They are assaulted by barriers which inhibit life choices and chances. However, because the barriers are multifaceted, frequently unobservable, and sometimes seem petty or "only in someone's head", they are subtle and dangerous. Oppression is an integral aspect of social forms which communicate to women and other "minority peoples" their grouping and membership in a lesser social strata. Attempts to differentiate one's self from the disadvantaged group or to aggress against the oppressor(s) are met with punishment, censure, or deprivation (Foucault 1979, Frye 1983, Bartkey 1990).

Double bind situations typically arise in an oppressive context and may stimulate angry and impotent feelings in the oppressed and/or victimized. In a double bind there are few options, and usually none are acceptable. Figuratively and sometimes literally, "you're fucked if you do, and fucked if you don't".

Social forms which oppress are represented

externally and incorporated internally. The actual barriers may be economic, political, legal, religious, and/or educational. However the cumulative effect of innumerable road blocks to achievement, status, legitimacy, etc, is psychologically devastating, e.g., low self-esteem, self-derogation, self-hatred, depression, suicidal tendencies and behaviors. Invasive tactics are a significant factor in female oppression and yet only one of the many strategems of oppression. Although many invasions are bodily, the pervasive and long lasting effects of female invasion are written on the "psychic body" (Denzin 1984) as "the psychologically oppressed may come to believe that they lack the capacity to be autonomous" (Bartkey 1990: 30).

INVASIONS AND SOCIAL STRUCTURES

I will demonstrate how various types of invasions are utilized in the six social structures (Walby 1990) with particular focus upon: 1)patriarchal mode of production; 4)violence; 5)sexuality; and 6)culture. The entrenchment and maintenance of the sex/gender system in relations of production, lack of intervention in violence toward women, compulsory heterosexuality, the culturally prevalent form of intercourse (Dworkin 1987), and media objectification of the female body and self, are examples of invasive tactics

intrinsic to particular social structures.

Invasive encounters (Goffman 1961) are multifaceted and variously manifested and dramatized. They are characterized by an internal or external coercive element and involve entry into another person's physical or psychological space. Invasions occur in different interactive settings, primarily between men and women, and are incorporated in diverse social relationships. Although men can also be invaded, and women act as invaders, the roles aren't typically enacted in this fashion. Thus total strangers, institutional representatives, and male significant others, can use invasive tactics to oppress and control women and just the fear of a painful and violent invasion, e.g., spouse abuse, rape, is an effective way to maintain female submission (Hanmer 1978, Stanko 1985, Walby 1990). Invasions are instrumental in the manufacture of a controlled and docile female body and self. Invasions, which may be used proactively or reactively as disciplinary practices, are formal enactments of male dominant and female submissive roles. They are perhaps the most potent weapon in a patriarchal society.

Engenderation, facilitated by invasive control strategies, is a policy of coercions that act

upon the body, a calculated manipulation of its elements, its gestures, its behavior. The human body (enters) a machinery of power that explores it, breaks it down and

rearranges it. A 'political anatomy', which (is) also a 'mechanics of power', (is)... born; it defines how one may have a hold over others' bodies, not only so that they may do what one wishes, but so that they may operate as one wishes, with the technique, the speed and the efficiency that one determines. Thus, discipline produces subjected and practiced bodies, 'docile' bodies. (Foucault 1979: 138)

The politically embued engenderation script is written on the bodies and psyches of females. The fear and reality of invasive discipline functions to structure women's daily lives and delimit individual autonomy.

INVASIVE CATEGORIZATION

The potential effect of invasive strategies and acts is so powerful and consistent because of the casting of the male\female roles and the consistent denegration of the female self and body. I posit categorization of invasive strategies, sexual and non-sexual, which facilitate female submissiveness, into two primary types. I now further delineate them. Controlling invasive encounters may be **sexual**: 1)visual and cultural, e.g. sexually explicit films, sexually explicit photos and magazines; 2)physical/tactile but no body entry e.g., unwanted sexual advances and touching, child abuse, sexual molestation; or 3)orifice entry (mouth, anus, vagina), e.g., pressured into intercourse, rape, and incest. Secondly, invasions may be **non-sexual**: 1) socio-cultural e.g., advertising, fashion magazines, media constructions of the feminine self; 2) impersonal and interactive, e.g.,

verbal assaults with jokes and obscenities, spatial invasions, standing inappropriately close; or 3) personal and interactive, e.g., violent verbal assault and/or psychological battering, physical battering by a significant other. The following figure illustrates the controlling invasion typology.

A) SEXUAL	B) NON-SEXUAL
1) Visual/Cultural	1) Socio/Cultural
2) Physical/Tactile	2) Impersonal/Interactive
3) Orifice Entry	3) Personal/Interactive

FIGURE 1
CONTROLLING INVASIVE ENCOUNTERS

The typology illustrated by figure 1 however, does not address other sorts of orifice entries (A3) which are sexual, health oriented, and/or medical, and are not violent or overtly controlling. Thus orifice entry can be differentially categorized as either positive, neutral, or negative as illustrated by Figure 2.

HEALTH AND MEDICAL	NON-MEDICAL AND SEXUAL
VALUATION	VALUATION
0 a)gynecologicl exams	+ a)vaginal intercourse
0 b)birth	+ b)anal intercourse
0 c)abortion	+ c)cunillingus
0 d)ear swabbing	+ d)masturbation
0 e)douching	+ e)fellatio
0 f)enema	- f)incest
	- g)rape

FIGURE 2
ORIFICE INVASIONS

This figure demonstrates the differential evaluation of orifice invasions. I do not claim that the list is exhaustive, merely illustrative. The model assumes voluntary participation of the person, in neutral and positive invasions. The values reflect the affect, and role relations between the interactants and the "functional" consequences of the invasion.

Thus for the purposes of the research consensual sexual invasions are labeled positive. Attempted or completed orifice entry which is involuntary and utilizes violence, is considered negative. Although medical encounters are theoretically neutral, and consensual intercourse positive, I will argue that the male created and instituted forms of these invasive encounters contribute to the subordination and control of women by men ((Simmel 1984, Dworkin 1987, MacKinnon 1991, Cullum-Swan 1994). My previous research shows that the institutional or invader's definition may frequently differ from that of the invaded and the form and/or experience of even neutral and positive invasions may be difficult for many women.

Figures 1 and 2 are representative of analytic categories, when in reality invasions exist upon a continuum. Psychological and physical elements go hand in hand. Rarely does a women experience rape in a sort of invasive vacuum. Invasive behaviors are

related to one another and I believe are additive and progressive. I contend that controlling invasive behaviors both non-sexual and sexually violent exist on a continuum as depicted by Figure 3. Men will frequently attempt lesser invasions to ascertain the woman's response to his behavior. It is assumed that all the following behaviors are unwanted.

SEXUAL	NON-SEXUAL
1)sexual talk or jokes	1)verbal harassment or abuse
2)verbal sexual advances	2)uncomfortable but non sexual touching
3)physical sexual advances	3)pressured into sex
4)pressured into sex	4)physical battering
5)rape/incest	

FIGURE 3

CONTROLLING INVASIONS

I posit that a "negative invasive history" is significant in womens' ability to engage in sexual and or medical events which call for vaginal penetration.

PATRIARCHAL SOCIAL STRUCTURES

THE SEX/GENDER AND CLASS/GENDER SYSTEMS

If structures characteristic of patriarchy also employ invasive strategies to control women, then socialization within these structures, through the inculcation of a "sex/gender system" (Rubin 1975) will contribute to the cultural construction and production of the subordinate female. "A sex/gender system is the set of arrangements by which a society transforms biological sexuality into products of human activity, and in which

these transformed sexual needs are satisfied" (Rubin 1975: 159). A sex gender system incorporates the assignment of social value to the categories male and female as well as attribution of proper characteristics and behaviors to each category (Goffman 1977).

Thus a sex/gender system is simultaneously evaluative and attributional. It is an integral part of the political, economic, and sexual, relations of a group and provides a paradigm for male/female roles and relations within the extant social structures. However, differentiation or establishment of a causal relationship between sex and gender is somewhat complicated. It is possible that this "construct called 'sex' is as

culturally constructed as gender; indeed perhaps it was always already gender, with the consequence that the distinction between sex and gender turns out to be no distinction at all...Gender ought not to be conceived merely as the cultural inscription of meaning on a pre-given sex...; gender must also designate the very apparatus of production whereby the sexes themselves are established.

(Butler 1990: 7)

I will argue that the particular model of a sex/gender system which supports patriarchy (Walby 1990) utilizes invasions of women to maintain the stratification system. Although controlling invasions are the most effective in keeping women subordinate, I contend that the cultural forms of all invasions of women emphasizes the power and dominance intrinsic to the male

role. Controlling invasions, utilizing either physical or psychological violence, are historically an element of patriarchal societies (Lerner 1986). They maintain women's psychological and physical fears of men on both the individual and group level. Thus symbolic and experienced violence in all forms serves to control women and support their proper engenderation.

I also posit the use of a class/gender system to properly engenderate members of a group. This concept combines the evaluative element of one's occupation, in the market or household economy, with the classification or attribution of appropriate occupational roles according to biological sex. Again these roles are constructed on the basis of gender assignment and powerful controlling positions incorporate a "masculine ethic" (Kanter 1977: 25) calling for rational, aggressive, and assertive, male actors. Exclusion and segregation are the strategies used to maintain women in subordinate occupational roles (Kanter 1977, Walby 1990).

This system also legitimates the use of violence and invasive strategies to control those attempting to rise above their positions. Violence, both symbolic and real, toward union organizers and sexual harassment of women in the workplace are examples of such tactics. Thus the sex/gender (Rubin 1975) and class/gender systems work together ideologically and practically to support male

dominance.

These gendered versions of class and sex are integral parts of social interactions and provide the ideological and practical basis for assignment of social roles and statuses. The class/gender system operates most effectively in the occupational arena and the sex/gender system in the more affectively oriented kinship and domestic economic systems. One's gender and occupation are primarily a social valuation having attribution of status characteristics whereas the kinship and economic familial system are a function of positions, roles, and incumbents and the relationships between them.

Institutions teach and enact the ideology, and orchestrate the practices of the sex/gender and class/gender systems. They provide rigid and controlling settings for the systemic indoctrination and control of all members of a society. They produce properly engendered males and females who replicate and repeat the behaviors they have observed and the strategies they have learned. Thus the pathological and violent elements of male/female interaction are normalized and reproduced through institutions.

However, women's physical and psychological fears of men must be downplayed or rationalized because of their extreme dependency upon men and the patriarchal social form. This dependency is operationalized through actual

constraints upon women's social and occupational mobility in the form of roles, rules, and definitions they learn in institutions. Successful socialization and institutional engenderation renders women economically disadvantaged and forces maintenance of ties with men in their family. Lack of autonomy, dependency upon males and social institutions, low self esteem, and obsessive focus upon maintenance of a desirable feminine image, are the practical ramifications for women.

INSTITUTIONS AND GENDER SOCIALIZATION

Institutions are central in the maintenance of a patriarchal social system. They define certain everyday life realities, e.g. family, religion, education, and provide intervention or help in crisis situations, e.g. medicine, police, law. Institutional power lies in their routinization and the general acceptance of their socialization function. They are difficult to allude because of legal and moral constraints. For example there are laws concerning education of minors which favor public education. It is difficult to have a baby at home and physicians are punished for helping women by loss of license and livelihood (Arms 1975).

Individual's attempting to function "outside the system" do not fare well. Institutions are resilient and possess legitimacy which is complimented by the power of traditional authority, and have a history complete with

written records. Institutions can generate and justify self-protective norms and rules, obfuscate with special vocabularies, and promulgate "appropriate" modes of thinking which exert pressure and control over internal psychological dynamics and external behaviors of individuals. Social institutions manufacture properly gendered citizens who intuitively understand the function of invasive strategies.

They also define and legitimate invasions of women and children. For example, the legal system in concert with the medical profession has the power to label an invasion as role inappropriate or negative, as in "real rape" (Estrich 1987). Legal testimony by a child psychologist or psychiatrist is necessary to support a mother's or child's contention that incest has taken place. Physical evidence gathered from the body of the invaded, by a physician, strengthens the case and helps in the establishment of the definition of the act. Lack of "proof" and consensus by professionals over the definition results in many unprosecuted cases and the continued victimization of women and children (Stanko 1985, Russell 1986).

In these circumstances the victim is forced to retrospectively redefine the act to lessen her cognitive dissonance, especially if the invader is a significant and present male in her life. She is frequently forced

to take on the blame, by her significant others and institutional definitions of the event, and experiences guilt for her "angering" and/or "seductive" behavior.

Because invasions of women in this culture are either private or take place in institutional settings e.g., sexual intercourse, gynecological exams, birth, there is a practical problem with lack of witnesses actually present at a negative invasive encounter. The invaded is frequently the only witness to the act. Although nurses are typically present at medical invasive procedures, they are unlikely to testify against physicians acting inappropriately toward patients, e.g., rough technique, denegrating treatment, or sexual innuendo. Doctors are their practical and symbolic superiors. Nurses' loyalty must be to the institution and their superiors to survive.

We have seen that social control defines the nature of invasions. Thus even neutral and positive invasions are relatively private and this covert element combined with women's subordination and dependency upon men, is precisely why invasions of women are so effective. In the next section I will discuss engenderation through both the sex and class gender systems. I will focus upon their role in the six primary patriarchal social structures (Walby 1990) and operationalization in institutional settings. These are important structural and interpersonal

features of American society which support control of women through a variety of means including psychological and physical invasions.

CHAPTER 3

INVASIONS AND PATRIARCHAL SOCIAL STRUCTURES

PATRIARCHAL MODE OF PRODUCTION

Abstractions concerning male and female difference are an essential cornerstone of patriarchy. They provide a theoretical basis for disparate treatment of men and women in a social group. Theories are then transformed into expectations and practices congruent with gender constructs. Because the culturally defined gender differences are attached and attributed to biological reproductive roles, relations of sexuality and reproduction become confused and conflated with those of production.

A necessary assumption of a sex/gender system is that men and women are basically opposites and constitute mutually exclusive categories (Rubin 1975).

To make this seem natural it will help if it seems to all concerned that members of the two groups are very different from each other, and this appearance is enhanced if it can be made to appear that within each group, the members are very like one another...All behavior which encourages the appearance that humans are biologically sharply sex-dimorphic encourages the acquiescence of women...in women's subordination.

(Frye 1983: 34)

Thus a set of norms and formal rules are constructed concerning who (man or woman) should or should not do; what, when, where, and how, which are congruent with

the gender ideology.

A patriarchal mode of production, in the home and on the market, is based upon the division of labor according to biological sex. Sex then functions as a definer and organizer for the distribution of gender characteristics which are congruent with ideal constructs of masculinity and femininity. In this system personal and professional roles are sex/gender assigned and segregated, and the labor of women is expropriated by males in both sectors. On the market economy, where patriarchal relations in paid work dominate, the capitalist profits from female labor. Women may be conceptualized as part of a reserve labor force or excluded and segregated in a manner congruent with the class/gender ideology. In the home, the expropriator is the husband and the sex/gender system functions through kinship role relations or the domestic economic system to legitimate male exploitation of female others.

PRODUCTION AND GENDER

The social constructions of gender (Horney 1937, Lerner 1968, Chodorow 1978 1989, Gilligan 1982, de Lauretis 1987), kinship (Levi-Strauss 1969, Rubin 1975), and property (Collins 1982, Pateman 1988), are useful in understanding how marital relationships support and maintain male dominant and female

submissive roles and relations in production. Marriage is concerned with the regulation and ownership of property and the exchange of women's sexuality, reproductive abilities, and labor power, by men. Various mechanisms, both internal and external, are utilized to maintain patriarchal social constructions and actual control of women and children in the family.

The sex/gender system incorporates stereotypical role expectations which limit individual choices and autonomy. The market economy and familial versions of the feminine role are oppressive and disallow autonomous development of self and identity. The feminine gender role is politically and psychologically oppressive. It's inherent limitations generate feelings of negativity and self loathing (de Beauvoir 1953, Dworkin 1974, Bartkey 1990, Butler 1990) which render women immobile and impotent. Internalization of the feminine role means that the "oppressed become their own oppressors; they come to exercise harsh domination over their own self esteem" (deLauretis 1987: 22).

Children are the raw material of the sex/gender system, simultaneously malleable and eager for positive attention from significant others. Like their mothers, offspring are conceptualized as male property or things over which men have control. Female children are

particularly vulnerable to this objectification and may become nubile, frightened, and complacent sexual objects for their male significant others', e.g., father, brother, grandfather, uncle, gratification. Incest, the negative invasion of biological children, communicates male power and female marginality and lack of autonomy in a very graphic way. Sexual molestation or abuse of non-related children is similarly traumatic. Typically the mother is powerless to stop the abuse or incest, may refuse to acknowledge it is happening, or is unclear about the meaning of the act since it may well have happened to her.

Engenderation into familial roles is an overt and covert mode of social control. Women are socialized in a manner which emphasizes relationships and closeness with others (Horney 1937, Chodorow 1978 1989, Gilligan 1982). This is necessary for the maintenance of the sex/gender system and is hardly a surprising finding since women's welfare is significantly dependent upon pleasing their male others e.g., father, brother, husband, male employer. The ability to clearly read others and act to solicit attention and positive affect is essential for a dependent woman having little or no independent means of support. In this way the class/gender system supports the sex/gender system and vice versa.

Refusal to conform to stereotypical gender expectations demands constant internal struggle with the socialized feminine self. Engaging in battle with the psychic feminine self to become the actualized autonomous self is a time and energy consuming task. Similarly the external struggle, manifested in conflict with family members expecting, wanting, and needing, the wife/mother to cook, clean, nurture, and organize the domestic unit, is draining. The role expectations for the wife/mother remain consistent despite her probable employment on the market economy (Hartmann 1981, Hotchschild 1990).

Dependency, subordination, and oppression, which are elements of the wife/mother role, facilitate the objectification of women and their conceptualization as things rather than persons (de Laurentis 1987, Frye 1983, Irigary 1985). I refer here to a social construction of a role rather than the interpersonal relationships extant within a family, which may actually empower women. It is true that a woman may wield power in the household because of the mutual dependency of family members. However women's entrenchment in a patriarchal familial form, isolation in the domestic sphere, and lack of independent market employment, have further added to their social degradation and marginal status. The specific and

significant contribution of individual women to families frequently conflicts with the social definition of the feminine role.

PRODUCTION AND PROPERTY

With the development of agrarian society and private ownership, norms and their dictated behaviors arise which define and delineate one person's property rights from another's. Property, in this context, is defined as "a social relationship, a way people act toward things...(rather than) some inviolable relationship between one individual and the soil" (Collins 1982: 122). Thus property is a social consensus over what belongs to whom and the willingness of other group members to legitimate and support one's claims.

Typically those who deal with property issues and have knowledge about its transfer and distribution are males engaged in a high level "paper game". The "consensus" over property rights must be legitimated by the correct pieces of paper which continually move around and change hands. Thus when women come to "own" land, a business, or substantial sums of money, male bankers and lawyers engage in the control and distribution of the property.

Male control of property, including female family members, is an integral aspect of a class/gender

system. Under a class/gender system status and its attribution is frequently a function of property holding and the power which accompanies it. Because ownership is valued and constantly under contention, forms of property legitimization (concerning people and things) must develop. Special codes and laws arise over time to deal with conflicts between parties over the control of "real property".

Historically ownership and control of property has been conceptualized as a basic right of men. Because women have systematically been denied equal rights to own property, women's inheritance and property has come to their significant male others through brideprice and dowry (Hufton 1975, Scott and Tilly 1975). Similarly women have been conceptualized as property to be traded and passed between men. Lack of property rights in things or themselves has denied women social and economic autonomy and has functioned to objectify women. They become part of a package deal potentially including household goods, land, and lineage.

Conflict inevitably arises over "property rights" or sexual access, and frequently results in violence. Violence is the use of routinized and implicit, or explicit coercion in the form of force, fear, and or threats towards another's autonomy. Autonomy in this context is conceptualized as the individual's right to

hold property. This is theoretically the desired end of a democracy in which an individual's freedom or autonomy only extends until it impinges upon another's. However, these limits are theoretically predicated upon the individual having property rights in themselves.

Consensus over rights to women also functions to limit female access to other men and thus female heterosexual behavior. Men engaging in sexual relations with other men's wives face legal, moral, and social sanctions from other men in the group. Similarly voluntary female adultery functions to shame the husband and simultaneously provides a means for other males to aggress against him.

Disagreements between men concerning property control or legitimate sexual access are acted out in a variety of fashions. Violence may be directed toward a male other and manifested as a dual or fist fight over honor. When an "owned" woman is raped, it has been conceptualized, historically and legally, as an invasion of the owner's property rights and an affront to him. Thus the focus is frequently upon the husband's or father's loss rather than the trauma experienced by the invaded woman (Black 1984).

Sometimes the violence is focused toward the object one fears may be lost, e.g., the woman under contention and rights to her access and offspring. She

may be accused of acting seductively or wanting other men's attention and causing her husband to "lose face" (Goffman 1968). In this case the violence may come to the woman in a psychological or physically invasive form. Thus violence towards another's property, in this case a man's wife, may be manifested in a variety of ways and acted out in both public and private settings. Violence may become a theme or normalized in a family or household when real or imagined threats of loss are present (Denzin 1984).

PRODUCTION AND KINSHIP

Kinship relations create ties between men through women. Men could not become linked horizontally through affinity nor vertically through blood relations, without the generative abilities of women. In this way, women become "the most precious gift," (Levi-Strauss 1969) create and preserve male ties, and facilitate alliances between male groups through exogamy.

Mothers, wives, sisters and daughters have been objectively valued for their ability to reproduce, form ties with other groups through marriage, and for the performance of domestic chores which contribute to the surplus labor value generated by the household and owned by the male head. The ownership of women's offspring, labor value, and sexuality by their fathers,

brothers, and husbands functionally creates a system for the "exchange of women" (Rubin 1975).

The control of women's reproductive capacities becomes essential for maintenance of the group. Rules concerning virginity and incest support the material integrity of a group through established patterns of heredity. Invasions of who by whom, and the offspring generated are of central importance in this system. Dowry, bride price, and titles are passed on to men's biological children, through the control of access to women's bodies. Thus women are exchanged and become only a party to a relationship between men, rather than a partner in an egalitarian, freely chosen alliance (Rubin 1975).

It is important to note that a rigid form of the kinship system and the stereotypical male and female roles I characterize herein are not clearly prevalent in American culture today. The composition of "the family" has changed drastically in the past fifty years and many sorts of living groups exist which are not overtly based upon this model. It is also the case that many or possibly the majority of women work outside the home for their own paycheck and have dual class membership as housewives and remunerated workers on the market. However, it is my contention that the beliefs and norms which drive the kinship and sex-

gender systems (Rubin 1975) are precisely what maintain the subordination and control of women today. I contend that vestiges of the patriarchal family form and paradigmatic male and female roles are rudimentary in the extant social construction of male/female relations in production. Invasive strategies are consistently utilized to maintain male dominant and female submissive roles.

PATRIARCHAL RELATIONS IN PAID WORK

Women have been conceptualized and legally transformed into property in patriarchal social groups. Children have historically been treated similarly having questionable status and negligible human, civil, and legal rights. Male ownership of women and children is aptly illustrated by the custom of a family wage paid to the father on behalf of all working members of the family (Hufton 1975, Scott and Tilly 1975). This payment policy was typical in European and American mining and factory settings. It was only disrupted early in the 20th century by legislation limiting child labor and calling for mandatory public education for minors. Because the father received the pay envelope, its distribution and use was primarily determined by him. This maintains economic and emotional dependency within the family even when the father is not the only member participating in the wage economy. Thus the

nature of women's participation and remuneration in paid work has been a collaborative effort between male heads of household and male capitalists.

Throughout his/story powerful roles on the market economy and in various industrial institutional settings, have been constructed by and for men, e.g.: corporate owners, directors, and board members (Crozier 1964, Kantor 1977); politicians, judges, lawyers, and police (Foucault 1979, Black 1984); priests, rabbis, monks, and shamen; psychiatrists, surgeons, gynecologists and physicians (Foucault 1975, Ehrenreich and English 1979, Starr 1982). This direct involvement in creating and organizing institutions renders men more powerful than women in the definition and orchestration of social life in the public sphere. The market distribution and assignment of leadership roles to men, delimits female power potential to the private sphere. When men have both public institutional and private familial power, dependency relationships between men and women, and fathers and children, are exacerbated. Male dominance becomes institutionalized through the colluding social structures (Walby 1990).

Thus males maintain their power over women through institutional and interactive dependency relations whereby men control economic and psychological assets

which women obtain through enslavement, contract, or a legal exchange relationship called marriage. It also means that men have direct input and positions of authority in public centers of power which socialize and constrain all citizens.

Since World War II more women have attempted to enter the public sphere in professional roles, rather than service oriented, male supportive positions. The second wave of feminism has resulted in increased educational opportunities, and legislation which should facilitate women's entry into new roles. Concurrently economic factors and the capitalistically generated "need" for a more affluent lifestyle, have created a situation where most women must work in both the domestic and market spheres. This infusion of women of all classes into the market economy, the ability to regulate childbearing, and the entrance of women into a few powerful institutional roles, has generated conflict and competition between the sexes in the workplace and potentially in the home. This means that roles not mimicking the family paradigm, or the typical dependency relations between husband and wife, must be negotiated between men and women at home and on the market.

Because more women are seeking market employment and the demand for labor is shrinking, men and women

must directly compete for a limited number of manual low paying jobs. Younger, highly trained, and well educated women are entering the competition for managerial and professional roles. Men and women find themselves engaged in new types of conflict relations.

Controlling and negative invasions are a frequent strategy on the employment front line. Invasive strategies are frequently utilized to "keep women in their place" or at least out of men's. Sexual harassment operationalized through the telling of sexist jokes, prominently displayed nude "girlie" posters and calendars, uncomfortable touching, and unwanted sexual advances, is a regular occurrence in the workplace (MacKinnon 1979, Faludi 1991). Thus relations with male colleagues become sexualized and the norms of the sex/gender systems are used to maintain the arbitrary division male/female. This criteria is used to keep women out of jobs which are incongruent with a feminine role. Surprisingly the "unfeminine" jobs typically pay better.

Controlling and negative invasions function as veiled threats, keep women out of particular physical locations, limit socialization opportunities, and maintain women's general marginal status (MacKinnon 1979). The fear, threat, and reality of invasion is particularly effective with women in poorly paid manual

labor positions. They have no credentials or status which may empower them in the occupational stratification system. Here again the sex/gender and class/gender systems collude to maintain women's subordinate status.

Invasive tactics limit occupational mobility and freedom of movement and psychological autonomy. Because women are frequently in helper/subordinate positions, if sexual harassment is a tactic of the superior, women are relatively powerless to report and/or stop the behavior for fear of job loss and the detrimental effect of being called a liar. The Anita Hill case is certainly evidence of the treatment of women coming forth after a period of time to instigate sexual harassment complaints. However this situation is improving legally and an increased number of these suits are being found for the plaintiff.

PATRIARCHAL RELATIONS IN THE STATE

The state supports male access, legitimate control, and certain invasions of women's bodies. Because the state is male-dominated, its political and legal norms still primarily serve the population who create and employ these values and rules. Because institutions are predominantly male-created and are organized, regulated, and sanctioned, through codes and legal contracts, this body of rules has been generated

and legislated to protect its originators and maintain their rights. Keep in mind that women have not been able to vote or own property for much of recorded history and their only means to power has been secondary or referred and a function of one's familial position and male relations.

Thus historically men have been able to employ and use their wives' person, property, and offspring in whatever manner they felt was appropriate even if this included coercion and violence. Child beating, spouse abuse and battering, rape and incest have been very difficult behaviors to successfully label as crimes and to prosecute within the legal structure. Only in the last decade has the legal system been challenged to provide protection for women and children. If the state now intends to foster policy supporting human and individual rights of women and children, it will call for re-examination of the state's investment in the "family".

The law an integral part of the state machinery and provides important conceptual and contractual bases for appropriate role behavior and interaction within other institutions. For example, one could say that gynecologists are negatively invading and sodomizing women daily and at an incredibly high frequency. It is a function of the legal institution to clarify and name

these acts to protect the institution, its actors, and the individual involved.

The social construction of violence toward women and the denial of the involvement and investment of the state in the protection of this system, creates a situation where women must turn for help to other members of the group whom they fear and commit violence against them. Police, the men women must call upon for help, are certainly members of one the most violent organizational cultures in America in which violence is normalized (Hunt 1985). I would also argue that policing is an occupational role which selects for and facilitates the development of psyches which manifest anti-social, racist, sexist, and extremely violent tendencies. As a group, police may not be protective of women and aggressive in the removal of abusive males from a violent scene. Despite the fact there are laws requiring arrest.

Many police are extremely ambivalent about their role in domestic violence situations. They do identify with "real" victims. It is their job to serve and protect. However 90% of police are males, they belong to the dominant class, are "father" figures, and members of the larger culture which supports the control of women. They are also deeply involved in an occupational culture which necessitates some

insensitivity to violence if not a positive evaluation of violent and fear invoking behavior. The individual male officer may experience some cognitive and emotive dissonance about the proper tactic when faced with male/female violence. This is particularly true when the individuals are married or partnered.

The state is economically invested in the maintenance of male/female marital relations. Stable and viable families do not draw social security, Medicaid, or foodstamps and they pay income tax. The income or status requirements for entitlement programs are too high for most working families to qualify. Thus working intact family units contribute to the viability of the state.

However, as soon as a family disintegrates the state must become economically, legally, and morally involved in the welfare of the woman and children. For instance in Michigan the children of separated and divorced couples become wards of the state and involved with the Friend of the Court unit. The mother may need assistance and food stamps. The state may have to coerce the man to pay child support regularly if at all. Thus the state is invested in keeping families together. What must be done to keep the woman and children alive is costly in services, time, and money. The government is responsible for these costs.

The primacy of a policy which keeps the family together and the children with the biological parents has ramified upon the definition and treatment of child abuse, spousal battery, and incest. In cases of male abusive behavior toward women and children, the victims are literally forced to live with their perpetrators. Women are rarely economically independent and able to simply leave an abusive relationship. They also have an emotional investment in the situation which is difficult to disentangle (Loseke 1992). However, the states's focus upon maintaining the family unit, frequently forces women and children into continued dependency relations with a man who has invaded, degraded, and destroyed all assumptions about familial bonding, and role appropriate behavior.

PATRIARCHY AND MALE VIOLENCE

A central and necessary feature of patriarchy is the ability to control the female population. When women are noncompliant control can be regained through the use of violence. Sexual violence and invasive tactics are frequently employed. Violence and sexual coercion have been an historical feature of male/female relations on a structural and interpersonal level.

It is the relationship between cultural values, beliefs and constructions or explanations of the manifestations of this violence toward women, combined

with the real threat of violent behavior e.g. battery, incest, rape, murder, to individual women by individual men, which creates a unified and culturally pervasive mode of male domination and control. Threats, generalized fears, and exposure to violence inflicted upon other women, are a powerful mode of social control. All women needn't be uniformly abused and victimized to instill an active and rational fear of men into women. Random and explicit acts of violence, a form of terrorism, towards individual women are a very effective mode of social control for the entire female population. Experiencing a sense of loss and the need to intervene aggressively is certainly an important element in family violence (Denzin 1984). Because the violence pervades patriarchal relations in sexuality and in the production of culture the discussion of violence will be integrated with the last two sections.

PATRIARCHAL RELATIONS IN SEXUALITY

A set of norms and values is necessary for individuals within a social system to know what is appropriate behavior and what is not. Thus patriarchy has an ideology which dictates forms of social organization and the interaction of its members. The control of women, particularly their sexuality, is a necessary element of patriarchal ideology. Under this

system men have asymmetrical property interests and sexual rights in women. Women neither own themselves nor their male partner.

Sexual and reproductive services are a central part of a woman's role and are part of being "owned". Failure to render these gender appropriate services may have severe ramifications upon any woman's life situation. Thus a conceptualization of women as property, economic dependency, the institution of monogamy, and privatization of the nuclear family, have rendered women, as a group and individually, structurally and interactively dependent upon men. Thus sexual roles are predicated upon gendered relations and men are typified as providers, females as domestics, and children as dependents (Denzin 1984, Lerner 1986).

If women are dependent upon men for economic viability they must create solidarity in their male\female relationships and keep the affection and interest of the significant men in their lives. Thus women are forced to exchange sexuality and service for emotional and financial security, or incur a very high price, e.g., Virginia Woolf, Simone de Bouvior, George Sand, Charlotte Gilman Perkins, for their independence.

Access to one man and his resources is a function of a woman's ability to keep him satisfied and provide

what he deems necessary in their exchange relationship (Weitzman 1985). If she does not provide sustenance and services to his liking, he may be battered and abused. Divorce may also occur resulting in a considerable change in lifestyle for mother and children. This contingency element in women's situation is universal in male dominated societies, and exists across cultural groups and class lines (Rosaldo 1974). The fact that women continue to provide these services for men even when employed full time in the public sphere (Hochschild 1989), is illustrative of their essential role in private male/female relationships.

This exchange system gives men certain privileges and facilitates their physical and psychological autonomy. Although men are similarly dependent upon women for services, if displeased with the current model it is possible for men to "buy" another with little difficulty, particularly if they have many financial assets. Divorced women without feminine assets, i.e., youthful body, vivacious manner, have little to exchange in the marital market, although moneyed older women are able to purchase a young attractive male in an analogous fashion to divorced middle aged men. Thus women low on financial or sexual assets can't afford to displease or show significant

anger towards male others without real fear of loss of lifestyle and support. Such male/female socialization patterns create women who are unable to stand up for their rights, express justifiable anger, or to protect themselves from controlling invasions of males.

Limiting sexual access to women allows for known paternity of children. The identity of one's biological mother is visible and clear whereas paternity, either legal or biological, is questionable without constraints on females' sexual behavior. In societies where monogamy and control of women's sexuality is not emphasized, a woman's brother frequently performs the father role, and loss of this uncle or male sponsor is fairly serious. Horticultural societies do utilize lineage, dowry and forms of exchange but emphasize the use value of goods and persons rather than ownership or the extraction of surplus value. Paternity rights become significant in a patriarchal social group which values accumulation.

Women refusing to participate in marital or heterosexual relations and/or not complying with the extreme constraints on women's mobility, experience psychological and economic stress, and increased probability of negative invasion (Scully 1990). The gender inappropriate behavior of lesbians, spinsters, single, and independent liberated women places them

constantly at risk. They do not have the economic and social benefits which accrue to women tied to men and thus experience harassment and constant threats to their autonomy and peace of mind because of their deviant behavior and status.

The concept of compulsory heterosexuality (Rich 1980) can be traced to societies structured upon the rudimentary norms and values of the kinship system (Levi-Strauss 1969). These groups have high infant mortality rates and frequent battles over property which result in a small constantly at risk population. In this situation all available women must actively participate in reproducing the social group (Rich 1980, Rubin, 1975).

PATRIARCHAL RELATIONS IN CULTURAL INSTITUTIONS: THE OBJECTIFIED BODY

The sexual objectification of women through advertising, media, cinema, and sexually explicit material, is an extremely effective means of control and psychological invasion. These versions or social constructions of women focus upon how a woman looks, rather than upon her experiences, knowledge, and intellectual and physical competence. As a matter of fact the social construction calls for virginal, rather silly, unexperienced women, who are not too smart and preferably unable to engage in competition of any sort

with men. Attempting to fulfill "feminine" standards requires much time and energy and results in failure, self blaming, and recriminations for the majority of the female population. These unrealistic standards are extremely aggressive assaults on the personhood of women and color and potentially distort the accomplishments and subjective experience of the woman.

The social construction of the female body as primarily symbolic and eternally young is another type of violence toward women. Signs of actual function such as facial lines from laughing or concentrating, stretch marks from pregnancy, scars from a C-section birth, sagging ripe breasts from nursing, are negatively evaluated in American society. The same signs on a male body, with the exception of those associated with childbirth, are read very differently. A man's deeply lined face represents character, possibly worldliness and experience, or a good sense of humor. Bodily scarring, even of the face, is considered dashing or a sign of a "real man". Thus the female body should be impossibly maintained as virginal, unlined, and sexually desirable, while the male body is positively valued for service and function. Thus the body as a symbolic system or sign vehicle (Manning 1987) is imbued with a variety of meanings which are directly related to gender, structure, and function.

In preindustrial society, function was the primary focus and little time, attention, or capital was spent on shaping, enhancing, or creating an individual "image". Structural concerns were relevant only insofar as the body worked efficiently, and was capable of reproducing itself. The various systems of the body e.g. musculo-skeletal, reproductive, gastrointestinal, were important in terms of their integration and functional capacities. Physical appearance or attractiveness was not a primary criteria for judging one's self or others. However, conceptualization of the body as a functional unit did not obviate a stratification and mating system based upon physical attributes, but the salience of such features was fairly limited when compared to the current American obsession with bodies, their enhancement and the status and power attached to a young, fit, and sexually desirable body.

MEDIA AND OBJECTIFICATION

Television commercials objectify women by focusing the camera upon body parts, e.g. legs, asses, breasts, newly moistened lips, fluttering slightly closed eyelids, and genitalia which can be discerned through bras, frothy nightdresses, or skintight jeans. These women are depicted as sexually ready and continually wearing a "please fuck me" look . This typification of

women as primarily sexual objects who are eternally receptive and waiting to be invaded is a symbolic invasion of the private elements of male\female interaction. Surely the promiscuous media use and elevation of these sexual signifiers and their irrelevance to the product advertised, e.g. Taco Bell, Pepsi, cars, toilet cleaner, is an invasion of everyone's sexual self. I would add that men are gaining equal opportunity to be objectified, violated, and invaded, by the media as is evident in Gitano jeans, Coors, and Bud light commercials. These are not healthy and wholistic representations of sentient beings with complex and multiple needs and desires. It is a media attempt to establish a connection between sexual attraction or gratification and a product which is frequently totally unconnected. Perfume, lingerie, or champagne, are somewhat accepted as sexual enhancers or stimulants. The relationship between these items and sexy looking representatives may be offensive but somewhat understandable.

The otherwise weak link or total disconnection between many products and sexy people, now intimately established, represents a strategy to SEXUALIZE EVERYTHING. This is a tactic used to sell more products, generate dissatisfaction and create higher "need" levels in the consumer, while maintaining the

commodity fetishism which is necessary for capitalism. We are lead to believe that everyone wants more or different sorts of sex with several, different, or better looking objects than s/he currently has. It is a classic example of the generation of desire through media seduction (Baudrillard 1979, 1990) and undercoding (one part is seen as representing an entire meaningful complex such as "romance"), or creating a relationship between sexuality, an attractively embodied representative of the product, and the product. It is implicit that all of the above will come to the buyer merely by purchasing the item. Such marketing ploys which generate mythical believes and dissatisfaction, are damaging to interpersonal relationships and distort individual self-construction.

THE STARVING SELF

Anorexic models represent a physical type which is more like an adolescent male or prepubescent female than a woman (Bartkey 1990). It is interesting to note that "a generation ago, the average model weighed 8 percent less than the average American woman, whereas today she weighs 23 percent less" (Wolf 1991). This means the average woman must lose almost one quarter of her body weight to emulate the garment and modeling industries' construction of a beautiful woman. I would also add that this body type is strongly suggestive of

an adolescent male and that many fashion designers are gay men who valorize this youthful androgenous appearance.

Frequent or constant dieting is necessary to achieve and maintain the waifish look and very few can accomplish the goal. The adult female body calls for a certain amount of fat and will only burn calories more efficiently if placed in a starvation mode.

Menstruation and childbearing can't occur in a body having virtually no fat. Hormones which determine and regulate these functions need fat for production. Thus women who are intermittently starving themselves have negative physiological and psychological side effects from the lack of hormones e.g., estrogen, progesterone, adrenalin, which are necessary for a sense of well being and good bodily function.

Many women working for this image lose and gain the same five to seven pounds constantly. The war with the self to fit into a size four and the body's attempt to keep functioning normally, means women need clothes in more than one size. Creating a desirable female image which is virtually unobtainable is a genius marketing tactic. Regular weight fluctuation calls for maintaining a wardrobe in several sizes and since one is likely to shop when feeling in "control and thin" tiny clothes are continually added to the collection.

Literal self starvation, made desirable and imposed by external forces, limits energy expenditures and focus as the obsession with food, dieting, and appearance consumes a significant amount of economic, emotional, and intellectual resources. Starvation is an effective control mechanism. Starving women have little impetus to wage battle with external forces when the battle with self is so consuming.

SEXUALLY EXPLICIT MATERIALS

Sexually explicit material could be characterized as a gross and extreme invasion of the female self (Dworkin 1989). Women and their constituent body parts are photographed in a manner which may be boring, erotic, offensive, and/or inflaming of the individual's morality and libido. Images and behaviors which are private in this culture become a commodity to be bought, sold, and displayed in public places. It is interesting to note that even movies which do display male\female sexual interaction focus differentially upon the sexes. An erect male penis may not be shown in sexually explicit magazines, whereas all external genitalia of females may be exposed. For this study I will conceptualize these explicit images of women, which literally feed off and produce profit from the visual and physical invasion of women, as material having two characteristics which lead to its inclusion

in this discussion of invasions.

First, the films are primarily made and produced by men, for men. As such they objectify women, rather than reflecting what the subjective experience of a woman's sexuality might be. This version of sexuality is frequently a function of male exposure to Playboy, Penthouse, Hustler, sexually explicit movies, and more violent and pathological genres such as the snuff film. Thus female porno characters are male-constructed versions of women's needs, wants, and desires and frequently manifest self-derogating and masochistic tendencies and behaviors. If a woman is exposed to these movies by her partner, it is a viable conclusion that he is aroused by these images and desires a partner who embodies or enacts them. If a woman internalizes a female sexual construction she believes her partner desires and which is incongruent with her self, she may develop a duality in feminine consciousness. A woman so internalizes this dual image and the "gaze of the other... that she becomes at once seer and seen, appraiser and the thing appraised" (Bartkey 1990: 38). Thus women objectify themselves and lose the ability to determine their own sexual needs and incorporate a male constructed version of who they are and what they want. Surely seeing or conceiving of one's sexual self primarily as a

reflexive function of the other represents the extreme in objectification.

Second, there is evidence that violence and coercion is frequently an element in women's participation in these films (Dworkin 1989) and that actual themes and experiences of these women's lives are reified and replicated in the films. These movies are not about fantasy and as if situations, they depict actual instances of rape, incest, pedophilia, or sado-masochistic scenes, which are enacted in the "leading ladies" lives.

These images of women's sexuality have differential effect upon the individual. Human sexuality and its expression is highly variable and evades definition or categorization. However, there can be no doubt that pornographic or sexually explicit and invasive images of women and men, have the potential to negatively affect the individual construction and experience of sexuality, and to instill pathological definitions of sexuality particularly in those having a family history and or predisposition to involvement in negative invasive acts. Therefore I am interested in the role of sexually explicit materials in the individual social construction of invasions and its use before or at the scene of negative invasions.

SUMMARY

I have attempted to illustrate the pervasive and intertwined structural and ideological social elements which maintain the extant stratification system empowering males. Class structure and individual placement, engenderation through social institutions, and general rules for the constructed female self and body, are effective modes of maintaining women's dependency relationships with men and the state. The overpowering economic and social need to maintain a functional relationship with a man is time consuming and disallows realistic perception of physical, emotional, and psychic constraints which keep women from gaining autonomy.

The veracity of this analysis can be anecdotally supported by observing that women who are not stuck in this dependency mode are privileged in terms of educational attainment, social class, or material wealth, and have potential for social mobility. However, if these women have less reason to depend upon men and a greater degree of autonomy and independence, why is incest, rape, and wife battering, a phenomenon which exists regardless of class, power, or status of the individuals involved? I contend that the pervasive element of the control of women through individual men and male dominated institutions, and the use of

violence, both psychological and physical, maintain the stratification system and the power relations between males and females.

CHAPTER 4

THE DRAMA OF INVASION

Herein I make the transition from the broad view of social structure to interactional events that effect individuals. I address the experiential and operational elements of the invasion of women. Remember, invasion is a general concept and refers to various types of entry into women's physical and psychic spaces ranging from desired and voluntary to forced and involuntary. I now focus upon how individuals learn about, socially construct, are exposed to, and actually experience the phenomena. I provide statistical information which supports both the pragmatic and theoretic aspects of the research. Specifically I; 1)explain the analytic perspective, 2)further define concepts and explore their relationships, 3)discuss methodology and, 4)present hypotheses and analytic technique. I utilize a life as theater or dramaturgical perspective throughout. I begin with a discussion of the phenomenon which focuses upon the embodied and sensate aspects of invasive experiences. The effect of cultural objectification of invasions and the propriety of a dramaturgical analytic for this research is also discussed.

PHENOMENOLOGY

This is a dramaturgical frame analysis (Cullum-Swan 1994) of the invasion of women. It is particular way of perceiving and explaining behavior that is somewhat nbiologically predetermined and occurs across cultures. Coercive female invasion and its gendering and objectification of women has political, economic, sociocultural, and historic elements (Lerner 1986, de Lauretis 1987), although the specific manifestation and meaning of female invasion may differ according to social group. Pillaging and raping the "goods" e.g., land, property, material possessions, and women, of a vanquished foe symbolizes the power and authority of the victor. Women already considered objects by their husbands, similarly become booty or things for appropriation by invading men. Raping the women of the invaded community is merely another soiling or derogation of the conquered males' power and autonomy. Thus a practical function of negative invasions is social control of both men and the women they "own" (Collins 1975, Hanmer 1978 1987, Lerner 1986, Walby 1990).

Ownership connotes power. When men feel threatened by external or internal forces, and fear a shift in their economic, social, or political status they seek to demonstrate their power and actively ward off real or imagined losses. Such fears are a classic example of

"castration anxiety" (Freud 1966) which is central to Freud's explanation of male personality. Certainly violent female invasion is an overt demonstration of power and simultaneously a pragmatic response to fear of loss of potency. Thus on the personal and individual level, women attempting to change and redefine their gender roles may be perceived as a threat or a potential loss to their significant male (Scully 1990).

The symbolic and practical value of negative invasion is functional even when the group is not externally threatened. Rape happens regularly under "peacetime conditions". Women still experience invasive risk, not at the hands of the invading enemy, but from their male significant others (Russel 1984, Stanko 1985, Browne 1987, Bartkey 1990, Scully 1990, U.S. Department of Justice 1994). Thus negative invasion functions on a group level as a mode of social control and interactively and relationally to control non-compliant women.

I contend that the male dominant and female submissive role casting is consistent for all types of invasions. The existence of concrete gender types means that opposite sex relations, obligations, and exchanges, assume the form of cultural norms and assumptions. Dworkin's (1987) radical perspective on intercourse posits that the same dynamic is intrinsic to all male/female invasions, including consensual intercourse

The normal fuck by a normal man is taken to be an act of invasion and ownership undertaken in a mode of predation: colonializing, forceful (manly) or nearly violent: the sexual act that by its nature makes her his. (64)

Controlling oppressive invasions are multifaceted, variously operationalized, and omnipresent. Furthermore they are seen as "normal," socially condoned, and frequently interpreted as merely expressions of "maleness" (Stanko 1985, Bartkey 1990, Scully 1990). A negative invasion having violent and coercive elements clearly functions to empower the man and obviate the woman's right to consent or refusal. Thus on both levels the threat and/or reality of negative invasion functions quite effectively to control women and limit their autonomy.

Domestic violence, psychological abuse, and rape are facts of life and potent sources of fear for American women. Controlling and negative female invasions are culturally and interactively routinized and reminiscent of a scratched record-skipping monotonously- repeating the same phrase. All senses receive the penetrating message "be careful you are at risk". Seemingly insignificant signs such as a raised eyebrow, menacing glance, or loud agitated male voice, are sufficient to provoke fear and serve as reminder.

One may receive verbal assault via telephone, see sexually explicit advertising when walking the street or

driving a car, and have simultaneous verbal and visual assault through film in the theater or living room. Tactily and in public, a woman may be assaulted by male entry into her physical space e.g., walking down the street, on an elevator, in a bar. Her orifices may be negatively invaded in the privacy of her own bed.

Woman of all styles, classes, educational attainment, sexual attractiveness, and longevity, are at risk for a traumatic negative invasion. Invasive risk is potentially present with any person and in any setting, although some persons (lower class non-white males) and places (dark streets or bars) are assumed to be more risky than others. A controlling invasion may be verbal or physical and have a trivial, or devastating effect. A negative invasion may become the woman's worst nightmare. According to Koss (1987), 27.5 % of women experience an attempted or completed rape, an additional 11.9% experience sexual coercion, and 14.4 % are subject to some form of unwanted sexual contact. Thus 53.8 % of women have stored in the "psychic body" (Denzin 1984) an event located upon the coercive and/or negative end of the sexual invasion continuum. These statistics do not include routinized verbal and psychological assaults and/or battering which is not sexually oriented.

The Justice Department has recently released an extensive piece of research on violence toward women. The

data was gathered over a five year period (1987-1991) and draws upon more than 400,000 interviews. Their findings indicate that 28% of attackers are boyfriends or husbands and 39% are relatives or acquaintances (U.S. Department of Justice 1994). This data supports previous research which found that 70% of domestic violence is committed by the woman's spouse, ex-spouse, boyfriend, or ex-boyfriend (Browne 1987). In a comparison of violent assaults committed by intimates and strangers, 60% of violence by relatives occurred at night when these women were "safely at home" (Browne 1984). One in four assaults against women involve a gun or a knife. Twenty seven percent of women attacked by a husband or boyfriend require medical treatment whereas 14% require medical intervention after assault by a stranger (Department of Justice 1994). Many women are literally "Sleeping with the Enemy" and their fears, anchored in previous negative experience, frequently render them unable to fight back, leave, and/or prosecute the batterer.

Rape statistics paint a similar picture. The male invader may be stranger, friend, spouse, father, brother, uncle, or grandfather. Available statistics objectively belie the idea of "real rape" (Estrich 1987) which is further supported by Russell (1984: 61) who found that only 17% of rape incidents involve strangers. However this 17% represents 55% of all rapes reported to police (Russell

1984: 96-7). Such low reporting figures and the fact that the majority of reported rapes fall into a morally and legally constructed category predicated upon "legitimacy" and prosecution viability (Estrich 1987, Matoesian 1993), is an important statement about the disagreement over institutional and personal definitions of invasive events.

MEDIA AND INVASIONS

I believe that Americans are bombarded and assaulted through the media with information about negative invasions. I personally heard a radio news broadcast from Los Angeles (11-21-93) in which every item referred to acts or actors in rape, incest, or sexual assault scenarios. Flipantly discussed were; 1)James Porter, a former priest, subsequently found guilty of sexually molesting at least 28 parishioners, 2)the Bobbitt alleged marital rape/castration case, 3)Kate Roiphe's book *The Morning After: Sex, Fear, and Feminism on Campus*, 4)Michael Jackson's alleged child molestation, and 5)Charles Manson's new song which was composed for Guns and Roses. The short newscast was presented as merely a summary of the day's events. It was delivered concisely and without affect, except for the pseudo enthusiastic style of all successful radio readers. The reader carried on with a car commercial and the weather report in the same manner and tone. The form was maintained regardless of the

disturbing content. I found the whole performance shocking. Perhaps this was the intent, or even more distressing, it wasn't. Thus I must address the question; how do media reality and reports of this type effect social and individual definition and experience of invasive events?

As sensate receptors humans routinely observe, hear and read reports, and view video encapsulated versions of invasive events. Sexual intercourse is regularly depicted in movies and television shows. Birth and abortion are frequent topics on talk and informational shows and prominent organizing events of video dramas. Negative invasions are the fodder of violent, fear producing movies, and garner terrific ratings on the talk show circuit e.g., Oprah, Maury Povich, Phil Donahue. The more sensational and bizarre the event and the relations between the individuals, the more promptly it will hit the tabloids and the nightly news. As soon as the principals can sell the story, your television will feature the latest "invasive" movie of the week.

The advent of television in the home and the rise of video technology (Denzin 1991, Cullum-Swan 1993) has rendered the interactive drama of person and film virtually an everyday occurrence. The relationship between self and other (viewer and character or actor-as-person and character) has been investigated in a film genre

particularly represented by the work of Woody Allen. However the omnipresence of t.v., video, huge billboards, radio, and portable music systems, has extended the sound, vision, and direct effect of media generated truth, into our framing of "virtual reality" (Chayko 1993).

Invaded women and their stories have become part of this virtual reality. We observe the invasion of women: 1)through blatant sexualized advertising; 2)generally "helpless and victimized" character of female roles; 3)"soft porn" movies making public, explicit, and objective, acts which are culturally defined as private and subjective; 4)movies of the week dealing with rape and incest; 5)televised legal proceedings of alleged sexual harassment and rape cases e.g., Hill vs Thomas, Desiree Washington vs Mike Tyson, Bobbitt vs Bobbitt, now constantly enter the domestic setting. Americans are media saturated and I contend highly affected by these video versions of reality.

Thus the somewhat natural choice of a life as theater metaphor and the use of a dramaturgical framework is sensible in an analysis of invasions of women. Dramaturgy is a viewing of life as a series of performances. Media performances are dramatic snippets or snapshots of life. Media functions as a purveyor of culture and generates versions of reality which are frequently accepted without question.

I contend that media representations of invasions are a significant factor in the generation of definitions and beliefs about the phenomenon. Because most invasive acts are private, media scenarios of invasions provide the only models, paradigms, or "primary frames" (Goffman 1974) for a large segment of society. Rape, incest, and sexual intercourse are usually private acts. Typically, only those having primary roles in the scene have direct observational knowledge. Similarly with the exception of those employed in the medical field, most people have not observed a birth, abortion, or gynecological exam. Of course women with a sexual and reproductive history have intimate details of their own experiences in "invasive frames."

Movies and television offer scripted dramatic versions of events and are generally accessible. Television enculturates the masses. Media conceptualization and enactments of invasive events effects the cultural drama played out in every day life. The effects of a routinized, formulaic, and pragmatic representation of a social pathology call for examination.

ANALYTIC PERSPECTIVE DRAMATURGY

Dramaturgy (Goffman 1956) provides a scheme (1974) for making sense of the everyday world and human interactions (Brissett and Edgeley 1991). Its popularity as a conceptual scheme is not a random event nor a

function of the death of Goffman in 1982. Society is a drama. Settings, roles, costumes, routines, and rituals are intrinsic to social doings. A dramaturgical analytic is well illustrated in Goffman's "Face-work" (1955). It's foci is the social act and the importance of individual roles and performances. He enumerates interactive bases which sustain self and other performances and presents modes by which individuals may ruin the scene and/or cooperate to pull off a successful performance.

Dramas are variously "high" or "low", as is certainly reflected in media e.g., cinema, television, news reports, magazines, and the daily paper. Individuals can be drawn in and incorporated or alienated and separated. Knowledge of dramaturgical elements and the ability to manipulate them, allows individuals to define situations and selectively participate in social enactments. While certain aspects of sociation (Simmel 1971) are purposively accessible and overtly understood by the masses e.g., the grocery store, a Baptist church, K-Mart. Others e.g., a drug deal, Tiffanys jewelry store, Jimmy Schmidt's restaurant Tres Vite, and a fine art auction, are limited, physically closed, subject to interactive negotiation, and potentially confusing even to those in the "know".

Knowledge of the script and interactive cache serve to divide groups or classes into performers and viewers, perpetrators and victims. Role socialization to support

this casting is perpetuated in daily life. Others responses to self are significant in self definition and kudos for a role well played are an integral aspect of self concept and esteem (Mead 1956). Understanding the concept of "presentation of self" (Goffman 1956) and ability to purport oneself accordingly can be empowering. The more powerful individuals in an interaction can define the situation and manipulate others to draw forth the desired response.

The ability to manipulate or attempt to define the situation may work for or against a woman in terms of her personal invasive risk quotient. For example looking glamorous may indicate a woman's desire for male attention and possibly intercourse. Wearing short tight skirts and too much make-up, may communicate that you are "asking for it" or deserve to be raped, i.e. New Bedford rape case. The message women should give and the ability to get the attention they want, is certainly complicated by human desire and social constructions of male and female sexuality.

I contend that the invasion of women is difficult to analyze because it is a phenomenon which has complex and intrinsically conflicting features such as pleasure and pain, desire and force, tenderness and violence, love and hate. These features may be part of any female invasion, they are not mutually exclusive and definitive of one

particular type. This is precisely why the event is simultaneously interactively and dramaturgically vulnerable to definition and redefinition. However, ultimate definition of an invasive event is frequently rendered by institutions on the basis of their norms, values, and social functions rather than by the individual woman.

Yet it is a routinized occurrence particularly in patriarchal societies. It is cast with male/female - dominant/submissive roles, and takes on a particular form. Although a particular rape or incest incident may be unique and individual, knowledge of the scene's elements (persons and places), and its symbolic meaning (frightening and controlling) is part of American cultural knowledge.

FRAMING

Framing can be integrated with the primary concepts of dramaturgy to analyze interactive phenomenon. I contend that framing is an elaboration at a structural level upon dramaturgy (Manning and Cullum-Swan 1992, Cullum-Swan 1994). Whereas dramaturgy focuses upon the contents of the scene e.g., staging, role presentation, costume, casting, and script, framing deals with the "big picture". Frames communicate how the scene means and are primarily identified by forms of interaction and types of settings. Goffman's framing scheme is analogic. Sense

making is performed by knowing what features of the frame are similar or not similar to other frames in the same field, and what the features mean within the particular frame. A frame, according to Goffman, provides the rules and principles which guide an understanding of the meaning of experienced events. Perception is organized, he claims, into primary social or natural frameworks (rules of physical causality which govern interpretations). Human beings attribute social meaning to events, and seem to tolerate only briefly a state of "meaninglessness". Theoretically, a frame addresses the question "what is going on here?" This seems to be a relevant query about many invasive events.

In dramaturgy, the social act is the unit of analysis. Clearly the organization of face-to-face activity gives rise to framing issues.

Our understandings of our own long-term relationships and commitments and of our society's widely institutionalized enterprises, will be subject to confirmation and undermining during these occasions. Most of the social structure most of the time will be little affected by these fleeting contingencies, but how we manage ourselves and are managed during episodes of face-to-face interaction will. A snap-shot view is part of what informs (the) approach because indeed there is in part a snap-shot character to the way we are lodged in life"

(Goffman 1981: 68)

I contend that invasive scenes and their individual

meaning are particularly representative of this snapshot view of interaction.

Keying is an essential part of framing activity. It help one to correctly identify this particular frame and differentiate this frame from others which might seem similar. A key is "the set of conventions by which a given activity, one already meaningful in terms of some primary framework, is transformed into something quite else" (Goffman 1974: 43-44). Frames are keyed, or indicated by signs or cues which stand in a part-whole relationship to the matter(s) framed (Manning and Cullum-Swan 1992). Thus frames cluster signs or dramatic elements into a field, and individuals assign meaning to the proceedings according to their choice of primary frame and their individual interpretation of the available signs. Because interactive dramas such as invasions are ongoing and overlapping, individuals may have various frames for different versions of the same or a similar scene. Thus frames help persons to define and attach meaning to the particular event.

DRAMATURGICAL FRAME ANALYTIC

I link the dramaturgical literature with the framing literature (Schmitt 1991, Chayko 1993) and make explicit some theoretical implications of Goffman's work. A dramaturgical frame analytic is a mode of deconstruction. It can facilitate discovery of multiple layering or

"laminations" (Goffman 1974) of social events because it does not separate form from content. Interaction is conceptualized as dramatically enstructured and having consistent primary elements. Thus the metaphors and analogies of theater language are congruent with the perspective. Setting and personal front, the essentials of all interactive scenes, contain components e.g., lights, talk, costume, bodily position, props, which evoke both cognitive and affective response from the viewer. These components are functional within the dramaturgical frame as well as multivalent and vulnerable to various interpretations. It is this vulnerability and the content of personal histories individuals bring to a scene which allow for ambiguity of various sorts (Goffman 1974). Thus an ongoing task of social life is to lessen ambiguity and reach some consensus upon the definition of the situation.

Certain types of events are more vulnerable to multiple interpretation and may call for greater cooperation from the interactants. A successful scene and presentation of a united front calls for supportive "face work" from others (Goffman 1955). Thus the work necessary to minimize personal interpretation and to reach consensus is ongoing. The symbolic meaning of any event is open to personal interpretation and evaluation. However, a dramaturgical perspective focuses upon the taken-for-granted assumptions of the group and how they are used to

deal with the constant exceptions to the rule.

Many articles written from a dramaturgical perspective attempt to explicate situated interactions (see Brissett and Edgely 1991). However, they are primarily cognitive exercises and based upon anecdotal observations. They mimic the abductive methodology of Goffman. I seek rather to situate dramatic elements within a frame and to discover interpretative and/or experiential overlap between similar frames e.g., positive, neutral, and negative invasive frames.

A way of viewing or a perspective on interaction and an analytic technique having clearly defined and operationalized concepts are different matters. The first is primarily descriptive and facilitates the establishment of stimulus-response typologies. This was Goffman's genius. The task herein is of the second type; to develop a systematic mode of analysis, based upon many of Goffman's concepts, which can be used to examine the meaning and multiple layering of social interactions.

DRAMATURGICAL FEATURES

I contend that there are several necessary features or assumptions of a dramaturgical frame analysis. First there must be cultural consensus concerning the general forms of interactive scenes. Members of the culture should know how various primary frames mean through identification of frame elements. Second, group members

must have the knowledge and ability to interpret frame contents or cues and their significance in a particular scene. Third, the "how to" of a successful performance and self and other role reciprocity (Turner 1962) must be learned and supported through socialization. Thus through inculcation, cultural modalities, and participation in many scenes, individuals learn to maintain or destroy the "interactive order" (Goffman 1983).

LOGIC OF THE INVESTIGATION

DEFINING THE ACT

Invasive acts have been primarily examined as separate and discrete units in feminist and sociological literature. The work of Koss (1987) and Kelly (1987) is an exception because they utilize the idea of a sexual violence continuum. However, the majority of literature on violence toward women reflects an assumption that invasions are discrete objective phenomenon e.g., intercourse, rape, abortion, which can be clearly categorized e.g., sexual, violent, medical. Their approaches; statistical, legalistic, and/or philosophical, are certainly valuable and indicate personal and intellectual concern with this growing social problem. However these definitions and labels obscure the parallels and interrelationships between invasions. A typology or taxonomy of invasions, which examines overlap in definitions and affective response, is essential to

examine the pervasive effects of invasive strategies and acts upon the female self and body.

Similarly unexamined are the practical effects of a negative invasive history on women's ability to engage in satisfactory sexual and/or medical interactions which include vaginal entry. Thus little data exists concerning women's invasive histories, social and interactive function of all types of invasions, defining features of a particular invasion, and similarities or relationships between invasive frames.

The legal institutional imperative to name, label, and charge, perpetrators with specific crimes and prosecutable offenses similarly obscures the relationship and practical overlap between various types of invasions. Crime statistics on battering and domestic violence do not reflect the interactive character and phenomenology of a relationship which erupts into violent episodes. Rather, they reflect propensity to report and naming of the outcome of the violence. The meaning, frequency, and manifestation of sexuality between the couple and the role of sexual invasion in the abusive relationship has been relatively unexplicated.

Because women have been legally conceptualized as property of their husbands and responsible for the provision of sexual services, institutions have avoided dealing with this "private" element of abusive

relationships. Similarly research indicates that level of intimacy and frequency of intercourse previous to a reported rape, influence charging and case movement and outcome in the criminal justice system (Estrich 1987, Matoesian 1993). In pragmatic terms it is easier to prosecute for spousal battering than for rape. Thus we don't know the role or frequency of nonconsensual and/or violent sexual invasion in battering relationships. How many cases of domestic assault include negative invasion remains unknown. This type of data can only be gathered through detailed interviews with victims of domestic assault.

ANALYTIC METHODOLOGY

Because of the private, personal, traumatic, and negotiated nature of invasions, invasive phenomena are particularly difficult to investigate. Logical positivism, the traditional sociological approach, is primarily cognitive and attempts to mimic the methodology of the pure sciences. However the analogic potential between molecules and persons is extremely limited. A positivistic approach is dysfunctional for the examination of personal experience and interactive processes which are central features of social life. Thus female invasions, which are interactively fraught, variously interpreted, and frequently retrospectively analyzed and understood (Cullum-Swan 1994), are particularly difficult to examine

with traditional sociological methods. They are not explicated by variable analysis and statistical techniques (Denzin 1970).

An intellectual response to the methodology and tenets of logical positivism has been the development of a sociological social psychology and in particular the development of the primary concepts of symbolic interaction. However two schools of thought and practice, Iowa and Chicago, have developed in this area. The Iowa school, anchored in the work of Kuhn and his students, is more determinisitic, predictive, and measurement oriented. The logical positivism model which includes variable operationalization, hypothesis testing, and verification, remains central to this variant of social psychology. The Chicago school, a derivative of the work of Mead and Blumer, focuses upon the development of sensitizing concepts, the analysis of pattern or process, and an experiential or ethnographic mode of data gathering and presentation. Human interaction is conceptualized as constructed and emergent over time.

The concepts of self, other, role, negotiated meaning, and definition of the situation, are central to symbolic interaction and sociological social psychology. Many of the concepts are anchored in Scottish Moral Philosophy and the American pragmatism of John Dewey, John Horton Cooley, and C. S. Pierce. However these concepts

are not amenable to statistical validation nor easily measured with the tools of logical positivism. These techniques can't examine or explain the essential aspects of being human such as emotion, motivation, embodied experience, and the emergence of meaning over time.

Thus I present a more precise and systematic mode of examining interaction. In this case the scene is embodied, emotive, situated, potentially routinized, and typically having sexed and gendered roles. I integrate elements of the two social psychological schools in a dramaturgical frame analytic. I use a natural history approach and take the definition of interaction as processual and negotiated from the Chicago School. From the Iowa contingent, I adopt precision in variable definition and a belief that interpretative and behavioral patterns will emerge through systematic data collection and usage of basic descriptive statistics. I utilize both questionnaire and interview data in an attempt to explore social and individual construction and experience of invasive events.

SEMIOTIC FRAMING TECHNIQUE

A semiotic framing technique can be used to interpret either verbal or written responses. This type of analysis does not focus upon word or phrase repetition. Rather the goal is to see how responses cluster themselves into meaning types or fields, e.g., affectively positive,

neutral, negative, violent. After establishing the relevant fields and coding the responses, one can use cross-tabulation to discover if particular evaluations of a phenomenon are related to other relevant variables e.g., gender, socialization, family stability, presence of domestic violence. This technique allows integration of social constructions and human experience with demographic and historic elements of respondents lives. It anchors meaning in context.

In this research I use this technique to explore the relationship between social construction and experience of invasive events as it relates to childhood socialization and personal invasive history. I examine these relationships for both males and females. This analysis is based upon questionnaire data and touches upon the surface features and impressions of invasive experience for the individual. I further explore the relationship between invasive experiences through detailed interviews with selected subjects. I seek to understand the effect of negative invasion upon ability to experience positive and neutral invasion and thus I interview women who have been raped, incested, or sexually molested.

I build upon Goffman's (1956) assumptions about the primary elements of a scene, in this case a male/female invasion and conceptualize setting and personal front, as part of all interactive scenes. These framing elements

contain primary and secondary cues which give information about the meaning of the event. I examine the distinctive cues of invasive frames (Cullum-Swan 1994) e.g., male\female roles, vaginal penetration, bodily position, etc, to discover how similarities or differences in the scene effect the definition of the event. These specific dramatic signs are integrated with a framing analytic, which supposedly conveys what is going on or "how" this scene should mean (Goffman 1974).

Signs are representative and stand for something in the mind of the observer (Manning 1987). They have meaning which is social and a function of participation in the "interactive order" (Goffman 1983). They also have personal significance which is not always cognitively retrievable and possibly stored in the body. The body remembers, too. Meaning is derived from symbols and I contend that the definition of the situation is a function of the cueing contents of setting and personal front and the "primary framework" (Goffman 1974) one attributes to the scene.

Thus I posit that social constructions, including definition of the situation and appropriate affective response to it, will function to clearly define primary invasive frames for most men and women. However I believe some respondents will have previous experiences, primarily in the family, which will result in different definitions,

affective responses, and experiences of invasion.

ANALYZING NEGATIVE INVASION

I posit that some women having a significant invasive history, will be affected by the keying effect of certain cues and will experience "inappropriate emotions and frame confusion" (Cullum-Swan 1994). Because women do assume similar positions during a variety of vaginal encounters, e.g. gynecological exams, intercourse, rape, and incest, it seems likely that common cues of these primary frames, are partially responsible for some problems in various invasive frames. These common framing cues which may be present in medical procedures, sexual experiences, or violent, painful, and unwanted attacks, serve as "emotional reminders" (Schmitt 1986) and cause difficulty in clarify and fitting the frame.

This aspect of the research explores how and why frame confusion occurs and its relationship to the experience of inappropriate emotions which may arise during various sorts of female invasions. I contend that frame confusion occurs when another frame in the invasive field enters the primary frame and the woman is uncertain of the definition of the ongoing interaction. I posit that her confusion and recognition of incompatible frame definitions is stimulated by the experience of inappropriate emotions and results in difficulty fitting the frame. For example, a woman having a gynecological

exam may experience vaginal lubrication and erotic thoughts. These are not defined as part of the gynecological patient role and may elicit inappropriate emotions.

It is important to keep in mind that invasions will be conceptualized and labeled herein as positive, neutral and negative, but that these value labels are perspectival, somewhat external, and objective social constructions of events and that all invasions have an emotional component for women and men. It is also clear, within a symbolic interactionist framework, that invasive events are laden with meanings both personal, cultural and historical, and that defining a specific occasion as only sex, violence, making love, or having a medical procedure, is not theoretically useful. The impact or meaning of any interactive event is frequently negotiated and retrospectively analyzed and understood. We do recall similar experiences and frames (Goffman 1974) which have common elements, and the presence of these elements in a variety of frames is precisely what I contend causes women to confuse and conflate a variety of different invasive experiences.

ANALYTIC QUESTIONS AND HYPOTHESES

This analysis focuses upon the social, interactive, and personal costs of female invasion and two general analytic questions permeate the research.

The first deals with social constructions or cultural meanings of psychological and physical invasions and their relationship to socialization. I gather data concerning the meaning of various female invasions for both men and women. I examine how these definitions might be tied to previous experience and familial interaction. This is primarily an objective measure.

The second question concerns male/female role modeling learned in the domestic setting and its effect upon the subjective experience of invading/invasion. Here, I investigate the significance of parental interaction and sex role behavior upon offspring's invasive behaviors. I further investigate the female experience of controlling invasions and their effect upon ability to engage in sexual intercourse and/or medical procedures calling for vaginal entry.

I posit that socialization, primarily within the family, will determine individual social constructions of male/female interactions. Thus individuals having a relatively stable family life and consistently positive male and female role models, will have social constructions of invasive events congruent with their familial experiences.

However, when the domestic scene is erratic and fraught because of parental problems with alcohol, and abusive or violent interactions (Denzin, 1984), the physical and

psychological needs of family members, especially children, are not met. Anger and feelings of betrayal and distrust arise between various dyads and triads within the familial group (Simmel 1950). The "normal" positive exchange between marital partners and family members, predicated upon culturally dictated role models, somehow "doesn't work" and interactions increasingly become negatively structured. The other directed fear, distrust, and violence, which flows from a loss of intimacy and closeness, calls forth or generates the opposite of the desired response.

Children involved in a domestic abuse cycle are deprived of every day life routines, emotional consistency, and positive male and female role models. These are essential for social and emotional growth and in the process of parent child separation and identification with an opposite sex other (Freud 1965, Horney 1937). Their model of male\female role relations is a function of their parent's engagement in "negative symbolic interactions" (Denzin 1984:486). Directly and experientially the self of the child is effected. S/he loses positive and directive parental attention and may react with anger and violent behavior toward others. Indirectly and symbolically his/her role as an intimate observer and significant other of the parents becomes dictated by their victimizer/victim roles. The children

are deprived of a male/female interactive model expressing positive affect and mutual support. The negative parental messages are communicated through words and body language. Their pathological version of gendered and embodied males and female is embedded in the childhood experience.

Thus I hypothesize that individuals having negative socialization patterns will be more likely than others to become involved in controlling and/or negative invasive behaviors. Their gender role casting i.e., masculine/feminine, victimizer/victim, is the functions of familial interaction which is a primary determinant of thinking about and behavior toward others (Freud 1966, Horney 1937, Gilligan 1982, Chodorow 1989). I elicit familial history concerning; 1)relations between mother and father both positive and negative, 2)parent's use of alcohol, 3)domestic violence toward family members, and 4)divorce.

I gather parallel data concerning the respondents' 1)male/female relations, 2)alcohol usage, 3)violent thoughts or behaviors, 4)invasive history and, 5)marital status. Additionally I have information concerning respondents'; 6)use of sexually explicit magazines or pictures and 7)viewing of sexual and/or violent movies. As previously discussed, movies, television, and magazines are extremely effective socializers and purveyors of cultural norms and beliefs. I believe these versions of

invasions have a strong effect upon individual definitions of invasive acts.

HYPOTHESES

Thus I hypothesize generally that individuals with negative familial experiences, will have social constructions of invasions directly derived from their familial observations and experiences. I posit these individuals will also be more likely to participate in self-destructive behaviors such as excessive use of alcohol and to become involved in controlling and negative invasions. I believe that ineffective parenting and familial instability generates individuals who are likely to learn and replicate negative male and female roles i.e., victimizer and victim. I believe these individuals will have social constructions of invasive events which differ from those with more positive familial socialization. Thus negatively socialized individuals will have social constructions of and participation in controlling invasions which reflect their social learning.

Thus, my hypotheses are as follows:

H1: Persons from households having an adult with an alcohol problem will be more likely to experience parental divorce.

H2: Persons from households having an adult with an alcohol problem will be more likely to be exposed to domestic violence.

H3: Persons from households with an adult having an alcohol problem will be more likely to develop an alcohol problem.

H4: Persons having affectionate parental figures will be more likely to have a positive definition of sexuality.

H5: Persons from intact households will be more likely to react negatively to violence.

H6A: Persons violent households will be more likely to normalize violence.

H6B: Persons having fathers who were abusive to their mothers will be more likely to normalize violence toward women.

H7: Men who normalize violence will be more likely to prefer viewing violent films.

H8: Men who normalize violence will be more likely to utilize sexually explicit materials.

H9A: Men exposed to domestic violence will be more likely to have thoughts and dreams about victimizing women.

H9B: Women exposed to domestic violence will be more likely to have thoughts and dreams about victimization by men.

H10A: Men exposed to domestic violence will be more likely to act abusively toward women.

H10B: Women exposed to domestic violence will be more likely to be victims of abuse.

H11A: Men observing their father abuse their mother will be more likely to act abusively toward women.

H11B: Women observing their father abuse their mother will be more likely to be victims of abuse.

H12A: Men who were objects of violent behavior in childhood, will be more likely to abuse women as adults.

H12B: Women who were objects of violent behavior in childhood, will be more likely to be abused as adults.

An underlying element of the research is the social construction of invasive events and their interrelationships. I contend that a woman's invasive history is a significant determinant of her ability to

engage in positive and neutral invasions. I posit that role relations and setting are particularly determinant in social construction and individual definition of invasive events. Thus previous experiences in the same or similar "invasive frame" are relevant to a woman's response to invasive experiences in the present and future.

The central role of institutions in the definition of invasive events and the relationship between meaning and enculturation has been discussed. I conceptualize the gynecological exam as analogous to a mathematical zero point. Because it is constructed as affectively neutral and instrumental, I believe that women's responses to the exam provide information about general feelings toward vaginal invasion and previous invasive history.

The question of multiple meanings and overlap between invasive frames which might cause frame confusion will be examined using the semiotic framing technique. A semiotic framing technique facilitates both examination of social constructions and individual experience. Data from questionnaires and interviews will be utilized.

The data for examining affective response to various invasive experiences comes from responses to the social construction questions e.g., "sex makes me feel," "love makes me feel," "rape makes a man feel," and interviews with subjects having experienced sexual molestation, rape, and/or incest. I posit that women having a negative

invasive history will experience frame confusion in various invasive frames especially those constructed to be affectively neutral.

I believe this analysis will demonstrate the impact of negative invasions and that defining a specific instance as clearly sexual, violent, and/or medical is not practically or theoretically useful. Following are the final set of hypotheses concerning women and invasion.

H13: Women from lower class households will be more likely to experience battering.

H14: Women having a negative invasive history will be more likely to have a problem with alcohol.

H15: Women having experienced a significant invasion will be more likely to exhibit negative psychological and physical symptoms.

H16: Women having experienced a significant invasion will be more likely to experience dissatisfaction with positive invasion.

H17: Women having experienced a significant invasion will be more likely to experience dissatisfaction with neutral invasion.

H18: Woman having experienced a significant negative invasion will be more likely to experience inappropriate emotions and thus frame confusion in the gynecological frame.

Notes Chapter 4

lGelles (1989) has found that it makes little difference if the woman fights during a violent incident and if attempted this action may result in greater level of punishment with an escalating level of violence.

CHAPTER 5

ANALYTIC SCHEME

This is a focused analytic study. It is phenomenological and typological in terms of perspective and problem construction. The primary goals are: 1)to discover the relationship between different types of female invasions; 2)to gather data from a sexually active population concerning invasive experiences; 3)to test hypotheses concerning the relationship between socialization and invasive propensity; 4)to gather interview data from women having a negative invasive history to further inform and elaborate upon the hypothesized relationships and; 5)to uncover the relationship between social constructions of invasive acts and invasive history.

This is not a study about the incidence and prevalence of rape, incest, and sexual molestation, in the general population. The government gathers detailed information on assault, battery, and rape, and there are a variety of other studies by Dianna Russell (1975, 1986, 1990) and Dobash and Dobash (1979), dealing statistically and interactively with these phenomenon. However, most studies of invasive phenomenon explore only one place on the invasive continuum e.g., battery, sexual harassment, incest, rape, and conceptualize the particular topic as a

discrete entity. I look for the interconnections between invasions of women. I explore relationships between the social engendering of individuals and the experience of invading or being invaded. I attempt to uncover some of the scope conditions which support negative invasive involvement for both males and females.

METHODOLOGY

With these goals in mind, I attempted to gather questionnaire data in a variety of classes, both graduate and undergraduate, at Michigan State University. My first strategy was to sample classes in a variety of departments, e.g., math, english, biology, sociology, to obtain a disciplinary cross-section of respondents from this setting.

This attempt proved unfruitful. Many of the instructors and professors outside the social sciences voiced concerns about the subject of the research and/or did not want to sacrifice class time for the distribution of the instrument. These difficulties were encountered despite the legitimization of my study topic, instruments, and procedure, by the human subjects committee. I correctly believed that given the subject matter of the study it was extremely important to distribute in classes where the professor was supportive of the research. I have also found that the allocation of some class time, so students may ask questions and at least begin the

questionnaire, results in a higher response rate.

My second strategy was to sample accessible classes which were required by various majors in the university. I was able to gain entry into classes having the following topical content; introductory statistics, sex and gender, race and ethnicity, international development and change, verbal or intercultural communication, urban theory, sexual inequality, european history, security administration, juvenile justice process, and graduate statistics. I sampled classes at the 100, 200, 300, 400,

Because the number of majors at MSU is immense, I coded particular majors into categories. The categories were not a function of the college groupings in the university. Majors were clustered together by the types of classes required by that program and positions persons with that degree might eventually hold. The six categories are: 1)pure science; 2)applied science; 3)arts and letters; 4)social science; 5)pre-law and pre-medical, 6)no preference.

Three percent of the final sample were enrolled in the pure sciences. I considered math, biology, chemistry, and other "pure" sciences to fit in this category. applied in focus. Applied science students composed 25% of the sample. These students were more "doers than thinkers" and most did not intend to continue their education after the bachelors level. This category contained criminal

justice, environmental studies, agricultural programs, and any other having a strong applied focus. The arts and letters group was composed of students from communication, english, history, foreign languages, and elementary education. Eighteen percent of the sample were in programs in this grouping. Forty-six percent of the sample were social science majors, e.g., sociology, psychology, social work, and anthropology. I did question whether social work should have been coded applied. Students in pre-law and pre-med programs composed 5% of the final sample and there were only 1% no preference students. Three percent of the sample listed no major choice.

The sampling took place over the course of a year. In the first round (summer of 1993) I distributed a questionnaire to both males and females. The response rate was 65% for females and 27% for males. Males seemed extremely hesitant to complete the instrument and I also realized that I needed to include the invasive scale in the male instrument as well as the female. I stopped sampling and reconstructed the male questionnaire in a manner parallel to the female questionnaire. I did not use the few completed male questionnaires from the 1993 sample.

I continued sampling with the improved male questionnaire and a slightly altered female version (five new questions were added) in spring of 1994. This time I

took undergraduate male students with me and had them distribute the instrument and answer any questions male students had about the content. More complex questions I answered myself. Students could return completed questionnaires in a box outside the classroom, through campus mail, or drop them off at the sociology department in Berkey hall. The response rate for the second sampling was 68% for females and 58% for males. I believe the male students' participation in the sampling procedure helped to improve the male response rate considerably. Men frequently asked my student assistants questions and seemed to take the filling out of the questionnaire more seriously than when I sampled alone. The composition of the final sample is 34% male respondents and 66% female.

Through a postcard attached to the female questionnaire I was able to locate a subsample of women who had experienced rape, incest, or sexual molestation. I included the last category to discover women I believed had some difficulty naming the event. From the first sample (summer 1993) I obtained the first name and phone number of 14 women who indicated they would be willing to be interviewed. However I began interviewing in fall term and lost contact with 5 of this sample. Four of the remaining women consented to an interview about their negative invasive experience. Thus I was able to interview 29% of the volunteers in this set. Thirty six

percent refused the interview or did not return my call after leaving three messages. I considered non-returners refusals at this point.

From the second sampling (spring 1994) I began calling women within the week I received their postcard. I hoped to eliminate the previous contact problem. I received 20 postcards from the second round of sampling. Fifteen percent couldn't be contacted (phone disconnected, didn't live there, wrong number), 20% refused the interview, 25% did not return the call after three messages, and 40% completed an interview.

I called everyone who had volunteered for an interview from both samples. I made no effort to interview women having a particular type of negative invasion. I made the same request in virtually the identical form to all the women. Because they would sometimes ask questions or intervene in my line there was slight variation between calls. I looked over the individual woman's questionnaire before making the call so I had some background information. After discussing the structure of the interview a few women refused because their recall was bad or they were not able to focus on a particular event/s. Some were moving or working a lot and did not have the time. Many offered to give my name to friends of theirs who had experienced a negative invasion and would probably agree to an interview. Because this

was not part of the protocol I refused. I now regret this decision in terms of my future research.

I had a preconception that the interview subjects would be primarily cases of pressured into sex or "date rape", and stranger-stranger rape. From a cursory overview of all the returned questionnaires it seemed that most reported significant invasions were of this type. My preconception was wrong. The majority of women (90%) who actually came for the interview had experienced a significant negative invasion before the age of 20, and 70% had their first negative invasion before the age of 11. They described their experiences as sexual abuse, sexual molestation, and even kidnapping. None of these women labeled the experience/s as incest or rape when asked what we would be discussing. The meaning and definition of the event changed over time and as a function of their significant others. Of this group 90% have also experienced another sort of significant invasion as a young adult.

I discovered after a couple of interviews what sorts of women were responding and why. None of the women interviewed were initially able to garner any meaningful or supportive response from family or social institutions. Most still are still waiting, and some have yet to tell significant others, especially father, "the truth." In various modes the law, female and male

significant others, the church, and the medical establishment, did not help or even legitimate the proper naming of what had happened. Punishment of the perpetrator or "just retribution" was out of the question. Those who attempted some sort of institutional intervention received no satisfaction. Their only "official" support came from therapists and groups for survivors of sexual violence. This lack of emotional and institutional response and the particulars of the individual cases will be discussed in the findings section. I believe their feelings of dissatisfaction, absence, and/or lack of appropriate response led them to volunteer for the interview.

INSTRUMENTS

Data for the study was obtained through three different instruments. As previously mentioned the first male questionnaire, was substantially altered. No data from the first version is used in this analysis. The female questionnaire remained substantially the same with the addition of five questions. A standard schedule was used for interviews regardless of the type of invasive experience/s the woman was recounting. The three final instruments are located in Appendix B.

The questionnaires were constructed to obtain demographic information, details of familial composition and socialization, social constructions of self, body, and

invasive events, sexual and invasive history, and fantasies and dreams about abusing and/or being abused. They also contained questions about alcohol use of respondent and his/her parents, type and frequency of movie and video viewing, and male use of sexually explicit materials. The female instrument contained questions about gynecological exams, reproductive status, and birth and abortion experiences. The questionnaire data will be interpreted using a semiotic framing technique, basic descriptive statistics, cross-tabulation, and Guttman scaling. The tables will be used only to explore variable relationships to support the basic theoretical construct of the argument and to explore the relationships between types of invasions.

CODING THE DATA

Much work went into this data before the analysis could begin. The semiotic analytic technique I utilize requires a considerable amount of coding. The responses to the social construction questions e.g., "sex is," "incest is," "rapists should be," "making love makes me feel," must all be coded before the information is useful. These questions are structured to elicit both objective and subject responses simultaneously, although a query specifically focused upon feelings should call forth primarily experiential and subjective responses.

A social construction has a content or definitional element as well as an experiential aspect. In semiotic terms, words or signs have a content and an expression and both denotative and connotative meaning (Manning 1987).

One's social construction of food, or body, or sex, is a combination of learned denotations and experiential connotations. For example "food" may be extremely fraught for person's having an anorexic or obese mother. However the person may be male, with a high metabolic rate who has a propensity for Taco Bell. I contend that all of these elements will play a role such that person's response to "food is." I will use the words social construction, meaning, and definition, interchangeably throughout this chapter.

This is not a content analysis. I do not perform a frequency count of particular words. Although the same words are used repetitively as descriptors. The coding categories can't be constructed apriori because the general conceptions one has about the expected responses are usually incomplete. Thus clustering responses into particular meaning fields must be undertaken after carefully perusing the data.

In this case the social construction responses clustered into seven fields or response categories. The first category is a positive response. Words like "happy," "warm," "sensual," "pretty," "smart," "wonderful,"

"awesome," "loved," "appreciated," "joyful," "complete," were frequently used and clearly have a positive meaning.

The second clustering of responses I labeled as **neutral**. Leaving a blank or using words like "nothing," "o.k.," "fine," and observational and rather tautological responses such as; "I am...a woman," "sex is... sex," "sexually explicit pictures... are photos," were coded neutral. This category was a little difficult to define and to utilize consistently throughout the questionnaire. I also considered responses which were without affect but rather like phenomenological statements as neutral. For example; "incest is common," "hitting a woman is not necessary," "rapists have committed a crime," "incest is overrated," as sociological statements. I consider this type of objectivity to indicate neutrality.

The third grouping or clustering of words had a **negative** meaning. Responses such as "bad," "fat," "ugly," "unpleasant," "crazy," "demented," "sick," "scum," "murderers," "perverts," "gross," and "repulsive," clearly indicate a negative response. When I began the project I believed that positive, neutral, and negative response categories would be sufficient. I was wrong.

First a category indicating physical stimulation became necessary. Responses such as "turned on," "stimulated," "horny," "want to fuck," "want to be touched," "need oral sex," did not fit into the previous

three categories. Thus **physical stimulation** became the fourth category.

The responses to the questions, "rapists are," "people who commit incest should be," "rapists should be," frequently had a treatment orientation. The first treatment and thus the fifth category had to do with institutions. Responses such as "locked up," "jailed," "given treatment," "counseled," "have therapy," "drug them up," indicated a need for an **institutional intervention** category. The second clustering of suggestions for treatment were not so humane. "Cut off their balls," "castrate them," "should be murdered," "should be raped themselves," "shot and killed," "should be hung by their penises," were violent in character. Thus I created the sixth category **violent response**.

The final and seventh category **denial** became necessary when I observed many male respondents answering the question, "rape makes a woman feel," yet leaving blank or claiming to be unable to imagine how, "rape makes a man feel." They were unwilling to take on the role of the rapist yet did so when asked how a female rape or incest victim felt. As a result responses like "how do I know I haven't done it," "?," "or "I can't know," were coded denial. To maintain coding consistency throughout the questionnaire, any question asking for a feeling response that was left blank or had a denial or lack of knowledge

response was coded **denial**.

Because all these response categories are not relevant for each social construction variable, I will use only the categories reflecting the chosen variable responses in tables containing social construction variables.

HYPOTHESIS PRESENTATION

FAMILY AND SOCIALIZATION

The presentation of the hypotheses and their corresponding tables is organized into five sections. The hypotheses and actual questions from the male and female instruments are enclosed in quotes throughout the chapter. The first section will deal with familial background and socialization. The disruptive factors of problem drinking, divorce, and domestic violence and their effect upon the familial structure and interaction, and the individual respondent will be examined.

HYPOTHESIS 1

Hypothesis 1: "Persons from households having an adult with an alcohol problem will be more likely to experience parental divorce," was explored by cross-tabulating "Did your parents divorce?" by "Did an adult in your household have a drinking problem? The criteria for problem drinking was established by the individual respondent. We can observe (see Table 1) that 60% percent of respondents having an adult in the household with a

drinking problem experienced a parental divorce, while 40% did not. For those growing up in a home with no adult problem drinking, 19% had divorced parents and 81% did not. The divorce rate for homes having an adult with a drinking problem is triple the rate for homes without an adult problem drinker.

HYPOTHESIS 2

I tested hypothesis 2: "Persons from households having an adult with an alcohol problem will be more likely to be exposed to domestic violence," by cross-tabulating "Did an adult in your household have a drinking problem?" by "Would you describe the household you grew up in as violent?" Again the criteria for problem drinking and violence was established by the individual respondent. I present these results in Table 2. Twenty-nine percent of the respondents having an adult in the household with a drinking problem came from violent households and 71% did not. For respondents from homes without an adult drinking problem, 8% experienced a violent household and 92% did not. The experience of a violent household was three and a half times greater for those coming from homes with an adult problem drinker.

TABLE 1

ADULT PROBLEM WITH ALCOHOL BY PARENTS DIVORCED

		PARENTS DIVORCED		
		YES	NO	
ADULT ALCOHOL PROBLEM	YES	60% (41)	40% (27)	21% (68)
	NO	19% (49)	81% (203)	79% (252)
		28% (90)	72% (230)	100% (320)

TABLE 2

ADULT PROBLEM WITH ALCOHOL BY VIOLENT HOUSEHOLD

		VIOLENT HOUSEHOLD		
		YES	NO	
ADULT ALCOHOL PROBLEM	YES	29% (17)	71% (42)	22% (59)
	NO	8% (18)	92% (194)	78% (212)
		13% (35)	87% (236)	100% (271)

HYPOTHESIS 3

"Persons from households with an adult having an alcohol problem will be more likely to develop an alcohol problem," is hypothesis 3. Table 3 illustrates the relationship between growing around an adult having an alcohol problem and developing an alcohol problem one's self. The respondent variable, self alcohol problem, is derived from three elements in a sequenced question. If the respondent answered yes to "Do you have a problem with alcohol?" or drank a minimum of 2-3 times a week, or consumed 4 drinks or more at a sitting, they were considered to have an alcohol problem. The variable is meant to measure self-defined, very regular, or excessive drinking, not to label persons as alcoholic. Thirty-seven percent of respondents from a home with an adult alcohol problem, developed an alcohol problem. Sixty-three percent of this group did not. Of those from a home without an adult having an alcohol problem, 22% developed an alcohol problem and 78% did not. The first three hypotheses are supported by the data.

FAMILY, SOCIALIZATION, AND SOCIAL CONSTRUCTIONS

Section two will focus upon the relationship between familial socialization and social constructions of affection, sexuality, and violence. These hypotheses examine the effect of parental relations and gender role modeling upon subjects' definitions of affective and

TABLE 3

ADULT PROBLEM WITH ALCOHOL BY SELF PROBLEM WITH ALCOHOL

		SELF ALCOHOL PROBLEM		
		YES	NO	
ADULT ALCOHOL PROBLEM	YES	37% (20)	63% (34)	21% (54)
	NO	22% (44)	78% (158)	79% (202)
		25% (64)	75% (192)	100% (258)

TABLE 4

PARENTS AFFECTIONATE BY SEX IS

		SEX IS				
		POSITIVE	NEUTRAL	NEGATIVE	PHYSICAL STIMULATION	
PARENTS AFFECTIONATE						
YES		78% (176)	16% (37)	5% (12)	1% (1)	79% (226)
NO		66% (41)	32% (20)	2% (1)	0% (0)	21% (62)
		75% (217)	19% (57)	5% (13)	1% (1)	100% (288)

extremely volatile interactional elements. The variable concerning exposure to violence in the home is a general measure. The variable father abusive to mother stands for a specific type of behavior and object of the violence. Throughout the following chapters, father abusing mother represents specifically physical violence which is mother directed, and violent household denotes a home which the respondent defined as generally violent in character.

HYPOTHESIS 4

Hypothesis 4: "Persons having affectionate parental figures will be more likely to have a positive definition of sexuality," was examined by cross-tabulating "Did you see your parents being affectionate with each other?" by respondents social construction of sex. The meaning fields chosen for "sex is" by respondents were positive, neutral, negative, and physical stimulation (see Table 4). For both values of the independent variable, the majority of respondents had positive social constructions of sex. However, for those reporting parents who were not affectionate, 32% were neutral in their social construction of sex, whereas only 16% of those having affectionate parents were neutral. Thus more than twice as many individuals not observing parents affectionate towards one another were neutral on sex. The hypothesis is supported by the data.

TABLE 5

PARENTS DIVORCE BY VIOLENCE IS

VIOLENCE IS

	POSITIVE	NEUTRAL	NEGATIVE	
PARENTS DIVORCE				
YES	2% (2)	28% (26)	70% (64)	28% (92)
NO	6% (14)	26% (60)	68% (159)	72% (233)
	5% (16)	27% (86)	68% (223)	100% (325)

TABLE 6A-1

VIOLENT HOUSEHOLD BY VIOLENCE IS

VIOLENCE IS

	POSITIVE	NEUTRAL	NEGATIVE	
VIOLENT HOUSEHOLD				
YES	11% (4)	22% (8)	67% (24)	13% (36)
NO	5% (12)	31% (73)	64% (151)	87% (236)
	6% (16)	30% (81)	64% (176)	100% (272)

HYPOTHESIS 5

Hypothesis 5 examines the possible effects of divorce upon respondents' social construction of violence. If problems with alcohol and domestic violence are significant elements in divorce, I believed that persons not experiencing divorce would be likely to have a negative social construction of violence. Thus hypothesis 5 is, "Persons from intact households will be more likely to react negatively to violence." It is not supported by the data (see Table 5). Responses are relatively consistent across social construction response categories for violence regardless of parents remaining married or divorcing.

HYPOTHESIS 6

H6A: "Persons from violent households will be more likely to normalize violence," was tested by cross-tabulating growing up on a violent home by "violence is." I believed that persons from violent home would tend to normalize or become accustomed to this type of atmosphere and interactions. The data from Table 6-1 does not support the hypothesis. I believed such persons normalizing violence would have a positive or neutral response to violence. For those growing up in a violent home, 11% had a positive social construction of violence, compared to only 5% of those from non-violent homes.

However more respondents (31%) from nonviolent homes were neutral than those from violent homes (22%).

I decided to control for sex of respondent. I believed that women and men might exhibit very different response patterns. Tables 6-2 and 6-3 support this contention. For males (Table 6-2) the relationship between presence of domestic violence and social construction of violence is intensified. We can see that almost three times as many men from violent homes were positive in their definition of violence.

For women, the relationship between presence of domestic violence and meaning of violence, is the opposite of the hypothesized relationship. None of the women from violent homes had a positive social construction of violence. Women from both groups were generally negative in their definition of violence. We can see that men have a different response to violence than women regardless of presence of violence in the home.

Hypothesis 6B: "Persons having fathers who were abusive to their mothers will be more likely to normalize violence toward women," is tested by cross-tabulating father abusive to mother by "rape is." Table 6B offers support for this hypothesis. For persons coming from homes where father abused mother, almost three times as many respondents were neutral concerning the social

TABLE 6A-2

VIOLENT HOUSEHOLD BY VIOLENCE IS
(MALE)

		VIOLENCE IS			
		POSITIVE	NEUTRAL	NEGATIVE	
VIOLENT HOUSEHOLD	YES	29% (4)	29% (4)	42% (6)	12% (14)
	NO	10% (10)	46% (45)	44% (44)	88% (99)
		12% (14)	43% (49)	45% (50)	100% (113)

TABLE 6A-3

VIOLENT HOUSEHOLD BY VIOLENCE IS
(FEMALE)

		VIOLENCE IS			
		POSITIVE	NEUTRAL	NEGATIVE	
VIOLENT HOUSEHOLD	YES	0% (0)	18% (4)	82% (18)	14% (22)
	NO	2% (2)	20% (28)	78% (107)	86% (137)
		1% (2)	20% (32)	79% (125)	100% (159)

construction of rape. For those from homes where father was not abusive to mother, 87% had a negative construction of rape, compared to 68% of those from homes having father abusive to mother. These data offer strong support for the hypothesis.

OBJECTIFICATION AND SOCIAL CONSTRUCTIONS

The next section of hypotheses deals with objectification or seeing things outside one's self. The goal is to explore the origins of definitions of particular visual and psychic organizations of social and interactive phenomenon. The primary question addressed is; what are the derivations of individual modes of defining and thinking about expressive and somewhat liminal elements of social life?

I specifically look at the effect of definition of violence upon preferences in film type or "video versions of reality." I also examine use of sexually explicit materials and relationship to attitudes about violence toward women. I look at these variable relationships for males because I investigate the objectification and violent invasion of females through films and sexually explicit materials. I posit the normalization of violence may come from routine observations of violent interactive incidences. Thus I utilize presence of domestic violence, and/or father abusing mother, as a measure of normalization of violence.

TABLE 6B

FATHER ABUSED MOTHER BY RAPE IS

		RAPE IS			
		POSITIVE	NEUTRAL	NEGATIVE	
FATHER ABUSED MOTHER	YES	0% (0)	32% (9)	68% (19)	10% (28)
	NO	0% (0)	13% (31)	87% (213)	90% (244)
		0% (0)	15% (40)	85% (232)	100% (272)

TABLE 7

VIOLENT HOUSEHOLD BY MALE PREFERENCE IN FILMS

		MALE FILM PREFERENCE				
		VIOLENT ACTION ADVENTURE	FAMILY DRAMA	ROMANCE	OTHER	
VIOLENT HOUSEHOLD	YES	57% (8)	14% (2)	0% (0)	29% (4)	12% (14)
	NO	72% (73)	2% (2)	5% (5)	21% (21)	88% (101)
		70% (81)	4% (4)	4% (5)	21% (25)	100% (115)

HYPOTHESIS 7

Hypothesis 7: Men who normalize violence will be more likely to prefer viewing violent films," is tested by crossing growing up in a violent household by "What type of film do you prefer to see?" The results (see Table 7), do not support the hypothesis. As a matter of fact they would support the very opposite hypothesis. Men coming from violent households demonstrate less preference for violent films (57%), than those from non-violent households (72%). Men growing up in a violent household disproportionately choose family/relationship or other categories for film preference. The other category consists of drama, comedy, and documentary film preferences. These data do not support the hypothesis.

HYPOTHESIS 8

Sexually explicit materials and their relationship to normalization of violence is explored in hypothesis 8. I posit that: "Men who normalize violence will be more likely to use sexually explicit materials." See Table 8-1 for these results. I cross-tabulated the variable "violence is" by "male use of sexually explicit magazines or movies." I believed that males normalizing violence, or in this case having a neutral response to violence, would be more likely to use sexually explicit materials. The hypothesis is not supported by the data. However, it is interesting to observe that for males

having a negative definition of violence, 63% used sexually explicit materials and 32% did not.

Since this hypothesis was not supported, I decided to explore the relationship between male use of sexually explicit materials and use of invasive tactics. I looked at one type of controlling invasion and one of negative invasion. The first cross-tabulation (Table 8-2) is male use of sexually explicit materials by making unwanted verbal advances to a woman. For those using sexually explicit materials, 44% had made unwanted verbal sexual advances and 56% had not. For men not using sexually explicit materials, only 24% acknowledged perpetrating unwanted verbal sexual advances while 76% had not used this controlling invasive tactic. This table demonstrates that a relationship exists between male usage of sexually explicit materials and verbal sexual advances as a controlling tactic.

Table 8-3 explores the association between male use of sexually explicit materials which are related to one's sexual behaviors, and pressuring a woman into sex after a violent argument. The only case admitting pressuring a woman into sex after a violent argument, also used sexually explicit materials in connection with sexual behavior. These two tables demonstrate that a relationship exists between use of sexually explicit materials and controlling females through invasive tactics.

TABLE 8-1

VIOLENCE IS BY MALE USE OF SEXUALLY EXPLICIT MATERIALS

USE SEXUALLY EXPLICIT MATERIALS			
VIOLENCE IS	YES	NO	
POSITIVE	57% (8)	43% (6)	13% (14)
NEUTRAL	51% (24)	49% (23)	43% (47)
NEGATIVE	62% (30)	38% (18)	44% (48)
	57% (62)	43% (47)	100% (109)

TABLE 8-2

**MALE USE OF SEXUALLY EXPLICIT MATERIALS
BY VERBAL SEXUAL ADVANCES**

		VERBAL SEXUAL ADVANCES	
		YES	NO
SEXUALLY EXPLICIT MATERIALS	YES	44% (24)	56% (31)
	NO	24% (8)	76% (25)
		36% (32)	64% (56)
			100% (88)

TABLE 8-3

**MALE USE OF SEXUALLY EXPLICIT MATERIALS (BEHAVIOR RELATED)
BY PRESSURED A WOMAN INTO SEX AFTER A VIOLENT ARGUMENT**

		PRESSURED SEX AFTER A VIOLENT ARGUMENT	
		YES	NO
SEXUALLY EXPLICIT MATERIALS	YES	7% (1)	93% (14)
	NO	0% (0)	100% (42)
		98% (1)	2% (56)
			100% (57)

HYPOTHESIS 9A

Hypotheses 9A and 9B investigate the relationship between exposure to domestic violence and experience of thoughts and fantasies concerning taking on victimizer and victim roles. H9A: "Men exposed to domestic violence will be more likely to have thoughts and dreams about victimizing women," is explored by cross-tabulating growing up in a violent home with "Have you ever fantasized about or had a dream in which you raped a woman?" Table 9A presents these findings. We can see that for men growing up in a violent home 14% had fantasies or dreams about raping, and 86% did not. Of those not exposed to violence in the home, only 3% had rape thoughts and/or fantasies. Thus males from violent homes were 4 times more likely to dream or fantasize about rape than males from non-violent homes. This is a significant finding and hypothesis 9A is strongly supported by these data.

HYPOTHESIS 9B

Hypothesis H9B: Women exposed to domestic violence will be more likely to have thoughts and dreams about victimization by men," is examined by using growing up in a violent household by "Have you ever fantasized about or had a dream in which you were raped?" Table 9B presents the relationships between these variables. For women from

TABLE 9A

VIOLENT HOUSEHOLD BY FANTASIZE ABOUT RAPING A WOMAN

		FANTASIZE ABOUT RAPING		
		YES	NO	
VIOLENT HOUSEHOLD	YES	14% (2)	86% (12)	13% (14)
	NO	3% (3)	97% (95)	88% (98)
		5% (5)	96% (107)	100% (112)

TABLE 9B

VIOLENT HOUSEHOLD BY FANTASIZE ABOUT BEING RAPED

		FANTASIZE ABOUT BEING RAPED		
		YES	NO	
VIOLENT HOUSEHOLD	YES	35% (7)	65% (13)	13% (20)
	NO	17% (24)	83% (115)	87% (139)
		20% (31)	80% (128)	100% (159)

violent households, 35% had experienced victim fantasies or dreams, and 65% had not. For those not growing up in violent homes, 17% experienced victim dreams or fantasies and 83% did not. Thus twice as many women from violent households reported dreams where they are victimized.

BECOMING ENGENDERED: VICTIMS AND VICTIMIZERS

I hypothesis generally that persons exposed to violence in childhood will be more likely to become involved in violent situations as adults. Because I investigate invasions of women I look specifically at types of female directed violence as the dependent variable.

I believe that individuals living in a violent household or observing father abuse mother are likely to take on gender appropriate victim and victimizer roles. Boys and girls see that invasions serve as a form of interactive and social control. As adults, men may use controlling and negative invasions to maintain the social and familial order of things and their privileged position in it. Female children, observing mother or other family members treated violently, become indoctrinated. Invasions like all social behaviors are learned (Scully 1990).

OPERATIONALIZING THE INVASIVE CONTINUUM

In this section I will begin using the results of four Guttman scale typologies as variables. Because I believe that types of invasions are related and exist on a continuum, I create scales for various invasive paths or trajectories. Individual placement on the continuum is operationalized as a scale score. These invasive scales will be used in many tables having the dependent variable female invasion.

Scaling is a method of testing the relationships between a set of items. If a set of variables forms a scale, it is for that particular sample. However I believe the relationship between these invasive variables exists generally in the female population. I now operationalize the concept of an invasive continuum.

I use Crohnbach's alpha to test the scales' reliability. This test is based upon the internal consistency of the items. Positive inter item correlation is important for reliability because the items are measuring to some extent a common phenomenon, in this case types of invasions. If the items are not positively correlated with each other there is no reason to believe they are correlated with other types of invasions. All the scales utilized in the research had an alpha value of .99. This indicates the correlation between the variables in each scale is very high.

Each scale was modeled on the basis of preconceptions of the sequencing of certain types of invasions, and further informed with knowledge gained from the interviews. There is a logic in the relationship between the variables within a scale and the additive progression along the invasive continuum. All the invasive behaviors are assumed to be unwanted.

The scales were constructed as follows. The rape scale consists of: 1)sexual talk or joking + 2)verbal sexual advances + 3)sexual touching + 4)pressured into sex + 5)rape. The mean scale score for rape is 2.2 out of a possible 5. The pressured into sex scale sequence is: 1)sexual talk or joking + 2)verbal harassment + 3)sexual touching + 4)pressured into sex. For pressured into sex the mean scale score is 2.2 out of a possible 4. The battered scale is composed of 1)verbal harassment + 2)uncomfortable touching + 3)pressured into sex + 4)battered. The incest progression is operationalized as: 1)verbal harassment + 2)uncomfortable touching +3)verbal sexual advances + 4)incest. The mean scale scores for the incest and battered scales are both 1.6.

I primarily use the rape scale as a dependent variable because rape is socially constructed and frequently presented as the most prevalent negative invasion. Although the pressured into sex scale has a high mean score the question of the meaning of "pressured"

arises. I felt it was preferable to use an invasion which is socially and legally defined as unwanted, forced, violent, and coercive.

HYPOTHESIS 10A

For hypothesis 10A: "Men exposed to domestic violence will be more likely to act abusively toward women." I utilize three tables. First I examine their invasion of another's physical space by looking at the variable nonsexual but uncomfortable touching. Since domestic violence frequently involves unwanted touching, I thought this would provide a good indicator of learning and using controlling invasive techniques. Because "pressured a woman into sex," and "battered a woman," were among the most extreme invasions acknowledged by this male sample, I cross-tabulate each of these variables by growing up with domestic violence. Tables 10A-1, 10A-2, and 10A-3, present the findings.

Table 10A-1 is the cross-tabulation of growing up in a violent home by touching a woman in an uncomfortable manner. These results are quite interesting (see Table 10A-1). For those from violent homes, 69% acknowledged touching that made a woman uncomfortable, and 31% did not. For those from non-violent homes, 33% reported uncomfortable touching of a woman and 67% did not. The data support my hypothesis concerning the relationship between use of this controlling invasion and growing up

TABLE 10A-1

VIOLENT HOUSEHOLD BY UNCOMFORTABLE TOUCHING OF A WOMAN

		UNCOMFORTABLE TOUCHING		
		YES	NO	
VIOLENT HOUSEHOLD	YES	69% (9)	31% (4)	15% (13)
	NO	33% (25)	67% (51)	85% (76)
		38% (34)	62% (55)	100% (89)

TABLE 10A-2

VIOLENT HOUSEHOLD BY PRESSURED A WOMAN INTO SEX

		PRESSURED A WOMAN INTO SEX		
		YES	NO	
VIOLENT HOUSEHOLD	YES	38% (5)	62% (8)	15% (13)
	NO	17% (13)	82% (63)	85% (76)
		20% (18)	80% (71)	100% (89)

TABLE 10A-3

VIOLENT HOUSEHOLD BY BATTERED A WOMAN

		BATTERED A WOMAN		
		YES	NO	
VIOLENT HOUSEHOLD	YES	15% (2)	85% (11)	15% (13)
	NO	1% (1)	99% (75)	85% (76)
		3% (3)	97% (86)	100% (89)

TABLE 10B-1

VIOLENT HOUSEHOLD BY SIGNIFICANT INVASION

		SIGNIFICANT INVASION		
		YES	NO	
VIOLENT HOUSEHOLD	YES	50% (11)	50% (11)	14% (22)
	NO	28% (39)	78% (98)	86% (137)
		31% (50)	69% (109)	100% (159)

in a violent home.

For the second table (see Table 10A-2), growing up in a violent home by pressured a woman into sex, 38% of the respondents reported this behavior, and 62% did not. For those from homes without domestic violence, 17% had pressured a woman into sex and 82% had not. Twice as many men coming from violent homes had pressured a woman into sex. These data support the hypothesis and demonstrate that men growing up in a violent home are more likely to use negative invasions characterized by psychological and/or physical coercion.

Table 10A-3 contains parallel findings. For men from a violent home, 15% had battered a woman and 85% had not. For those not experiencing domestic violence, 1% had battered a woman and 99% had not. Thus childhood exposure to domestic violence and adult use of battering are strongly related.

HYPOTHESIS 10B

Hypothesis 10B: "Women exposed to domestic violence will be more likely to become victims of abuse," is tested by cross-tabulating growing up in a violent household by the experience of a significant invasion," (see Table 10B-1). The dependent variable, significant invasion, indicates the respondent has experienced one or more of the following; pressured into sex, rape, incest, or

TABLE 10B-2

VIOLENT HOUSEHOLD BY POSITION ON RAPE CONTINUUM		RAPE SCALE SCORE					
		0	1	2	3	4	5
VIOLENT HOUSEHOLD	YES	16% (3)	0% (0)	42% (8)	26% (5)	5% (1)	10% (2)
	NO	9% (8)	37% (34)	17% (16)	17% (15)	13% (12)	7% (6)
		10% (11)	31% (34)	21% (24)	18% (20)	12% (13)	7% (8)
		100% (110)					

TABLE 10B-3

VIOLENT HOUSEHOLD BY POSITION ON INCEST CONTINUUM		INCEST SCALE SCORE				
		0	1	2	3	4
VIOLENT HOUSEHOLD	YES	21% (4)	21% (4)	32% (6)	10% (2)	16% (3)
	NO	20% (18)	27% (25)	33% (30)	19% (17)	1% (1)
		20% (22)	26% (29)	33% (36)	17% (19)	4% (4)
		100% (110)				

battering. For women from violent households, 50% had experienced a significant invasion and 50% had not. For women from non-violent homes, 28% had been sustained a significant invasion, and 78% had not. Almost twice as many women from violent homes had experienced a negative invasion. This is a significant finding which supports the hypothesized relationship between these variables.

I also examine this hypothesis using the rape and incest scales. For Table 10B-2, growing up in a violent household by placement upon the rape continuum, the scale scores range from 0 to 5. The higher the score the further one is experientially placed along the particular invasion continuum. For women from a violent household, the mode score is 2 and 68% of respondents fall in score categories 2 and 3. For those not experiencing a violent home the mode score is 1 and the rest are relatively evenly distributed among the other categories. These mode score differentials provides statistical support for the specific hypotheses and for the underlying relationship between childhood exposure to violence and adult enactment of gender roles learned in the home.

For Table 10B-3 I cross-tabulated growing up in a violent home by placement on the incest continuum. For those from violent and non-violent homes the mode score is 2. However for those from violent homes, 16% had a scale score of 5 compared to only 1% of women from non-violent

homes. These data further support the engendered nature of family roles which are central in invasive involvement.

HYPOTHESIS 11A

For the next two hypotheses, I again look at effect of socially learned behaviors. For hypothesis 11B: "Men observing their father abuse their mother will be more likely to act abusively toward women," I examine using the independent variable father abusive to mother and four different dependent variables. Remember the variable father abusive to mother is a measure of physical abuse. The dependent variable represent a range of invasive behaviors both controlling and negative in type.

The first table (11A-1) examines the relationship between growing up in a home where father abused mother, and the controlling invasion of unwanted non-sexual touching. For men from homes where father abused mother, 75% had touched a woman in an uncomfortable manner, and 25% had not. Of the group from homes where father did not act physically abusive toward mother, 35% had uncomfortably touched a woman, and 65% had not done this behavior. Again more than twice as many males from homes where father abused mother admitted this behavior.

The findings are very similar for the dependent variable "unwanted sexual touching." Looking at Table 11A-2, the cross-tabulation of growing up in a home where father abused mother by unwanted sexual touching, 63% of

TABLE 11A-1

FATHER ABUSED MOTHER BY UNCOMFORTABLE TOUCHING

		UNCOMFORTABLE TOUCHING		
		YES	NO	
FATHER ABUSED MOTHER	YES	75% (6)	25% (2)	9% (8)
	NO	35% (28)	65% (53)	91% (81)
		38% (34)	62% (55)	100% (89)

TABLE 11A-2

FATHER ABUSED MOTHER BY UNWANTED SEXUAL TOUCHING

		UNWANTED SEXUAL TOUCHING		
		YES	NO	
FATHER ABUSED MOTHER	YES	63% (5)	37% (3)	9% (8)
	NO	26% (21)	74% (60)	91% (81)
		29% (26)	71% (63)	100% (89)

those having father abusive to mother had performed unwanted sexual touching and 37% had not. For those not observing father abusive to mother, 26% had committed unwanted sexual touching, and 74% had not. Again more than twice as many men exposed to father abusive of mother used this physical controlling tactic.

For table 11A-3, having the dependent variable "pressured a woman into sex, two times as many men from homes where father abused mother reported this behavior. This table offers moderate support for the hypothesis but it appears that the relationship between father abusing mother and perpetrating negative invasion is not as clear as that between father abusing mother and performing controlling invasions.

Table 11A-4 explores the relationship between sex and violence in an interesting manner. The significant element of the table, growing up with father abusing mother by "pressured a woman into sex after a violent argument," is the percentage of men in the father abused mother group who reported this behavior. Thirteen percent of men exposed to father abusing mother pressured a woman into sex after a violent argument, whereas only 1% of those not so exposed perpetrated this behavior.

HYPOTHESIS 11B

I investigated hypothesis 11B: "Women observing their father abuse their mother will be more likely to be

TABLE 11A-3

FATHER ABUSED MOTHER BY PRESSURED A WOMAN INTO SEX

		PRESSURED A WOMAN INTO SEX		
		YES	NO	
FATHER ABUSED MOTHER	YES	37% (3)	62% (5)	9% (8)
	NO	19% (15)	82% (66)	91% (81)
		20% (18)	80% (71)	100% (89)

TABLE 11A-4

FATHER ABUSED MOTHER BY PRESSURED A WOMAN INTO SEX
AFTER A VIOLENT ARGUMENT

PRESSURED SEX AFTER A VIOLENT ARGUMENT

		YES	NO	
FATHER ABUSER MOTHER	YES	13% (1)	87% (7)	9% (8)
	NO	1% (1)	99% (80)	91% (81)
		98% (2)	2% (87)	100% (89)

victims of abuse," by cross-tabulating father abusing mother with experience of negative invasion, for a general measure. Table 11B reflects the relationship between these two variables. For women having a father abusive to mother, 35% had experienced a significant invasion, and 65% had not. Women who did not observe father abusive to mother, 30% had experienced a significant invasion and 70% had not. The response distribution is relatively similar for the independent variable values. These data did not support the hypothesis.

HYPOTHESIS 12A

For H12A: Men who were objects of violent behavior in childhood, will be more likely to abuse women as adults," I investigate with several tables. The question "Were any of your family members physically abusive to you?" focuses upon non-sexual types of abuse within the family. Another question concerning sexual abuse follows directly in this question sequence. Thus when I use the phrase childhood abuse, I refer to physical and non-sexual abuse. Sexual abuse, such as molestation or incest, is clearly differentiated throughout the chapter.

The cross-tabulation of childhood abuse with "battered a woman" or "pressuring a woman into sex," were not supportive of the hypothesis. However, this prompted me to think about what types of non-sexual violence happen

TABLE 11B

FATHER ABUSED MOTHER BY SIGNIFICANT INVASION

		SIGNIFICANT INVASION		
		YES	NO	
FATHER ABUSED MOTHER	YES	35% (7)	65% (13)	13% (20)
	NO	30% (43)	70% (96)	87% (139)
		31% (50)	69% (109)	100% (159)

TABLE 12A-1

CHILDHOOD ABUSE BY VERBAL SEXUAL ADVANCES

		VERBAL SEXUAL ADVANCES		
		YES	NO	
CHILDHOOD ABUSE	YES	70% (7)	30% (3)	11% (10)
	NO	32% (25)	68% (54)	89% (79)
		36% (32)	64% (57)	100% (89)

to children. Much of it is abusive talk, threats, and invasions of anothers' physical space. Thus I present findings concerning the relationship between childhood abuse and 1)verbal sexual advances, 2)unwanted sexual touching. These are adult controlling invasions analogous to what occurs in childhood abusive situations.

Table 12A-1 presents the relationship between experience of childhood abuse and performing unwanted verbal sexual advances. For men experiencing childhood abuse, 70% had performed unwanted verbal sexual advances, and 30% had not. For those not encountering childhood abuse, 32% had made unwanted verbal sexual advances to a woman, while 68% had not. This hypothesis is strongly supported by the data.

Table 12A-2 is the cross-tabulation of childhood abuse by unwanted sexual touching. Men who were victims of childhood abuse were evenly distributed between the response categories for the variable sexual touching. For those not abused in childhood, 27% had performed unwanted sexual touching and 74% had not. This invasive behavior is certainly more prevalent for those having a history of childhood abuse. I believe these findings indicate a relationship between childhood abuse and male use of of controlling and negative invasions.

TABLE 12A-2

CHILDHOOD ABUSE BY UNWANTED SEXUAL TOUCHING

		UNWANTED SEXUAL TOUCHING		
		YES	NO	
CHILDHOOD ABUSE	YES	50% (5)	50% (5)	11% (10)
	NO	27% (21)	74% (58)	89% (79)
		30% (26)	71% (63)	100% (89)

TABLE 12B-1

CHILDHOOD ABUSE BY SIGNIFICANT INVASION

		SIGNIFICANT INVASION		
		YES	NO	
CHILDHOOD ABUSE	YES	54% (15)	46% (13)	18% (28)
	NO	27% (35)	73% (96)	82% (131)
		31% (50)	69% (109)	100% (159)

TABLE 12B-2

CHILDHOOD ABUSE BY BATTERED SCALE SCORE

		BATTERED SCALE SCORE					
		0	1	2	3	4	
CHILDHOOD ABUSE	YES	13% (3)	20% (5)	29% (7)	21% (5)	16% (4)	22% (24)
	NO	31% (27)	22% (19)	30% (26)	15% (11)	1% (1)	78% (84)
		27% (30)	22% (24)	30% (33)	16% (16)	5% (5)	100% (108)

HYPOTHESIS 12B

I investigate hypothesis 12B: Women who were objects of violent behavior in childhood, will be more likely to be abused as adults," with two tables. First I cross-tabulated childhood abuse with the experience of negative invasion, for a general measure (see Table 12B-1). This table is highly supportive of the hypothesis. For those experiencing childhood abuse, 54% had a negative invasive event, and 46% had not. For those not abused in childhood, 27% had experienced a significant negative invasion and 73% had not. Women abused in childhood had twice the rate of negative invasion of women not having this experience. This is a significant finding concerning the strength of familial generated engendered roles, especially that of female victim.

Next I utilized the battery scale as a dependent variable. I believed that childhood abuse would predispose women to the invasive sequencing represented by this scale. Table 12B-2 also supports the hypothesis. The majority of women coming from homes without father abusive to mother, had a score of 0 or 1 and their mode score was 0. For those from homes where father abused mother, the mode score was 2 and 37% of respondents fell into score categories 3 and 4. Sixteen percent experiencing childhood abuse, had a scale score of 4.

INVASIVE RAMIFICATIONS

The final section of this chapter deals with the ramifications of negative invasion upon the experience of positive and neutral invasion. The relationship between invasive history and 1) development of negative symptoms, and 2) problems with alcohol, is also explored.

I conceptualize all interactions including vaginal invasion to be located within an invasive field and to be strongly related to one another. Vaginal penetration is a highly personal experience, whatever the "instrumentality" of the act. Because invasions are so affectively loaded I believe that one type of invasion, i.e., abortion, may stimulate thoughts and feelings about other previously experienced invasive scenes, e.g., birth, rape, sexual intercourse. I believe that previous negative invasion affects ability to participate in any type of invasive interaction.

If invasions are used as a mode of social control, then women's experience of invasion should be relatively consistent across classes. However I believe that certain controlling and invasive behaviors are more accepted in particular social groups. Hypothesis 13 deals with the relationship between a type of invasion and social class.

TABLE 13

CLASS BY BATTERED SCALE SCORE

CLASS	BATTERED SCALE SCORE					
	0	1	2	3	4	
UPPER	43% (9)	33% (7)	19% (4)	5% (1)	0% (1)	14% (21)
UPPER MIDDLE	15% (8)	42% (22)	22% (12)	19% (10)	1% (1)	36% (53)
MIDDLE	22% (8)	16% (10)	23% (22)	23% (14)	1% (1)	41% (60)
LOWER	0% (0)	58% (7)	17% (2)	16% (2)	8% (1)	8% (12)
	21% (30)	32% (46)	27% (40)	18% (27)	2% (3)	100% (146)

HYPOTHESIS 13

Although women of all classes experience negative invasion I hypothesize that "Women from lower class households will be more likely to experience battering." Table 13 presents the results of the cross-tabulation of class by position on the battered continuum. This is an interesting table and some patterns are clearly discernible. For those from upper class the majority fall into score categories 0 and 1. Women from upper middle class fall primarily into scale scores 1 and 2. For middle class women the majority fall into scores 2 and 3. Here the pattern ends. For those from lower class families the majority fall into categories 1 and 2, but eight times as many lower class women have a scale score of 5 and no upper class women fall into this category. These are significant findings which support my contention that certain types of invasions are "classed".

HYPOTHESIS 14

For hypothesis 14: "Women having a negative invasive history will be more likely to have a problem with alcohol," is tested using all four invasive scales as the dependent variable. For Table 14-1 I cross-tabulated self problem with alcohol by position upon the rape continuum. Again this table contains some interesting score patterning. Women having an alcohol problem are distributed relatively evenly across categories 1-5.

TABLE 14-1

SELF ALCOHOL PROBLEM BY RAPE SCALE SCORE

		RAPE SCALE SCORE					
		0	1	2	3	4	5
SELF ALCOHOL PROBLEM	YES	6% (2)	24% (8)	12% (4)	18% (6)	18% (6)	21% (7)
	NO	10% (7)	35% (23)	21% (14)	21% (14)	11% (7)	2% (1)
		9% (9)	31% (31)	18% (18)	20% (20)	13% (13)	8% (8)
							100% (99)

TABLE 14-2

SELF ALCOHOL PROBLEM BY PRESSURED INTO SEX SCALE SCORE

		PRESSURED INTO SEX SCALE SCORE				
		0	1	2	3	4
SELF ALCOHOL PROBLEM	YES	0% (0)	21% (7)	27% (9)	21% (7)	30% (10)
	NO	5% (3)	38% (25)	28% (19)	23% (15)	6% (4)
		3% (3)	32% (32)	28% (28)	22% (22)	14% (14)
						100% (132)

Twenty-one percent of the respondents having an alcohol problem have a scale score of 5, compared with 2% of women without an alcohol problem. The mode scale score for women without a drinking problem is 1. The patterning and distribution of these scores supports the hypothesized relationship between invasive history and alcohol use.

For Table 14-2, self problem with alcohol by position on pressured into sex continuum, the results are similar. The distribution and patterning of the responses for those with an alcohol problem is particularly striking. None of the group with an alcohol problem has a scale score of 0, and the majority (30%) have the highest scale score of 4. For women without a drinking problem, the mode score is 1 and the majority of respondents fall into categories 1 and 2. These findings offer strong support for the hypothesis.

Table 14-3, self alcohol problem by position on battering continuum, similarly supports this hypothesis. For women having an alcohol problem, the percentage of respondents per category is in roughly ascending order until score 3, while for those without an alcohol problem the order is descending. The majority of women without an alcohol problem have a scale scores of 0 and 1, while for those with an alcohol problem the majority fall in scale categories 2 and 3. This table is a particularly striking representation of the relationship between invasive history and alcohol usage.

TABLE 14-3

SELF ALCOHOL PROBLEM BY BATTERED SCALE SCORE

		BATTERED SCALE SCORE				
		0	1	2	3	4
SELF ALCOHOL PROBLEM	YES	12% (4)	24% (8)	27% (9)	27% (9)	9% (3)
	NO	30% (20)	24% (16)	26% (17)	19% (13)	0% (0)
		24% (24)	24% (24)	26% (26)	22% (22)	3% (3)
						100% (99)

TABLE 14-4

SELF ALCOHOL PROBLEM BY INCEST SCALE SCORE

		INCEST SCALE SCORE				
		0	1	2	3	4
SELF ALCOHOL PROBLEM	YES	3% (1)	30% (10)	33% (11)	24% (8)	9% (3)
	NO	30% (20)	22% (15)	33% (22)	12% (8)	2% (1)
		21% (21)	25% (25)	33% (33)	16% (16)	4% (4)
						100% (99)

The results for Table 14-4, self alcohol problem cross-tabulated by position on the incest continuum, are very similar. The majority of those without a drinking problem fall into categories 0, 1, and 2, and for women with a drinking problem the majority have scale scores of 1, 2, and 3. Thirty three percent of those with a drinking problem have scores of 3 and 4, as compared to only 14% of women without a drinking problem. All of these tables offer strong support for the hypothesized relationship between adult problems with alcohol and invasive history. The consistency of the results of these 4 tables leads me to conclude that alcohol problems and the experience of negative invasion are extremely highly correlated and warrant further investigation.

HYPOTHESIS 15

Hypothesis 15: "Women having experienced a significant invasion will be more likely to exhibit negative psychological and physical symptoms," was tested by cross-tabulating experience of negative symptoms by the variable significant invasion. There were 14 specific symptoms categories on the instrument and I recoded numerical responses into categories of few, moderate, and many. The maximum number of symptoms reported was 8, so category division was simplified by creating three equal groups. For those experiencing significant invasion, 37%

fell into the few category, 40% had moderate experience of symptoms, and 23% into the many symptom category. For those not having a significant invasion, the majority (57%) were located in the few category. These data support the hypothesis.

HYPOTHESIS 16

Hypothesis 16: "Women having experienced a significant invasion will be more likely to experience dissatisfaction with positive invasion," was tested by cross-tabulating significant invasion by "making love makes me feel." I choose this dependent variable because I wanted a subjective and experiential measure of satisfaction. I considered using frequency of orgasm as the dependent variable, but after entering the data and observing that the majority of respondents reported always experiencing orgasm during sexual relations, I decided this was not a very reliable measure. These claims clearly conflict with the Kinsey (1953) and Hite (1981) reports on sexual performance.

The findings are reported in Table 16-1. The positive and neutral categories contain similar results for both women who have experienced significant invasion and those who have not. However 7% of those who have experienced significant invasion respond negatively to "making love makes me feel," while none of those without

TABLE 15

SIGNIFICANT INVASION BY EXPERIENCE NEGATIVE SYMPTOMS

		NEGATIVE SYMPTOMS			
		FEW	MODERATE	MANY	
SIGNIFICANT INVASION	YES	37% (30)	40% (32)	23% (19)	36% (81)
	NO	57% (81)	28% (41)	15% (21)	64% (143)
		50% (111)	33% (73)	18% (40)	100% (224)

TABLE 16

SIGNIFICANT INVASION BY RESPONSE TO POSITIVE INVASION
(MAKING LOVE MAKES ME FEEL)

		MAKING LOVE					
		POSITIVE	NEUTRAL	NEGATIVE	STIM	DENIAL	
SIGNIFICANT INVASION	YES	78% (64)	10% (8)	7% (6)	1% (1)	4% (3)	36% (82)
	NO	80% (115)	13% (19)	0% (0)	0% (0)	6% (9)	64% (143)
		80% (179)	12% (27)	2% (6)	1% (1)	5% (12)	100% (225)

the experience of negative invasion express negative feelings concerning making love. The table offers moderate support for the hypothesis.

HYPOTHESIS 17

Hypothesis 17: "Women having experienced a significant invasion will be more likely to experience dissatisfaction with neutral invasion," is tested by cross-tabulating experience of significant invasion by response to a gynecological exam. The gynecological exam is constructed as a instrumental and affectively neutral medical procedure which women should have regularly for health maintenance. I define medical procedures having vaginal invasion as neutral although it is clear that all vaginal penetrations are meaning laden and potentially vulnerable to a complex of cognitive and emotive responses (Cullum-Swan 1994). I posit that the common "frame elements or cues" (Goffman 1974) of penetration, female position, and primarily male/female interactants, cause women who have experienced significant invasion to have difficulty with gynecological exams.

The variable, response to gynecological exam, was constructed by taking the distinctive cues of this frame, e.g., noises, smells, overhead lights, equipment, gooseneck lamp, doctor's touch, doctor's talk, doctor's uniform, doctor's eye contact, patient's paper robe, and

TABLE 17-1

SIGNIFICANT INVASION BY RESPONSE TO NEUTRAL INVASION

GYNECOLOGICAL EXAM RESPONSE				
	NEGATIVE	NEUTRAL	POSITIVE	
SIGNIFICANT INVASION				
YES	65% (45)	33% (23)	2% (1)	36% (69)
NO	67% (81)	32% (39)	1% (1)	64% (121)
	66% (126)	33% (62)	1% (2)	100% (190)

TABLE 17-2

SIGNIFICANT INVASION BY RESPONSE TO PERSONAL FRONT

PERSONAL FRONT RESPONSE				
	NEGATIVE	NEUTRAL	POSITIVE	
SIGNIFICANT INVASION				
YES	67% (46)	30% (21)	3% (2)	36% (69)
NO	78% (95)	20% (24)	2% (2)	64% (121)
	74% (141)	24% (45)	2% (4)	100% (190)

patient's position in the stirrups, and obtaining affective responses to each. Respondents answered questions like, "The paper robe made me feel.....," for each of these frame cues. Responses were then coded, assigned a score value (-1, 0, 1), and added together. Thus a composite frame score was created. These numerical scores were recoded into the final categories of negative, neutral, and positive response to the exam. a measure of patient's response to the gynecological frame. I consider neutral or positive response to the exam as indicative of satisfaction and negative response as representative of dissatisfaction.

There is little difference in response to the exam whether a woman has experienced a significant invasion or not (See Table 17-1). These data do not support the hypothesis. However it is clear that the majority of women in this sample experienced dissatisfaction with the gynecological frame. Sixty-six percent had a negative response to the event, 33% of the women were neutral in response, and 1% were positive and "able to fit the frame" (Cullum-Swan 1994).

I then divided the cues into two subsets of framing elements which I call setting and personal front. I contend that all interactive frames have these two components which contain relatively consistent forms of

framing clues. Particular frames will have specific contents of manifestations cues, e.g., vaginal penetration, metal furniture, spotlights. Interactive frames which are related or secondary to one another will have shared or overlapping clues as is the case with rape, intercourse, and abortion. These frames have in common the cues, vaginal invasion, position, interactant power differential, and are located in the same invasive field (Cullum-Swan 1994). Setting is composed of physical features of the environment, e.g., lights, noises, smells, and equipment. The personal front component consists of interactive elements such as talk, touch, costume, and bodily position. Doctor's talk, doctor's touch, doctor's eye contact, doctor's uniform, patient's paper robe, and patient's position in the stirrups, are the frame cues of personal front.

Observing Tables 17-2 and 17-3, one can see that responses to the frame components are relatively consistent across groups, and there is little difference in response to this neutral invasion regardless of invasive history. Women were generally more negative concerning setting (83%) than personal front (74%). These data show that the "fitting the gynecological frame" (Cullum-Swan 1994), herein used as a measure of exam satisfaction, is little effected by a woman's experience of significant invasion.

TABLE 17-3

SIGNIFICANT INVASION BY RESPONSE TO SETTING

		SETTING RESPONSE			
		NEGATIVE	NEUTRAL	POSITIVE	
SIGNIFICANT INVASION	YES	81% (56)	17% (12)	1% (1)	36% (69)
	NO	84% (101)	15% (19)	1% (1)	64% (120)
		83% (157)	16% (31)	1% (2)	100% (189)

TABLE 18-1

RECALL ABORTION BY RAPE SCALE SCORE

		RAPE SCALE SCORE						
		0	1	2	3	4	5	
YES RECALL ABORTION		10% (1)	0% (0)	50% (5)	0% (0)	20% (2)	20% (2)	13% (10)
	NO	18% (12)	31% (21)	14% (10)	19% (13)	12% (8)	6% (4)	87% (68)
		16% (13)	27% (21)	19% (15)	17% (13)	13% (10)	8% (6)	100% (78)

HYPOTHESIS 18

I explore the embodied and psychic connections between invasions with the final hypothesis. Hypothesis 18: "Woman having experienced a significant negative invasion will be more likely to experience inappropriate emotions and thus frame confusion in the gynecological frame," is the more subjective counterpart to hypothesis 17. As previously discussed, women regardless of invasive experiences, were relatively negative in their reaction to the gynecological exam. The institutionally constructed frame drew forth similar responses regardless of personal invasive history. This hypothesis examines the interconnected nature of invasions and operationalizes Goffman's concept of keying (1974). I posit that common frame elements in invasive frames will cause women to experience daydreams or memories of other types of invasions during a gynecological exam. I believe this will be more likely to happen for women who have experienced some sort of a traumatic invasion.

Table 18-1 is the cross-tabulation of recalled an abortion during the gynecological exam by position on the rape continuum. An abortion is a medical procedure which is "supposedly neutral" but which brings forth strong feelings of various types, e.g., loss, culpability, guilt, relief. If my hypothesis is correct, memories of this liminal and affectively confusing experience, will happen

TABLE 18-2

RECALL SEXUAL MOLESTATION BY RAPE SCALE SCORE

		RAPE SCALE SCORE					
		0	1	2	3	4	5
RECALL MOLEST	YES	0% (0)	0% (0)	0% (0)	0% (0)	100% (2)	3% (2)
	NO	7% (13)	28% (21)	20% (15)	17% (13)	11% (8)	97% (76)
		17% (13)	27% (21)	19% (15)	17% (13)	13% (10)	100% (78)

TABLE 18-3

RECALL INCEST BY RAPE SCALE SCORE

		RAPE SCALE SCORE					
		0	1	2	3	4	5
RECALL INCEST	YES	10% (1)	0% (0)	20% (2)	0% (0)	40% (4)	6% (10)
	NO	10% (15)	31% (49)	24% (38)	18% (29)	11% (18)	94% (158)
		10% (16)	29% (49)	24% (40)	17% (29)	13% (22)	100% (168)

to women on the higher end of this invasive continuum.

The results in Table 18-1 support the hypothesis. The majority of women not experiencing memories of an abortion during an exam fell into scale categories 0 and 1. For those experiencing such memories during the gynecological exam, the majority (50%) were located in category 2 on the continuum, and 40% were in the most extreme categories of 4 and 5. These data strongly support the hypothesis.

Table 18-2 examines the relationship between recalling memories of sexual molestation by position on the rape continuum. One hundred percent of those experiencing memories of sexual molestation during the gynecological exam, had a scale score of 4. The table offers further support for the hypothesis.

The relationship between recall of memories concerning incest during the gynecological exam, and position on the rape continuum, is examined in Table 18-3. For those recalling incestuous experiences during the exam, 70% were located in scale categories 4 and 5. For women not having such memories, the majority have scale scores of 1 and 2. This final table supports the hypothesis.

SUMMARY

In this chapter I have statistically tested the hypothesized relationships between the primary variables. Four types of invasive continuums have been operationalized as scales and used throughout the analysis. I have addressed the issue of familial socialization, and its relationship to definition or social construction of sexuality and violence. I have explored the effect of parental problems with alcohol upon family stability, and examined the relationship between parental and respondent alcohol problems.

Female objectification through sexually explicit materials and its relationship to male social construction of violence, has been touched upon. I have looked at the process of engenderation and how the presence of domestic violence, or a father who is physically abusive to mother, effects becoming a victim or perpetrator of sexual violence. Finally I examined female invasive history and its effect upon the experience of vaginal penetration of a positive or neutral sort. These findings will be integrated with the interview data in the final chapter.



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**THE INVADED SELF: SYSTEMIC ASPECTS OF FEMALE
SUBORDINATION**

VOLUME II

By

Betsy Cullum-Swan

A DISSERTATION

**Submitted to
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CHAPTER 6

INTERVIEW FINDINGS

DATA QUALITY AND LIMITATIONS

The interview data I now discuss serves several purposes. This information offers further support for the theoretical construction of the research and the specific hypotheses. I have found that interview data compliments and supports questionnaire data and provides a dimensional, phenomenological, and experiential component to analytic findings. I believe integrated qualitative and quantitative data provides the most comprehensive understanding of the phenomenon under investigation. Finally, this strategy helps to clarify relationships and uncover a subsequent research direction or agenda which might not be discovered using a unilateral approach.

The interview data supports the quantitative findings and provides many details concerning the content of familial relationships, gender role modeling within the family, sibling relationships, familial nurturing, and family size and interactions. I also made discoveries about the naming of invasive events, institutional legitimization of invasions, the role of therapy in the lives of the invaded, and the current form of male/female relationships described by women in the

sample. The findings of this and the previous chapter will be presented in an integrated format in the concluding chapter.

I conducted lengthy and in depth interviews with all the volunteers. The shortest interview took 2 hours, the longest I ended at 4 hours. I believe this respondent would have talked considerably longer if given the opportunity. I took extensive notes during the sessions and then listened to each interview at least twice more in order to transcribe significant sections. Some of the interviews I transcribed in their entirety. An average of 20 hours is invested in each interview before the analysis. Although I conducted 12 interviews only 10 will be utilized. One woman chose not to have her interview taped and I felt my notes were not adequate to include this case in the sample. Another respondent requested that I not use her interview, for personal reasons, even after giving informed consent. Thus I omit these two interviews from the data base.

All the women in the sample were self-selected and volunteered for the interviews. They discussed a life course which was surprisingly similar in many ways I could never have imagined. At this point I can make no claims for statistical generalizability because of the sample size and composition. However, there are too many similarities in these cases to be explained away to

"sampling error" or chance.

Before each individual interview, I had no information concerning age of subject at the initial negative invasion nor the specific event the woman would choose to discuss. It appeared from the questionnaire information that the women volunteering to be interviewed had experienced a variety of invasions and came from rather different life experiences, e.g, economic circumstances, race, religion. Thus the similarity in the cases was quite surprising. I did review the each woman's questionnaire immediately before the interview to familiarize myself with her family situation and invasive history. After the interviews were completed, I was graphically reminded of the consistent problem with questionnaire data. Virtually all the respondents had by their own admission, purposively lied, omitted, or left out, significant pieces of information on their questionnaires.

There are no cases of stranger-stranger rape, nor any cases where the initial negative invasion took place as an adult (21 or older), in this sample. Thus I look at cases of incest, sexual molestation, and rape occurring before age 21. Seventy percent of the women interviewed experienced their initial negative invasion during prepubescence (birth-12), 20% percent during adolescence (13-17), and 10% during late adolescence (18-

20). With the exception of R, all experiencing prepubescent negative invasion were abused by someone they knew well and who was in a position to care for them, e.g., mother, brother, neighbor boy who was "like a brother", and babysitter. No woman having an initial adult (21 or older) invasive experience completed an interview. It is not possible to know the age of initial negative invasion for those women indicating this experience on the questionnaire but not participating in an interview.

All but one of the women interviewed having a prepubescent or adolescent negative invasion, was also pressured into intercourse or raped in late adolescence. I believe repetitive negative invasion is typical for women who experience negative invasion during the formative youth period. Socialization elements and familial experience (including early negative invasion) seem to predispose such girls for continued unwanted invasions. The woman who did not have this experience (X) became quite overweight in adolescence as a defense and literally "covered herself in fat." In her late teens she explored sexual relations with women because they felt "safer." X is the only woman interviewed who took on a "bad girl" rebellious persona. However she did not seriously take on this role until her mother called her a "two bit whore" at the age of 12. The significance

of this scene will be discussed in her case summary.

The systematic patterns inductively discerned from this data clearly indicate that further interviews are warranted. I believe they would produce similar findings for women experiencing early negative invasion. However, the important element of this undertaking is the emergence of a structural and interactive familial model which produces female children having low self esteem, inability to question authority figures, and extreme need to be liked and please others. I contend that feelings of inadequacy and the experience of psychological distancing and degradation from parents, especially father, make female women and children especially vulnerable. I believe these data suggest the risky status of such individuals for negative invasion.

THEMES AND OVERVIEW

The women speak for themselves in this chapter. I drew forth topics which systematically arose and clustered pieces of their stories together. The headings represent the common threads running through their accounts. I draw on the lengthy interviews and utilize illustrative quotes throughout the chapter. I first summarize the primary points of the women's life course focusing on the self-reported key invasive event.

Therefore I look at issues of family dynamics, nurturing, getting attention, distant father, my mother

myself, and like mother like daughter. Then I discuss some of the consequences of these focusing upon family dysfunction, excuses and exchanges, responsibility and guilt, silence, and lack of validation. Finally I explore the violent nature of the event, and the women's struggle to name and understand what has happened. Lack of personal and institutional support is central in their difficulty establishing a label for the negative invasion.

CASE SUMMARIES

The following are short summaries of the individual accounts given by the subjects during the interviews. Basic information is given so the reader will have some contextual knowledge to make sense of the quotes used in the following discussion section. I accept the women's statements as factual. Their motivations are not in question in this context. A psychiatrist or psychologist could make radically different use of these materials. However, I am a sociologist and I view the materials as extremely rich interviews to be analyzed as objectively as possible, despite the painful and sometimes shocking nature of the information.

A researcher's first responsibility is the protection of her sources. To this end I have omitted information concerning the academic majors of the women interviewed. However they are all studying human behavior in some way and several are working toward clinical roles in helping

professions. Other bits of information have been slightly changed to maintain their anonymity. Nothing altered is integral to the case analysis. All quotations are directly from the subjects. The cases are listed in the order the interviews took place. Each subject is represented by a single letter which does not correlate with her first name.

O

O was physically, sexually, and psychologically abused by her mother from infancy to age 19. She is the youngest female in a family composed of one male and five females. Her father is an "unemployed alcoholic" and did not live in the household. She was forced to participate in group sexual activities with her male and female siblings and to touch her mother in sexual ways. Her first "voluntary intercourse" was at 15 years of age and she has experienced many sexual partners. She was also raped during adolescence by several of her brother's friends.

Extreme physical and psychological abuse and denegation was a regular occurrence for O. Her orifices were invaded by a variety of implements, e.g., bodily parts, dildos, enema and douche implements. Weapons such as knives, machetes, and guns, were used during the incidents. She has only recalled the abusive events in the past five years. O frequently has

flashbacks which are somewhat layered in that one will stimulate another, and another, etc. I believe she experienced some of this "layered recall" during the interview. All her siblings refuse to admit the extent of the abuse and say things like "mom is crazy but not that crazy." She has contemplated and attempted suicide several times, starting with purposely swallowing rat poison as a toddler.

O has engaged in therapy with several professionals. She does not express satisfaction with her therapists but has uncovered many memories in the course of treatment. She lives off campus with her teen aged child. O is 34 years old, Caucasian, and recently graduated with a Masters degree. O does not "do relationships" at this time.

L

L has experienced three rapes and recalls only the details from the one which occurred when she was 17. She claims not to remember whether the other rapes were before or after the one described during the interview. She is the oldest child in a family composed of five females and one male. Her first intercourse was at age 15 and she has experienced many sexual partners. She is extremely succinct and matter of fact when discussing the rape and her life generally. However she does not recall many details about the event. She was raped by a "biker

guy" in the back of a van. A male acquaintance of hers, who she previously trusted, sat in the front seat while it happened. L is sure her perpetrator had a knife. "I know he did-outlaw bikers are known to carry weapons." However no weapon was used during the event.

She clearly "named" the incident and maintained that definition throughout the interview. "I know what happened. It was a rape." L is currently married, although she recently separated from her husband and literally "lives in her office". She interacts daily with her mother who works in the same office. L is clear nothing like this will ever happen to her again because "I carry mace, a nine millimeter gun, and a knife with me all the time." She is the only woman in the sample to aggressively speak to her perpetrator during the event and she said "if I ever see you again I'll kill you you motherfucker." His response was "I'd like to take you out again. Gee-I hope to see you again." L has sought no therapy and sees no reason to do so. She claims never to have suicidal thoughts nor to have made any such attempts. L is 40 years old, Caucasian, and recently completed a Masters degree. Her father is deceased.

I

I experienced incest from ages 8-12. The perpetrator was her brother who was four years older.

She and her brother are the only children. The incest was a regular occurrence, although she can't give an estimate of how many times it happened. She was 17 the first time she had intercourse, which was coerced, and she has experienced a few sexual partners. Her brother owned a hand gun and showed it to her but no weapon was used during the abuse. During the incident she described her brother used his glasses to touch and probe her vagina.

I claims "to have a very communicating family" yet didn't tell her mother about the incest until she was 17 and suicidal. She has never told her father and has never confronted her brother about the incest. She initially called the incidents sexual molestation. She has discussed the incidents with a school counselor but has not engaged in a therapeutic situation. She has experienced suicidal thoughts and made a serious attempt at the age of 17. I is a 22 year old Caucasian, has a single room on campus, and is an upper level undergraduate. She is "trying to move toward engagement hesitantly" with a man who lives in another city.

P

P is the oldest in a family composed of two females. She cites 8 as her age of first intercourse and has experienced a few sexual partners. P and her younger sister were both sexually molested by a family friend and neighbor boy who they considered "like a

brother" before the abuse began. His sister was her best friend and P frequently stayed overnite at her friend's house. The abuse sometimes took place during these overnite stays in the basement of the neighboring home. The perpetrator's mother is also her mother's best friend. While staying overnite with her best friend, P was shown a gun "he got out from a shoe box. I got sick to my stomach-got his mother up and said look I have to go home."

P was raped by the perpetrator when she was 8. I believe she refers to this incident on the questionnaire as her "first intercourse". When queried during the interview, she labels the incidents as "probably incest" although she referred to them as "punishments" several times. There were many incidents which occurred from the time she was 8 to 11. The neighbor boy involved was 17-20 over the course of the abuse. He also abused P's sister after promising to leave her alone in exchange for P's continued participation and not telling. He abused his own sister who is severely anorexic. He would engage P and his sister in sexual games together. "Yeah that was a big thing for him-male fantasy two women on him at one time-two little girls." P was also raped by a friend at the age of 17.

P's parents are quite religious and do not drink or smoke. Their primary socialization revolved around

activities and friends from their church. The church became institutionally involved in the abuse because both of the households attend the same church. After P told her mother about the abuse at age 17, her mother announced to the congregation, in the middle of a service, "I want to warn you with small children that there is a rapist amongst us." P's mother was censured by the church for "speaking out in church and being unchristian." Her family left the church. P has experienced many suicidal thoughts. P is engaged in group therapy with other incest survivors. She is 21 years old, Caucasian, and an upper level undergraduate. P is involved in a serious relationship with a man who does not live in the local area.

S

S was repeatedly sexually molested by a female babysitter at the age of 5. She is unclear whether the babysitter's boyfriend participated and does recall being shown nude photos of children. She seems to think she may have been photographed in the nude. She comes from a family having 6 female children. She is the fifth child and is seven years younger than the next sibling. Her age at first intercourse was 16 and she has experienced many sexual partners. S believes she "was a mistake". Because the abuse occurred when she was very young she can't recall the frequency. She finally told an older

sister about the abuse and her mother told her "you don't have to see _____ ever again." There was no discussion of what the babysitter had done to her. S cites 16 as her age of first intercourse and she has experienced many sexual partners. She had non-consensual sex with several boyfriends during high school. The description of her sexual interactions lead me to believe she has participated willingly with only one of her many sexual partners.

S claims she does not have suicidal thoughts nor has she made any attempts at suicide. She reports knowing about an attempt by her "best friend's mother. She was severely depressed and often blamed my best friend for her problems." During the interview she also mentioned a suicide attempt by her best friend. S reports verbal abuse by her father. She has been in therapy but the child abuse was not discussed over the short course of treatment. S is 22 years old, Caucasian, and will finish her B.A. soon. She is not currently in a male/female relationship.

Z

Z was raped at 20 years of age by her boyfriend. She was forced to perform a variety of nonconsensual sexual acts for him on a very frequent basis i.e., several times daily, over the course of approximately nine months. He considered his behavior as "normal" and

told her that people who were not masturbating and having orgasms several times daily were repressed. He claimed to receive this information in a psychology class taught by a notorious professor on campus. The professor is very controversial and is known to expound in a manner congruent with the perpetrators version of reality. Z experienced much "shame, degradation, and guilt," over her participation in these events. Z and her perpetrator lived in the same dormitory on campus.

Z is the youngest female in her family which is composed of five females and one male. Z cites her age at first intercourse as 16 and says she has experienced many sexual partners. During the interview I discovered her first intercourse was unwanted and a negative invasion. She has repeatedly engaged in coercive sexual relations with partners she does not find attractive and she does not like. They frequently remind her of her father. She felt similarly about her rapist.

The perpetrator took judo and collects stiletto knives, swords, and numchucks. He frequently demonstrated his prowess with them for Z. "I gave him a cane sword-if attacked he could grab the sword and he would sleep with it. His collection was for protection-he's very paranoid." The weapons were not used directly during the rape or other sexual scenes although they served as props and scenery. Z reports suicidal

thoughts and made an attempt at the age of 13. Her best friend in high school also attempted suicide and Z "found out he was in the hospital for mental problems."

Z virtually lives alone as she shares an apartment with two male graduate students who are always gone. She has her own room. She is currently in individual therapy. She is 22 years old, Caucasian, and an upper level undergraduate. Her father is deceased. She is in a relationship with a man who lives in another town.

R

R was kidnapped and sexually abused by a man she believes worked for her father when she was 8 years old. He stripped her, touched and caressed her while laying on top of him, and forced her to perform oral sex. He used no weapons or violence during the molestation. He took her from the school yard late morning and dropped her off in the afternoon. She returned to her classroom after the assault and acted as if nothing had happened.

R is the oldest in a family of 9 children. She has 5 brothers and three sisters. Only one sister is biologically related to R. This sister is an alcoholic and her drinking was ignored for several years before treatment was sought. "Then they just took her to rehab and dropped her off." The other six children are adopted. Her parents also cared for several foster children while R was in junior high. R describes her

parents as having a good marriage and "very much in love. They don't fight, they don't drink, they don't smoke, they're very straight laced people." They are strict Methodists.

R is very ambivalent about what happened to her during the time she was "kidnapped". On her questionnaire she checked the category rape for this event. In the interview she referred to it as sexual molestation and kidnapping. Her parents do not know what took place while she was gone. She told them she sat in a motel room and watched cartoons. She uses words like "warm" and "interesting" to describe the physical interaction. Her memories of the event are rather vague. She was fearful and choked when forced to perform oral sex on the adult man.

R's parents do not talk openly with their children about problems of everyday life. R, her parents, and all the children once engaged in a "family intervention thing" concerning her sister's alcoholism. From her description of the event, they totally disattended the therapists and spent the majority of the time caring for the small children in the family. It is unclear why infants and toddlers would be brought to a therapy session. R believes they were there "to talk about how we felt about _____(her sister) or the whole situation and the counselors they umh what they got our of it was

there's not a lot of communication in our family-we don't talk about ANY OF THIS."

R's first intercourse occurred at age 21 and she has experienced a few partners. R claims to have no suicidal thoughts, tendencies, or behaviors. She has never been in therapy. R is 25 years old, Caucasian, and lives off campus by herself. She is currently enrolled in a Ph.D. program. She has a long distance friendship with a male but is not in a serious relationship.

J

J was raped at 19 or 20 in a public park. She had recently ended a relationship with the perpetrator and was attempting to do him a favor when the rape occurred. J did not initially define what happened as a rape because the man was her boyfriend. She believes he used a sharp implement of some sort during the rape because she has a lasting scar on her back from the incident. She cannot remember details about the rape and says it seemed rather like a dream. J did not report the rape on her questionnaire but did volunteer for an interview. J comes from a family of 5 children and has 3 sisters and 1 brother. She is the middle child. J grew up in an extremely violent home. Her father physically and psychologically abused her mother regularly. He was sometimes psychologically abusive to the children. At

times her mother needed medical treatment after a battering episode. The abuse increased at two particularly salient points in time. The first intensification happened when her mother opened an independent retail clothing shop and the second soon after she received her R.N. degree. Her father is a serious alcoholic. She resents her mother "for never divorcing him when she claimed she would."

During adolescence J was "pretty much disgusted with both" of her parents because of the violent and abusive atmosphere in the household. Her father would not allow any boys into the house nor allow the girls to date during their teens. She thinks "maybe it has something to do with the way he treated women." He sometimes called J a "slut" because of her attire. She believes she was "expressing herself" and dressing stylishly. Her first intercourse was at age 17 and she has had a few partners.

J was still living at home when the rape occurred and has never told her parents about the event. She had some therapy after the rape but sees little relationship between this event and her help seeking. The focus of the therapy was primarily upon her own alcohol problem, the violence between her mother and father, and its effect upon the children.

J no longer uses alcohol. She has a child with a

man she lived with for about three years but has recently ended this relationship. J is 28 a year old African American and is working on an undergraduate degree. She hopes eventually to work with battered women and women in prison. She lives in university housing with her 2 year old child.

E

E was repeatedly sexually molested and raped by a 12-13 year old neighbor boy and two of his friends. The abuse took place when she was 5 to 6 years old. The majority of the abuse was perpetrated by the neighbor boy who she considered "like a brother" and who served as babysitter for E and her siblings on a regular basis. E has twin brothers who are a year and a half younger. They have first names beginning with the same letter and she referred to them always as Q and Q, as if they were a unit, rather than two different persons. E became incestuously involved with the twins when she was about 7 years old, and then again between the time she was 11 and 12. Some of the incidents with her brothers are rather vague but she is recalling more details. She cites 13 as her age at first intercourse and says she has experienced many sexual partners.

E's mother is an Asian immigrant her father married during the Vietnam war. Her mother is a "diagnosed paranoid schizophrenic manic depressive, so she's like

basically really out of it she doesn't have much of a sense of reality." She has been hospitalized at least once a year for as long as E can remember and was literally unable to care for the children, her husband, or the household. She was extremely passive and the male twins took advantage of her illness.

E describes the familial atmosphere as a "big fiasco" characterized by lying, stealing, and general mistrust of others. E took over much of the responsibility for the physical and psychological welfare of the family around the age of 10. E describes her father as extremely religious and politically very conservative. He was very strict about dating and clothing style during her teen age years. E and her father did develop a close relationship because of the role she played in the family and the general lack of competence of her mother who "spent most of the time depressed and sleeping." The family unit dissolved as her parents finally separated and divorced about two years ago. E went off to college at the same time. Her brothers went to live with their mother and her father is about to remarry.

E originally checked the category of pressured into sexual relations to describe what had happened to her with the babysitter and his friends. At the end of the interview she also checked the categories of incest and

rape. During the interview she described her father's problem with alcohol. She indicated that she had purposefully checked the incorrect response on the questionnaire item concerning problem drinking in the family. During the interview E stated that her 18 year old brothers are currently drinking excessively and that all three of them had been caught drinking by their father during their teen years. E drinks very regularly and gets drunk frequently. She is 20 years old, Eurasian, and has been in a serious relationship for 4 years. Her partner had incestuous experiences with his older brother.

X

X was sexually molested over a period of 9 months to a year by her male babysitter. She was 8 years old. He was the son of her parents best friends. The molestation took place in a variety of settings and the scene X described took place in her parents bed. In this episode her abuser digitally entered her vagina and broke her hymen. She remembers seeing the event in her mind but has no sensate or bodily memories attached to the event. She remembers the blood, changing the sheets, and washing. She was taken the next day to a family doctor who created a medical definition for the event complete with sending for an early menstruation kit. X comes from a small conservative town and her

father was at one time the mayor. She describes her mother as extremely passive. She has one older brother who is very like her father.

X is a rebel. She is angry and worried about the "narrowness" of both her parents. She is a curious person and felt suffocated by the environment of her childhood. She cites 16 as her age at first intercourse and has experienced a few partners. She made a serious suicide attempt at 13 using "her mother's little helpers" and her father's pain medication which was prescribed for a chronic disease. She topped it off with some illegal drugs. Her father died recently and she has discovered that she has inherited his disease.

X has traveled extensively and has experimented with illegal substances and considers herself to be bisexual. She began having relationships with women as a reaction to the abuse and her mistrust of men. X is an artist and has explored the abuse in her art, as well as her feelings concerning her parents. She made a "hate book" for her mother's day gift one year. She has yet given this token to her mother. X has been in therapy to help her deal with the abuse, her anger about the institutional definition, and her parent's behavior around the incident. Over the years she has worked in the restaurant business and in academia. She has a Master's degree in fine arts. She is currently in a committed

relationship with a male partner.

FAMILY AND ENGENDERATION

FAMILY DYNAMICS

A significant finding from the interview data is the content of the parent/child relationships for the women interviewed and the consistent gender stereotypical role models provided. All of the women interviewed characterized their mothers as somewhat passive and generally not instigating arguments with father. At least two of the women (O,E) have seriously mentally ill mothers. Several of the subjects described their father as argumentative, aggressive, and dominant. The mother sometimes intervened between father and daughter and explained away his particular form of aggression and socially unacceptable behavior. In one case (P) this intervention was the role of the father and the arguments took place between mother and daughter.

The fathers' styles of aggression differed from passive aggressive behaviors like going to the bar and "just not coming home" (L), to frequent use of sarcasm, and overtly aggressive and demoralizing comments about their daughter's inabilities, opinions, sexuality, mode of dress, and lack of worth (E,Z,L,O,P,S,X,J). O states that her father engaged in battering and sexually abusive behavior with her older female siblings. Only one father was described as "a patient and a listening person" (R)

although he was extremely non-communicative and emotionally distant.

Following are some of the respondent's comments about their parents. Excessive arguing and alcoholism are frequent themes.

Yes there was lots of arguing going on. That why my mom purposely took a job working afternoons... With me I felt she was being invasive. I felt I couldn't keep anything personal for my own. P

I was a mistake...and then they had my little sister so I would have someone to play with. My father did most of the arguing-my mother was very passive. My father drank in the early years-well my sisters remember it and hold it against him. There was lots of yelling and screaming but not physical with me (with others) when they were growing up. I don't know they're just stories that I heard-I never saw that part-I just heard the yelling and the screaming and I'd stay away so I wouldn't be the target. S

He (father) tried to be authoritarian. He was from the old school-women should be in the kitchen. ...He didn't trust me in my ability to do certain things. He was a chauvinist. He would compliment me on my cookies...I remember we were arguing and he called me a dummy. To actually have my father call me a dummy-it was very self-defeating-it was awful. That really shook my world to actually think that he didn't believe in me. Z

My father was alcoholic for 40 years. When I met him he was sober for 2. I won't let him in my house-he's slime-he leers at me-you look just like your mother at 30...He lies-he denies the abuse of my older sister-he beat (her) when she was an infant with a hairbrush for crying. My mother tortured me physically and sexually from birth to age 19. O

I grew up in a mighty right, mighty white, family that was proud of it...It was the conservativeness, the inconsistencies of the christian religion. What I always felt was an overconcern of what I thought people were going to think cause I was who I was. You are so and so's daughter. We live in this town. I still find them disturbing. We weren't supposed to

question the hierarchy...the sociological order that was in place. We were expected to understand and respect and I didn't so there was a lot of arguing...Not arguing between my parents it was with me always. They seldom argued except over me. With mom it was my dress, hanging out downtown, what people would say, signing my name to letters that I would send to the paper. The kind of people I hung out with, staying out too late. She called me a whore in the seventh grade and I looked up the word and was furious cause I didn't even know what it meant. X

My father was-still is an alcoholic and umh he they would argue a lot and he BEAT HER pretty frequently. She went a few times to the hospital. J

My mom would sleep all day and my brothers would basically take advantage of it and they would react-do whatever they wanted. They'd never be punished by her or whatever and then they'd come home and my dad would find out what was going on and punish twice as hard. So there's a lot of resentment towards him being really stressed out, coming home from work and then having to be the only authoritative figure. And so there was a lot of tension with my mom not doing anything and they (the twins) just didn't know what was right n' wrong and I did a lot of that too. I'm no angel. Either I did a lot of rebellious things-sneaking out of the house-we've been caught drinking alcohol during high school n' that kind of stuff-lying a lot. There's a lot of sneaking around behind the back. E

With the exception of J and L who psychologically bracket and isolate their rape incident/s from their selves and their invasive history, all women reported feelings of low self-esteem both verbally and on the questionnaire. They were sometimes able to tie these feeling to particular incidents and patterns of interaction with father and/or mother. These women are strongly invested in helping others and trying to "make

nice." X overtly took a rather different strategy but still feels the same need to please others and feel accepted for her many positive abilities and traits. All of the women are high achievers and have above a 3.5 academic average.

Beeling stupid was another one. I graduated top of my class and I don't-I always felt stupid. Nothing-achievement changed that and never stopped and never had any impact on that... I was my mother's sex toy. My only attention was abuse, my only worth some use to her. I was stupid, ignorant, not important. O

I had no self esteem. I was there to please others not myself. If I make others happy-I'll please myself. This is a common theme throughout my life. Z

I just never felt that anything I did was recognized or good enough... he (father) never trusted me-always suspected I was lying. S

I always did everything I could to please my parents-that included joining a soccer team, even a softball team-doing lots of sports in school. It didn't work. P

At that point I was always the kind of person who listened to people's problems and thought I could solve them. I was in a helping role. I

I wanted everybody to like me but certainly what I had already learned from my home setting was that you always make people happy. I think that was what I learned from my mom. I mean I still have these tendencies to want to please... I want to do a good job and be respected. X

I felt somehow obligated like everybody I just got along with everybody (family members) on a certain level and I just felt that I don't know that I had an obligation to maybe try to get everybody together-cause I could see everybody's side so I figured if I could present everybody's argument in a less hostile manner that you know someone

there might be an understanding or something but that never worked out-that never worked out- But I am angry. I don't know if angry is the right word but I do feel kind of jipped and I know it's not their fault but I guess I do feel a little bit of resentment towards both of them.

E

NURTURING

The interview subjects came from large families (5-9) or had only one sibling (I,P,E,X). Metaphorically and symbolically, I consider E as having only one sibling, because of the unitary manner she described her interactions and relationship with her twin brothers. In three small family situations (I,S,E) the siblings were somehow involved in the sexual abuse. Four of the women came from families having 6 children (O,L,Z). R had nine children in her family, seven of whom were adopted.

The respondents generally expressed an acute lack of generally positive attention and nurturing. When queried about "who did the nurturing and caring things we expect parent to do for you?" the response was "no one," "I did," or "mother." When asked to report some comforting things that mother had done, there was silence and confusion. Some asked "like what do you mean?" "Nothing really stands out (L)." After reflection a general answer about the mother like "she didn't work, she was just always there" (S), all growin up-"just always there" (R) were the only "positive" responses. O elaborated on her "confusing" nurturing:

I have a memory of her (mother) rocking me and she poured hot tea on me and burned me when she got pissed off for me wiggling. It was this thing about rocking you to sleep but-you were never rocked to sleep. It was an insane environment...If you were sick you were screamed at.

O

Nurturing? Probably me...I was always the one everyone came to. I was told that I had to take care my little sister. And all through this (parents arguing) I had to protect my little sister. She couldn't know these things were going on. I was taking care of every one else... It was my job to make things go as smoothly as possible.

P

umh-part-the only "comforting" thing she did was she basically let me do what I wanted to do. We were not a real real umh I cannot...it wasn't a real emotional type close family. I can count the number of times I hugged my parents.

Z

You knew she would always be there. Dad? Not what I would call nurturing now. I think that they were typical of his generation but I don't particularly find them nurturing now. I mean it was envisioned as being nurturing-the playfulness, the babying, the protection of a daughter. I would be much more nurturing if I were either of them cause they weren't affectionate and what I call nurturing.

X

No, I can't think of anything nurturing that was done for me.

J

(Who did the nurturing things?) I did. I did a lot of the household work. I if my brothers ever had a problem-they always talked to me. I spent a lot of time with my dad and gave him a lot more a support than either my parents, or brothers, or my mom gave him, umh just I was a real I gave a lot of emotional support and I did do like a lot of grocery shopping and that type of thing and I cooked dinner and I even like organized family meetings. I got the family together...As we approached adolescence we never ate dinner together and that sort of thing. And that really bothered me so I took it upon myself to try to get everybody together.

E

None of the respondents remembered incidents of physical closeness, tenderness, special birthdays or presents, affectionate nick names, or being tucked into bed. These were the types of responses I received when I queried students, friends, colleagues, and associates. As a matter of fact mealtimes were frequently conflict ridden and bedtime was frightening for those experiencing incest or abuse by babysitters and family members. The complete lack of specific positive memories of nurturing from this sample of women is striking.

GETTING ATTENTION

A lack of nurturing which makes children feel loved and safe creates a need for strategies to get some kind of attention. It is interesting that many of the interview subjects felt the way to get attention was to be a "good girl". Children desperate for attention frequently turn to "bad" behaviors to elicit some response. This was not the strategy of this sample with the exception of X who frequently "acted out" and ran away from home. Her behavior was not especially outrageous for the 70's but she grew up in a small conservative town where anything out of the ordinary was noticeable and many mothers were concerned about "what the neighbors would think." Several of the women interviewed had "black sheep" siblings who convinced them that acting out did not get what they wanted.

I decided at four that I was going to be the smartest person in the class... But I spent most of my life trying to be invisible. I mean when you stuck out then the violence got directed at you. My only worth was to be helpful to others. O

I felt left out a lot. My brother was getting a lot of attention because of the problems he was having and that would upset me and after dinner they would have a long talk and say go up to your room. There were lots of arguments about my brother. I could hear my dad saying we just don't know what to do about you. I think it gave me clues as to what not to do. That may be why my brother and I are so different. I watched him do all the stuff-boy I'd better not do that-it created fights. I

Each of my sisters excelled, had a certain area they would excell in to get the attention you need. And I feel I did that in school and whenever any small problem would come up, my father would compare me to T (older sister) who was like the "black sheep of the family" who I tried not to be like and that really bothered me. S

I was always the stable one-straight A student. I always did the right thing. Didn't question their authority. I spent a lot of time by myself. _____(sister) completely different from me she was quite the rebel and she was alcoholic too all throughout high school. So they gave her a little bit more free reign before they knew she was alcoholic. They overlooked it until her senior year...They just took her to rehab and dropped her off. So I didn't want to push it you know I wanted to do things they said not not this week-fine. I guess I had a guilty conscience whereas (my sister) didn't. She had said then that was O.K. I always felt really really bad if I upset them so I was trying to please them all the way through high school and college.R

Umh-being very intelligent in school-being put in the gifted program-ANYTHING that I could do that I thought would make my parents proud of me and make things go more smoothly. P

Good girl-yes I tried to be a good girl but
 sometimes it was just too much and I just
 couldn't deal with it. Trying to help everyone
 b along. I had to get away. E

DISTANT FATHER

Closeness with father and appropriate attention from him is crucial in the separation identification scheme. It helps to provide a model for future relationships with male partners. The fathers of these women were typically described as psychologically and/or physically distant or absent and simultaneously controlling and domineering. Authority and control of family members and autonomy for female children as they attempted separation from mother and father were major issues. All the fathers had some "occupation or preoccupation" which extended beyond the hours of 9 to 5. Some had extensive work schedules (60-80) hour week (I,R,X,P,S,E) and didn't return home until late in the evening, commuted to work in another city and come home only for weekends (Z), had jobs which called for extensive traveling, e.g., 6 months year in London (I), running two orchards in different towns (R), participated in city government (X), or drank excessively (J,O,L) spending time away from the family in a bar (O,L). J's father just wasn't in tune with family life and responsibilities.

A've always felt that my father has been extremely emotionally distant. I think thats a lot of the problem my mom was having with him.

P

He's a very quiet and distant man, he takes on the listening role...We know what he believes and stands for and he expects us to toe the line. R

(Drinking problem?) Umh I don't know I guess cause once he starts he didn't stop he didn't know when to go home (from the bar). Even if he's drinking at home-even if it's Christmas. Just have a good time-drink too much-pass out-we're done. L

I hated my father...It was like a totally new world. Now like he's trying to CONTROL OUR LIVES when we'd grown up without having his influence and now he's yelling and bossing us around. (father got new job and started living at home full time-rather than only weekends) Z

My father was frustrated. He had a lot of musical talent and when we were growing up he was really into his music. And I'm sure before I was born he was into it a lot more and he seemed to be just-he never seemed satisfied with his life. I think he wasted a lot of his talent. J

With mom it was emotional, with dad it was intellectual. It certainly was that binary. I'm frustrated with who he was...if there are particular issues that's going on that are going to effect the country, large moral issues-those old tapes kick in and they're still testing me-they will always test me. They're a barometer of how far I've come from the narrowness. X

With my father on the other hand there's a lot of why don't you let me be my own person and you're so controlling! Why can't I wear the clothes I want to wear-religion-politics-a lot-he's very Christian. One time he grounded me because I doubted the existence of a god and unh I was grounded for the whole summer and I was supposed to read the Bible so it was pretty-yeah but it never held. But still even suggesting that kind of punishment is a. E

Only one woman (O) had no father figure living in

the home, although her parents remained married for 28 years. She has seen her father only twice, once in her late teens, and another time in her mid twenties. However her mother abused her severely, both physically and psychologically, and informed her this was how men would treat her and she was preparing her for these experiences. "She described (and enacted) sexually explicit scenes. "This is what men will do to you-this is what dentists will do to you-this is what doctor's will do to you." She similarly taught her son, O's brother, to abuse his sister/s, e.g., incest, battery, activities which he later shared with his male friends

Ay brother is 12 years older than I am. I'm the youngest-somebody was using abusing my brother, but my mother was also forcing him to rape us-he wasn't a man if he didn't do this. Aorcing him to rape us IS SEXUAL ABUSE. O

MY MOTHER: MYSELF

Some of the respondents saw similarities between their mothers and themselves. Throughout the interviews they used the same descriptors for mother and self. Mothers are typified as "survivors" "strong," and currently "best friends". The boundary between mother and self seems especially tenuous and their identification and ambivalence is quite strong.

C love my mom. She's inspiring-a lot of drive-a lot of energy. She tries very hard to talk about what she's thinking-what she's doing...I'm more proud OF HER. My father is more proud of ME. R

Always my mom had no sense of boundaries. She wanted to know every single detail of my life and I had nothing that was just mine. I wouldn't tell her anything but that's because she wouldn't let me have my own space. I (now) view her as probably a really close friend rather than an enemy. P

I'm very close with my mother. I would like her to stand up to my father. My father still gets in moods-and my mother is the target. I used to stay away so I wouldn't be the one. Now I do the opposite-I try to protect my mother. Now I can reason with him. S

My mom is a strong woman. He (father, and now deceased) was weak. He is the one who should of been in therapy. Z

Our relationship is excellent. I see her (mother) all day, every day. When my dad dies I began running the business and she inherited the title president. Now she thinks SHE IS! She's competent, helpful and easygoing. I

I was disgusted with my mom because she never divorced him. That was a big thing-she made a big deal. She'd say she was and didn't. I just resented being put through a lot of their problems...(Now) I love her I'd like to be closer to her and I respect her unh survival skills-you know-her resilience I guess. J

I never brought up the fact that I did hold some kind of a resentment that she never did anything motherly. She wasn't a motherly figure or anything, cause I don't thing she was in a healthy mental state to really hear that... So I never argued with her. She's just sweet and loving and does the best she can and there's no problem there...I do really worry about her a lot. She calls me all the time but we don't really talk that long cause I don' know what to talk to her about. She doesn't really do anything so-but I do care about her a lot. E

My mom didn't consider herself intelligent enough to really have an opinion...She always considered herself stupid and we'd fight about that. And her behavior always wringing her hands. Always her body language was very

closed and head not up. We're friends, new friends but that's been basically-started the year before my father died and since. I have some photographs-the only portrait I took of them together...My mom's hands are real strong and her legs are real clear. My dad's solid, her legs and arms and hands, are solid and her face is gone...It blew me away because it that was a visual symbol that I recognize of her coming into her own...I made her a hate book for mother's day a few years ago. X

With the exception of O whose abuse was so horrific and perpetrated and orchestrated primarily by her mother, all the women had developed some identification and understanding of their mothers. They described their adult relationships as mutual and supportive. Referring to her feelings about her mother before remembering the abuse O recalls:

B've always known she was basically nuts--I never trusted her. I hated her-of course everybody'd go-yeah my mother is crazy too and I hate her too. And I'd say NO-you just don't c it. O

But even O has feelings of identification with her mother. "I have memories where I can't tell her from me...Mother taught me to do repression."

Some note resemblances between the men they choose and father and seem to be replicating patterns of interaction developed in their nuclear household.

C'm beginning to realize that I'm exactly like my mother-the boyfriend I have right now-I'm beginning to realize he's exactly like my father. I

Well I come to these obstacles (put in my way by my father...I see myself replaying my role as it was with J (perpetrator). He'd (boyfriend) say I didn't know what I was talking about-he gave me no credit. I thought I was stupid. Oh Yeah-he reminded me a lot of my father. And everytime I said that he would say why are you saying that? Don't compare me to your father. I'm not anything LIKE YOUR FATHER!

Z

There's a big power struggle going on-he's ten years older than me and that kinda gets in the way. He kinda looks like my father in a way and unh-he's real talented musically...and he's real quiet the way my father was and he sometimes treats me like he's d father.J

LIKE MOTHER: LIKE DAUGHTER

Sadly the engenderation process which generates passive female children, vulnerable to controlling invasions, is repetitive. Girls identifying with passive mother and desperate for attention and closeness with distant father are easy prey. Lack of appropriate closeness with father combined with conflict over separation issues results in young women having a high invasive risk quotient. Half of the women in this sample have been told about specific battering or sexual invasion/s which happened to their mother. The women who are not sure whether their mother experienced sexual molestation, rape, battery, or incest, come from extremely non-communicative families. They are clear if this had happened to their mother it would not be discussed. Stories about other family members being beaten and/or abused are sometimes more accessible.

Both my parents were abused as children...I do know she's (mother) been raped at least once or twice. oh just I don't know how many times. The last two of us were conceived of rape. There was a rape by a man named Paul. There was a rape by two Taylor police officers. All my sisters have been raped. O

MY MOTHER? I've never thought about it. I can't say it hasn't happened to my mother. I didn't find out for years that she was pregnant. Who knows WHAT'S gone on? R

MY MOTHER, I don't know if she's ever been a victim. Not so far as I know but see we don't talk about things like that so...we don't talk about anything. E

MY MOTHER! As far as I know No. But I don't think that would be something that they would really share with me. Z

She said I know just how you feel. I said how could you possibly know how I feel? She said cause it happened to me.... My mother-and she was molested by her brother and he was an older brother... And I remember saying does this run in our family? She said no I just think it's the only way they knew how to deal with what was happening to them. I

Yes my mother was abused by her stepfather. Oh well let me say from about 11-18. As far as I know there was no actual penetration just harassment and petting...She has a few fuzzy memories-few very clear ones of her own. There is other incest in her family. My mother's sister was raped by her brother...mother's real father sodomized his son. We talk about my mom's side of the family. Its like our running gag. P

I'm not sure but I think my mother was raped when she was growing up. She's never come out and said it but from some of the things she's told me I think that she probably had been and my younger sister was raped about three years ago. When I was about 18 or 19 she-throughout our growing up she would tell us about the people's houses she used to work in. She's from Alabama and umh she'd work in white people's houses and she told me about this one man who she used to work for...He kind of locked her

in the house for a while and I think she was raped during that whole thing. She never said--BUT SHE WAS. My sister has also been raped. J

Her father was an alcoholic, still is. Beat her as a kid, beat grandma too. So my understanding of an adult child of an alcoholic parent always wanting to be the peacekeeper always wanting to be the savior always wanting to be the calming influence... [sexual abuse?] I have suspicions. I have no foundations for those-it's just a gut feeling...Would he get come home and be drunk and beat up on mom and then batter my grandmother and then make her have sex? SURE!...My cousin claims and I believe her that she was sexually abused by her father. I certainly could see where my uncle would have done that. He's a very violent chronic alcoholic-sit around with shot guns and blow holes in the wall. When he got real mad he beat the shit out of my cousin. X

FAMILY DYSFUNCTION

EXCUSES AND EXCHANGES: INDIRECT COMMUNICATION

The exchange relations in all these households were dysfunctional. In the majority of the homes the parents were clearly not exchanging positive affect and respect, with each other or developing interactive modes to deal with familial problems and conflicts. There was a lot of avoidance, hostility, and/or arguing between family members in all the households. Communication patterns were indirect and extremely significant issues, i.e., negative invasive experience of the girls, were never discussed. Even as children these women frequently took responsibility for others and offered excuses and justifications (Scott and Lyman 1964) for their parent's failures and neglect. Obfuscation and denial were

elevated to a high art. These were not families who engaged in a negotiated definition of the situation. They merely disattended.

Disparate gender expectations were clearly part of situational unrest and hostility. Inability or unwillingness to play the traditional wife's role was a regular feature in the conflict. Unfulfilled gendered expectations for daughters were similarly problematic. Arguing and battering seemed to escalate when the mothers' attempted to gain some kind of economic autonomy and have a role outside the house. Similarly the domestic situation worsened when the female children began to date, have jobs, and develop autonomous identities. Children were directly and indirectly effected by the domestic conflict and the gender stereotypical roles taken on and/or refused by the parents.

By mother did not want any children.
The more children she had-the more violent she became. O

Umh when my mom went back to work she deliberately chose to work a midnight shift so she never was with my father. And I was the courier between them. Oh it was sort of like "you can tell your father I said this" and my dad would be like "WELL you can tell YOUR MOTHER that this is what I say." At times my mother would ask "if I decide to leave your father who do you think you want to live with?" I couldn't win. P

I used to fight with my mom about being so cowering, constantly apologizing for who she was being sorry for what everyone else did,

literally saying well I could never do that... She turned down an offer to work for J. Edgar Hoover to marry my father. I heard her say to my cousin who works in Washington "well maybe I did make a mistake not going to Washington having an exciting life. Well you know I don't mean that I regret marrying you father." That was the first time I have ever heard my mother question the absoluteness and the perfection and the epitome of her vows and and what she grew up to believe was proper for her and morally correct for her. She was INCREDIBLY PASSIVE! X

(The arguments were about) money basically. My mom had started a business independent of him umh. They argued about that A LOT! And so called affairs that she may or may not have been having. After she got her R.N. there was a period of time it got REALLY BAD...Mom was pretty much gone. I think she took the night shift and worked until real early in the morning. He would be home and no it wasn't (unpleasant) as long as the two of them weren't together. But the times things (battering) would happen became more frequent. J

The biggest problem that they were very protective. I didn't go to dances in high school very often. There was a big fuss. I didn't go to football games watch my boyfriend play. I didn't go out on the weekends unless I had a really good reason to. They kept me home. My dad doesn't like dancing. They're Methodists. They're very religious yeah didn't like dancing-didn't think I need to be there having boys hanging all over me. I never confronted my parents-in schools-I this is why I want to do this. I wait until I can walk away and think about it later. It was more of a pragmatic practical model... It made me very angry then and that anger is what made me walk away. R

It got to the point that I hated my father and I just didn't listen to him. He wouldn't let me do anything. He didn't believe in me. He didn't trust me-trust in my ability to do certain things like mechanical things. I'm a girl and you know I can't use any of the power tools cause I might slice off an arm or something. My brother of course could do all

this stuff.

X

Dysfunctional communication patterns and simply not listening were regular features in these households. A pragmatic rational model for survival calls for strategies and tactics. Satisficing and bargaining for one's needs becomes essential. Sadly feeling powerless and needing attention led these women into questionable situations. Access to their bodies became the exchange medium.

D screamed-we were in a classroom together. He closed the door and proceeded to just kind of you know start trying to kiss and hug me and touch me and feel me and everything. And unh it was on the last day of school. I finally bargained with him if I kiss you will you let me go? And he said yes and so I did.

I

And when it got to be oral sex, I said hey I don't want to play this game anymore. Its you know a little too intense for me. And he told me that was fine he would get my little sister to play and I of course always felt it was my duty to take care of my little sister-so umh I would tell him O.K. I'll do the things you want me to if you leave her alone.

P

If I was staying in his home, I should be having sexual relations with him. He crawled into my bed/kissing me/touching me/eventually. I let him do that for a little while. Slipping into my shell-letting it happen. I lay there and went numb. I did get him out.

R

I worked at this horse farm and there was always lots of work to do. He would come out and help me shoveling stalls and I'd say thanks for the favor. Then it would always be "since I did this, you have to do this." It was always something sexual...And I would ask him why does it always have to be this way? Why do you make me do these things?

Z

I don't think he would of thought he raped me and then again well...I think he probably just thought that he was doing something that he knew he wouldn't have a chance to do again...I may have thought O.K. well he just-you know-know-that we wouldn't be sleeping together so he didn't know how else to go about it. J

I just found when I was 13 we moved to a different unh neighborhood and there was a boy next door who was a year older than I was and then we just started kind of hanging out or whatever and then we started becoming sexually active and basically he would say "now if you want to be my girlfriend this is what I like to do and umh I just found myself in that position again and like I better sleep with him or else I'm gonna lose him or whatever. E

This (rape) is gonna happen You can't get away from it. You can either cooperate or I'll beat the FUCK out of you. You can remove your own clothes or I can rip them off. I pretty much cooperated after that...If I cooperated I might scrape by without getting beat up. L

RESPONSIBILITY AND GUILT

The women frequently voiced concern for their siblings and a need to care for and protect others around them. As previously discussed many of them had learned and taken on a nurturing role in the family. They were heedful of authority figures and did not want to cause disruptions in an already uneasy or openly conflictful situation. This feeling of responsibility spilled over into the defining of self as somehow culpable for the abuse. All the interview subjects (100 %) indicated on the questionnaire that they experienced feelings of helplessness, betrayal, guilt, and shame, over their negative invasion. All but R, who was "kidnapped", felt

that they deserved the abuse.

Aaybe I had brought this on. I felt like when it started like what did I do? Because it went on so long-I couldn't possibly do something this wrong. I

but the feelings I would say the predominant feeling was-I had dealt with throughout is guilt. For years I owned responsibility for everybody's behavior including my own-shame-feeling like a perpetrator. ...I thought I had caused it. It was my problem. There was something wrong with me that I was born. O

Why didn't I have enough power to get out of the relationship? (he)I want you to get me off-you have to give me head. (she thinks) Its my place to be here- do this. MY MIND STARTED TO SPEAK OUT. I didn't. Z

I told my sister and I begged her not to tell my parents. I told her they would be mad at me because it was my fault. S

I thought if I told they would say it was my fault how could I do such a thing? Why would I e him do that to me? E

SILENCE

No one in the sample told anyone what had happened immediately after the event/s. J did tell her sister about her experience the next day. In the cases of prepubescent abuse which remained undiscovered by a family member or outsider (O,I,P,S,R) the telling happened years later. S who was molested at age 5 told her big sister after several months of repeated molestation. She did not tell her mother. E and W both manifested vaginal bleeding from their abuse which provided some impetus to discovery by others. O did

try to tell and show a therapist when she was 4 years old. The therapist didn't believe her. She kept telling the therapist her mother had a penis and she was told only men had penises, so she must be lying. O believes her mother used a dildo in some of the assaults. Telling was not conceptualized as a way to get help or stop the abuse.

Telling wouldn't be the way to stop it. If I told somebody he (older brother) would think well now I have to get her back for telling somebody. I

I would never ever tell anybody! I didn't see there was a need. Why would I want to talk about a humiliating experience? It's over-AND I'M NOT BEING HUMILIATED! Why didn't I get out? I should have gotten out. Z

I believed that if I did tell my parents would hate me and say it was all my fault and still not get any help. "Oh you let this happen-you deserve this." You already feel like crap in the first place and then they stomp all over you...Had a guy tell me I was a stupid bitch for letting it happen to me. P

She would use threats for me not to tell. Just that they my parents wouldn't love me anymore you know. And that this shouldn't be talked about and my parents would be mad at me. S

She and my dad were both really hung up on sexuality so I never wanted to bring it up-bring it up with them. They knew him and I kinda felt they would say "oh yeah well you know you shouldn't have been involved with him." And I didn't want to hear their negativity. J

I probably was threatened-I might be punished in some way. (About telling her mother) I think at this point-I've been told more than once I should tell her-it would really hurt her. This is a secret. I would be doing it to hurt her...I think I was scared to bring the

whole thing up again and didn't want to bring attention to myself. R

I think there was an understanding that for some reason I don't know why, but I just never did (tell). E

Of the entire sample, the only telling that brought forth the desired response and social and emotional support was P's telling her mother for a second time, in her teens.

LACK OF VALIDATION

These female children (infancy to 12) were afraid to tell the people who should be acting as protectors what was going on. In O's case the "should be" protector was her perpetrator. They did not feel the confidence to say no to their perpetrator/s or tell mom and dad when the abuse began. Lack of attention from other sources ironically rendered certain elements of the abusive relationship attractive. Even in cases where the abuser was discovered in the act, there was no discussion of what had happened. No one said "this was a wrong thing that happened to you." No one said "it is not your fault this happened to you." No anguished parent expressed culpability for not protecting their daughter. Something was very wrong in these families.

[Never told anyone?] No, I think I just tried to completely wipe it out of my mind. Because I know then between the time I was 12, about the time he was 17, my brother and I were real separate. Like I said when my brother began saying things to my mom about

this one boyfriend that was the first time since I was 12 that he had really shown any interest in me, HE WAS SHOWING INTEREST IN ME! He was showing interest in me when I was 12 although it wasn't like in you know constructive. It was almost like a breaking point for my relationship with him. I

[Talk about the abuse?] I don't think so, not that I remember. I just remember my dad yelling and screaming and she was crying but she was very quiet about it. Neither of my parents ever did. That was over. I was watching thru the window. I just went in my bedroom and that was it. I did try to talk to my dad later in my mid teens and I wouldn't-I wasn't real blunt about it but I would kinda bring it up and he didn't want to talk about it at all. E

He had had enough of tame normal sex with children and now wanted to go into weird abnormal sex with children...the main gist of it was he was going to make me bleed and I was terrified. I went and told my mom-look we need to to home RIGHT NOW! I remember being so ashamed I was afraid to tell because the window was open and I thought somebody passing by might hear. So we went to the back of the house and I told her he had wanted to do things to me...And she said its O.K. Baby you never have to go over there again and I never did. But she never asked me WHAT HAD ALREADY HAPPENED. So I never told her. I never told anybody. P

I also know I was just trying to get thru the situation. I just do what I'm told and deal with it on my own. I don't confront. I didn't confront him. I'm just gonna do it and get thru it and I was just put in that position. You know my parents tell me to do something and I don't want to do it. I can't do something I walk away. ...My parents did the same thing... This is what we want you to do. This is what we believe. This is our response to your wanting this or that and we're not going to talk about it further and you're not going to talk about it further. We'll just go our separate ways. I never told them what really happened in the hotel room. R

Mostly because I was scared I think and they also found me bleeding (vaginally) one time. I forgot about that. I don't remember but they (brothers) bring it up now to this day. They said one night in the middle of the night I was walking in the kitchen by the garbage can and I don't remember that but (my brothers) say they saw that and they told my mom about it but she never said anything to me so... E

My mom would certainly backhand me a lot but then I had a mean mouth. I was the one who was violent not anyone else in the family really. I was very angry and it was when my mom called me a two bit whore and I looked up the word that things started clicking. Being that again that Christian you know I was in the choir did all the Bible stuff and the the role model that gets laid down in that was you have two choices in life. You're Mary Mm the virgin Mary or you're Mary Magdalene. And Mary Magdalene only happened to those who deserve it or unfortunate circumstances. It was the consciousness of the overlay of the fabric of society that reinforces that experience that when I thought of it at 12 it reinforced what happened to me at 7 and that's when I became very angry and violent and the flash about my behavior that who I am but I never consciously brought up that experience with (babysitter) with my mom. I didn't have the power to do it. She didn't connect calling me a two bit whore at 13 with what happened to me in second grade. She didn't see the synaptic flash that went off in my head. X

Those invaded in later adolescence similarly received no support from their significant others. They accepted the social constructions at hand.

He wouldn't care if I'd told. He had a warped idea of right and wrong. Those kind of people just see women as property and usually property in general. Not particular to any one person so. I

(subsequently telling girlfriend) "Well at

least he didn't really hurt you." That really bothered me a lot. She (friend) didn't really want to talk about it- neither did ____ (sister) not really. I didn't tell anybody else. J

THE EVENT AND ITS MEANING PRESSURE: VIOLENCE AND COERCION

The definition of the invasion has evolved over time for most of the interview subjects. Its significance has changed as a function of physical and emotional distancing from parents and meeting other women who have had similar experiences. For some, it is an everpresent nagging reminder of an unhappy past, for others it has begun to fade, and for still others it has significance relative to other satisfactions and plans they are able to entertain.

However the later recalled event remains somewhat blurry in its outlines and meaning to the respondents. This is not just a function of memory fade, but because they participated unwillingly, and were often threatened afterward to insure their silence. The event was violent and the aftermath violent, too because it involved threats and fears of loss or shame, used to quiet them. The victims report the events often in shadowy terms, not blaming the person who violated them, nor clearly holding themselves responsible. The negative invasion is clearly violent, but the meaning of the event is unclear because of the response of others around them and the failure of the institutions meant to care for

such victims.

I thought that he might hurt me just cause I knew he was physically stronger than I was. I'd get scared you know like I-I know that I would lay there thinking should I like stir now or should I wait a little longer and I would kinda think that I was like taking a risk if I was ready to wake up cause I knew-I knew if I started to wake up he would leave-but I didn't know like has he been here long enough to do whatever he was going to do and now I can wake up. I would kind of push and pull in my mind what I was going to do. I

It (intercourse at age 5) hurt it was painful for one and I felt betrayed because if I would cry or I just rejected it. He would say I'm not going to be your best friend anymore. You know he would just call me names. That hurt. He would hate me... but just as much trust and whatever I had in him, being our friend and coming over. Umm I was afraid of losing that at that time. E

I think I really divorced what he did in that hotel room in terms of oral sex. I think I kind of just overlooked all of that and it was kidnapping...When it was over he put on his pants and walked out of the room and I remember very clearly sitting there on the edge of the bed and thinking well he's going outside to get a gun and he's going to come back and shoot me. I very kind of calmly thought that. I didn't do anything just sat there...I'm sure that I well this is part of who I am though. I tell myself to do something. I do it because he is in a position of authority and I didn't feel I was in a position to say no and...I was just put in that position. I just do what I'm told. That's how its always been in everything. R

And initially it was like well I'll lay down and read you a story that kind of thing.... And he would change the stories. I mean he would and this is vague as to I mean I know we had these nursery rhyme books. I can't even, I've never been able to draw the stories exactly which ones but he would change things around in the stories and make them more erotic and then that would lead

into do you want to try that? Just the stories and you know I would call that coercion. Umh because I trusted him and that he certainly put it into terms that it wouldn't be harmful. It was all couched in bedtime in what he was supposed to be doing watching over and putting us to bed. [If I didn't cooperate?] Get mad at me? Unh certainly there was part of I want him to like me. X

NAMING THE EVENT

Labeling theory has focused on public naming and ceremonies as means by which people are degraded and have accepted public and official definitions and responses to deviance. In spite of the commitment of labeling theorists to uncovering "secret deviance" (Becker 1963), they have rarely examined private, informal social control processes. The most explosive and troubling form of private deviance, rape, is barely discussed in the labeling literature (See Russell 1984, Scully 1990). This perhaps reflects the social consensus about informal social control, and that when informal control works, law is obviated. Law is directed down (Black, 1984) and most of these women experienced violation by higher status people than themselves. They viewed themselves as powerless within the social networks they occupied, and did not see their own stories as credible. The first problem they reported was that they did not know at the time what to label what had happened!

A prerequisite to making sense of an event and rendering it meaningful is naming it. It is very

difficult, if not impossible, to discuss in any detail an unnamed phenomenon. One's own labeling of the event certainly establishes others' expectations and their reactions to the account. As the previous quotations indicate, telling others was not seen by the women as a means to stop sexual violence directed to them (Scully 1990, Russell 1993). This matter of confession and confrontation is further complicated when the subject is unclear about naming the event-labeling what has happened. Under such vague circumstances reflection and reflexive expectations remain uncertain and, I believe, a function of victims' fears they will not be believed nor that their accounts (Scott and Lyman 1968) will be validated and accepted as fact. Here are some of their recollections and associations.

At's all one big memory (not 8 or 10 small ones). They're all one in the same aren't they? Most of the incest survivors I've come across-rape, sexual molestation, incest, they're all they're all the same. O

The longer it went on-this must be a "normal" thing brothers do...I just kind of accepted that was what big brothers did...At first normal-then that I was helping him learn that. Umh bad definition-that this was INVADING MY BODY AND MY PERSONAL SPACE. I

So we have "rough sex"-just part of the relationship...It was all normal I thought-he would make it sound so normal. Z

I kept going-but I WAS GAGGING. I didn't really know what I was doing. I didn't know what it was all about. I had never seen a penis before. I know that I didn't think

that it was wrong or that I felt dirty or anything like that I was just doing it-I didn't know what it was about not really. R

I just sort of mentioned it casually like it wasn't a big deal and she (sister) was the one who kinda-she said-J he raped you. I said he had just kinda tripped out-that he was acting crazy. J

Well for me I had it set up sort of in stages. Molestation is pretty bad-its not terrible and then rape is REALLY BAD-but its not the worst. Incest was the ABSOLUTE WORST! And when I talked to this lady at the counseling center and she said you belong in the incest survivors group-I WAS DEVASTATED! P

I think that he would say that he was only a kid n' he didn't think there'd be anything wrong with it. He really I don't think he ever really felt bad about it at all. I mean he just acted so nonchalant about it and there was kinda like a joke..At one point I did boast like this was my first sexual experience and it wasn't abuse that it was I wanted to do it and I don't know why I did that. That's really sick and twisted... (At the time) I thought I should do what he said cause he was older than I was uhn he said that's how people that cared about each other expressed themselves and I didn't like him if I didn't do along with what he was saying so I though it was kind of a normal thing to do even though I didn't understand why it was painful and I was confused but he said it was natural. I thought it was. E

INSTITUTIONS

Some of the important defining, naming, and decision-making responses to invasive events were outside the control of the women I interviewed. Institutions were unresponsive, or ambivalent, and implicitly colluded with the dominant social groups to discredit or confuse the young women who reported what had happened. Perhaps

because they were very young, even if the perpetrator was known, parents, church and physicians frequently constructed the "reality of the situation." The women who were "only raped" believed no social or legal legitimization would result from telling or attempting to take action. Their own indecision about the definition of the event was further clouded by "others'" definitions of the situation.

This meant that the young women had little or no assistance in developing a vocabulary of motives for themselves or their invaders (Mills 1940). They remained "linguistically deprived." Ironically, a collusive network of authorities denied them a definition of the situation. Here are some of their reflections.

It (reporting the incident) would have caused more problems than not. Legally there was no hope of prosecuting. I mean it was their word against mine. And I wouldn't want to "dick" around with it anyways. At that point in time-I doubt think its changed much-you're as much a victim again you know. L

The elders wanted to look the other way. Wanted to keep his mom as head of the benevolence committee. It's a shitty job. How could they just ignore it? I'm not real thrilled with the Church of Christ. I don't believe much in organized religion. I think men screw it up. P

He shouldn't be a COP (the perpetrator a criminal justice major)! I'd ruin his life-if I took him to court Z

As if in reporting him-NO. I just didn't want to deal with it you know. So many other things had happened THAT MONTH. I mean like

I didn't want to that just seemed like one more thing. Just the whole drunk driving thing that was a big ordeal. I had to spend some time in a halfway house unh-I didn't I was just getting over that you know so I didn't want to-I was trying to quit drinking cold turkey. So I didn't want to have anything that I thought would stress me out and start drinking again. J

Yes and no I wanted my father to report it to the police. Afraid of what would happen to our family. I thought Unh-his he went over there with a gun and then they came over into our yard and umh his mom was just crying and begging him-begging my dad not to say anything. It would never happen again and I don't remember it was just a big emotional so I was kinda scared of like what would happen if things did go further cause I already saw what was going on without the authorities involved. E

We're talking small town family doctor, early 60's-the idea and the prescribed treatment for this was don't say anything. So the family doctor advised my parents, well she hasn't been physically harmed. Lets not push this because more harm will be done. The irony is the young man who molested me, his aunt was the nurse. Whether that had anything to do with the silencing I don't know but it certainly predicated the way in which it was handled at home. Which was nothing was ever said again. X

SUMMARY

This chapter presents the qualitative findings from the interview data. Table 19, found at the end of the chapter summarizes some of the demographic and experiential elements of these women's invasive event/s. I have tried to show how family dynamics, family dysfunctions, the event/s, and its meaning shaped their subsequent understandings of the negative invasions and

of themselves. In many respects, they told jumbled stories, and made sense of what had happened during the interview. They displayed varying degrees of clarity and self-understanding, and some remained heavily in denial in that they could neither explain how the event happened or why, nor what they felt rationally could or should be done now. It appears likely that the status of those who assaulted them, their affection and respect for them on one level, and their inability to accept the unacceptable e.g., incest or rape by a trusted family member or friend, maintained a vagueness and caused worries, anxieties and difficulties they did not fully accept or understand.

The findings are consistent with the quantitative findings, and add a certain depth of experience to the variable relationships. These quotes, I think, add a level of reality to the associations found, and connect events and sequelae over time.

TABLE 19

Interview Subjects Summary

Subject	Family Size	First Invasion	Perpetrator	Alcohol Problem	Abortion	Current Age	First Intercourse	Sexual Partners
O	6	infancy	mother siblings	self/father	3	34	15	many
L	6	17	acquaintance	self/father	1	40	15	many
I	2	8	brother	parents self	1	22	17	few
P	2	8	neighbor boy	self	1	21	8	few
S	6	5	female babysitter	father/self	1	22	16	many
Z	6	16	boyfriend	self/boyfriend	1	22	16	many
R	9	8	father's employee	self	1	25	21	few
J	5	19	boyfriend	self/father	1	28	17	few
E	3	5	neighbor boy	self/father	0	20	13	many
X	2	8	neighbor boy	no	1	36	16	few

CHAPTER 7

DISCUSSION AND CONCLUSION

The concluding chapter will be generally structured in the same manner as Chapter 5. The discussion will be clustered around the five themes used to organize the hypotheses. The statistical findings and the interview data will be integrated throughout the discussion. Implications of the findings will be addressed in the concluding remarks.

FAMILY AND SOCIALIZATION

The impact of family structure and interaction upon male and female involvement in controlling and negative invasions has been demonstrated. Men and women from families having a significant adult with an alcohol problem are more likely to experience parental divorce (see Table 1), be exposed to domestic violence (see Table 2), and to develop problems with alcohol themselves (see Table 3). The relationship between invasive involvement and alcohol for women has clearly emerged from both the interview and questionnaire data. With the exception of X, who is "pothead" and J who is a "recovering alcoholic," all the interview subjects drink regularly and frequently get drunk. I will explore this issue further in the final section of the discussion.

Parents' expression of positive affect toward one

another is an important element in the development of a healthy definition of sexuality for the children. As Table 4 demonstrates, persons having affectionate parents were more likely to have a positive definition of sexuality (79%), than those from homes without affectionate parents (66%).

Clearly the lack of affection between parents effected the interview subjects. Only one woman, R, felt that her parents had a positive relationship, although she described her father as extremely emotionally distant and neither parent communicated well with the 9 children. X's parents were overtly in agreement but she believes this was a function of her mother's strong gender stereotypical behaviors and fear of questioning any element of her husband's definition of reality. Her mother was also strongly effected by a small town mentality and exaggerated concerns about "what the neighbors might think."

The rest of the sample had regularly absent, aggressive, and distant fathers, and their parents were engaged in an ongoing war. There was a cyclical character to the domestic unrest as arguing and overt demonstration of violence alternated with ignoring one another, remaining silent, and absenting one's self from the scene. These negative behaviors were combined with heavy doses of religion (X,R,P), or parental alcohol consumption

(I,L,I,S,J,S), and little positive and routine involvement with the children. These women all experienced some sort of psychological neglect. During the interview they all described feelings of isolation, worthlessness, and low self-esteem, in childhood. They continue to fight against these negative and self-destructive emotions as well as overinflation of other's opinions and their own reflexive interpretation of others feelings.

GUILT FEAR AND SILENCE

The negative behaviors exhibited by their parents had disastrous direct and indirect effects upon these women. Many of the behaviors, i.e., silence, ignoring, leaving the scene, excessive drinking, were learned and enacted by the interview subjects. The girls' impotent silence around the invasive events was surely directly related to parental neglect and a severe lack of nurturing, which was cited by all the women interviewed. I believe that a lack of communication and feelings of closeness and warmth with parents facilitated the beginning and continuation of invasive interactions.

These parents were too engaged in struggles with spouses and other children to "take notice" or deal with the abuse of their daughters whatever the age at invasion. As previously mentioned they also had two other primary diversions or "obsessions." Father, mother, or both had an alcohol problem, or they were characterized as

extremely religious and thus did not consume alcohol. All the women interviewed described drinking or involvement in church activities as an organizing theme of the household and occupying much of their parents' time.

The parents were so distant and/or busy that the subjects felt unable to get appropriate attention. However, there were others available who were willing to give them attention. Sexual molestation is a staged progressive drama. Attention is lavished upon the chosen female main character/s particularly before the serious abuse begins. Incest frequently calls for a significant amount of preparatory foreplay to enlist the trust and good will of the victim.

All but one (S) of the continued abusive situations grew out of friendships with older boys in an attempt to to obtain affection and attention from someone the girls admired (I,P,Z,E,X). When it turned into negative attention they felt unable to tell their parents. Similarly the women raped in later adolescence (I,J,Z) did not "tell" their parents nor seek institutional help in the event. While J was being raped in a public restroom she distinctly heard the noise of a police two way radio outside the door. She found herself "numb and silenced" unable to call for help. These women somehow felt culpable for the form the attention eventually took on. The punishment somehow "fit the crime."

For those experiencing invasion between the ages of 5 and 8, (O,I,P,S,R,E,X) a great deal of parental "ignorance" continues. With the exception of the cases "discovered in the act" or found out because the girls were bleeding from vaginal injury (X,E), the fathers still do not know about the sexual violence experienced by their daughters, nor do two of the mothers (R,S). P's father knows because his wife made an announcement in church and O's mother "knows" because she was the perpetrator. The mothers' of the rape victims (L,Z,J) are similarly ignorant about their daughters' victimization.

None of the women interviewed felt that telling would stop the sexual abuse (see Chapter 6 on silence). Telling about the sexual molestation, incest, or rape was conceptualized as a way to stigmatize the self rather than the invader-other. The girls had learned the power of silence at home. They also didn't feel they would be believed. The nature of what was happening was unbelievable!

For a while I was thinking about was this a dream?
...I removed myself mentally. I would always
think-here we go again. I would always remember
that it had happened before. I

I remember just feeling and I know I've read things
women said before it just all started seeming like
a dream and it was real. Like it wasn't me.
Everything was real hazy and you know that's why I
don't remember if he had a weapon...I was numbed out
like it wasn't really happening you know. J

I just pretended like I was somewhere else and I
was kind of like on an island or just back in

my bedroom at home. This it was like a bad dream or just something like that. E

P told her sister, who was four at the time, and simultaneously abused by the same young man, that silence in the event would make it finish sooner.

There's this one instance where I remember hearing things but not seeing anything where my sister and I are with him and we're at the elementary school the playground-they have those big tires half-way buried in the ground. We were in one of those and she's holding my hand. Then she says (respondent crying) P what's he doing to me? And I said if you'll just be quiet-just be quiet-it'll be over soon. P

The victims tried to pretend this was not happening. They also frequently maintained their complacent "good girl" front while the abuse was happening and just waited for the male to finish. They wished the incident would just be over. They knew with certainty that like a bad dream it would happen again. How a previously happy and positive friendship had turned into a sexual abuse was unclear. "Before the molestation began I loved him, I remember him coming over and he was always so much fun at the birthday parties" P.

When the nightmare began they did not believe their parents would protect them and acknowledge the reality of what was happening. They were correct. Of the parents who "found out" none of them discussed the invasions with their daughters in a way that might help them to make sense of what had occurred. None took legal actions against the perpetrator. When medical and religious

institutions became involved, no legitimization was forthcoming. No significant other or institution properly named or labeled the invasive events for the young women. Their others' refusal to properly acknowledge what had happened certainly laid the groundwork for the denial of the victims.

The parents only intervention was to stop interaction between the children and their perpetrators. Frequently, this was only a temporary strategy. The babysitting resumed, the families continued to interact as if nothing had happened. In most cases the parents of the boys were not informed and in P's case the boy's mother claimed it was untrue and if it did happen it was because P had acted seductively to her son. P was 8-11 over the course of her abuse, her perpetrator was 17-20.

P's mother was the only parent who expressed any guilt or culpability concerning the abuse of her daughter. This occurred 5 to 6 years after the abuse had ended and she asked her daughter in an off-handed manner if anyone had ever touched her inappropriately. P's story about the son of her mother's best friend "came as quite a surprise." Her mother had never asked why P exhibited extreme fear and nausea at the mere sight of her perpetrator over the 3 year course of the escalating abuse, or why she refused to go their "best friends'" home. The perpetrator and his family continued to come for

Christmas and Thanksgiving dinners.

For seven of the women, the sexual violence frequently took place in their own homes with a significant other, i.e., boyfriend, brother, or neighbor boy who babysat regularly. For the girls abused by male babysitters, the social relationships between the families placed these young men in a "brother like" role and the girls felt this way about them. They all "trusted" the person who repeatedly molested, "incested," and in three cases (E, P, X), raped them. This trust was transformed into feelings of confusion and fear as the abuse escalated. The girls became enmeshed in cycle of fear, invasion, pain, and guilt with their perpetrator, and unable to seek help from parents who were engaged in a similar dance.

Trapped within an interactional world that feeds on violence, doubt, fear, negative emotionality, physically abused bodies and selves, deceptions and lies, the family and the women of violence appear to have no option but to destroy themselves. This is so if the members remain within the structures of bad faith that prevent open disclosure of what is happening to them.

(Denzin 1984: 508)

The familial dynamic which evolved because of the conflict-ridden and violent domestic atmosphere, parental problems with alcohol, and lack of routinized positive interactions between parents and children, was very costly for the women interviewed. I believe these data, both qualitative and quantitative, support my contentions about

familial socialization and propensity to develop a personality which places young women and female children "at risk" for negative invasion.

FAMILY, SOCIALIZATION AND SOCIAL CONSTRUCTIONS DIVORCE

The data did not support the posited relationship between social construction of violence and parental divorce (see Table 5). I believed that those from intact households would be more likely to react negatively to violence. This supposes that lack of divorce represents familial integration and a relatively peaceful and satisfying situation for the family members. However the interview data provided some elucidation on this issue. All the parents of the women interviewed remained married while the children lived at home. None of these women experienced parental divorce as children or adolescents. However, O's father did not live in the household during her lifetime and E's parents separated and eventually divorced after she left for college.

I believe that a divorce in familial circumstances characterized by violence, excessive use of alcohol, neglect of children, and constant arguing by parents, has positive ramifications especially for the female children. The women in this sample all described their mothers as extremely passive and unable to act autonomously. J harbors considerable anger toward her mother for

promising to divorce and leave her physically abusive, alcoholic husband, but not acting upon her word.

If the mother stays in an abusive relationship, the children have continued exposure to the domestic violence. I posit that mother leaving and seeking a divorce actually has positive effects for most children in chaotic dysfunctional households. If mother initiates the divorce action, girls observe their female role model acting decisively and aggressively. They observe mother surviving without father and escaping the "negative symbolic interaction" (Denzin 1984). This is a positive scenario for girls "at risk" or already enmeshed in similarly pathological male/female relationships.

Although more data is necessary to support this contention, I believe that divorce is not necessarily a measure of familial dysfunction but rather an indication of reorganization and positive change for some family members. Many women stay in abusive relationships because it is economically and emotionally difficult to leave. They become identified with the cycle of violence and find it difficult to disengage because they are caught in the "negative symbolic interaction" (Denzin 1984) which has developed in lieu of positive attachment and interaction.

OBJECTIFICATION AND SOCIAL CONSTRUCTIONS

CONSTRUCTING SEXUALLY EXPLICIT PICTURES AND FILMS

The impact of media versions of reality has been discussed. I contend that the conceptualization of women as objects and property is further culturally entrenched through sexually explicit films and magazines. Sexual objectification is the "portrayal of human beings-usually women-as depersonalized sexual things such as 'tits, cunt, and ass,' not as multi-facted human beings deserving equal rights with men" (Russell 1993). Female objectification, through films and magazines is a graphic form of oppression which empowers the controlling male producer and consumer.

In sexually explicit materials:
our bodies are being stripped, exposed and
contorted for the purpose of ridicule to
bolster that 'masculine esteem' which gets its
kick and sense of power from viewing females
as anonymous, panting playthings, adult toys,
dehumanized objects to be used, abused, broken
and discarded. (Brownmiller 1975: 394)

The objectification itself is violence toward woman. The poses, props, and treatment of the women objectified provides another level of violence. Particularly in "high fashion" magazines, women are regularly constrained with ropes, handcuffs, and lashings. Whips and black leather are frequently featured. The "actresses" or "models" are set in unnatural poses to best expose their genitals, and may be hung by ropes, dangled seductively in swings, i.e., "Behind the Green Door," or figuratively drawn and

quartered as in Pauline Reage's The Story of O. Thus through sexually explicit materials, violence and abuse of women becomes a commodity, like any other item to be bought and sold.

The women and men in this sample had very different responses toward objectification and commodification of women. Table 20 represents the cross-tabulation of sex of respondent by the social construction of sexually explicit pictures. More than twice as many men (19%) were positive about sexual pictures as women (9%). Thirty-nine percent of the men had a neutral social construction of the phenomenon, whereas 27% of the women fell into the neutral category. Fifty-three percent of the women indicated a negative response toward sexually explicit pictures, and 25% of the males fell into the negative category. Thus the majority of women in this sample had a negative social construction of sexually explicit pictures.

Table 21 presents findings concerning male and female social construction of sexually explicit films. The majority of women negatively constructed sexually explicit films (45%). However a substantial group of subjects, both male (42%) and female (31%), found such films to be physically stimulating. Since these movies are totally without a plot, I can only imagine that the interactive element of films, and the potential for identification with the "characters" (Cullum-Swan 1992) renders films

more stimulating than one dimensional pictures.

DECONSTRUCTING THE FEMALE BODY

The findings from these tables are consistent with the theoretical construction of this research. Men are the controllers in this production and consumption arena (Dworkin 1979). They purchase and enjoy the products. Women may clearly become enculturated to the extent that they don't identify sexual objectification as a mode of oppression. By positively constructing sexually explicit pictures of "themselves" women participate in their own objectification. A sort of psychic alienation occurs as the female body and self are fragmented or split into parts, e.g., tits, ass, cunt, pussy.

The splitting of the whole person into parts of a person, (which) in sexual objectification (takes) the form of an often coerced and degrading identification of a person with her body: (results in) mystification, the systematic obscuring of both the realities and agencies of psychological oppression so that its intended effect the depreciated self is lived out as destiny guilt or neurosis.
(Bartkey 1990: 23)

The effects of female fragmentation may be empirically investigated by looking at women's emotional and embodied experience. Seventy three percent of the female sample experienced negative feelings about their bodies. There was no relationship between negative feelings about one's body and the experience of significant invasion. Negative feelings about the female body were consistent regardless of invasive history. Forty percent

of the women experienced general anxiety and 13% described themselves as severely depressed. Eight percent of the sample engaged in bulimic or anorexic behaviors. The constant war between self, physical desire, and exaggerated fears, results in neurotic and obsessive behaviors for many women (Horney 1937, Gordon 1990).

Men and women in this sample expressed very different feelings about their physical selves. Fifty percent of the men had positive constructions of their body, while only 16% of women fell into the positive category. Twice as many women were negative about their bodies (33%), as men (16%). The majority of women in this sample were neutral about their physical self, while the majority of men were positive. Keep in mind these are relatively young persons who are in good health and who will only "go down hill" on the physical/attractiveness continuum. I believe that the social construction of the female body, (reflected in films, magazines, and advertising,) as eternally young, hairless, reed slender, and always desirable, is somewhat responsible for the lack of positive bodily images reflected by this female sample.

OBJECTIFICATION AND VIOLENCE

I hypothesized (#8) that men who normalize violence would be more likely to utilize sexually explicit materials. The data in Table 8-1 do not support this posited relationship. Neither is the hypothesized

TABLE 20

SEX OF RESPONDENT BY SEXUALLY EXPLICIT PICTURES ARE
PICTURES ARE

		POSITIVE	NEUTRAL	NEGATIVE	STIM	DENIAL
SEX						
MALE		19% (21)	39% (44)	25% (28)	17% (20)	0% (0)
						41% (113)
FEMALE		9% (14)	27% (44)	52% (85)	11% (17)	1% (1)
						59% (161)
		13% (35)	32% (88)	41% (113)	13% (37)	1% (1)
						100% (274)

TABLE 21

SEX OF RESPONDENT BY SEXUALLY EXPLICIT FILMS ARE
FILMS ARE

		POSITIVE	NEUTRAL	NEGATIVE	STIM	DENIAL
SEX						
MALE		11% (12)	16% (19)	28% (32)	42% (47)	3% (3)
						41% (113)
FEMALE		7% (12)	15% (24)	45% (74)	31% (51)	1% (2)
						59% (163)
		9% (24)	15% (45)	38% (108)	36% (98)	1% (5)
						100% (276)

TABLE 22

SEX OF RESPONDENT BY VIOLENCE IS

SEX	POSITIVE	NEUTRAL	NEGATIVE	
MALE	12% (14)	43% (49)	44% (50)	34% (113)
FEMALE	1% (2)	19% (42)	80% (180)	66% (224)
	5% (16)	27% (91)	68% (230)	100% (337)

relationship between normalization of violence and growing up in a violent home supported (See Table 6A-1). I believed that individuals from a violent home would be more likely to normalize violence. This was not the case. When controlling for sex, Tables 6A-2 and 6A-3, I found that for women the relationship between the variables was lessened and for men it was intensified. Thus men from violent homes were more likely to normalize violence than women from violent homes.

This finding is congruent with the difference in the social construction of violence between men and women (see Table 22). Normalization of violence, a positive or neutral social construction of the phenomenon, was the case for 55% of the male respondents. They employed descriptors such as "cool," "O.K.," "a manly thing," "fine in moments," "exhilarating," "popular," "intriguing," "necessary," "spice," "part of society," and "American." Eighty percent of female respondents had a negative social construction of violence. Women typically labeled violence as, "hatred," "frightening," "deplorable," and "out of control in society."

Since women are regularly objects of actual and symbolic violence, the response differential is not surprising. Although males are objects of violent crime at a 63% higher rate than females, "the number of women attacked by spouses, boyfriends, parents or children is

more than 10 times higher than the number of males attacked by such people (U. S. Department of Justice 1994). Perhaps the male/female size and strength differential, and the fact that female directed violence comes primarily from male significant others, carries some explanatory power.

Use of sexually explicit photos S and erotic stories X, were directly involved in the abuse for two of the interview subjects. S was shown by her abuser photographs of children engaged in sexual acts with one another and adults. She vaguely remembers being photographed herself. An integral part of X's abuse was coercion through the use of the fairy tales which were eroticized. Fairy tales are replete with powerful strong male saviors and heros, and either dependent vulnerable virginal females or evil, carnal, witches and step-mothers. These male/female characterizations or paradigms are a powerful mode of inculcating gender roles and behavioral expectations (Dworkin 1975, Bartkey 1990, Russell 1993).

With the exception of the rape victims (J,L,Z), some sort of game playing, story model was an integral part of the sexual violence. The stories and games provided roles for the women complete with norms and gender expectations. A facade of "this is normal," and "its just like playing house," facilitated the initiation and continuation of the abuse in those initially invaded before age 12. Those

invaded by their male partners, Z and J, in later adolescence, had versions of their role obligations and the meaning of the "sex" which were a function of social constructions. They believed what happened to them was only part of their role, a role learned from passive mother and violent aggressive and alcoholic father in both households.

CONSTRUCTING INVASIONS

Violence and subjective involvement in victim/victimizer roles were differentially socially constructed by males and females in the questionnaire sample. Following the general question, "Violence is" (see Table 22) was a question operationalizing violence toward a female, "Hitting a woman is." Males were more likely to respond neutrally (12%) to this question, or to deny (2%) the ability to take on the role of a batterer than females. The majority of both males (86%) and females (92%) negatively constructed this type of female directed violence.

The next question "Hitting a woman makes a man feel," was an attempt to get at the social construction of the male experience of female directed violence. The question calls for "taking on the role of the other" (Mead 1956), in this case the male victimizer other. Men and women had radically different conceptions of this subjective experiential state (see Table 23). Eighty three percent

of the women felt that hitting a woman made a man experience positive feelings. They used descriptors such as; "dominant," "in control," "strong," "empowered," "more secure," and "good." The majority of the women used the word "powerful" to describe male feelings about battering a woman. Female responses were congruent with patriarchal mileaux in which men are dominant, women are subordinate, and violence is used as a mode of social and interactive control.

For males, 33% had a construction similar to the majority of females, 48% fell into the negative category, and 15% into denial. Many males felt that hitting a woman made a man feel; "less of a man," "stupid," "guilty," "like a wimp," "scared," "small" and "bad afterwards." Thus males seem to express a different construction of the experience of hitting a woman, than females in this sample. Male responses reflect the range of feelings a man might experience whereas women focus only upon the empowering and self-enhancing elements of battering a woman. The male and female social construction of the abstract phenomenon of hitting a woman is relatively similar, but their subjective responses, which I posit come from identification with others and their roles, are quite different.

On the basis of this data and several explanatory comments on male questionnaires, I believe that some men

were identifying with the female victim rather than the male victimizer. Several male respondents indicated that their feelings about female directed violence; battery, rape, and incest, were a function of the painful and negative experiences of their female partner or close friend. I believe these data demonstrate that patriarchal control mechanisms and male role casting within this particular stratification system are not always congruent with the individual and his self-concept. However, the power of violence as a mode of social control is that the oppressed and dominated understand its function. These data demonstrate the efficacy of patriarchal use of

TABLE 23

SEX OF RESPONDENT BY HITTING A WOMAN MAKES A MAN FEEL

HITTING A WOMAN

SEX	POSITIVE	NEUTRAL	NEGATIVE	DENIAL	
MALE	33% (37)	4% (5)	48% (54)	15% (17)	34% (113)
FEMALE	82% (184)	1% (3)	13% (28)	4% (9)	66% (224)
	66% (221)	2% (8)	24% (82)	8% (26)	100% (337)

violence.

The differential responses of males and females to the subjective experience of female rape victim and male rapist were extremely provocative. Both men and women had a generally negative social construction of women's subjective experience of rape. Three percent of male respondents fell into the positive or neutral category and 8% were unable to place themselves in the role of the other (see Table 24).

Women easily placed themselves in the victim role of the other and identified her feelings as; "helpless," "guilty," "dirty," violated," "like shit," "abused," "unworthy," "like an object," "shameful," "used," "sick," "neutered," "shot," "worthless," "like its her fault." These descriptors capture a state of objectification, blame-taking, and an inability to fight back. These are the intrinsic qualities of the "masochistic feminine personality" (Horney 1937, Bartkey 1990).

There were no aggressive, angry, vengeful, responses to this question from any woman or man in the sample. I believe this strongly attests to the power of social constructions of invasive roles. The woman is cast as a subordinate powerless victim unable to experience anger (Lerner 1980) even at this degrading and violent invasion of body and self. Lack of aggressive responses to the subjective experience of being raped is congruent with the

feelings expressed by women in the interview sample and women citing negative invasion on the questionnaire but who were not interviewed. In the event and immediately after they experienced fear, shame, guilt, humiliation, and physical as well as psychological pain. Anger erupted much later. Only L spoke directly to her rapist in an aggressive manner and assured him that she would kill him if she saw him again. I believe her!

Some of the women later "got angry" and have attempted to empower themselves and seek legal recourse against their perpetrators (Z,O,P). But their justifiable anger and desire for legitimization and legal action against the violator has come "too late" for institutional action. They were all told exactly the same thing when interacting with the district attorney or someone from his/her office: 1) this "alleged crime" took place a long time ago and there is no physical evidence, 2) you are a young woman of student status and these "persons" are older established members of the community, 3) you have no witnesses, 4) the burden of proof is with you and we have no basis to go forth with this complaint, 5) if you think the questions I have asked have been difficult, wait until you are further interrogated and information about your sexual behaviors and lifestyle becomes involved. The women chose not to go further with their complaints. Their negative feelings about institutional sensitivity

TABLE 24

SEX OF RESPONDENT BY RAPE MAKES A WOMAN FEEL

		RAPE MAKES A MAN FEEL			
		POSITIVE	NEUTRAL	NEGATIVE	DENIAL
MALE		1% (1)	2% (2)	90% (102)	7% (8)
					41% (113)
FEMALE		0% (0)	1% (1)	99% (160)	0% (0)
					59% (161)
		0% (1)	1% (3)	96% (262)	3% (8)
					100% (274)

TABLE 25

SEX OF RESPONDENT BY RAPE MAKES A MAN FEEL

		RAPE MAKES A MAN FEEL			
		POSITIVE	NEUTRAL	NEGATIVE	DENIAL
SEX					
MALE		43% (49)	2% (2)	24% (27)	31% (35)
					34% (113)
FEMALE		90% (200)	1% (3)	5% (12)	4% (8)
					66% (223)
		74% (249)	2% (5)	12% (39)	13% (43)
					100% (336)

concerning violence toward women was merely reinforced.

The most striking difference between male and female social construction of the experience of negative invasion can be seen in Table 25. Ninety percent of women respondents felt that raping a woman makes a man feel positively and powerful. They described the male feelings as "like a god," "in control," "masterful," "satisfied," "authoritative," "in charge," "masculine," and "relaxed and relieved like after sex."

Men constructed the subjective experience of raping very differently. Forty-three percent defined it as a positive affective state for the rapist, 24% believed it was negative and 31% fell into the denial category. Deniers claimed an inability to imagine how it felt to rape a woman. I believe this level of male denial is an extremely significant finding. It is particularly salient considering that men were generally able to take on the role of the other as rape or incest victim. From these data one can't conclude that men are generally unable or unwilling to take on the role of the other.

The majority (55%) of male respondents had a positive or neutral social construction of violence. Violence is an abstract concept whereas rape, incest, and sexual molestation are "objective realities." They are realities which have garnered much media attention in the past few years. A few women have won "invasion cases" against high

profile men, i.e, Desiree Washington vs. Mike Tyson. Involvement in an "invasive case" now has the power to effect and stigmatize both the male and female participants, e.g. Anita Hill and Clarence Thomas, Magic Johnson allegedly having sex with several women while knowing he was HIV positive. This is a change in the social construction of rape which previously stigmatized only the victim.

I believe men have become somewhat "frightened" of the accusation of rape and are perhaps hesitant to even imagine how a rapist feels. Rape is no longer romanticized or generally valorized in mainstream culture although the use of violence remains normal and routine. I believe the responses of the men in this sample reflect the changing meaning of rape. They are not unconnected to the potential rising moral and legal costs of raping a woman.

Somehow the men's fear, dissonance, and denial become entwined in their responses to the question "Rapists should be." Sixty-five percent of males had a violent response to this question while 51% of females reacted violently. Women (44%) were more likely to recommend institutional intervention for rapists than were men (34%). Men's violent responses were much more graphic and specific than women's. Male respondents suggested; "put to death slowly," "hung by their penises," "electrocuted

with high voltage," "put to death by torture," "castrated," and "raped to see what it feels like." Women tended to use one word responses repetitively, e.g., "killed," "castrated," "raped," and "punished." If men believe rapists are "scum," "dicks," and "bastards who are sexually inadequate," it might be rather threatening to imagine taking on the role and potentially such labeling and punishment.

Differential male and female social constructions of the subjective and role engendered experience of invasion is graphically reflected by Table 26, invasion participation cross-tabulated by sex. For males, participation is defined as taking on the initiator or perpetrator role, and for females the object or victim role. All behaviors were described as unwanted on both the male and female instruments. For sexual talk or jokes, and verbal harassment, there is not a significant difference in male and female reporting. However, from there down the invasive continuum the male/female reporting differential become striking. For the next three categories, verbal sexual advances, sexual touching, and pressured into sex, females report involvement as victims at almost twice the males report victimizing. For battering involvement females report more than three times male involvement and no males report perpetrating

TABLE 26

INVASION PARTICIPATION BY SEX OF RESPONDENT

INVASION PARTICIPATION	MALE	FEMALE
SEXUAL TALK OR JOKES	84% (75)	73% (120)
VERBAL HARASSMENT	45% (40)	64% (106)
VERBAL SEXUAL ADVANCES	36% (32)	51% (84)
SEXUAL TOUCHING	29% (26)	43% (70)
PRESSURED INTO SEX	20% (18)	40% (66)
BATTERED	3% (3)	13% (22)
RAPE	0% (0)	5% (24)
INCEST	0% (0)	2% (10)

rape or incest.

These subjects were not selected because they were partnered or sexually involved with one another. However they were sampled from the same classes, many live in co-ed university housing, and all are part of the university community. It is highly unlikely some have not engaged in invasive interactions (both wanted and unwanted) with one another. Yet they report dissimilar invasive histories. However the content of individual invasive encounters is not the focus of the research. I believe this table demonstrates that men and women define sets of behaviors differently and what a man labels as pressured or coerced into sex, a woman might define as rape. I believe that conflicting male and female constructions of invasions are represented by this table as well as individuals' self-reported invasive involvement. The table supports the reports of the interview subjects of a conflicting "definition of the situation" between self and perpetrator (see Chapter 6).

CONTROL THROUGH IDENTIFICATION

The posited social control effect of negative invasion is supported by the women's responses to the question "Rape is." They constructed rape as; "anger," "my biggest fear," "scarier than violence," "degrading," "rampant," "a power tool," "unacknowledgable," "a demoralizing experience," "invasion of privacy," "a crime

of violence," "a hate crime against women," and "an atrocity." To my knowledge, all these respondents had not been raped, but they had a very clear understanding of the function of rape and the personal costs women incur who become rape victims. As previously mentioned, all women need not be abused and raped for this violent mode of control to work. If the "proper" patriarchal definition of invasion is instilled in women's psyches and they regularly witness raped, incested, and battered women, invasive strategies and tactics will remain an efficacious tool of the patriarchal stratification system. Female identification with abused others and pervasive fear of victimization is the ultimate weapon for the control of women. In this case, Bentham's theory of deterrence works for women, if not for men.

Most eloquent and revealing of women's identification with victim others were their responses to the question "An incest victim feels." They uncannily captured the feelings expressed by the incested interview subjects; "like it is her fault," "guilty," "powerless," "trapped," "unable to trust," "cheated, unwanted, unloved" "violated," "shattered," "invaded," "disturbed," "confused," "sad," "empty," "secretive," "exploited," "dead inside," "destroyed," "different from other people," and "can an incest victim still feel?" This extreme identification with incest victims leads me to

seriously question the reliability of incest reporting on the questionnaire. Many women understand too well the feelings of an incest victim. It suggest that incest is underreported on the survey or improperly labeled. This is further supported by the fact that 50% of the women in the interview sample who experienced incest, did not check this category on their questionnaire nor call their invasion "incest" at the beginning of the interview.

OBJECTIFYING SELF INVASION: JUST LIKE THE MOVIES

One sees controlling and/or negative invasions occurring on the street, in the newspapers, and in the media. It is an experience that happens to a woman you read about or a character in a movie. It is and should remain outside one's direct personal experience. The attitude that characterizes "those women" as things or objects, not real people, and in some way as guilty and responsible for their own deviance, demise, and "fall from grace" (Doane 1986, Denzin 1991) is prevalent.

As a culture we have become accustomed to and somewhat oblivious to the sexual and non-sexual violence around us. However the situation is very different when you are the object of the violence, even though the woman's response may be the same. Predictably the victim, who has been properly enculturated, may remove herself from the experience in the same way one watches a movie.

I remember washing I mean its like and thats part of I guess thats one of the questions when I dream like its not even dreamlike. It just hasn't no feelings are there with it. No thoughts are there but I can see the motions. I mean in the memory-the memory is there but there's no feeling sensation. I mean there are other times when your memories certainly bring back feelings. That there's none (bodily memories) that there's none there. There's no pain associated there's no sensation associated with it. HELPLESS. X

I remember glancing at ____ (perpetrator's) face. And I remember this picture that I have but I'm sure I didn't see it. Sort of like from a third person just watching and I mean I know I couldn't have seen it cause I was in it. But I just *remember that picture very clearly!* P

I don't remember feeling anything. I was just very obedient did whatever he said. I didn't think about a lot, didn't question... I don't remember the sounds the sound of his voice. Almost as if it wasn't me... No I wasn't afraid. I was watching the situation from the outside. But yeah generally thats how I am. I can shut down and NOT FEEL. I can control my emotions very well. R

This ability to objectify experience, self, body, and social relations is learned through institutions, interactions, and experience. These women separated themselves from the invasions because they were too painful to acknowledge and share with insensitive and non-responsive others. They could see it, image it, but the picture lacked other sensate elements. The invasion(s) was framed as a picture. The ability to remove the self from painful interactions was learned in the violent and disruptive home. Psychological abuse and neglect of child by parents teaches the child to separate and withdraw from

others as a defense. It is too painful to be drawn into the domestic cycle of violence. It is safer to be ignored.

These women tried to be "good girls" in order to receive some positive attention. The failure of this tactic led to seeking attention from significant others who were not mother or father. Despite their attempts to remove themselves from family conflict, they were drawn into male/female relationships replicating many of the negative elements of their parents' interactions. In this circumstance splitting off and numbing feelings is functional for survival. Thus the denial that the invasion was happening/not happening to them was dealt with through objectification of self, just like in the movies.

BECOMING ENGENDERED: VICTIMS AND VICTIMIZERS

DREAMS AND FANTASIES

Engenderation or inculcation into the sex/gender system (Rubin 1975) is a multi-facted process. I posit this is accomplished primarily through institutional socialization which facilitates learning gender role appropriate norms, values, and behaviors. I believe that family is the most important element in gender socialization and that behaviors observed in the household have a significant impact on social constructions of invasions, experience of thoughts and fantasies about

invasions, and actual invasive behaviors.

The data presented in Tables 9A and 9B support the hypothesis that men and women from violent households are more likely to experience thoughts and dreams about abusive situations. Men are will cast themselves as victimizers and woman as victimized. These are totally congruent gender roles. The interview data offers further support for this hypothesis.

All the women interviewed reported reoccurring nightmares at some time in their life course. All but E and S checked yes on the questionnaire to experiencing dreams or fantasies about rape. J, P, Z and R also had dreams or fantasies about physical abuse. The dreams had common themes of being the object of violence, being frightened and powerless, and/or fear of being physically invaded. Many of the dreams are very symbolic of the internal conflicts and fears discussed by the women. Some were reminiscent of incidents which had already happened.

I had a lot of nightmares around 16 or 17. I only know I was being chased and I felt powerless to get away. I would wake up screaming and think why don't you solve your inner conflicts. J

walking down a hallway with lots of doors opened one door-boyfriend is in the room I'm going to hurt you-I slam the door-run down the hallway-I'm fallin into a black hole-I land in a white room-I'm dressed in white-I turn around-there's a big stained glass window-I walk up to the window-every piece is a picture of something in my life-I started to cry-the window shattered-I picked up a piece of glass and begin cutting my wrist.

I wake up. (17 years old-suicide attempts to cut wrist with knife after this dream) I

Its'the corner of a room. It's pulsating-MOVING-MOVING IN ON ME! Just pressure-closing in-very dark and I'm helpless to get away. No sounds-no color-its just dark-almost like a headache. R

I'm sort of in a dark misted place. He (her actual perpetrator) has me by the arms. I'm struggling but can't get loose. I have no power to fight back. It's like I'm underwater. Just a kick in the groin and then I can get free. P

Vague memory-being in an intense argument with a man-being pushed around, hit, thrown down. My feelings were removed. Somehow feelings of being wrong or misunderstood, or pushing the argument to the edge. It was sexual, but not sexually exciting. It was very violent and abusive. R

These women gave very graphic detailed descriptions of their dreams. I include only excerpts. In an interesting way the last quote illustrates the difficulty of disentangling sex and violence in fantasy and in real life.

The nightmares of the all interview subjects had violent themes and many elements of the dreams were symbolic of an aspect the individual's experience of violence in the household or their own negative invasion. I believe their stories further support the posited relationship between exposure to domestic violence and dreams or fantasies about sexual and non-sexual abuse. Exposure to violence becomes part of one's psychic organization. These women also had actual experience of

negative invasion to feed their psyches. Thus the obvious question of the relationship between growing up in a violent household and being negatively invaded arises. This is addressed in the following section. As previously discussed, all interview subjects came from homes having extreme parental conflict and/or severe psychological neglect of the children.

VIOLENT HOUSEHOLD AND VICTIM/VICTIMIZER EXPERIENCE

Family violence erupts when disagreements over issues of power and gender come to the forefront, in short family violence is engendered (Breines & Gordon 1983). I hypothesized that growing up in a violent atmosphere or living in a household where father is physically abusive to mother would result in males and females learning sexed and gendered victimizer/victim roles and behaviors. If father and mother provide a model for what it is to be man or a woman, then I believed that negative role models would have ramifications for subjects' involvement in invasive situations. The quantitative findings are generally supportive of this posited relationship.

For men, I examined the relationship between exposure to violence in the household and likelihood of engaging in controlling and negative invasions. Table 10A-1 has uncomfortable but nonsexual touching as the dependent variable. Table 10A-2 explores the relationship between growing up in a violent household and pressuring a women

into sex, and 10A-3 examines the relationship between exposure to violence and battering a woman. The findings of these tables support the posited relationship and I believe demonstrate that boys living in a situation where violence is normalized will use controlling and negative invasions in their adult relationships with women. They have learned their efficacy at home.

For women the findings are very similar. I looked at exposure to violence in the home and experience of significant invasion (see Table 10B-1), as well as its relationship to placement on the rape and incest continuums (see Tables 10B-2 and 10B-3). All three tables offer support for the hypothesized relationships. They confirm my belief that exposure to violence in the home has an effect upon the production of female victims and propensity to become involved in controlling and negative invasions.

The relationship between observing father physically abuse mother and invasive involvement was next investigated. For men I utilized uncomfortable touching, unwanted sexual touching, pressured a woman into sex, and pressured a women into sex after a violent argument, as dependent variables (see Tables 11A-1, 11A-2, 11A-3, and 11A-4). I felt these represented a progression along the invasive continuum for the victimizer. The findings of all the tables are significant and I believe support my

contention that gender role modeling in the home is a potent force in the creation of males who control women through invasive tactics. The findings also suggest that an invader continuum exists which is similar to the invasive continuums constructed for this research.

For women, I examined experience of father physically abusing mother and its relationship to significant invasion. I again believed that observing father abusive to mother would effect subject's propensity to become involved in controlling and negative invasive situations. These data (see Table 11B) do not support my beliefs about the affect of mother's physical abuse upon daughter's involvement in invasive events. I posit that physical abuse is not necessarily the most effective tactic and that perhaps psychological violence is more effective in generating fearful female children lacking self-esteem.

The interview data might also explicate this finding a bit. Of this sample only J's father would be categorized as physically abusive to his wife. Perhaps exposure to a generally violent atmosphere, and the neglect which comes to children in homes where parents are continually engaged in conflict, is enough to produce female children with a "risky" invasive status.

Non-sexual physical abuse as a child seems to be a strong indicator of adult invasive involvement for both men and women (see Tables 12A-1, 12A-2, 12B-1, and 12B-2).

I utilized the dependent variables, verbal sexual advances, and sexual touching, for men and experience of significant invasion, and placement on the battery continuum, for women, because I believe they represent adult versions of typical childhood abuse. Verbal controlling invasions, and physical space invasions frequently happen to powerless children. Significant invasion and position on the battery continuum are adult versions of behaviors that may happen to young girls. The data from these tables support my beliefs about the patterning and social learning elements of victim and victimizer roles. Exposure to controlling and negative invasion of family members or self, as was the case for the interview subjects, clearly effects adult manifestation of gender roles and propensity to become involved in violent and invasive scenes.

INVASIVE RAMIFICATIONS

EMBODIED RESPONSES

I believed that the institutional definitions of negative invasion and particularly the medicalization of many aspects of the experience would result in tendency to manifest other "legitimate and nameable" sorts of distress for invaded women. I was correct. "Somatic compliance ... designates the process whereby the body complies with the psychical demands of the illness by providing a space and a material for the inscription of its signs (Doane

1986: 155). Invaded women suffer from psychic pain which becomes inscribed on the physical body. Here it is legible and can be transcribed into signs or symptoms, a diagnosis, and treatment. Women experiencing significant invasion exhibited more negative symptoms than women not having this experience (see Table 15). The interview data offers further support for this hypothesis.

The women interviewed were expressing a lot of embodied distress and utilizing prescribed and self-medicating substances to "dull the pain." All but X who regularly smokes "pot", drank and got drunk regularly at some time during their life. Most continue to do so. Tables 14-1, 14-2, 14-3, and 14-4, offer significant support for the posited relationship between problem with alcohol and movement along all four invasive trajectories. The relationship between problems with alcohol and invasive history is graphically demonstrated by these tables. All the women had used illegal substances and 70% of them did regularly. Eighty percent of the sample habitually smoked cigarettes and had used downers or tranquilizers many times.

Each woman mentioned either chronic headaches or stomach aches, and 70% experienced bruxism (grinding of teeth and clamping of jaws). Forty percent had endometriosis, and 50% had experienced painful intercourse. L facetiously commented "I only have painful

intercourse when I'm raped." This seemed an interesting conflation of sexuality and sexualized violence. Is rape intercourse? Is she expressing some "frame confusion?"

Generally these women, although most were in their twenties, were not the picture of health. I believe they were expressing their psychic pain in an embodied fashion. Their symptoms and problems are well-known to the "helping" professions, indeed they are "classic " symptoms for distressed and "hysterical" women. The symptoms were real and could be named, legitimated, and treated by the medical institution. The women have been relatively satisfied with institutional help for their physical symptoms. Most do not see the tie between their invasive history and their present symptoms and life-situation. A wounded ego and frightening invasive past calls for another kind of help. I will discuss the role of therapy in the concluding remarks.

NEUTRAL INVASION

I hypothesized that women having the experience of significant invasion would experience difficulty or dissatisfaction with neutral invasion. I used the gynecological exam as representative of a neutral invasion because it is and experience most women in the sample would have. Birth and abortion are also theoretically constructed as neutral invasions but I believed these would be less prevalent in the population and more

affectively loaded than the gynecological exam.

Table 17-1 shows that regardless of previous invasive history women generally respond negatively to the gynecological exam. I believe these responses, 66% negative, 33% neutral, and 1% positive, attest to women's dissatisfaction with the gynecological frame. The high rate of negativity suggests that many women experience inappropriate emotional responses to the gynecological frame as it is currently constructed. If they were able to fit the frame, their responses would be primarily neutral as is congruent with the institutional construction of this frame. These findings suggest that changes in the gynecological frame are indicated to obtain a higher level of patient satisfaction.

I asked the interview subjects for their response to the exam and if they would change anything about its construction. Their answers were very interesting. All indicated that after the experience of negative invasion which is unclear and painful, a gynecological exam is a relatively straight forward experience. The roles of the interactants are clear, behaviors are dictated, and the patient had more control than the victim of sexual violence. Following are some of their responses and feelings about the exam.

They're not my favorite things. A generally anesthesia would make them more comfortable.P

I don't associate them with the abuse. There's someone else there and they're very professional.

Z

I feel that we don't have enough information about what we need to look at and how to access information of what the exams signify. I would like it to be seen as part of transformation- and changing, as part of being physically well.

X

These women would change some aspects of the exam but were able to generally look at the experience as self-help and not analogous to a negative invasion. Perhaps the level of trauma from their invasive histories, rendered the gynecological exam a rather benign procedure.

SEXUALITY: POSITIVE INVASION

The responses of the women I interviewed concerning feelings about sexuality and their present sexual involvements support my theory on the relationship between types of invasions, as does Table 16. The experience of negative invasion can clearly effect ones' feelings and satisfaction with intercourse or positive invasion. It can also effect general feelings about physical closeness (see Table 27), as well as sexual orientation and number of sexual partners (see Tables 28 and 29). Women having a significant invasion were likely to have more sexual partners and experience partners of both sexes. O definitely had questions about her sexual orientation and the nature and content of any type of sexual interactions after the abuse by her mother, brother and his boyfriends. However a caring relationship with a

TABLE 27

SIGNIFICANT INVASION BY UNCOMFORTABLE WITH TOUCHING

		UNCOMFORTABLE WITH TOUCHING		
		YES	NO	
SIGNIFICANT INVASION	YES	51% (41)	49% (39)	48% (80)
	NO	31% (27)	69% (61)	52% (88)
		41% (68)	59% (100)	100% (168)

TABLE 28

SIGNIFICANT INVASION BY AMOUNT OF SEXUAL PARTNERS

		SEXUAL PARTNERS					
		ONE	FEW	SEVERAL	MANY	NONE	
SIGNIFICANT INVASION							
	YES	12% (9)	50% (7)	14% (4)	20% (1)	4% (1)	34% (76)
	NO	28% (8)	48% (22)	12% (12)	7% (10)	5% (1)	64% (131)
		22% (45)	49% (102)	13% (27)	12% (24)	4% (9)	100% (207)

TABLE 29

SIGNIFICANT INVASION BY CHOICE OF SEXUAL PARTNERS

		SEXUAL PARTNERS		
		MALE	FEMALE	BOTH
SIGNIFICANT INVASION	YES	88% (65)	0% (0)	12% (9)
	NO	93% (118)	4% (5)	3% (4)
		91% (183)	3% (5)	6% (13)
				100% (201)

man who knows about the invasion and supports his partner seems to have a very powerful intervening effect for those who have experienced a significant invasion. I define a positive relationship as mutually respectful, allowing reasonable freedom and autonomy for both partners, and having good communication within the dyad. These were the primary features the women in this sample described as valuable in a spouse/partner.

DENYING INVASIVE RAMIFICATIONS

After studying the interview data I discerned two clear patterns of behavioral responses to the phenomenon of invasion. I will discuss the general features of the two types which I label as deniers and admitters. The concept of denial herein has two elements. First the

external denial which is indicated by a lack of objectifying the event through accounts (Scott and Lyman 1968) to significant others. The second element is internal and deals with the individual's denial, in a Freudian sense (1966), of the impact of the event.

Those in denial (L,I,S,R,J,E) do not explore the invasion's symbolic value or admit that it carries significant pragmatic ramifications. They are enmeshed in a carefully constructed web of self and other deception. Deniers have not; 1)confronted their perpetrators, if this is possible, 2)discussed the event's meaning with their mother or father, 3)examined their invasive event/s in a therapeutic setting, 4)seen the relationships between the types of controlling and negative invasions they have experienced.

Keep in mind that denial is an excellent defense mechanism and may allow individuals to function effectively for varying periods of time. However the deniers seem somewhat dissatisfied with the haunting ramifications of their negative invasion. They seem vaguely uneasy and express a desire to change certain role relations and aspects of self. In my opinion, these changes would call for confrontation, disclosure, and the end of denial.

More interview data is necessary to make conclusive statements about the relationships between negative

invasion, satisfaction with positive invasion, male/female relationship post-invasion, and denial. However I do have some preliminary comments. Generally deniers seem to be less overtly effected by the negative invasion. They work hard at maintaining this "front." The invasion is reported to have little effect upon their male/female relationships both sexual and non-sexual. All the deniers had positive responses to the question "Sex is" on the questionnaire. I posit that denial, again in the Freudian sense, allows the women to define sexuality as positive. However they continue to choose men like their fathers' (I,J,S,L) or who have also experienced sexual abuse (E). They usually live alone and prefer this arrangement. Most have a relationship with a man who lives out of town. "We know how to live apart, but not together I." As a matter of fact, only two women in the sample, E and X live in the same town with the men they are seeing.

Following are some of the comments about sex from the group of women I consider to be deniers. All of these women sometimes abruptly discontinue a sexual episode or refuse to perform particular sexual behaviors with sexual partners. Note that all respond positively to questions from the instrument, "Sex makes me feel" and "Sex is," Their comments from the interviews sometimes conflict with their questionnaire responses. The interview comments are listed first.

I was kidnapped and sexually molested when I was eight years old. While I avoided sexual experiences until I was twenty-one, I don't know how large of an effect that one experience has on my self concept and sexuality...I rarely discuss it.

(sex makes me feel)...connected

(sex is).....exciting

R

Sex its like an added plus. I know that a lot think its a necessity, but for us its like expressing our respect and caring for each other.

(sex makes me feel)...excited

(sex is).....pleasureable

I

(The one word which describes my current feelings about sex) its ABSTINENT and probably will be for a while. I've never been for longer than 2 or 3 months. I was promiscuous in high school. I don't know if its related.

(sex makes me feel)...good

(sex is).....fun

S

Non-deniers (O,P,X,Z) admit some negative and/or ambivalent responses and feelings about sexuality. This is realistic concerning their invasive history and congruent with my theory about frame relationships. The admitters are all in relatively serious relationships with the exception of O who is very negative about her sexuality. Z and P's comments reflect some of their conflicting feelings about sexuality. However they are both building relationships with men who helped them seek therapy and who are extremely supportive. Z previously choose partners she; did not like, did not find sexually attractive, and were verbally degrading and violent like her father. Her new partner has none of these qualities.

I feel like I've lost my sexuality in this- which I struggled many years to regain...

Sex goes hand in hand with the flashbacks.

Sex-I don't do sex!
 (sex makes me feel)...like a mess
 (sex is).....traumatic O

On the whole I'm not real keen on sex. Holding,
 cuddling is OK but actual sex, I could possibly
 do without. We'll have nice sex one night and
 the next day I'd rather do without. My sexual
 thoughts are attached to anger.
 (sex makes me feel)...isolated, ambivalent
 (sex is).....impossible P

I like it (sex) but its not anything really great.
 I'm beginning to see it can be good with____. Its
 more mental-we're connected-its a union.
 (sex makes me feel)...sometimes terrific
 (sex is).....great Z

Obviously a larger data set is required to further
 examine these relationships. However I believe that
 denial does help women to function and cope in many
 ways. For some this efficacy is short term, for others
 longer lasting. I also believe there are different
 levels of denial i.e., not telling mother and/or father
 about the invasion but confiding in one's sexual
 partner. Further investigation of this element of the
 findings is part of my ongoing research agenda.

MEMORIES AND SECONDARY FRAMES

I believe that all invasive frames are related to one
 another via common frame elements or cues. I posit that
 frame confusion occurs when frames are dissimilar yet
 contain some cues which are quite distinctive. I believe
 this is the case for rape, intercourse, sexual
 molestation, and medical procedures including vaginal
 penetration. The interview data support the quantitative

findings concerning experience of significant invasion resulting in frame confusion (see Tables 18-1, 18-2, and 18-3).

The following quotations are some of the memories of negative invasion(s) from women in the interview sample. They are clearly relating a variety of different invasive frames and their experiences within them.

Something would happen in the here and now that would trigger the feeling. From there I-the feeling would not go away for weeks or months and they're all chunks of memories where I felt that way would surface...Controlling people set me off. Knives and scissors do set me off! O

At seventeen I was in kind of a destructive relationship. He was the first person I had sex with and he pressured me into having sex-I kinda felt like he was taking control of me like my brother...One other incident I was attacked by a friend of mine after school. Since my brother was the first incident where I'd been taken advantage of-you know in a sense, he's always the incident I think about when anything ELSE has occurred. I

(Memories?) Just when I'm trying to be intimate. I don't know sometimes I have nightmares but I'm not sure that there's anything in particular that sets off. P

I think I'm doing pretty good. There's only that thing with my brothers. I can't I just feel disgusted by it. Its cause its just I don't think we've ever had intercourse really but they would perform oral sex on me and I would on them and when my boyfriend performs oral sex on me, it just brings back that feeling and I can't do it. E

I have memories of previous incidences. I'd think is this the only thing I have to do tonight or is there going to be more? Z

Their frame confusion was clearly a function of cues which reside in both positive and negative invasive

frames. This frame overlap caused them to experience some difficulties with particular sexual behaviors which had been part of their negative invasion.

I try to avoid 69 because of that-used to stimulate a little uneasiness. I was forced to do that so many times!
(forced to perform this act multiple times in a day and simultaneously masturbate while in the position) Z

There are certain things I can't do. One of them is oral sex. I just can't. Don't like being on top. (forced to be on top during rape) P

When I'm having sexual problems with my boyfriend that will stimulate these memories...just that he performs the oral sex on me that is a he likes to do that a umh sometimes that I just can't do it at all. (forced to perform oral sex on three perpetrators and had oral sex with twin brothers) E

I believe the data from both the qualitative and quantitative analysis support the posited relationship between negative invasion and positive invasion as well as the role of overlapping framing cues in the experience of inappropriate emotions. I now close the data discussion and move to concluding remarks.

CONCLUDING REMARKS

METHODOLOGICAL AND THEORETICAL IMPLICATIONS

This research addresses the question of the social construction and consequences of negative invasions, and locates this within social structure and interaction. As such it addresses some of the weaknesses of the social construction view of deviance and labeling.

It addresses the question of history and biography so frequently omitted from "one-shot" survey research studies of already labeled and institutionalized people. Clearly, the historical location of these events, both in chronological time and biographical time shaped these women's experience. It examines closely the process by which the event takes on meaning. It is not obvious what these events mean or have meant. It is certainly not obvious that having talked about them, the meaning and action implications of these events is clear to them. They do not feel clarity; they feel ambivalent. Thus, hearing their voices, or their real, lived experiences, does not answer the analytic questions posed by this research; it punctuates and makes them real, but it does not explain them. The fallacy of naive description and "narrative voice" in itself is revealed when the stories are told. They do not "speak for themselves." This is best done by using a combination of the two kinds of data analysis employed here.

The semiotic framing approach combines a formalistic approach to the key signs and themes used, and the context within which the terms, or signifiers, "rape," incest" and the like are used, and the signifieds to which they refer. It structures attention to the changing meaning of the event over time. The frames used make meaningful differentially the event for those who were and were not

subject to negative invasions. These invasions are not a thing, a single entity to be condemned, but are framed and placed within a field of power relations. These frames also help to set social expectations and thus have significance for social psychological theories of expectation states and selves.

Dramaturgical analysis sensitized this work to the relevance not only of performance, but the setting, the fronts, and the actions taking place. The negative repetitive molestations, e.g. incest, are highly staged to external "moral vocalularies of motives" (Mills 1940), have a time-table or agenda which progresses along the invasive continuum, and timing to insulate them from intrusions, interruptions and alternative scripts. To be successfully carried off, they require much feigning and deceit (Goffman 1956), backstage preparation and even rehearsal. They are well-staged and cast by the principle male performer who seeks out potential vulnerable female cast members. Similarly the women who were raped believe their perpetrators carefully staged and planned the event. They sought secluded places, made sure others were not around, and constructed viable stories to bring the victims to the chosen park (J,L) or deserted dormitory suite (Z).

Nevertheless, like all other human actions, negative invasions have complex, negotiated meanings that are

partially a function of mass media definitions, partially a function of individual experience and biography, and importantly, a function of the audience of others, especially significant others, who have information about the event(s). Others, in short, help to define situations, and they continue to play a role in the unfolding meaning of these events for the young women.

As a result, it is likely that they live with the echoes of these experiences in many aspects of their lives, and sometimes without a great deal of awareness of how and why they shape their responses and self-feelings.

PRAGMATIC IMPLICATIONS OF THE RESEARCH

ROLE OF INSTITUTIONS

The role of the primary socializing institutions has been discussed, as has inculcation into the sex/gender and class/gender systems through patriarchal social structures. The state and the family collude in maintaining the extant stratification system. This is operationalized through legal, moral, and social codes which when broken have severe repercussions upon the "guilty" woman who has acted inappropriately. Control of sexuality and its related class position is carried out both "externally" by the state and "internally" by the family.

Control over the sexual behavior of citizens has been a major means of social control in every state society. Conversely, class hierarchy is constantly reconstituted in the family through sexual dominance. (Lerner 1986: 216)

Women's sexual behaviors can result in their declassing. Women who act "wantonly" upon their own sexual and aggressive urges may be stigmatized and labeled e.g., whore, adultress, or punished through divorce and loss of economic viability and social position. Labeling is not a problem when men act violently, i.e., domestic violence, father physically abusive to mother, because men are the definers, namers, and rule makers. It is difficult for family members to garner a positive response from the criminal justice system even in cases of repeated male violence. The violence, partially because of its routinization, is institutionally minimized and defined as "private family troubles." As previously discussed, violent and unwanted invasions of women are very difficult to get appropriately labeled from the woman's perspective.

The medical institution regularly denies the reality of female invasion. It cooperates with other institutions to ignore and refuse to appropriately label cases of rape, incest, and battery. For example, a medical definition of X's invasive experience was constructed complete with an early menstruators kit. Her small town physician told her mother more harm would be done by going any further "with this thing," and reassured her that "X wasn't really hurt." His primary concern was the maintenance of social relations in the town and his worry over "what will happen

to the boy if this becomes public?" It seems he was more worried about stigmatization of the victimizer rather than the well being of the victimized.

This identification and concern with victimizer rather than victim is graphically represented by public response and media coverage of O.J. Simpson's battering, psychological abuse, and alleged murder of his ex-wife Nicole. A terrifying and lengthy phone call from Nicole to the LAPD 911 number (October 25, 1993) was recently broadcast on evening television (CNN 1994). He was berating, terrifying, and threatening to beat and kill her. She did sustain physical injuries from the event. O.J. eventually did some "community service" and received therapy over the phone for this incident. He continued to harass her especially after the divorce. There is evidence of regular calls from Nicole to the police concerning his "stalking behavior." The social institutions which should have provided intervention and properly labeled her abuse refused to act appropriately because of his gender and celebrity status. This is a perfect example of the power of patriarchy and the tendency of Americans to identify with seemingly powerful and violent male heroes.

As long as the major social institutions, family, church, medicine, and the state, collude to define invasion with a male voice and perspective, the female

self and body will be subject to controlling and negative invasions. They will remain a subordinated and oppressed "class."

MALE HEGEMONY

"We have known that rape has been a way of terrorizing us and keeping us in subjection. Now we also know that we have participated, although unwittingly, in the rape of our minds.
(Lerner 1986: 225)

By accepting male definitions of reality women maintain their own subordination and participate in their own oppression. Because males have the power to perpetrate, name, define, and institutionally construct invasive acts, they are able to maintain the control of women through their sexuality. As Simone deBeauvoir contends, the female body is marked within the masculinist discourse, whereby the masculine body, in its conflation with the universal, remains unmarked. Thus men can continue to perpetrate and define their acts of violence toward women. The institutional perspective reflects the view of the invader and legitimates the use of negative invasions to maintain women's subordinate position. The following quotation is a classic in the feminist debate over male ways of thinking about invasions.

Well listen, this is one of the things a woman has to understand, and I get a bit impatient sometimes with women who can't see it. A woman, after all, in this country is a commodity. She's a status symbol, and the prettier she is the more expensive, the more difficult to attain. Anyone can have a fat old lady. But young girls with clear eyes are not for the 40-year old

man who's been working as a meat packer or a storeman all his life. So that when he sees her he snarls, mostly I think, because she's not available to him. She's another taunt, and yet another index of how the American dream is not his to have. He never had a girl like that and he never will.

Now, I think that the most sensible way for us to see the crime of rape is an act of aggression against this property symbol... (but I'm not sure about this at all) I mean I think it's also aggression against the mother who fucks up so many people's lives. And I must think that as a woman, who has not done a revolution, have not put myself on the barricade on this question, I owe it to my poor brothers not to get uptight. Because I am that, I am a woman they could never hope to ball, and in the back of my mind I reject them too. (Greer in Dworkin 1974)

The combination of institutional blindness and male hegemony means not only that females are unaware of how they become part of a system of relations, but that males collude to maintain this "unconsciousness" without full awareness of the advantages they enjoy at the cost of womens' well being. In this sense, the problem is not simply one of "raising consciousness" or "education," but modifying institutional patterns and roles.

FINAL COMMENTS

SURVIVING NEGATIVE INVASION

I consider all the women who participated in the interview to be survivors, although some deny much of the impact of their negative invasion. The ramifications of this denial can only be known over time or through the collection of longitudinal data from the sample. These women have in common educational opportunity and a

certain personal tenacity. They have differing class, ethnic, and racial origins. I believe they are probably faring better than many women who have such dramatic negative invasive histories. Although their relationships with males are frequently fraught, they are struggling very hard to learn to be assertive and self-confident. Each in their own way courageously engages in the daily battle with self, and their anger toward others, in particular the parents and institutions which failed to serve and protect them.

Coming to the interview itself is certainly an indicator of a will to survive. Working through the meaning of the invasive event and ending the silence are significant steps toward a more positive sense of self. They are regaining their voices.

I became less of a victim over time. I look at all the things I can do. I stopped dating those jerk guys. I guess it has to do with dealing with the abuse, admitting it was real and not just a bad dream. But how could this all be real? P

(Has anything like this ever happened to you before?) Oh yeah I'd say three times. But it won't happen to me again. I carry mace, a switchblade and a 9 millimeter. I'm done. I've had my share and two other women's too... Well I feel I'm a survivor because its not a lasting trauma. And I held good to my word when I did see him again. I immediately went for my gun to do that (kill him). L

These quotes show some of the range of responses of women to the experience of invasion. Some deny, some seek to even the score, some try to act positively to prevent a

mini-repetition of the invasion experience. One key to asserting oneself is gaining or regaining a sense of personal efficacy, or power, by defining the relationship between invasion and other physical and psychological sexual and/or non-sexual invasions. Some women see this as a matter of "power" or refusing to be objectified.

POWER! TO me they're all power oriented. Someone else has the power and I don't. Z

On occasion I like to dress up. Now I feel stupid. I don't like the feeling of men, in particular watching me-looking at me. I'm not a THING! P

However, women in denial see no relationship between different types of invasions that they've experienced.

(You checked these things on the questionnaire: sexual talk which made you uncomfortable, verbal harassment or abuse, unwanted sexual touching, rape. Do you see any relationship between these things?) NO! I don't see ANY relationship between THOSE things. No, NONE at all! J

BREAKING THE SILENCE

To some degree, the women had inklings of their situations, and might benefit from therapy (not simply short term emergent or "situational" therapy). But none had therapy immediately following the event(s) to assist them in dealing with abuse, and clearly, the time at which one is ready for such counsel is highly personal. In my view, therapy is a first step and of great value to these highly educated and thoughtful people. It has served several of the women well in moving past their denial (P,Z,X) and toward positive relationships with

significant men.

Other actions would have helped them to re-define the experience, or to "break the silence" in which they live. For example, most did not tell their mother or waited for an extended period of time to tell her (L,I,P,S,R). They did not in effect make it a public issue at the time, and even after were often "tactful" about what happened. It would be helpful to them, I think, to break the silence and make their (often repeated) invasion a "public issue" at least within their families. It is a very costly "private trouble" discussion of which could bring some relief.

Although the mother is seen as a key person in this drama, they did not tell their father either. This was consistent with the father's role in child rearing generally- they were not involved positively in child rearing. Father's role appears to be very important in precipitating the event and in failing to act, as well as being passive in later years. They willingly or unwillingly provide an ignorant audience for an on-going primal scene.

I believe this study offers a greater understanding of the phenomenology of female invasion. The questionnaire data captures a moment in time. These data provide a diachronic or snapshot version of the social construction of invasion and help to establish the trajectory or

invasive continuum concept which is theoretically central to the research. The interviews illuminate the development of "risky invasive status" for female children and the patterning of invasions which arise under particular social situations. These women's stories provide a synchronic picture of the drama of invasion and its aftermath. We observe how semiosis or change in meaning occurs over time and as a function of significant others and experiences.

These data speak to the need for all children to grow up in a nurturing, relatively conflict free, and supportive atmosphere, where individual worth and respect for others is learned from parental example. Clearly sexual abuse and the use of controlling and negative invasions are learned. They are part of patriarchal cultural knowledge and family is the primary site for indoctrination. Gender stereotypical roles, and the institutional inculcation of static norms for male and female behavior, delimit the potential of all human beings. The social construction of male and female as mutually exclusive categories and a gender hierarchy which casts men as dominant and women as submissive is integral in the development of invasive strategies. This gender dichotomy and male imperative to define both "masculine" and "feminine" facilitates the subordination of women and systematic invasions of the female self and body. I close

with a hopeful comment.

We see the dimensions of the crime, the dimensions of the oppression, the anguish and misery that are a direct consequence of polar role definitions of women defined as carnal, evil, and Other. We recognize that it is the structure of the culture which engineers the deaths, violations, violence and we look for alternatives, ways of destroying culture as we know it, rebuilding it as we can imagine.

(Dworkin 1974: 26)

APPENDICES

APPENDIX A

APPENDIX A

DEFINITIONS

INVASION	Entering another's psychological or physical space.
CONTROLLING INVASION	Nonconsensual and violent entry into another's psychological and/or physical space.
VIOLENCE	Use of routinized and implicit, or explicit coercion in the form of force, fear, and/or threats towards another's autonomy. It may be psychological or physical in form.
POSITIVE INVASION	Voluntary orifice entry which is sexual in nature, often characterized by mutual expression of positive affect, and culturally appropriate role relations between the individuals.
NEUTRAL INVASION	Orifice entry for a medical purpose such as childbirth, abortion, or a gynecological exam. The participants have neutral affect for one another which is acted out through their role relations.
NEGATIVE INVASION	Involuntary, unwanted, and violent orifice entry (attempted or completed) with an object, e.g., penis, finger, bottle, dildo, banana. The individuals are not expressing positive affect for one another and may have inappropriate role relations.
SEX	Perceived need to experience orgasmic release, which is non-affective and impersonal-the other is an object
SEXUALITY	Denotes voluntary sexual interaction expressing affect toward the other who is a specific person. The individuals have appropriate role relations.

DRAMATURGICAL FRAME ANALYTIC	A mode of perceiving and interpreting the meaning or social construction of an interactive scene which should inform the viewer how this scene means
FRAME CONFUSION	The recognition of an incompatible frame definition which is stimulated by the experience of inappropriate emotions
INAPPROPRIATE EMOTIONS	Bodily responses or feelings which are anchored in one frame and which are experienced as strange, out-of-place, or confusing in another frame
SEMIOTIC FRAME TECHNIQUE	A mode of analysis of individual response to an interactive scene which informs the viewer what the individual brings to his/her defining of an event. It incorporates elements of the individual's socialization and interactive history.

APPENDIX B

APPENDIX B

MALE QUESTIONNAIRE

This questionnaire is meant to obtain data on how individuals attach meaning to and feel about particular behaviors. I am specifically interested in the meaning of sex, rape, and incest. Some of the questions may disturb you, but remember your honest responses will provide important information toward an understanding of these acts. There is no way to identify anyone who answers this questionnaire and you are free to choose not to fill out the questionnaire.

I would appreciate your participation in this study. All you need do is fill in the questionnaire and 1) put it in the box marked YES which will be outside the door after class, or 2) return it through campus mail, or 3) drop it off at the Department of Sociology 316 Berkeley Hall. If you return it to the department, put your envelope in the box marked Cullum-Swan which will be directly under the professor's mailboxes. If you choose not to complete the questionnaire, please put it in the box marked NO outside the class door. If you have further questions please contact Dr. Tom Conner at 355-6634 or Betsy Cullum-Swan at 353-1653. You indicate your voluntary agreement to participate by completing and returning this questionnaire. Thank you for your participation.

PERSONAL DATA

(Fill in the blank or circle the appropriate answer)

WEIGHT _____ HEIGHT _____
AGE _____ MAJOR _____

YOUR MARITAL STATUS (circle one): single (never married)

2)partnered (but not married) 3)first marriage

4)separated 5)divorced 6)remarried 7)widowed

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

1)HOW WOULD YOU IDENTIFY YOUR ETHNIC/RACIAL GROUP? _____

2)HOW MANY FULL BROTHERS AND SISTERS DO YOU HAVE?

a) brothers _____ b) sisters _____

3) DID YOUR PARENTS DIVORCE? (circle one) NO YES
(if no, go to question 8)

A) If yes, how old were you? _____

B) Did your mother remarry? NO YES

More than once? (please explain) _____

C) Did your father remarry? NO YES

More than once? (please explain) _____

4) HOW MANY STEPBROTHERS OR SISTERS DO YOU HAVE? _____
a) stepbrothers _____ b) stepsisters _____

5) DID YOU EVER LIVE IN THE SAME HOUSE WITH YOUR
STEPSIBLINGS? NO YES If yes, how did this work out?

6) HOW MANY HALFBROTHERS OR SISTERS DO YOU HAVE? _____
a) halfbrothers _____ b) halvesisters _____

7) DID YOU EVER LIVE IN THE SAME HOUSE WITH YOUR
HALFSIBLINGS? NO YES If yes, how did this work out?

8) DID YOU SEE YOUR PARENTS BEING AFFECTIONATE WITH EACH
OTHER? NO YES

9) DID EITHER OF YOUR PARENTS OR ANY ADULT IN YOUR
HOUSEHOLD HAVE A PROBLEM WITH ALCOHOL? NO YES

(if yes, circle all that apply, if no go to 11)

1) MOTHER 2) FATHER 3) OTHER (please explain) _____

10)WHAT HAPPENED IN YOUR HOUSEHOLD WHEN PROBLEM DRINKING OCCURRED? (circle as many as apply)

- 1)parents had verbal arguments 2)violence between parents
3)children were neglected 4)children were treated violently
5)other (please explain)_____

11)HOW OLD WERE YOU THE FIRST TIME YOU HAD SEXUAL INTERCOURSE? _____ (if never, go to question 15)

12)I'VE HAD (circle one): one a few several many
SEXUAL PARTNERS

13)MY SEXUAL PARTNERS HAVE BEEN (circle one)

- 1)Only male 2)Only female 3)Both male and female

14)HOW FREQUENTLY DO YOU EXPERIENCE EJACULATION DURING SEXUAL RELATIONS?

- 1)always 2)usually 3)sometimes 4)never

15)HOW FREQUENTLY DO YOU EXPERIENCE EJACULATION DURING MASTURBATION?

- 1)always 2)usually 3)sometimes 4)never

16)DIFFERENT SOURCES GIVE US INFORMATION CONCERNING WEIGHT AND BODILY APPEARANCE. PLEASE LOOK AT THE SOURCES BELOW AND RANK THEM FROM 1-9 (1 being most important), ACCORDING TO HOW MUCH THEY AFFECT HOW YOU FEEL ABOUT YOUR WEIGHT AND APPEARANCE. USE EACH NUMBER ONLY ONCE.

____female friends	____male friends	____parents
____sexual partner	____physicians	____television
____magazines	____movies	____yourself

17) Now you will see below some phrases. I would like you to write down the first word or phrase which comes to your mind after reading each item. DO NOT THINK DEEPLY, just write down your first thought.

I am _____

My body is _____

Being touched makes me feel..... _____

Food is..... _____

A rounded female figure is..... _____

Sex is..... _____

Sex makes me feel..... _____

When I am sexually turned on I want. _____

Sexually explicit pictures are..... _____

Movies with explicit sex make me feel _____

Making love is..... _____

Making love makes me feel..... _____

Violence is _____

Hitting a woman is..... _____

Hitting a woman makes a man feel.... _____

Rape is..... _____

Rape makes a man feel..... _____

Rape makes a woman feel..... _____

Rapists are..... _____

Rapists should be..... _____

Incest is..... _____

An incest victim feels..... _____

People who commit incest are.. _____

People who commit incest should be.. _____

Circle the correct response below and try to explain or give details when asked. If you need more room turn the paper over, write the number of the question and continue.

18)HOW MANY FILMS (theatre, video, T.V.) DO YOU WATCH PER MONTH? (circle one) 1)1-5 2)6-10 3)11-15
4)16-20 5)20 or more

19)WHAT TYPE OF MOVIE DO YOU PREFER TO SEE? (circle one)
1)thriller/adventure 2)family/relationship 3)romantic
4)violent 5)sexually explicit 6)other_____

20)DO YOU LOOK AT SEXUALLY EXPLICIT MOVIES OR MAGAZINES LIKE HUSTLER AND PLAYBOY?(if no, go to part C) NO YES
A)If yes, how do they make you feel?

B)Is their use related to your sexual behaviors? NO YES
If yes, please explain how?

C)If no, why don't you use these types of materials?

21)DO YOU HAVE A PROBLEM WITH ALCOHOL? NO YES

A)How often do you drink?
1)once a week 2)2-3 times a week 3) once a day
4)throughout the day

B)How much do you drink at a time? 1)one drink
2)2-3 drinks 3)4 or more drinks 4)until I'm drunk

22)DID ANYONE CLOSE TO YOU COMMIT SUICIDE? NO YES
If yes, please explain the person's relationship to you and the circumstances around the incident

23)WOULD YOU DESCRIBE THE HOUSEHOLD YOU GREW UP IN AS VIOLENT? NO YES
If yes, describe the type of violence which took place.

24)WAS YOUR FATHER PHYSICALLY ABUSIVE TO YOUR MOTHER? NO YES
If yes, please write down your memories and feelings about this.

25) WERE ANY OF YOUR FAMILY MEMBERS PHYSICALLY ABUSIVE
TO YOU? NO YES

(If yes, circle all that apply); father, mother,
stepfather, stepmother, brother, sister, stepbrother,
stepsister, grandmother, grandfather, other _____
If yes, please write down your memories and feelings
about this.

26) ARE YOU A VICTIM OF INCEST OR CHILDHOOD SEXUAL
MOLESTATION? NO YES
If yes, please write down the relationship of the
person who did this and your memories and feelings
about it.

27) AS AN ADULT, HAVE YOU EVER BEEN RAPED (forced anal
or oral intercourse)? NO YES
If yes, please write down your memories and feelings
about this.

28) DO YOU EVER FANTASIZE OR DREAM ABOUT BEING PHYSICALLY
ABUSIVE TO WOMEN? NO YES
If yes, please write down your memories and feeling
about this.

29) DO YOU EVER FANTASIZE OR DREAM ABOUT RAPING A WOMAN?
NO YES
If yes, describe your fantasy.

30) IF YOU COULD RAPE A WOMAN WITHOUT CONSEQUENCES TO
YOURSELF, WOULD YOU DO THIS? NO YES
If yes, why?

If no, why not?

31) Below are a list of things which you may have said or done. Please check any you recall having done and write in the relationship of the person involved—for example: girlfriend, stranger, wife, sister, co-worker, boss, professor, etc. A few of these acts are illegal but please recall that this questionnaire is anonymous and there is no way to know who provided information. (check all that apply)

RELATIONSHIP OF PERSON/S

- A () sexual talk or jokes which made a woman
uncomfortable _____
- B () verbal harassment or abuse of a woman _____
- C () ordinary touching which made a woman uncomfortable _____
- D () verbal sexual advances a woman discouraged _____
- E () sexual touching which a woman didn't want _____
- F () consensual sex after a violent argument _____
- G () pressured a woman into sexual relations _____
- H () had sex after a violent argument with an unwilling
partner _____
- I () battered a woman (physical non-sexual abuse) _____
- J () committed incest with a woman _____
- K () raped a woman _____

32) IF YOU CHECKED ANY OF THE ABOVE AND HAVE MEMORIES OR FEELINGS ABOUT THE EVENT/S, WRITE THEM HERE. PLEASE INCLUDE THE LETTER OF THE ACT YOU ARE REFERRING TO.

33) IF YOU HAVE COMMENTS OR QUESTIONS PLEASE WRITE THEM HERE OR ON THE BACK OF THIS PAGE. Remember your responses are anonymous and I can't link a questionnaire to a person. Thank you for completing the questionnaire. Place it in the envelope and return it in the manner you choose.

FEMALE QUESTIONNAIRE

This questionnaire is meant to obtain data on how individuals attach meaning to and feel about particular behaviors. I am specifically interested in the meaning of gynecological exams, sex, rape, and incest. Some of the questions may disturb you, but remember your honest responses will provide important information toward an understanding of these behaviors. The questionnaire is divided into several sections. Be sure and read the directions for each part. On the sentence completion parts DO NOT THINK DEEPLY, just respond with the first word or phrase that comes to your mind. Some sections contain yes/no responses which you should circle and sometimes an explanation is requested. If you need more space for a response turn the sheet over. Please be sure to note the number of the question you are continuing. Toward the end of the questionnaire you will find questions about painful and negative experiences which might have happened to you. Your responses are very important and might give physicians and social scientists information to help others having similar feelings and experiences. Try to recall and write down as many details as you can on these questions.

The questionnaire and postcard are numbered for our convenience. There is no way to know who responded unless you choose to identify yourself by returning the postcard. The function of the postcard is explained below. If you choose not to fill out the questionnaire, place it in the box marked NO outside the door after class. Participation in the study is strictly voluntary! Because the questionnaire is lengthy I don't believe you will be able to return completed ones after class. The male version of the questionnaire is shorter and you may see male students turning them in after class. If you choose to participate in the study please return your questionnaire 1) through campus mail or 2) drop it off at the Sociology department 316 Berkeley hall. There will be a box marked Cullum-Swan underneath the professor's mailboxes for completed questionnaires. You indicate your voluntary agreement to participate by completing and returning this questionnaire.

I would like to interview a subsample of women who responded to this questionnaire. I am looking for women who have experienced any of the following; sexual molestation, incest, and/or rape, and who feel willing to talk about their experience. Please return the attached postcard if you are willing to be interviewed and be sure to fill in a first name only and a phone number where you can be reached. The interviews will be scheduled during February and March and will take about an hour and a half. After the interview I will destroy the information card

you have filled out. No permanent records of subjects will be kept. I will tape the interviews and all tapes will be kept in a locked cabinet in my home. After the data is analyzed, the tapes will be destroyed. In this way all respondents will maintain their anonymity. If you would like more information concerning this study please contact Dr. Tom Conner (355-6634) or Betsy Cullum-Swan (353-1653) at the Department of Sociology. Thank you for your participation in this study.

PERSONAL DATA

(Fill in the blank or circle the appropriate answer)

CURRENT WEIGHT _____ HEIGHT _____

USUAL WEIGHT (if different) _____

I FEEL I AM: the correct weight underweight overweight

AGE _____ MAJOR _____

YOUR MARITAL STATUS (circle one): 1)single (never married)
 2)partnered (but not married) 3)first marriage
 4) separated 5)divorced 6)remarried 7)widowed

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

1)HOW WOULD YOU IDENTIFY YOUR ETHNIC/RACIAL GROUP? _____

2)HOW MANY FULL BROTHERS AND SISTERS DO YOU HAVE?

a) brothers _____ b) sisters _____

3)DID YOUR PARENTS DIVORCE? (circle one) NO YES
 (If no, go to 8)

A)If yes, how old were you? _____

B)Did your mother remarry? NO YES

More than once? (please explain) _____

C)Did your father remarry? NO YES

More than once? (please explain) _____

4)HOW MANY STEPBROTHERS OR SISTERS DO YOU HAVE? _____

a) stepbrothers _____ b) stepsisters _____

5)DID YOU EVER LIVE IN THE SAME HOUSE WITH YOUR STEP-SIBLINGS? NO YES

If yes, how did this work out?

6)HOW MANY HALFBROTHERS OR SISTERS DO YOU HAVE? _____

a) halfbrothers _____ b) halvesisters _____

7) DID YOU EVER LIVE IN THE SAME HOUSE WITH YOUR HALF-SIBLINGS? NO YES

If yes, how did this work out?

8) DID YOU SEE YOUR PARENTS BEING AFFECTIONATE WITH EACH OTHER? NO YES

9) DID EITHER OF YOUR PARENTS OR ANY ADULT IN YOUR HOUSEHOLD HAVE A PROBLEM WITH ALCOHOL? NO YES

(if yes, circle all that apply, if no go to 10)

MOTHER FATHER OTHER (please explain) _____

11) WHAT HAPPENED IN YOUR HOUSEHOLD WHEN PROBLEM DRINKING OCCURRED?

(circle all that apply) 1) parents had verbal arguments

2) physical violence between parents

3) children were neglected 4) children treated violently

5) other (please explain) _____

11) HOW OLD WERE YOU THE FIRST TIME YOU HAD SEXUAL INTERCOURSE? _____ (if never, go to question 14A)

12) I'VE HAD (circle one) one a few several many SEXUAL PARTNERS

13) MY SEXUAL PARTNERS HAVE BEEN (circle one)

1) Only male 2) Only female 3) Both male and female

14) HOW FREQUENTLY DO YOU EXPERIENCE ORGASM DURING SEXUAL RELATIONS?

1) always 2) usually 3) sometimes 4) never

A) DURING MASTURBATION?

1) always 2) usually 3) sometimes 4) never

15) Different sources give us information concerning weight and bodily appearance. Please look at the sources below and rank them from 1-9 (1 being most important), according to how much they affect how you feel about your weight and appearance. Use each number only once.

_____ female friends	_____ male friends	_____ parents
_____ sexual partner	_____ physicians	_____ television
_____ magazines	_____ movies	_____ yourself

16) Now you will see some phrases. I would like you to write down the first word or phrase which comes to your mind after reading each item. DO NOT THINK DEEPLY, just write down your first thought.

I am _____

My body is _____

Being touched makes me feel..... _____

Food is..... _____

A rounded female figure is..... _____

Sex is..... _____

Sex makes me feel..... _____

When I am sexually turned on I want. _____

Sexually explicit pictures are..... _____

Movies with explicit sex make me feel _____

Making love is..... _____

Making love makes me feel..... _____

Violence is _____

Hitting a woman is..... _____

Hitting a woman makes a man feel.... _____

Rape is..... _____

Rape makes a man feel..... _____

Rape makes a woman feel..... _____

Rapists are..... _____

Rapists should be..... _____

Incest is..... _____

An incest victim feels..... _____

People who commit incest are.. _____

People who commit incest should be.. _____

- 17) MY REPRODUCTIVE STATUS IS (circle one)
a) fertile-still menstruating b) not fertile
if you are not fertile, please explain _____
- 18) HAVE YOU EVER BEEN PREGNANT? NO YES
(if no, go to #25) If yes, how many times? _____
- 19) HAVE YOU EVER GIVEN BIRTH TO A CHILD? NO YES
If no, go to #22
If yes, number of births _____
- 20) PLEASE FILL IN THE BLANK (if you have had more than one birth, respond in chronological order)
1) My first birth made me feel.....
2) My second birth made me feel.....
3) My third birth made me feel.....
- 21) CIRCLE THE CORRECT RESPONSE FOR EACH BIRTH EXPERIENCE YOU HAVE HAD.
For birth #1 I had a MALE FEMALE physician.
For birth #2 I had a MALE FEMALE physician.
For birth #3 I had a MALE FEMALE physician.
- 22) HAVE YOU EVER HAD AN ABORTION? NO YES
If no, go to # 25
If yes, how many times? _____
- 23) PLEASE FILL IN THE BLANK (if more than one abortion respond in chronological order)
1) The first abortion made me feel.....
2) The second abortion made me feel.....
3) The third abortion made me feel.....
- 24) Circle the correct response for each abortion you have had.
For abortion #1 I had a MALE FEMALE physician.
For abortion #2 I had a MALE FEMALE physician.
For abortion #3 I had a MALE FEMALE physician.
- 25) I HAVE A GYNECOLOGICAL EXAM: a) yearly b) when I think something is wrong c) never
(if never, explain why and go to question #46)
WHY _____
- 26) I PREFER TO SEE a: a) MALE b) FEMALE PRACTITIONER
FOR GYNECOLOGICAL EXAMS. (if male, go to #28)
- A) IF YOU PREFER TO SEE A FEMALE PHYSICIAN, PLEASE EXPLAIN WHY. IF THIS DECISION IS RELATED TO A PREVIOUS EXPERIENCE PLEASE DISCUSS THIS IN YOUR RESPONSE (please use back of this page if necessary).

27)THE PHYSICIAN I HAD FOR MY LAST EXAMINATION WAS:
 a)MALE b)FEMALE

28)When answering the following questions I would like you to recall your last gynecological exam. Think about the doctor and his/her office. Replay the exam in your mind as if it were a scene in a movie. Pay attention to all your senses. In general how did the surroundings make you feel and what did you think about while you were there? With these things in mind please continue the questionnaire.

(Fill in the following blanks with the first word or phrase which comes to your mind)

The **SMELLS** of the examination room made me feel

The **NOISES** in the office made me feel.....

The **PAPER ROBE** or drape made me feel.....

The **DOCTOR'S UNIFORM** made me feel.....

The **EQUIPMENT** in the examination room made me feel

The bright fluorescent **CEILING LIGHTS** made me feel

The gooseneck **LAMP SPOTLIGHTING** my pelvis made me feel...

Position in the **STIRRUPS** made me feel.....

The **DOCTOR'S TALK** made me feel.....

The **DOCTOR'S TOUCH** made me feel.....

EYE CONTACT with the doctor made me feel.....

The presence of the **NURSE** made me feel.....

29)Were any of these feelings from question #28 (either positive or negative), surprising to you?

a)YES

b)NO (go to #31)

30)Can you **explain** what caused this particular feeling and your reaction to its presence?

Circle one response and answer the follow up question if requested-write on the back of the page if necessary.

31)Were you generally satisfied or dissatisfied with the exam?

a)DISSATISFIED

b)SATISFIED (go to #33)

32)What could have made this a satisfactory exam?
(go to #34)

33)Could anything have been done to make you more satisfied?

34)Did you talk with the doctor before the exam while dressed in your streetclothing? a)YES b)NO

35)What did the doctor say when s/he entered the examination room?

36)What did the doctor talk about during the exam?

37)What was your reaction to the doctor's talk during the exam ?
(check all that apply)

- 1 () it made me uncomfortable
- 2 () I didn't like what s/he talked about
- 3 () I would have preferred silence
- 4 () I had no particular reaction to the doctor's talk
- 5 () it made the exam move along quickly
- 6 () I found it comforting
- 7 () other (please explain)

38)Excluding physical discomfort, did you feel uneasy at any time during the exam? a)YES b)NO (go to #40)

39)Why did you feel uneasy?

40)Try to remember what it was like when you were lying on the table during the examination. Did you daydream about anything? a)YES b)NO (go to #42)

41)What did you daydream about?

42) During the exam, did any of the following memories come to you? (check all that apply)

- | | |
|-------------------------------------|---------------------------------|
| 1() other visits to a physician | 5() being raped |
| 2() giving birth | 6() being sexually molested |
| 3() an abortion | 7() incestuous experience |
| 4() a sexual experience | 8() other (please explain) |

43) Why do you think you recalled this/these memories?

44) DO YOU EXPERIENCE ANY OF THE FOLLOWING? (check all that apply)

- | | |
|--|--------------------------------------|
| 1() premenstrual syndrome | 8 () painful menstruation |
| 2() severe depression | 9 () lack of sexual desire |
| 3() negative feelings about my body | 10() exaggerated fears |
| 4() chronic vaginal infections | 11() general anxiety |
| 5() chronic urinary tract infections | 12() anorexia |
| 6() vaginal pain | 13() bulimia-binging and purging |
| 7() painful intercourse | 14() difficulty swallowing |

Circle the correct response below and try to explain or give details when asked. If you need more room turn the paper over, write the number of the question and continue.

45) HOW MANY FILMS (theatre, video, T.V.) DO YOU WATCH PER MONTH? (circle one) 1) 1-5 2) 6-10 3) 11-15
4) 16-20 5) 21 or more

46) WHAT TYPE OF MOVIE DO YOU PREFER TO SEE? (circle one)
1) thriller/adventure 2) family/relationship 3) romantic
4) violent 5) sexually explicit 6) other _____

47) DO YOU HAVE A PROBLEM WITH ALCOHOL? NO YES

A) How often do you drink?

- 1) once a week 2) 2-3 times a week 3) once a day
4) throughout the day

B) How much do you drink at a time?

- 1) one drink 2) 2-3 drinks 3) 4 or more drinks
4) until I'm drunk

48) DID ANYONE CLOSE TO YOU ATTEMPT OR COMMIT SUICIDE?

NO YES

If yes, please explain the person's relationship to you and the circumstances around the incident.

49) WOULD YOU DESCRIBE THE HOUSEHOLD YOU GREW UP IN AS
VIOLENT? NO YES

If yes, describe the type of violence which took place.

50) WAS YOUR FATHER PHYSICALLY ABUSIVE TO YOUR MOTHER?
NO YES

If yes, please write down your memories and feelings
about it.

51) WERE ANY OF YOUR FAMILY MEMBERS PHYSICALLY ABUSIVE
TO YOU? NO YES

(If yes, circle all that apply); father, mother,
stepfather, stepmother, brother, sister, stepbrother,
stepsister, grandmother, grandfather, other _____

52) HAVE YOU EVER FANTASIZED ABOUT OR HAD A DREAM IN WHICH
YOU WERE PHYSICALLY ABUSED? NO YES

If yes, write down your memories and feelings about it.

53) HAVE YOU EVER FANTASIZED ABOUT OR HAD A DREAM IN WHICH
YOU WERE RAPED? NO YES

If yes, write down your memories and feelings about it.

Look carefully over the following list, if none of
these experiences have ever happened to you, skip the rest
of the questionnaire. If you have experienced any of
these, check which ones. Fill in the blank with the
person involved (for example: father, mother, sister,
brother, other male relative, other female relative,
spouse, partner, work acquaintance, boss or supervisor,
doctor, lawyer, professor, TA, stranger, other (please
specify). (Check all you have experienced)

RELATIONSHIP OF PERSON/S

A () sexual talk or jokes which made you uncomfortable _____

B () verbal harassment or abuse _____

C () ordinary but uncomfortable touching _____

D () verbal sexual advances you did not encourage _____

E () unwanted sexual touching _____

F () consensual sex after a violent argument _____

G () pressured into sexual relations _____

H () unwanted sex after a violent argument _____

I () battered (physical non-sexual) abuse _____

J () incest _____

K () rape _____

55) Check the types of thoughts and feelings you had during the experience(s) you checked in question 54? Please circle the letter assigned to the experience you are describing (e.g. rape is K) after the type of thoughts and feelings you had. If you felt shame after being raped you would check SHAME and circle K. Remember that different experiences may stimulate the same feeling. For example both sexual jokes and rape may cause you to feel shame so A and K would be circled for the feeling of SHAME. (Check all that apply)

FEELINGS	CIRCLE LETTER CORRESPONDING TO EXPERIENCE YOU ARE DESCRIBING
() helpless	A B C D E F G H I J K
() betrayal	A B C D E F G H I J K
() shame	A B C D E F G H I J K
() worthlessness	A B C D E F G H I J K
() that I deserved it	A B C D E F G H I J K
() I was going to be killed	A B C D E F G H I J K
() detached-(this is not happening to me)	A B C D E F G H I J K
() angry	A B C D E F G H I J K
() aggression	A B C D E F G H I J K
() hatred	A B C D E F G H I J K
() that I wanted revenge	A B C D E F G H I J K
() murder fantasies	A B C D E F G H I J K

56) If you had other feelings and thoughts, write them in the blanks below and circle the experience that caused them

() _____	A B C D E F G H I J K
() _____	A B C D E F G H I J K
() _____	A B C D E F G H I J K

57) Have any of the following been effected as a result of your negative experience(s)? (Check all that apply)

- ☐ male-female relationships
 - ☐ female-female relationships
 - ☐ your self concept
 - ☐ trust in your own abilities
 - ☐ your body image
 - ☐ ability to be intimate with others
 - ☐ feelings about your sexuality
 - ☐ frequency of sexual intimacy
 - ☐ feelings about doctor-patient relationships
 - ☐ other (please explain)
-
-

If you have further comments or details about the effect of these experiences on your life, please continue here and on the back. Return the questionnaire through campus mail or put it in the box marked Cullum-Swan in the sociology office, 316 Berkey Hall. If you are willing to be interviewed, remember to return your postcard. Thank you for your participation in this study.

Betsy Cullum-Swan

Interview Schedule

I have looked at your questionnaire. I would like to talk a little about your family and your relationship with them. Then we will discuss about the incident which brought you to this interview. After an informational question I will frequently ask, how did you feel about this? Don't think deeply when I ask this follow-up question. Just say the first thing that comes to your mind. I will be taping and the interview should take about 90 minutes. If you want the recorder turned off at any time, or need to take a break, feel free to say this. Remember that everything you say is confidential and I am the only person who will hear the tapes or see my notes. When I am finished with the analysis of the interviews the tapes will be erased. Because you have given me only a first name and I will destroy the contact card after the interview, your story is anonymous and you can't be identified. I will have no way to contact you in the future. You indicate your consent by volunteering and participating in this interview. When you talk about the experience that brought you to this interview, I don't want to know the last names of any of the persons involved. You may call them by first name or by their role relation to you (for instance father, boyfriend, etc.)

Subject # _____
Name _____

1) Your parents a)remained married b)divorced

1A) Your a)mother b)father c)both parents
remarried

1B) And you lived primarily with_____

2) You have _____sisters _____brothers

3) You have _____stepsisters _____stepbrothers

4) You have _____halfsisters _____halfbrothers

5) What is your birth position in your family?_____

6) Who did most the nurturing and caring things we expect
parents to do, for you? mother____father____ other ____

Can you tell me some things s/he did which were
comforting?

7) What things about your homelife caused you problems or were painful when you were growing up? (probe: violence, drinking, parents arguing)

8) Did you seem to disagree or argue with your parents about particular things? Can you tell me about them?

M

F

9) How would you describe your current relationship with your parents?

10) Can you give me one word or a phrase which describes your current thoughts and feelings about your

mother? _____ your father? _____

CURRENT LIVING SITUATION

11) What is your current living situation?

12) Who are you living with?

13) Is this a positive living situation for you?

Now I would like to talk about the experience that prompted you to volunteer for an interview. If you have more than one incident in mind, I would like to discuss the one that seems most clear. First I will ask for some information about the person and incident. Then I would like you to recall some feelings you experienced at that time.

14) When I came to your class I asked to interview women who had experienced sexual molestation, rape, or incest. Which of these will you be telling me about today?

- 15) A) How old were you when this happened?
 B) What was the age and sex of the other person?
 C) What was your relationship with him/her?
 D) Where did it happen?

16) Has this happened to you more than once? _____
 (If yes) How many times, when, same or different person?
 (probe: Do you fear it could happen again?)

17) Did any of your friends or family members have this or a similar experience?) Probe mother, sisters, grandmother)
 Who? _____ By whom? _____

(If stranger move to 25#) Now I will ask some questions about your previous relationship with your _____.

18) How did you feel about him before this happened?
 (probe: trust)

19) Had the two of you talked about sexual things before the incident?
 How did you feel about this?.....

20) Did the two of you ever look at sexually explicit pictures or movies together?
 How did you feel about this?.....
 (If yes, was this part of the incident)

21) Did you see and/or touch his genitals at other times before this incident? (if clearly sexually involved-What role did genital exposure and/or touching play in your relationship before this incident?
How did you feel about this?.....

22) Before this happened had he touched you in ways that made you feel uncomfortable?
How?
When?

23) Had he threatened you or been violent toward you before the incident? If yes, in what way, how often, and over what period of time?

NOW I WOULD LIKE TO TALK ABOUT THE PARTICULAR INCIDENT

24) Were either or both of you DRINKING before or during this time? (How much?)
Was/is drinking a regular part of your social interaction?
How did you feel about your drinking together?.....

25) DURING the incident?
A) Did he make you touch HIS GENITALS?
How did this make you feel?.....

B) Did he make you perform ORAL SEX?
(EJACULATE in your mouth)
How did this make you feel?.....

C) Did he TOUCH or rub your your VAGINA? With what?
How did this make you feel?.....

D) Did he PENETRATE your your VAGINA? With what?
How did this make you feel?.....

E) Did he PENETRATE your RECTUM? With what?
How did this make you feel?.....

26)Did any OTHER sort of physical CONTACT occur?

27)Did he use PSYCHOLOGICAL COERCION OR THREATS?
What did he say?

28)Did he USE PHYSICAL VIOLENCE?

29)Did he have a WEAPON?

30)What were you THINKING about while it was happening?

31)What did you think he would do to you if you DIDN'T COOPERATE?

32) What did you think he would do if you TOLD?

33)Now I would like to ask you to very specifically remember some elements of the situation. These questions are like the ones on the gynecological questionnaire. Don't think deeply-just respond with the first thing that comes to you. Try to think about the person and the place where this happened. Pay attention to all your senses. It might help you to remember if you close your eyes.

Try to remember how it smelled. What did you smell?
How did the SMELLS make you feel

What sounds did you hear?
How did the NOISES make you feel.....

Were you dressed or undressed? (BODILY EXPOSURE)
How did this make you feel.....

Was he dressed or undressed? (UNIFORM)
How did this make you feel.....

Did he constrain you with anything other than his body?
 (EQUIPMENT) What did he use?
 How did this make you feel

Was it dark or LIGHT in the place?
 How did this make you feel.....

What POSITION were you in when it happened? Were you
 forcibly held in this position?
 How did this make you feel.....

Did he TALK to you? About what?
 How did this make you feel

Did you TALK to him? About what?
 How did this make you feel

When he TOUCHED you how did you feel.....

Did you have EYE CONTACT with him while it happened?
 How did this make you feel.....

Did anyone else see this happen to you?
 (AUDIENCE PRESENCE)
 How did this make you feel.....

34)Did you have thoughts or memories of any other
 experiences while this was happening? What? Why?

35)Have you since thought about this experience at
 particular times or in certain situations or places?
 Where? When? Why?

36)During this discussion have these MEMORIES seemed vague
 or clear to you?
 (probe for elements which seem very clear)

**NOW I WOULD LIKE TO TALK ABOUT WHAT HAPPENED
AFTERWARD**

37) What did you do and how did you FEEL AFTER
it was over?

38) Did you TELL SOMEONE CLOSE to you what had happened?
(When did tell?)

IF YES: WHO _____

What did s/he say and do?

IF NO: Why not?

39) Did you go to a DOCTOR or emergency room?

If yes, how were you treated?

How did you feel about this?.....

40) Did you report the incident to the POLICE?

If yes, how were you treated?

How did you feel about this?.....

41) Were LEGAL CHARGES brought? How were you treated by
court representatives? (probe about lawyer-sex of)

How did you feel about this?.....

A)How was it resolved?

42)Have you had any counseling or THERAPY as a result of
this incident?

(probe for type, how long, effect it had)

43)A)What do you thing was his DEFINITION of what happened?

B)Did this effect YOUR THINKING about and naming of the
incident? (How?)

44)Have you SEEN your _____ since the incident?

NO YES (Probe: when, where)

A)If yes, how did you feel when you saw him?.....

B)If a family member, how was s/he treated by the rest
of the family?

NOW I'D LIKE TO TALK ABOUT YOUR CURRENT RELATIONSHIPS

45)Are you presently involved in an important personal relationship? (if no discuss last one and phrase in past)

46)How would you describe this relationship?

47)Are (were) you living together?

48)Does (did) your partner know about the incident we have discussed?

49)Does (did) this knowledge (or lack of) effect your relationship?
How?

50)Does it effect your sexual behaviors with this person?
How?

51)Is (was) this sexual relationship pleasurable to you?
(If not is it matter of accomodation or pleasing the other person?)

52)Does this differ from your prior sexual experiences?
How?

53)Can you give me one word which describes your current feelings about sex?_____

54)Are there particular sexual behaviors that you don't like?
Can you tell me what they are and why you don't like them?

55)Do you feel like a victim or a survivor of this experience? Why?

56)Is there anything else about the way this experience effects your sexuality or relationships that you would like to tell me?

MEDICAL

NOW I HAVE A FEW MEDICAL QUESTIONS AND WE WILL BE FINISHED WITH THE INTERVIEW

57)How often do you have a gynecological exam? (Why?)

58)What are your general feelings about gynecological exams?

59)What would you change about the exam?

60)Now I will read a list of symptoms or medical problems. I would like to know if and how often you may have experienced any of them. I would like you to answer with
1)Never 2)Once or twice 3)Many times-but in a limited time span 4)Always-frequently and over a long time span

1 2 3 4

insomnia_____

nightmares (probe for themes)....._____

night sweats....._____

fear of leaving the house-agoraphobia.._____

fear of strangers....._____

fear of heights....._____

fear or dislike of swimming....._____

fear of the dark....._____

gagging and/or difficulty swallowing..._____

weight fluctuation (>10 #)....._____

eating too little-anorexia....._____

eating too much and vomiting-bulemia..._____

vaginal infections....._____

urinary tract infections....._____

Have you ever had your urethrea dialated?

How did this procedure make you feel?_____

Endometriosis....._____

breast cysts....._____

Lower back pain....._____

stomach aches or pains....._____

headaches....._____

TMJ....._____

bruxism....._____

constipation....._____

painful menstruation....._____

painful intercourse....._____

difficulty reaching orgasm....._____

unusual fear of pregnancy....._____

chronic lack of energy....._____

feeling helpless....._____

feeling sad....._____

feeling lonely....._____

crying episodes....._____

depression.....
 suicidal thoughts.....
 suicidal attempts.....
 use of tranquilizers.....
 sleeping pills.....
 use of illegal substances.....
 drinking alcohol.....
 getting drunk.....
 cigarette smoking.....
 other symptoms.....
 other symptoms.....
 other symptoms.....

61) Do you have any other medical problems?

62) At the end of the questionnaire there was a list of things that happen to women. You checked:

RELATIONSHIP OF PERSON/S

- A () sexual talk or jokes which made you uncomfortable__
- B () verbal harassment or abuse _____
- C () verbal sexual advances you did not encourage_____
- D () ordinary but uncomfortable touching _____
- E () unwanted sexual touching _____
- F () wanted sex after a violent argument _____
- G () pressured into sexual relations _____
- H () unwanted sex after a violent argument _____
- I () battered (physical non-sexual) abuse _____
- J () incest _____
- K () rape _____

Are these experiences related for you?
In what way?

63) Is there anything else you would like to talk about or do you have any questions for me?

Thank you for your participation in this study.

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