OBJECT REPRESENTATIONS OF SEXUALLY AND MULTIPLY
ABUSED FEMALES: A TAT ANALYSIS

DISSERTATION

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Rick D. Thode, B.S., M.S.
Denton, Texas
August, 1994
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Object representations of sexually abused girls were compared to those of a clinical control group with no history of maltreatment. In addition, girls subjected to sexual abuse by itself were compared with girls who were sexually abused in conjunction with physical abuse and/or neglect (i.e., multiply abused). TAT stories were analyzed using the Object Relations and Social Cognition Scale (ORSCS; Westen et al., 1985) which assesses four dimensions of object relations. It was hypothesized that sexually abused children would manifest more general and highly pathognomic impairment than controls along four dimensions of object relations. It was also hypothesized that multiple abuse would be associated with more general and highly pathognomic impairment in object relations than sexual abuse by itself. The results did not support any of the hypotheses predicting group differences in object relations as a function of abuse. However, sexually abused girls showed a non-significant trend toward more severe impairment in their capacity for emotional investment in relationships and moral standards. Discrepancies between this study and
other studies assessing the impact of abuse on object relations are discussed in terms of group composition, TAT stimuli, and statistical design.
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Prevalence of Child Sexual Abuse

The sexual abuse of children constitutes one of the most significant psychosocial problems of our time. Finkelhor, Hotaling, Lewis, and Smith (1990) recently completed a national survey of 1,145 adult men and 1,481 women regarding the prevalence, characteristics, and risk factors of childhood sexual abuse. A key strength of their study is that the sample conformed in all respects to census demographics of the United States and other similar telephone surveys. They elicited a history of childhood sexual abuse by asking four comprehensive screening questions regarding any experience involving 1) actual or attempted sexual intercourse, 2) touching, grabbing, kissing, or rubbing up against the child’s body, 3) nude photos, exhibitionism, or sexual acts in the child’s presence, and 4) oral sex or sodomy. In addition, each question was followed by the phrase "or anything like that?" to elicit any related experiences.

The main findings of this study were based on designating respondents as victims if they answered yes to any one of the four questions. Childhood sexual abuse was
disclosed by 27% of the women and 16% of the men. The median age for abuse was 9.6 for girls and 9.9 for boys. Victimization of 23% of the girls and 22% of the boys occurred before age 8. Girls were more likely to be abused by family members (29% vs. 11% for boys), whereas boys were more likely to be abused by strangers (40% vs. 21%). Very little reported abuse was by peers. Half of the offenders were seen as authority figures by their victims. The overwhelming majority of the abuse was perpetrated by men. Men committed 98% of the abuse against girls and 83% of the abuse against boys. Most of the offenders were at least 10 years older than the victims, although boys were more likely to be offended by younger perpetrators, most of whom were older adolescents. Of the female victims, 49% (13% of all women) said they had experienced actual or attempted intercourse. Of the male victims, 62% (9% of all men) had experienced actual or attempted intercourse. A majority of the abuse experiences were one-time events. No significant gender differences were found with respect to percentage of experiences lasting more than one year (11% for girls and 8% for boys). Boys were more likely (42% vs. 33%) to have never disclosed the experience to anyone. The use of force was reported in 19% of the offenses to girls and 15% of the offenses to boys.

Finkelhor et al. (1990) concluded that their findings were similar to those of other surveys (Finkelhor, 1987;
Russell, 1986) with two notable exceptions. Abused girls in the Finkelhor et al. study reported a 49% incidence of actual or attempted intercourse as compared to a 20% incidence rate reported by abused girls in the Russell survey. In addition, force was implicated in only 19% of the offenses to girls in the Finkelhor et al. study, whereas 41% of the abused girls in the Russell study cited force. Finkelhor et al. (1990) attributed the higher incidence of attempted or actual intercourse among abused girls in their study to the nature of the screening question asked. They felt their question elicited a greater number of yes responses because of its emphasis on attempted as well as actual intercourse, and because of the tag on phrase "or anything like that?" which could elicit disclosure of any related experiences. Finkelhor et al. (1990) also felt that their study found lower reports of force because the examples cited as part of the questioning process involved very serious forms of force (e.g., use of a weapon or threats of harm). Finkelhor et al.'s (1990) attributions for differences between their study and other surveys highlights the importance of methodological issues in estimating the prevalence and characteristics of sexual abuse.

Inconsistencies between studies may well reflect discrepancies due to different operational definitions of sexual abuse, different questioning techniques, and
differences between populations sampled. For example, Burnam (1985) found a 6% prevalence rate of sexual assault before the age of 16 in a random sample of 1,623 women in the Los Angeles area. This relatively low estimate reflects both a cutoff age of 16 years and a definition of sexual assault which included only contact experiences (i.e., manipulation of genitalia, oral contact, and coitus; Kinsey, Pomeroy, Martin, & Gebhard, 1953) in which pressure or force was used. At the other extreme, Wyatt (1985) found a 59% prevalence rate of sexual abuse in a survey 248 women in the Los Angeles area. Wyatt's definition of sexual abuse included both contact and noncontact experiences (i.e., encounters with exhibitionists and solicitation to engage in sexual activity where no contact occurred) before age 18 by a perpetrator at least five years older than the victim. Furthermore, Wyatt's definition of sexual abuse did not require the use of pressure or force. The prevalence of sexual abuse in Wyatt's (1985) study rose from 59% to 62% when the definition of sexual abuse was changed to include unwanted experiences with peers less than five years older.

These two studies of Los Angeles area women illustrate the impact of the procedures employed in estimating prevalence rates of sexual abuse. Definitional variables such as age cutoffs for victims and perpetrators, contact and/or noncontact abuse, the use of pressure or force, and whether the contact was wanted or unwanted can greatly
affect survey findings. Thus, estimates of the prevalence of childhood sexual abuse among women vary widely across studies (e.g., Burnam, 1985 [6%]; Finkelhor, 1979 [19%]; Finkelhor et al., 1990 [27%]; Haugaard & Repucci, 1988 [11.9%]; Kinsey et al., 1953 [24%]; Landis, 1956 [35%]; Russell, 1983 [38% for contact abuse and 54% for contact and noncontact abuse]; Wyatt, 1985 [38% for contact abuse and 62% for contact and noncontact abuse]).

**Risk Factors for Childhood Sexual Abuse**

Finkelhor et al. (1990) found higher rates of abuse among women who grew up in unhappy families, lived for some period of time without one of their natural parents, received inadequate sex education, and were currently residing in the West or were born after 1925. They found higher rates of abuse among men who grew up in unhappy families, lived for some period only with their mothers, were currently residing in the West, and who were of English or Scandinavian heritage. For both men and women, growing up in an unhappy family was the strongest predictor of sexual abuse. The transition from having a single mother to a mother and stepfather increased the risk of sexual abuse for girls, but not for boys.

Although ratios vary from study to study, mental health agencies generally report that females are sexually abused more often than males by a ratio of approximately four to one (Conte, 1984). Finkelhor (1986) reviewed the literature
on random sample community surveys and concluded that 71% of all victims of sexual abuse are females and 29% are males. Thus, the very fact of being female puts an individual at a considerably higher risk of being sexually abused.

The majority of studies agree that the onset of sexual abuse typically occurs before puberty. Russell (1983) and Wyatt (1985) found the average age of onset for sexual abuse among girls to be 11.2 years. Other studies have reported average age of onset for girls to be 10.2 years (Finkelhor, 1984) and 9.6 years (Finkelhor et al., 1990).

Effects of Childhood Sexual Abuse

Numerous empirical studies have documented the negative impact of childhood sexual abuse on female victims. In assessing the impact of sexual abuse, researchers often distinguish between initial effects and long-term effects. Browne and Finkelhor (1986) defined initial effects as reactions occurring within two years of the termination of the abuse. Long-term effects include reactions which either persist or begin at least two years after the termination of the abuse. This review of the literature centers primarily on initial effects since the present study focuses on initial effects on object relations as assessed by the Thematic Apperception Test (TAT) (Murray, 1943). All of the TAT protocols in the present study were acquired shortly after disclosure or discovery of the sexual abuse.
Initial effects of childhood sexual abuse. In their book on treating the sexually abused child, Porter, Blick, and Sgroi (1982) described the major effects of sexual abuse during childhood and adolescence as including the 'damaged goods' syndrome, guilt, fear, depression, low self-esteem, and poor social skills. Negative consequences specific to incest victims included repressed anger and hostility, impaired ability to trust, blurred role boundaries and role confusion, pseudomaturity coupled with failure to accomplish developmental tasks, and difficulty with self-mastery and control.

In their review of the effects of female child sexual abuse, Browne and Finkelhor (1986) concluded that the empirical literature affirms many of the initial effects reported in the clinical literature. Specifically, they cited reactions such as fear, anxiety, depression, anger and hostility, and inappropriate sexual behavior. The most commonly reported initial effect in the empirical studies was fear. In defining female sexual abuse for their review, Browne and Finkelhor (1986) included studies dealing with the effects of "(a) forced or coerced sexual behavior imposed on a child, and (b) sexual activity between a child and a much older person, whether or not obvious coercion is involved" (p.66). A "much older person" was generally defined as someone at least five years older than the victim.
At the time of their review, Browne and Finkelhor cited a study by the Tufts New England Medical Center (1984) as probably the best in the field. This study was based on data on families and children who had been sexually abused or revealed their abuse within six months of data collection. Standardized self-report measures included the Louisville Behavior Checklist (LBCL), the Purdue Self-Concept Scale, the Piers-Harris Self-Concept Scale, and the Gottschalk Glesser Content Analysis Scales (GGCA). All of the scales had published norms and validation studies which allowed a comparison of sexually abused children to both the general and psychiatric population. Subjects ranged from infancy to 18 years old, and were classified into preschool, latency, and adolescent age groups.

Latency children (7 to 13 years old) exhibited the highest incidence of psychopathology. Forty percent of latency children were rated as seriously disturbed as compared to only 17% of the preschoolers (4 to 6 year olds). The Tufts study found little evidence of severe psychopathology in adolescent victims except on a measure of neuroticism. Sexually abused latency children also manifested a higher incidence of severe fears (45%) than preschool children (13%). The Tufts (1984) study reported that 36% of the 14 to 18 year old adolescents who were sexually abused experienced elevated scores on an index tapping the fear of being harmed.
Sexually abused latency (7 to 13 year old) children also manifested substantially elevated levels of hostility, aggression, and antisocial behavior. Abused preschoolers and adolescents had somewhat lower, yet nevertheless elevated, scores on hostility directed outward. The Tufts study also examined sexually inappropriate behavior in victims of child sexual abuse. Inappropriate sexual behavior included sexual relations, open masturbation, excessive sexual curiosity, and frequent exposure of genitals. Twenty-seven percent of the 4 to 6 year olds and 36% of the 7 to 13 year old children had elevated scores on inappropriate sexual behavior as compared to clinical and general population norms.

At the time of Browne and Finkelhor’s (1986) review, studies other than the Tufts study had documented a number of initial effects associated with sexual abuse including general emotional disturbance (De Francis, 1969), internalized psychosocial sequelae such as sleep and eating disturbances, fears and phobias, depression, guilt, shame, and anger, as well as externalized sequelae such as school problems, truancy, and running away (e.g., Anderson, Bach, & Griffith 1981; De Francis, 1969; Herman, 1981). Browne and Finkelhor (1986) concluded that the initial effects of child sexual abuse were "sketchy" (p. 68) as a result of methodological problems such as inadequate control groups, inadequate measures, sampling problems, and definitional
inconsistencies regarding what constitutes sexual abuse. In addition, they lamented what they felt was an "unfortunate tendency in interpreting the effects of sexual abuse (as well as in studies of other childhood trauma) to overemphasize long-term impact as the ultimate criterion" (p. 76). Browne and Finkelhor stated such a preoccupation with long-term effects constituted an "'adulto-centric' bias" in which effects were "considered less 'serious' if their impact is transient and disappears in the course of development" (p. 76). They argued that child sexual abuse is a very serious problem, even "if only for the immediate pain, confusion, and upset that can ensue" (p. 76).

Beitchman, Zucker, Hood, DaCosta, and Akman (1991) completed a more recent review of the short-term or initial effects of child sexual abuse. They also noted interpretive difficulties because of a variety of methodological problems in the studies to date. According to Beitchman et al., the most glaring methodological weakness is the lack of appropriate control or comparison groups. Of the 42 articles reviewed by Beitchman et al. (1991), "18 (43%) did not employ a control group, 8 (19%) employed only normal controls, 13 (31%) employed only clinical (psychiatric) controls, and only 3 (7%) used both clinical and normal controls simultaneously" (p. 539). Obviously, this gravely limits the certitude with which any findings can be attributed to the impact of child sexual abuse, per se.
Another problem cited in the Beitchman et al. review is the lack of studies which have actually examined children. Beitchman et al. (1991) concluded that inappropriate sexual (or sexualized) behavior was the single symptom which most clearly differentiated victims of child sexual abuse from nonvictim control subjects. Inappropriate sexual (or sexualized) behavior includes such manifestations as age-inappropriate sexual knowledge, seductive or sexually aggressive behavior, masturbation, sexual play, and heightened interest in and preoccupation with sex. Beitchman et al. noted that this widely reported effect of sexual abuse has been assessed by clinical chart data (Gale, Thompson, Moran, & Sack, 1988; Goldston, Turnquist, & Knutson, 1989; Mian, Wehrspann, Klaajner-Diamond, LeBaron, & Winder, 1986), parental ratings on the Child Behavior Check List (CBCL) (Friedrich, 1987, 1989,; Freidrich, Beilke, & Urguiza, 1987, 1988; Friedrich, Grambsch, Broughton, & Beilke, 1988; Friedrich & Reams, 1987), other parental report instruments (White, Halpin, Strom, & Santilli, 1988), observation of free play with anatomically correct dolls (Boat & Everson, 1988; Glaser & Collins, 1989; Jampole & Weber, 1987; Sivan, Schor, Koepppl, & Noble, 1988; White, Strom, Santilli, & Halpin, 1986), and ratings of children's human figure drawings (Cohen & Phelps, 1985; Hibbard, Roehmann, & Hoekelman, 1987). Beitchman et al. (1991) noted that occurrence rates for inappropriate sexualized
behavior varied widely across studies from 10% using children’s human figure drawings (Hibbard et al., 1987) to 90% using free play with anatomically correct dolls (Jampole & Weber, 1987). Such variance across studies suggests differential sensitivity of the various assessment procedures employed.

Some studies suggest that some symptoms may be age-specific (Beitchman et al., 1991; Kendall-Tackett, Williams, & Finkelhor, 1993). Conte and Schuerman (1987) noted that guilt seemed to become more prominent as victims matured, and Lusk and Waterman (1986) reported that guilt was less likely to be seen in preschoolers. In their review of the initial effects of child sexual abuse, Beitchman et al. (1991) concluded that, "With the exception of sexualized behavior, most of the symptoms found in child and adolescent victims of sexual abuse were characteristic of clinical samples in general" (p. 546). Nonspecific symptoms associated with both sexually abused and clinical control groups include fearfulness and withdrawal, somatic complaints, sleep disturbance, low self-esteem, behavioral problems, and difficulties in school. Commonly reported sequelae of adolescent sexual abuse included sexual dissatisfaction, promiscuity, homosexuality, and an increased risk for revictimization. Sexually abused adolescents were more likely to run away and engage in suicidal ideation or behavior than clinical control
adolescents. Beitchman et al. noted that there was some evidence that depressive or schizoid symptoms were more prevalent in sexually abused children than in physically abused controls. Overall, Beitchman et al. found little evidence to support the notion of "a unique 'sexual abuse syndrome' with a specific course or outcome" (p. 546). They speculated that the absence of any clearly definable sexual abuse syndrome may reflect the common use of global assessment measures which "may lack sensitivity to more subtle psychological or behavioral responses to sexual victimization" (p. 546).

In their review of 45 empirical studies on child sexual abuse, Kendall-Tackett, et al. (1993) also concluded that there was no clear evidence of a specific syndrome attributable to child sexual abuse. They noted that the impact of sexual abuse can be manifest in a host of symptoms and problematic behaviors. In fact, the potential effects of child sexual abuse are so pervasive that Kendall-Tackett et al. stated, "There is virtually no general domain of symptomology that has not been associated with a history of sexual abuse" (p. 173). Kendall-Tacket et al. also found that approximately one third of the sexually abused children in the reviewed studies were without any apparent symptoms. Thus, it appears that the effects of child sexual abuse vary widely across victims, ranging from no apparent effects to
serious effects which may manifest in a plethora of different symptom constellations.

When compared to nonabused, nonclinical controls, sexually abused children were found to be more symptomatic on almost every symptom measured in the studies reviewed by Kendall-Tackett et al. (1993). Such symptoms included: fear, nightmares, general posttraumatic stress disorder (PTSD), withdrawn behavior, neurotic mental illness, cruelty, delinquency, sexually inappropriate behavior, regressive behavior (including enuresis, encopresis, tantrums, and whining), running away, general behavior problems, self-injurious behavior, internalizing, and externalizing. (p. 165)

Suicidal behavior did not differentiate sexually abused children from nonclinical, nonabused controls, but only one study made a statistical comparison. Only 50% of the studies reviewed that measured self-esteem found poorer self-esteem in sexually abused children than in nonclinical, nonabused controls.

The findings based on comparisons between sexually abused children and nonabused, clinical control children in treatment for other reasons is less clear. In general, "sexually abused children tended to appear less symptomatic than their nonabused clinical counterparts except in regard to sexualized behavior and PTSD" (Kendall-Tackett et al., 1993, p. 165). As in the Beitchman et al. (1991) review,
sexualized behavior was the symptom that best discriminated sexually abused children from nonabused, clinical controls.

Kendall-Tackett et al. (1993) reasoned that findings of more symptoms in clinical controls may reflect both undetected cases of sexual abuse in the control samples as well as the fact that nonabused children are generally referred to assessment and treatment because they are symptomatic. Sexually abused children, on the other hand, are typically referred for assessment because they were abused, whether they are symptomatic or not.

In their review, Kendall-Tackett et al. also calculated a weighted average for each symptom across all studies. This weighted average was computed by dividing the total number of children with a symptom by the total number of children in all of the studies reporting that symptom. The percentage of victims with a particular symptom across all studies typically fell in the 20-35% range (e.g., poor self-esteem, 35%; fear, 33%; nightmares, 31%; neurotic mental illness, 30%; internalizing 30%; inappropriate sexual behavior, 28%; anxiety, 28%; depression, 28%; regressive behavior, 23%; externalizing, 23%; withdrawn behavior, 22%; aggression, 21%). General PTSD (53%), promiscuity (38%), and general behavior problems (37%) constituted the three symptoms with the highest rate of incidence for victims across studies. Thus, PTSD was the only symptom appearing in a majority of sexually abused children. Kendall-Tackett
et al. (1993) speculated that the PTSD percentage may have been inflated because few studies measured this symptom and half of the children included in the PTSD calculation were victims of severe ritualistic abuse. When the ritualistically-abused children were removed from the formula, the PTSD percentage dropped to 32%, a figure more in keeping with that of other commonly reported symptoms associated with sexual abuse.

Weighted percentages of symptoms were also examined for children grouped by age. The age groups were preschool-age (approximately 0-6 years), school-age (approximately 7-12 years), adolescent (approximately 13-18 years), and mixed-age (3-17 years). The most common symptoms for preschoolers were general PTSD (77%, only one study), general behavior problems (62%, only one study), anxiety (61%), nightmares (55%), internalizing (48%, only one study), externalizing (38%, only one study), and inappropriate sexual behavior (35%). For school-age children, the most common symptoms were nightmares (47%, only one study), fear (45%, only one study), aggression (45%, only one study), regressive behavior (39%), neurotic mental illness (38%, only one study), school/learning problems (31%, only one study), and hyperactivity (23%). For adolescents, commonly reported symptoms were self-injurious behavior (71%), substance abuse (53%), depression (46%), withdrawn behavior (45%), running away (45%), suicidal ideation or behavior (41%), promiscuity
(38%), somatic complaints (34%, only one study), poor self-esteem (33%, only one study), illegal acts (27%, only one study), and school/learning problems (23%). For the mixed-age group, common symptoms included poor self-esteem (38%), general PTSD (32%), fear (31%), general behavior problems (28%, only one study), inappropriate sexual behavior (24%), internalizing (24%), and externalizing (23%). Commonly reported symptoms in more than one age group included nightmares, depression, withdrawn behavior, neurotic mental illness, aggression, and regressive behavior (Kendall-Tackett et al., 1993).

Caution is advised in drawing firm conclusions from the weighted percentage of victims with symptoms data reported by Kendall-Tackett et al. (1993). For one thing, as noted, many of the aforementioned weighted percentages reflect estimates based on only one study isolating a particular age group. Second, the percentage of victims having a particular symptom does not necessarily mean that symptoms most commonly associated with sexual abuse are the symptoms that best discriminate sexually abused children from other clinical or nonclinical groups. Frequently reported symptoms may not be specific to sexual abuse, per se (e.g., poor self-esteem). Nevertheless, examination of symptom data suggests that "much symptomatology is developmentally specific and that generalizing across large age groups distorts the patterns" (Kendall-Tackett et al., 1993, p.
It is clear that higher rates of certain specific symptoms can be found when particular age groups are isolated than when symptoms are assessed across age groups.

In assessing the impact of child sexual abuse, another important statistic is the percentage of victims with no discernible symptoms. Estimates of asymptomatic children who have been sexually abused vary across studies (e.g., Caffaro-Rouget, Lang, & vanSanten, 1989 [49%]; Conte & Schuerman, 1987 [21%]; Mannarino & Cohen, 1986 [31%]; Tong, Oates, & McDowell, 1987 [36%]). Kendall-Tackett et al. (1993) posit several possible explanations for findings of asymptomatic children who have been sexually abused.

One explanation is that such children may have been symptomatic on dimensions that were not measured. Another explanation is that the measures employed were not sensitive enough to pick up evidence of existing symptomatology. Another possibility is that asymptomatic victims may be individuals who have yet to manifest their symptoms as a result of effective symptom suppression or because the true traumatization may occur later, when their victim status takes on greater meaning for them (Berliner, 1991). In addition, there is evidence that intervening variables which characterize the nature of the abuse may mediate the severity of its impact. Lastly, asymptomatic victims may be relatively unaffected by the abuse. Kendall-Tackett et al.
point out that all of these possible explanations for asymptomatic children may be simultaneously correct.

Contemporary Psychoanalytic Views on Child Sexual Abuse

Wolf and Alpert (1991) reviewed the post-Freudian psychoanalytic literature on child sexual abuse. They uncovered only two empirical studies out of the 48 articles reviewed (Herman & Schatzow, 1987; O'Brien, 1987). The bulk of the literature consisted of case studies and theoretical articles. Most of the articles reviewed failed to define the term sexual abuse, and the definitions put forth varied widely across studies. Literature on female child sexual abuse tended to focus on father-daughter incest with little attention given to extrafamilial abuse. With respect to parental dynamics in incestuous families, mothers of incestuously abused girls were typically described as providing inconsistent early care. They were also frequently described as passive, distant, or depressed. Marriages were often strained or distant, with the mothers withdrawing sexually from the fathers. In about half of the articles reviewed, fathers or stepfathers were described as alcoholics or under the influence of alcohol at the time of the abuse. Also, approximately half of the fathers were "physically violent, threatening or angry, and unable to express affection except through sexual activity" (Wolf & Alpert, 1991, p. 312). The combination of mothers providing inadequate care, emotionally dysfunctional fathers,
physically abusive and often alcoholic fathers, and strained or distant marital dynamics suggests a family context which is not conducive to the internalization of either empathic concern for others or a benevolent, trusting relationship with the world. On the contrary, such an environment, and the sense of traumatic sexualization, betrayal, stigmatization, and powerlessness (Finkelhor & Browne, 1985) associated with sexual abuse would appear to be conducive to the internalization of a malevolent world view, the expectation of harm, a lack of empathic concern, and confused or inaccurate attributions concerning interpersonal events.

Wolf and Alpert (1991) reported that, "All of the case presentations and empirical studies reported impairments in personality functioning due to the sexual abuse and, more generally, to the pathological environment that allows abuse" (p. 312). As in the Beitchman et al. (1991) and Kendall-Tackett et al. (1993) reviews, Wolf and Alpert found "no one-to-one correspondence between the form of abuse and the form of psychopathology" (p. 312). Victims appear to be affected by sexual abuse in their own idiosyncratic ways. Some of the structural effects of child sexual abuse reported in the psychoanalytic studies include impaired ego development, variable ego functioning (e.g., regressions, distortions, problems with reality-testing), a damaged sense of self, boundary disturbance, lack of a sense of wholeness
or bodily integrity, feelings of fragmentation, grandiosity, narcissism, a sense of entitlement, impairments of superego functioning (e.g., variable superego functioning or an overly severe or self-punitive superego), intense feelings of shame or guilt, deficits in self-representations including unstable and less than optimal identifications (e.g., primary identification with the perpetrating father), and impaired object relations, (Wolf & Alpert, 1991).

Some of the symptoms cited in the psychoanalytic studies include indifference to or avoidance of sexual activity, problems achieving orgasm, promiscuity, adolescent pregnancies, fears of becoming homosexual, difficulty establishing adult relationships, re-enactment of pathological relationships, depression, suicidal ideation, suicide attempts and suicide, lack of self-efficacy, great ambivalence or rage at one or both of the parents, somatic disturbance, eating difficulties, phobias, substance abuse, precocious behavior, massive castration anxiety, and separation anxiety in both sexes. The most frequently cited symptoms associated with sexual abuse were sexual problems and depression.

Virtually all of the case reports cited the use of massive and primitive defenses associated with sexual abuse. The most frequently cited defenses were massive repression, repetition-compulsion, and denial. In re-enactments of the abusive experience, victims either re-created the victim
role or identified with the aggressor and abused others. In sum, according to the psychoanalytic literature, victims of child sexual abuse often manifest ongoing impairments of ego, superego, and self. They also exhibit massive and primitive defenses including a compulsive thrust toward re-enacting abusive scenarios, and they display numerous symptoms including sexual problems, depression, and massive anxieties (see Wolf & Alpert, 1991, for a complete review).

Ferenczi’s (1949) classic article on child sexual abuse continues to stimulate discussion among contemporary psychoanalysts. In this paper, Ferenczi adopted a position much closer to Freud’s (1895) original seduction theory than to Freud’s (1905) later emphasis on childhood sexual fantasies in the theory of infantile sexuality. Ferenczi (1949) emphasized the all too frequent reality of sexual abuse in the lives of children and the pathognomic consequences of such abuse for their psychological development. Specifically, Ferenczi called attention to both sexual abuse, per se, and to the abuse of power and authority accompanying sexual abuse in the child-perpetrator relationship. He discussed how therapists often unwittingly re-create the abuse of power and authority by their attitudes and demeanor toward their patients. Furthermore, he argued that repetition of traumatic dynamics in the patient-therapist relationship often leads to suppressed or repressed criticism of the therapist, and to an iatrogenic
increase in anxiety and other symptoms associated with the original trauma. In terms of pathognomic personality development in response to sexual abuse, Ferenczi (1949) highlighted how victims defend against overwhelming unpleasure and anxiety by identification with and introjection of the menacing perpetrator.

Marcus (1989) presented a review of the psychoanalytic literature on the relationship between severe pathology and father-daughter incest. Although she offered no quantitative analysis, she concluded from her qualitative review that there were strong links between incest and the development of borderline personality disorder. In particular, Marcus (1989) noted that incest led to "disruption in the developing boundary between internal and external reality" (p. 199). Marcus linked this fundamental disruption to major aspects of the borderline syndrome such as identity diffusion, affective instability, and the use of primitive defenses.

The place of the present study in the literature. The present study draws primarily on object relations theory in comparing the projective responses of female children with a documented history of sexual abuse to those of clinical control children with no known history of neglect, physical abuse, or sexual abuse. Furthermore, this study compares the object relations of two subsets of sexually abused children: 1) girls subjected to sexual abuse by itself, and
2) girls who were sexually abused in conjunction with physical abuse and/or neglect. The theoretical foundation for this study is addressed in the following section. The Development of Object Relations Theory as a Significant Movement in Contemporary Psychoanalysis

Four basic schools of thought are generally recognized as comprising contemporary psychoanalytic theory: Freud's classical drive theory, ego psychology, object relations, and self psychology. Object relations theory focuses on the development of intrapsychic structures, or organized patterns of self and other, which determine how a person experiences and relates to others in the external world. These internal or representational configurations of both self and other constitute the basic 'relationship paradigms' (Mayman, 1968) or personal 'templates' (Blanck & Blanck, 1986) by which individuals process and organize their interpersonal experiences in meaningful ways. The aggregate of these internal representational configurations comprise what Jacobson (1954) has called the 'self and the object world', and what Sandler and Rosenblatt (1962) have termed the 'representational world.' Theorists linking object relations theory with ego psychology view object relations as an aspect of ego development and organization which governs interpersonal relations (Blanck & Blanck, 1986). Thus, "the vicissitudes of the self, the object, and their mutual relations not only depend on the actions of the ego,
but also exert their own influence on ego development" (Greenberg & Mitchell, 1983, p. 309). The idea that interpersonal experience both forms and alters intrapsychic structures, and that these structures then shape the way in which one experiences the world is a central tenet of object relations theory. Blatt (1974) has summarized this point eloquently by noting that:

there is a constant reciprocal interaction between past and present interpersonal relationships and the development of object representations, and these developing representations, in turn, provide a revised organization for experiencing new, more complex facets of interpersonal relationships. (p. 123)

In tracing the development of object relations theory from classical drive theory and ego psychology, it may be helpful to begin with Freud's (1905) own transition from a seduction theory of neurosis to a drive theory of mind which encompasses both abnormal and normal development.

The seduction theory of neurosis. In their studies on hysteria, Breuer and Freud (1895) concluded that the neurotic symptoms of hystericists were the result of repressed memories of actual sexual trauma suffered in childhood. More specifically, they noted that these neurotic symptoms were the direct result of powerful pent-up affects associated with the sexual trauma which were stifled rather than adequately discharged or expressed at the time of the
seduction. The so-called "talking cure" which has become the basis of psychoanalytic treatment derives from Breuer's and Freud's (1895) observation that patients' free associations eventually led to the recovery of repressed memories or reminiscences of sexual seduction which were accompanied by a powerful discharge of affect called abreaction. The curative power of this cathartic process was taken to be an empirical fact, based upon the observation that a significant abatement of neurotic symptoms often followed such abreaction.

In a series of followup papers, Freud (1896a, 1896b, 1898) firmly established a seduction theory of neurosis which viewed psychopathology as rooted in the contamination of the mind by early sexual trauma. According to Greenberg and Mitchell (1983):

> Early seduction provides a traumatic experience precisely because the immature sexual apparatus is poorly equipped to handle the excitations that are stimulated, nor is the immature personality equipped to deal with their emotional concomitants. (p. 28)

Thus, the seduction theory holds that psychopathology originates from early trauma to an immature and developing personality whose resources are simply overwhelmed by the nature of the traumatic experience itself.

The theory of infantile sexuality and the concept of drive. With his 1905 publication of *Three Essays on the*
Theory of Sexuality, Freud marked his formal abandonment of the seduction theory and his introduction of the concept of instinctual drive as the motivational energy source or activator of the psychic apparatus. Freud (1905) first conceptualized drive as an instinctually-based endogenous source of stimulation which constitutes a "demand made upon the mind for work" (p. 168). As early as 1897, growing doubts concerning the historical veracity of all of his patients' recovered "memories" of sexual seduction coupled with his disbelief in the pervasiveness of sexual abuse throughout society led Freud to disclaim repressed memories of early trauma as the central etiological determinant of neurosis. Freud (1905) concluded that "Obviously seduction is not required in order to arouse a child's sexual life; that can also come about spontaneously and from internal causes" (pp. 190-191). In place of trauma (external cause), Freud viewed psychopathology as resulting from conflict between a libidinal drive (internal cause) seeking direct expression and the opposing force of "defense" or "repression" which operated to prevent the mental representations of the libidinal drive (i.e., unacceptable wishes) from becoming conscious. Thus, the mind came to be seen as containing within itself "the seeds of its own fragmentation" (Mitchell, 1988, p. 43). Many of the accounts of early sexual seduction came to be regarded not as memories, but rather as fantasies derived from the
child's own inherent sexuality. As Greenberg and Mitchell (1983) point out, "Once sexuality is posited as an internally arising force underlying human activity, seduction becomes theoretically vestigial, and the importance of childhood events correspondingly declines" (p. 32). In summarizing the significance of this theoretical shift, Greenberg and Mitchell (1983) note that "in the first view the situations are determinative, the affects contingent; in the last formulation the drives are determinative, the situations contingent" (p. 29). Thus, it is clear that the shift from a theory of infantile seduction to a theory of infantile sexuality also marked a significant shift toward emphasizing internal factors (e.g., drive-laden fantasies) over the direct external influence of others and the social context as the principal determinants of both psychopathology and normal psychic life. The importance of this theoretical shift on the history of psychoanalytic thought can hardly be overemphasized. As Mitchell (1988) points out:

In this crucial shift, Freud replaced one set of ideas, emphases, and foci with another, establishing two clusters of dichotomous concepts which later became associated with the terms 'intrapsychic' and 'interpersonal': fantasy vs. perception, psychic reality vs. actuality; inner world vs. outer world, and
drive theory vs. a theory of environmental influences. (p. 44).

Classical drive and defense theory. Classical psychoanalysis has been a dual-drive theory throughout its evolution. The fundamental drives are seen as arising out of two nonreducible primal instincts. The sexual instinct and its vicissitudes always occupied center stage in the thinking of Freud and most of his orthodox followers. Over the years, the instinct of secondary importance has undergone conceptual revision from the ego or self-preservative instinct to the death instinct to an impulse for destruction and aggression. Furthermore, Mitchell (1988) noted that the aggressive drive has recently assumed a more important theoretical role for contemporary drive-oriented theorists who have shifted their focus from neurosis to more serious character pathology (e.g., Kernberg, 1975, 1976, 1982).

Despite Freud's (1940) long time emphasis on endogenous drives as the ultimate cause of all activity, he never completely neglected the importance of external danger situations to the development of psychopathology. Nevertheless, his abandonment of the seduction theory in favor of a model of mind which emphasized conflict between drive and defense radically altered the course of classical psychoanalytic thought. The basic unit of study became the individual human mind or the psychic apparatus. The mind
came to be seen as emerging from endogenous pressures or drives arising from the body. The primary motivator of mental life became drives seeking expression. The intrapsychic sphere of conflict between drive and defense became the figure of psychoanalytic theory, while the interpersonal sphere of relations with others as well as the intrapsychic representation of these self and other configurations became its ground (Mitchell, 1988).

During the years between his formal abandonment of the seduction theory (1905) and his introduction of the structural model (1923), Freud developed his conflict model of the mind into an elaborate metapsychology which delineated the dynamic interplay between instinctual drives and defenses erected against their direct expression. At that time, Freud equated "defense" with "repression." By repression he meant the intentional or motivated, but not necessarily conscious, exclusion of certain ideas from awareness. The incompatible ideas to be excluded from awareness were precisely those which were associated with unpleasant affect. Ideas derived from the instincts were thought to result in an excitation or tension which constantly pressed toward expression in consciousness and/or behavior. In accordance with the constancy principle, this buildup of excess excitation or tension is associated with displeasure. The discharge of unpleasurable excitation and tension through an expression of the instinctual drive in
consciousness and/or behavior produces pleasure in lieu of the displeasure associated with such excess tension. In addition to excess excitation resulting in unpleasure, there are indications that Freud saw unpleasurable affect as inherent in the fundamental conflict of incompatible ideas seeking simultaneous expression. As early as 1895, Breuer and Freud noted that "The basis for repression itself can only be a feeling of unpleasure, the incompatibility between the single idea that is to be repressed and the dominant mass of ideas constituting the ego" (p. 116). Here is one of Freud's earliest notions of the ego; it is a dominant mass of ideas in opposition to an incompatible idea which is repressed. Furthermore, the conflict between the repressing force of the ego and the repressed results in unpleasure. Thus viewed, the mind is a battlefield of ideas struggling for and against representation in awareness. Greenberg and Mitchell (1983) have noted that:

What become dominant are what we might today think of as 'proper' ideas, those which fit well with our view of ourselves as we would prefer to be. They are socially sanctioned ideas which fit well with our values, standards, and morality...The incompatible idea is incompatible within a given context, a particular social situation. (p. 33)

Despite Greenberg and Mitchell's emphasis on an idea's incompatibility within a given social context, it is clear
that Freud's earliest theory of repression was a theory of organic repression. Instinctually based impulses associated with unpleasure "consequently evoke opposing mental forces (reacting impulses) which, in order to suppress this unpleasure effectively, build up the mental dams (of)...disgust, shame and morality" (1905, p. 178).

Freud's earliest vision is described by Greenberg and Mitchell (1983) as:

a morality without society. It is, like the sexual drive itself, an endogenously arising force. In the same way that seduction has been replaced by impulse, so has social restraint been replaced by innate aversion...Conflict in this period is simply a function of sexuality and organically determined reactions to it. (p. 35)

In fact, Freud altered his original notion of the ego as a 'dominant mass of ideas' toward the more biologically oriented concept of the ego as a repository of 'ego instincts' or 'self-preservative instincts' which opposed the aims of the sexual instinct. With this alteration, the battlefield of conflict between drive and repression came to be defined in entirely instinctual terms. Furthermore, the conflict between instinctual forces of drive and repression was conceptualized as taking place largely within the unconscious which was thought to contain not only derivatives of the sexual drive, but also "some of the
impulses which dominate our ego—something, therefore, that forms the strongest functional antithesis to the repressed" (Freud, 1915a, pp. 192-193).

Freud's metapsychological papers do more than simply present the mind as a battlefield of conflict between two instinctually-based forces—a repressing and a repressed portion of the mind both residing in the unconscious. They also present a topographical model of the mind which pits the system Cs. (Pcs,) against the system Uncs. (e.g., Freud, 1915), and they present a precursor to the structural model which pits the 'ego' in opposition to the 'unconscious'.

Object relations concepts in early psychoanalysis. In tracing the development of object relations theory from its roots in classical psychoanalysis, it is important to understand the early use of the term 'object' in Freud's thinking. In his earliest use of the term, Freud (1905) writes: "Let us call the person from whom sexual attraction proceeds the sexual object" (pp. 135-136). Later, Freud revised his view so that the object became that toward which the instincts are directed. Freud (1915b) states that the object "is what is most variable about an instinct and is not originally connected with it, but becomes assigned to it only in consequence of being peculiarly fitted to make satisfaction possible" (p. 122). Thus, classical notions of the object are linked to the concept of drive. According to Greenberg and Mitchell (1983), Freud's use of the term
object "refers both to a thing and to a goal or target. Freud's object is a thing, but it is not any thing; it is the thing which is the target of a drive" (p. 13).

The existence of an object as such is contingent upon its ability to satisfy the aim of an instinctual drive. Objects are in essence the successful targets of instinctual aims. Inasmuch as drives are defined as capable of undergoing displacement, the nature of the object providing satisfaction may be easily changed as well. For most psychoanalytic theorists including Freud, the ability to establish consistent relationships with an external whole object (i.e., a whole person who is differentiated from the self) constitutes a significant developmental achievement (e.g., Kernberg, 1975). Classical psychoanalytic theory's focus on the instinctual roots of object relations highlights the way in which our relations to others are shaped by endogenously arising impulses which seek satisfaction through discharge.

More recently, Blanck and Blanck (1986) have declared that, "In psychoanalytic parlance an object is a person other than the subject" (p. 1). This definition highlights the human and personal nature of the object while making no mention of the object's capacity to provide instinctual satisfaction. Thus, the meaning of the term 'object' in the psychoanalytic literature varies somewhat as a function of
the theorist employing the term and the role he or she ascribes to instinctual drives in shaping object relations.

In his 1914 paper On Narcissism: An Introduction, Freud presents a three-stage model of development with respect to object relations in which autoeroticism is supplanted by a state of primary narcissism which in turn precedes a capacity for object relations. Thus, narcissism is conceptualized as a normal intermediary developmental state between autoeroticism and object love. Freud (1914) defines primary narcissism as involving "an original libidinal cathexis of the ego, from which some is later given off to objects, but which fundamentally persists..." (p. 75). At the time of this writing, Freud's notion of the 'ego' had evolved from his earlier definition of the ego as a dominant mass of ideas; however, it had not yet acquired its status as one of three key structures in the psychic apparatus. In general, Freud's use of the term 'ego' during this period was somewhat akin to Hartmann's (1939) later use of the 'self' to connote "a representation of something like the 'whole person'" (Greenberg & Mitchell, 1983, p. 60). Thus, narcissism entails "a movement of libido from one representation (the external or autoerotic) to another (the ego, or self)" (Greenberg & Mitchell, 1983, p. 60). In this prestage of primary narcissism, an individual's libidinal drive is directed toward the self or ego and discharged inward. Only later does the individual develop the ability
to redirect much of his or her libidinal cathexis outward toward objects in an effort to seek gratification through relatedness to others.

Development is characterized by the transformation of narcissistic ego libido into object libido. Nevertheless, the dynamic interplay of self-directed (ego) vs. other-directed (object) libido was thought to persist throughout life. Freud (1914) writes that there is "broadly speaking, an antithesis between ego-libido and object-libido. The more the one is employed, the more the other becomes depleted" (p. 76). Technically, ego libido was also conceptualized as more than simply libido directed toward the self or ego. It also was broadly construed as libido directed toward one's wished-for-self (ego ideal), or even a beloved other provided "the object is granted positive qualities beyond what is supportable by reality" (Mitchell, 1988, p. 180). Narcissistic attachment is characterized by a narcissistic illusion. The common feature of all three expressions of narcissistic ego libido is overvaluation or idealization which constitutes a breach with reality to the extent that illusory value is attributed to the object of the libidinal drive (Mitchell, 1988). Thus, on the one hand, narcissism is distinguished from object love by the 'location' of the libidinal cathexis (i.e., self or ideal self vs. other). On the other hand, libido directed toward an external object can reflect either narcissism or object
love, depending upon whether the external object is seen in a realistic or overidealized light. Furthermore, Freud (1914) suggests a motivational component to the distinction between narcissism and object love when he describes narcissistic object choice as choosing an object because of the love one feels coming from it rather than because of the love one feels for it. Thus, the development of a capacity for a mature emotional investment in others depends upon being able to see them realistically for who they are and being able to transcend a preoccupation with simply using others for self-soothing and the gratification of one's own needs.

Freud's (1914) discussion of narcissism also illustrates the role of internalization as the process by which a 'special psychical agency' (i.e., the 'conscience') and the 'ego ideal' (1923) become structuralized as differentiated parts of the personality. In response to parental demands originating from without, the child no longer experiences the self as perfect. In response to such experience, the child internalizes the image of a perfect wished-for-self (i.e., the ego-ideal) which is primarily based on parental standards. This emergent structure is invested with narcissistic libido. It consists largely of internalized 'parental imagoes' or representations. As such, it serves as a repository for the residues of parental values. Also internalized are the inner voices or workings
of 'conscience' which constantly watch the ego and measure it by the ego ideal. Freud's (1923) introduction of the structural model in The Ego and the Id further delineated the role of 'conscience' and the 'ego ideal' as the structure 'superego' in the psychic apparatus.

Freud's (1917) discussion of psychotic depression in Mourning and Melancholia is a crucial benchmark in the history of psychoanalytic thought by virtue of its emphasis on 'identification' as a process by which a significant object is internalized as a response to object loss. Freud observed that the loss of a loved one sometimes resulted in protracted depression accompanied by vicious self-attacks in lieu of the normal mourning process. He concluded that these self-attacks made more sense if viewed as targeted not at the patient, but rather at the lost love object. As Mitchell (1988) points out, "It is as if the patient is excoriating his lost beloved, but instead of experiencing the other as an external presence, the other has become somehow internalized and confused with the patient's own self" (p. 46). In Freud's (1917) words, "The shadow of the object fell upon the ego" (p. 249). Freud reasoned that the lost love object is internalized as a consequence of an abandoned object cathexis. The purpose of the internalization is to maintain an emotional connection with the lost love object—a connection that was no longer possible via object cathexis in the real, external world.
Through identification, the lost object and the patient's investment in or cathexis of that object are maintained as an internal presence. The original object cathexis of the lost object is withdrawn into the ego. Thus, a regression to narcissism was thought to underlie melancholia. Freud deemed such regression 'secondary narcissism.' Freud noted that for normal patients, little by little, the cathexis of the lost object is given up. He described the process of such relinquishment as the 'work of mourning.' In the face of reality, normal individuals give up the lost object and establish new object cathexes of others in the real world because they afford greater opportunities for pleasure. For the purposes of this study, Freud's (1917) paper on melancholia is important in that it introduces identification as a means by which both others' attributes and our relationship to them can be internalized in response to object loss.

The structural model. Freud's publication of The Ego and the Id in 1923 was a decisive turning point in the history of classical psychoanalytic thought. Freud introduced the structural model which has become the conceptual foundation for all subsequent drive-oriented psychoanalytic theorists. The field of mental conflict was redefined as a conflict between three psychic structures: id, ego, and superego. Intrapsychic conflict came to be viewed as occurring between functional structures and not
systems representing different levels of consciousness (i.e., Cs., Pcs., Ucs.). The ego and the superego were described as being partly conscious and partly unconscious. The discovery of unconscious guilt and unconscious resistance to analysis necessitated this shift in thinking whereby the repressing part of the mind could no longer be equated with what was 'conscious.' Anna Freud (1936) later extended her father's thoughts regarding unconscious resistance to include the various defense mechanisms as functions of the unconscious portion of the ego. Thus, the terms 'conscious' and 'unconscious' lost their systematic meaning. Instead, they served as descriptive terms which merely ascribed a quality which might or might not be attached to a given mental state.

The structural model gives greater credence to the role of reality in mental functioning. The operations of the ego pit the reality principle (which governs ego functioning) against the pleasure principle of the id. Perceptions of reality provide a basis for ego development and ego functioning, and the capacity for accurate reality-testing constitutes a basic ego function. Thus, through the process of internalization, external reality is given a place in the mental economy which stands in contrast to endogenous impulses arising in the id.

Social demands are also afforded a place in the drive and defense model—they oppose the direct discharge of
impulse. The superego is conceptualized as a psychic structure comprised of internalizations and identifications with caretaking figures who are the carriers of social values. Conscious and unconscious guilt is viewed as a superego based affect which operates to control the unsocialized aims of id.

Thus, the structural model acknowledges the need to renounce instinct to fit in with the demands of society through its emphasis on the reality principle of the ego as well as the guilt and internalized moral standards of the superego. Object relations theory builds upon the structural model by emphasizing the social and interpersonal aspects of reality. It also focuses on the various developmental processes by which the self and significant others are internalized into basic relationship paradigms which govern the intrapsychic representation of self and others in social interaction. These intrapsychic relationship paradigms are thought to be determinative of social behavior and experience. Much controversy currently exists among object relations theorists regarding the amount of influence they attribute to the endogenous drive impulses of the id.

Ego psychology and developmental object relations theory. Blanck and Blanck (1986) trace the development of ego psychology from Freud's introduction of the structural model (1923) to its more contemporary focus on
psychoanalytic developmental object relations theory. Hartmann (1939, 1964) is often hailed as the father of ego psychology by virtue of his emphasis on the role of the ego in adaptation to the environment. In discussing the various ego functions (e.g., perception, locomotion, memory, judgment, secondary process thinking), he coined the term 'autonomous ego functions' to refer to those functions which were relatively free from the disturbing influence of drive derivatives emanating from the id. These autonomous ego functions were thought to operate in the 'conflict-free sphere' of the ego. Building on Freud's drive/structural model, Hartmann also introduced the drive-taming concept of 'neutralization,' whereby energy from the id is transferred to the ego in the service of the autonomous ego functions.

Hartmann's significance for an evolving object relations theory lies in his emphasis on the mental representation of self and others as important functions of the ego. He also discussed optimal development as occurring within the context of an 'average expectable environment.' For Hartmann (1939, 1964), adaptation involves a reciprocal relationship between the organism and its environment. This reciprocal relationship begins at the moment of encounter between the neonate (possessed with innate endowment in the conflict-free sphere) and the average expectable environment. The average expectable environment is "the term Hartmann used to describe the norm on the environmental
side of the encounter" (Blanck and Blanck, 1986, p. 5). In interactions with the child, the primary caregiver promotes the unfolding of latent functions. According to Blanck and Blanck (1986), "This is object relations theory in its essence" (p. 5, emphasis added).

Marked deviations from the average expectable environment (e.g., neglect and abuse) constitute important contributors to the developmental arrest of conflict-free autonomous ego functions. Blanck and Blanck (1986) summarize Hartmann’s contribution to developmental object relations theory as follows:

The germ of a developmental object relations theory is also to be found in Hartmann’s work. He describes an escalation of levels of object relations, from primary narcissism, through need for the object for gratification, to object constancy. Object constancy involves sustained cathexis of the object representation regardless of the state of need. (p. 6)

Thus, the capacity for a sustained emotional investment in others independent of their potential for immediate need gratification is viewed as a developmental achievement. This achievement results from interaction with a caring environment of significant others. In some ways, Hartmann’s notion of an ‘average expectable environment’ is akin to Winnicott’s (1965) concept of a ‘good enough mother.’ For both theorists, the lack of an adequate caring environment
is associated with faulty internalization leading to developmental arrest and psychopathology. Hartmann and his followers contributed much to our understanding of the role of identification for normal and abnormal development. In citing the work of Hartmann, Kris, and Lowenstein, Blanck and Blanck (1986) note that:

They elaborate on the defensive mechanism of identification, showing that it has a developmental as well as a defensive purpose and that it is clearly a process of internalization. Ego autonomy is attained by means of internalization as the individual becomes less dependent upon the object. (p. 6)

Jacobson (1954, 1964) conceptualizes development not only in terms of instinctual stages or the vicissitudes of the instincts, but also in terms of stages of object relations. Jacobson (1954) notes that "the establishment of the system ego sets in with the discovery and growing distinction of the self and the object world" (p. 85). Representations of the self and the object world are the products of the ego, and acquire their quality via cathexis by libidinal and aggressive instinctual energies. As products of the ego, representations of the self and object world are shaped by reality experiences and especially by interpersonal relations. Jacobson and other theorists linking ego psychology with object relations theory posit that self and object representations not only depend on the
actions of the ego, but that they also exert their own influence on ego development (Greenberg & Mitchell, 1983). Thus, structure shapes the experience of object relatedness while experience simultaneously and reciprocally alters structure. Jacobson (1954, 1964) is the theoretical forebear of every contemporary object relations theorist who retains ties of any kind to the classical drive/structural model (Greenberg & Mitchell, 1983). The theoretical significance of Jacobson's work lies in her attempt to link drive and ego psychology with object relations theory. Jacobson's overriding conviction was that drive theory needed to be brought into greater synchrony with the vicissitudes of object relations. Her work describes a complex interplay of forces derived from instinctual drive, from reality, from the structure of the ego, and from the inner world of objects (Greenberg & Mitchell, 1983).

For Jacobson (1954, 1964), psychopathology results primarily from disturbances in self and object representations. Developmental fixation refers more to fixation in the modes of object relatedness than to fixation in the modes of instinctual gratification. Thus, by implicatio, distinctive psychopathology can be differentiated on the basis of specific reoccurring constellations of self and object representations. Both psychopathology and normal development are a consequence of the processes of 'projection' and 'introjection' which take
place within the representational world of inner objects. Projection and introjection "refer to psychic processes, as a result of which self images assume characteristics of object images and vice versa" (Jacobson, 1964, p. 46). In the world of the child, projection and introjection are related to orality and the wish to separate by expelling the object, as well as the wish to merge and become the object through total incorporation. Maturity entails a capacity to be like the admired object via 'selective identification.' One hallmark of developmental failure or psychopathology is the inability to resist regressive merger fantasies. Such fantasies are associated with boundary disturbance and problems successfully differentiating self from others.

Jacobson (1954, 1964) redefined primary narcissism as an early infantile stage of development (preceding the development of self and object images) when the infant is unaware of anything but his or her own experiences of tension and relief, i.e., of anything but frustration and gratification. Thus, the infant's experience of pleasure and unpleasure (gratification and frustration) constitutes the experiential core of the mother-infant dyad. Greenberg and Mitchell (1983) note that "as these experiences accrue, images are formed of the gratifying (good) and frustrating (bad) mother" (p. 308). These images with their attendant emotional attitudes constitute the beginning of internal object relations.
Jacobson (1954, 1964) places a great deal of emphasis on differentiation (or lack thereof) under the auspices of adequate (or inadequate) mothering. More in keeping with Hartmann than Freud, she suggests that under the auspices of adequate mothering, the aggressive and libidinal drives differentiate from a state of undifferentiated energy at birth. This notion is reminiscent of Hartmann's (1939, 1964) concept of an 'undifferentiated matrix' a priori to an emergent id and ego. It is, however, more radical than Hartmann's view because it points toward the influence of the environment and the primary caretaker in shaping the most basic qualities of the primary drives (Greenberg & Mitchell, 1983). Furthermore, she describes how the child begins to identify sources of experience as self and object images are differentiated "out of gratifying and frustrating experiences in the mother-child dyad" (Blanck & Blanck, 1986, p. 8). Blanck and Blanck (1986) also note that Jacobson details how at the end of the first year of life the "child has a large repertory of affects by a process we (1979) have termed affect differentiation" (p. 8). This ability to differentiate affects emerges as a consequence of pleasureable (good) experiences of gratification and unpleasureable (bad) experiences of both optimal and excessive frustration. For Jacobson, the roots of depression lie in the contrast between wishful self-images and images of a failing self.
Jacobson also attributes many functions (e.g., the regulatory function) to the superego that are often thought to be ego functions. She elaborates on Freud's (1923) notion of superego development as involving the incorporation of ethical values. For Jacobson (1954, 1964), regulation of behavior occurs initially by interaction with the object world and later by internal regulation. Thus, the capacity to regulate behavior in accordance with ever-maturing moral standards is a direct result of the internalization of interpersonal relations.

Blanck and Blanck (1986) cite the publication of The Psychological Birth of the Human Infant (Mahler, Pine, & Bergman, 1975) as a critical turning point in the history of ego psychology. In their book based on child observation, Mahler and her colleagues introduce the principle that, "A major organization of intrapsychic and behavioral life develops around issues of separation and individuation" (p. 4). The significance of this watershed work is that it documents a line of development separate and distinct from Freud's model of development based on psychosexual stages. The developmental process of separation-individuation is inherently object relational in nature. It involves the process of internalization whereby both positive and negative affective experiences with the external world (and the primary caregiver in particular) are 'taken in' and
assimilated as organized structures of the emerging personality.

Mahler et al.'s (1975) model of normal development entails three major phases: autism, symbiosis, and separation-individuation. The last stage of separation-individuation consists of four subphases: differentiation, practicing, rapprochement, and on-the-way-to-object constancy. During the autism phase (birth - 2 months), self and object images are merged and the infant does not differentiate self from other. In this state of primary narcissism (Freud, 1914), "the infant seems to be in a state of primitive hallucinatory disorientation in which need satisfaction seems to belong to his own 'unconditional' omnipotent autistic orbit" (Mahler, Pine, & Bergman, 1975, p. 43). The child, still psychologically merged with the mother, is preoccupied with experiences centered around ridding himself/herself of unpleasureable tension through his or her own physiological processes (e.g., urinating) and his or her interactions with the mother (e.g., sucking at her breast). Through repeated experiences of the reduction of unpleasureable tension, the child begins to differentiate between two affective states: "a 'pleasureable'/'good' quality and a 'painful'/'bad' quality of experience" (Mahler et al., 1975, p. 43). Thus, internalization and differentiation of affect states is an essential aspect of developing object relations. Kernberg (1975) also views the
affect state as the central defining characteristic and basis for the organization of internalized relationships between the subject and its objects. Fixation or failure of development at the autistic phase is associated with the inability to differentiate self from other and autistic symbiosis.

During the symbiotic phase (3 months - 18 months), pleasureable/good and painful/bad experiences continue to be differentiated. However, self and other remain undifferentiated. A central experiential feature is a sense of "fusion with the representation of the mother and, in particular, the delusion of a common boundary between two physically separate individuals" (Mahler et al., 1975, p.45). In the symbiotic phase, the child experiences need gratification coming from the mother and expects to have his/her needs immediately and reliably satisfied by the mother. Thus, the mother is not seen as an independent other with needs and feelings of her own. Rather, she is simply a source of gratification and needed supplies. Through the inevitable frustration and disappointment of his or her pressing needs, the child comes to realize that the world/mother is not his or her oyster and that all of his or her experienced needs are not gratified upon demand (Masterson, 1981). A sense of depression ensues over the loss of the symbiotic delusion. Pathological fixation at this stage is associated with an inability to recognize or
consider the needs of others, an inability to form attachments, and an inability to invest emotionally in relationships. Furthermore, symbiotic psychosis of childhood and adult schizophrenia have been shown to be associated with severe and persistent failure to differentiate ego boundaries (Mahler, 1966).

The process of separation-individuation, or "the psychological birth of the individual" (Mahler et al., 1975, p. 3), begins at approximately 15 to 18 months of age. A major developmental achievement of this stage is the ability to differentiate self from other representations. Successful resolution of the rapprochement subphase of separation-individuation normally occurs at approximately 24 months of age. It is characterized by the surrender of infantile grandiosity and magical omnipotence. Self and object boundaries are established as the child comes to experience increasing autonomy and recognize the mother as a separate individual from the self. Initially, self and object representations are decidedly good or bad. This is because good and bad experiences of the self and the object are not yet integrated. The child experiences the self as either a "good me" or a "bad me," and experiences the mother as either a "good mother" or a "bad mother." The final subphase of separation-individuation is called on-the-way-to-object constancy. During this subphase, the child eventually integrates good and bad self representations into
a self-concept which can be both good and bad. The child also eventually integrates good and bad representations of the object into an object-concept which can be both good and bad. The ability to experience ambivalence, and to integrate good and bad experiences of self and other into realistic representations of self and other signals the achievement of object constancy. As the child matures, self and object representations continue to become more complex and integrated. Thus, a two-fold movement of differentiation and integration constitutes the process by which complex representations of self and other are established. Developmental arrest in separation-individuation is associated with the disorders of the self and problems with relatedness characteristic of borderline and narcissistic pathology (Masterson, 1981). For Masterson, borderline pathology is characterized by deficient emotional investment in the self. Narcissistic pathology, on the other hand, reflects a pathologic overinvestment in the self which is manifest as egocentricity and grandiosity. Furthermore, in the narcissist, "very primitive self-object representation is seen alongside a seemingly high capacity for ego functioning" (1981, p. 11). Abandonment depression associated with separation-individuation is the principle affective experience defended against by both narcissistic and borderline pathology.
Major contributions to contemporary object relations theory. Greenberg and Mitchell (1983) see Otto Kernberg as a major contributor to a relational model who nevertheless maintained a distinct allegiance to Freudian drive theory. Like Klein (1952), Kernberg (1966, 1967, 1975, 1976, 1984) focuses on the pathology of internal object relations. Kernberg (1976) describes his approach to object relations theory as:

stressing the buildup of dyadic or bipolar intrapsychic representations (self- and object-images) as reflections of the original infant-mother relationship and its later development into dyadic, triangular, and multiple internal and external interpersonal relationships...[W]hat is important is the essentially dyadic or bipolar nature of the internalization within which each unit of self- and object-image is established in a particular affective context. (p. 57)

Thus, Kernberg stresses the reciprocal influence of intrapsychic representations and early external relationships on each other. He also highlights increasing complexity of internal and external object relations as a function of later development beyond the mother-infant dyad. Lastly, Kernberg stresses the centrality of the affect tone which serves as the essential context for each unit of the various self- and object-images which, in sum, comprise the totality of an individual’s self-and-object world.
Greenberg and Mitchell (1983) describe Kernberg's theory of object relations as centrally concerned with the processes by which early experiences are metabolized into psychic structures which in turn influence subsequent experience. They point out that Kernberg (1976) views early experiences that are originally unintegrated and later defensively split as consisting of:

relational configurations, specifically reflecting the interaction of the infant with his "human object," the mother. These configurations consist of three component parts: an image of the object; an image of the self; and an affective coloring determined by the drive derivative active at the time of the interaction. (p. 330)

For Kernberg, the most primitive level of internalization is 'introjection.' Introjection "represents the internalization of the least organized, least differentiated self and object images in the context of the most violent, least modulated affective coloration" (Greenberg & Mitchell, 1983, p. 331). Identification represents a higher level of internalization involving better organized, better differentiated self and object images in the context of an affective coloring determined by a somewhat modulated drive derivative. Kernberg (1976) labels the most mature level of internalization 'ego identity' after Erikson (1956). Kernberg (1976) describes ego identity as "the overall
organization of identifications and introjections under the guiding principle of the synthetic functions of the ego" (p. 32). At this level, the individual experiences a well-organized, consistent conception of the object world (i.e., object constancy) and a consolidated sense of the self as an ongoing organized entity separate from others. Thus, higher levels of differentiation, organization, and integration, as well as modulation of the affective coloring of internal representations characterize the most mature and complex level of object relations.

Kernberg is particularly concerned with distortions in superego and ego functioning characteristic of narcissistic and borderline personality disorders, as well as the development of pathological defenses and their role in establishing and maintaining disturbed external object relations. For Kernberg (1986), the development of pathological narcissism involves the elimination of normal tension between the actual self on the one hand, and the ideal self and ideal object on the other by what he described as "an inflated self concept within which the actual self and the ideal self and the ideal object are confused. At the same time, remnants of the unacceptable self images are repressed and projected onto external objects, which are devaluated" (p. 217).

Kernberg (1986) discusses similarities in the defensive organization of narcissistic and borderline personalities as
evidenced by the reliance on primitive defenses such as splitting, denial, projective identification, omnipotence, and primitive idealization. He suggests narcissists can be differentiated from borderline patients by their relatively good social functioning, their capacity for consistent work which permits the partial fulfillment of their desire for greatness and admiration, and by their better impulse control. Kernberg also states that the prognosis is better for patients who can experience guilt than for those unable to experience guilt. Thus, he suggests that the capacity to experience guilt represents a developmental achievement.

As a drive theorist, Kernberg views disturbed object relations as deriving from faulty neutralization of excessive primary aggression or aggression in response to frustration (Bacal & Newman, 1990). For example, the defense of 'splitting' highlights the failure of the ego to internalize and synthesize good and bad introjects and identifications into realistic and ambivalently charged internal representations of self and others. "Organization of experience by the primitive ego proceeds according to the affective coloring which accompanies it, that is, whether it is 'good' or 'bad'" (Greenberg & Mitchell, 1983, p.330). As Bacal and Newman (1990) point out, "The constant projection of 'all bad' self and object images perpetuate (sic) a world of dangerous, threatening objects against which 'all good' self images are used defensively" (p. 85).
Greenberg and Mitchell (1983) note that for Kernberg, the child's internal world is affectively colored by his or her interactions with significant others in the external world. A negative affective coloring derives from both frustrating and malignant experiences of others as well as from the projection of excessive oral rage and constitutional aggression onto others who are then internalized as bad internal objects. For Kernberg, overidealization or an excessively positive affective coloring of representations of self and others as 'all good' reflects a need to defend against an actual distrust of others and a latent hostility toward them. Bacal and Newman (1990) observe that although Kernberg "recognizes the influence of caretakers in the formation of pathological introjects" (p. 7), he nevertheless emphasizes the subject's own constitutional drives and phantasy distortions over and above specific environmental trauma as being at the root of disturbed object relations. To that extent, they view Kernberg's work (1967, 1975, 1984) as more of an extension of Klein (1952) than of Hartmann (1939, 1958) or Jacobson (1954, 1964). Bacal and Newman (1990) see the work of Racker (1968), another follower of Klein, as giving greater emphasis to the role of others in shaping a person's object relations. Racker's (1968) paper on transference and countertransference elaborates on ideas first put forth by Strachey (1934) that the therapist serves as a catalyst for
modifying the internal world of the patient. By implication, the mother or primary caregiver performs the same function for the child.

Of all the British object relations theorists, Fairbairn (1952) came the closest to a comprehensive theory which marked a radical departure from Freud's drive theory (Bacal & Newman, 1990). Jones (1952) summarized Fairbairn's departure from Freud with the observation that:

Instead of starting, as Freud did, from stimulation of the nervous system proceeding from excitation of various erotogenic zones and internal tension arising from gonadic activity, Dr. Fairbairn starts at the centre of the personality, the ego, and depicts its strivings and difficulties in its endeavor to reach an object where it may find support. (p. v)

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Fairbairn retained Freud's notion of libido, but redefined it as primarily object-seeking rather than pleasure-seeking. This transformation arose in response to Fairbairn's observation that abused children frequently maintained intense loyalties to their abusing parents. Fairbairn reasoned that if libido was primarily pleasure-seeking, then libidinal objects ought to be more exchangeable than they appeared to be. He suggested that the superordinate need of the child was to maintain intense emotional ties to significant others regardless of whether
or not such ties were based on painful or pleasureable interactions.

For Fairbairn (1952), character refers to a person's characteristic modes of dealing with others in an effort to create and maintain emotional ties. Thus, the essential link between subject and object is not instinctual drives seeking discharge. Rather, motivation derives from the strivings of a central self or ego not driven by forces, but which nevertheless operates in accordance with its own program to maintain emotional connectedness with others. Psychopathology reflects the perpetuation of dysfunctional modes of relatedness as evidenced by bonds and entanglements which cannot be abandoned because to do so is to experience oneself as altogether cut off from intense human contact. The establishment of compensatory internal objects by the ego is necessitated by unsatisfactory relations with natural external objects. The proliferation of compensatory internal objects leads to a splitting of the original integrated ego. In a functional sense, Fairbairn's use of the term 'ego' is closer to other theorist's use of the term 'self' (Greenberg & Mitchell, 1983). It refers to the "primary psychic self in its original wholeness, a whole which differentiates into organized structural patterns under the impact of object relations after birth" (Guntrip, 1961, p. 279).
Fairbairn's (1952) theory of motivation is reminiscent of Suttie (1935) who replaced instinctually-based sexual and aggressive impulses with longing for companionship, intimacy, and tenderness as the basic motivational link between subject and object. For Suttie, basic emotions such as anger and rage do not derive from drives. Rather, they are reactions to frustration, and desperate attempts to elicit needed responses from others. Thus, the affective tone of social interactions is primarily environmentally rather than constitutionally determined.

For Fairbairn, development is characterized by changes in the "quality and complexity of relatedness to others" (Greenberg & Mitchell, 1983, p. 160) rather than by changes in the body part serving as the focus of instinctual gratification. He outlines a three stage model of development which entails a movement from infantile dependence through a transitional phase toward mature dependence. Like Mahler, he stresses the lack of differentiation between the child and his or her mother in the earliest months of life. Infantile dependence reflects a primary identification with the mother which Fairbairn describes as "the cathexis of an object which has not yet been differentiated from the cathecting subject" (1941, p. 34). Mature dependence, on the other hand, is characterized "by a capacity on the part of a differentiated individual
for cooperative relationships with differentiated objects" (1946, p. 48).

Greenberg and Mitchell (1983) note that Winnicott's central theoretical focus is on "the delicate and intricate dialectic between contact and differentiation" (pp. 190-191). Healthy development entails the emergence of personhood in the form of the True Self. The ability of the infant to differentiate and organize the diffuse bits and pieces of his own experience depends upon the quality of the 'holding environment' which his mother provides for him. Her empathic anticipation of the infant's needs and her precise timing in meeting such needs determines the quality of development. Winnicott (1965) personalizes Hartmann's (1939, 1964) 'average expectable environment' and makes it explicitly object relational. 'Good-enough-mothering' creates a 'holding environment' characterized by empathic attunement to the child's needs and protection from undue 'impingements' from the outside world.

For Winnicott, psychopathology involves the substitution of a compliant, overly adaptational, non-spontaneous, inauthentic False Self in lieu of the emergence of the True Self. This substitution of a False Self is necessitated as an adaptive defensive organization in response to parental failure. Regression marks a return to a point in development where the interpersonal environment has failed the child's needs. Thus, "regression is a search
for missing relational needs" (Greenberg & Mitchell, 1983, p. 200). Winnicott's central concern is with the development of "different forms of relation between self and others" (Greenberg & Mitchell, p. 208). He departs from theorists such as Klein by his overriding emphasis on the impact of environmental provisions and failures as opposed to constitutional factors on normal and abnormal development.

**Trauma and Developmental Object Relations Theory**

A central premise of object relations theory is that social history is internalized as intrapsychic structure which in turn provides the basis for organizing and integrating subsequent experience into meaningful and, hopefully, functional patterns. Presumably, some aspects of a person's social history have greater impact on the internalization process than others. Object relations theorists consistently emphasize the importance of early, preoedipal experience on the development of internal psychic structure. In addition, trauma (i.e., intense developmentally and relationally inappropriate interaction) at any point in the developmental history could be expected to have considerable negative impact by virtue of its intensity, profundity, and disorganizing properties. Early trauma could result in developmental arrests or fixations in response to its overwhelming nature. Later, postoedipal trauma could be expected to induce regression to weak points
of partial fixation in the internalized developmental history (i.e., psychic structure) of the traumatized individual (Sandler & Joffe, 1967).

Freud's (1896) seduction theory of neuroses constitutes the earliest psychodynamic formulation of the impact of trauma on psychological development. As previously mentioned, this theory posits that neurotic symptoms are the direct result of powerful pent-up affects associated with sexual trauma which were stifled rather than adequately discharged or expressed at the time of the seduction. Thus, the seduction theory views psychopathology as a contamination of the mind originating from early sexual trauma which simply overwhelms the immature and developing resources of the traumatized child. Freud never completely abandoned the etiological importance of external trauma on the development of psychopathology. However, after introducing the theory of infantile sexuality (1905) as a replacement for the seduction theory, Freud tended to emphasize the role of fantasy and internal factors over external trauma as the principal cause of psychopathology.

Freud's (1917) discussion of psychotic depression in Mourning and Melancholia introduced the notion of 'identification' as a process by which a significant object is internalized as a response to the trauma of object loss. Through this process of identification, "the other has become somehow internalized and confused with the patient's
own self" (Mitchell, 1988, p. 46). Through identification, the lost object and the patient's investment in or cathexis of that object are maintained as an internal presence. In a similar vein, Ferenczi's (1949) classic Confusion of Tongues paper on child sexual abuse also attests to the development of psychopathology through a faulty process of identification in response to trauma. Ferenczi emphasized how victims identify with and introject the menacing perpetrator as a defense against overwhelming unpleasure and anxiety. Sexual trauma often compels victims to subordinate their will and desires to the will and desires of their abusers. "...Completely oblivious of themselves they identify themselves with the aggressor" (Ferenczi, 1955, p. 228).

Through this process of internalization, the perpetrator becomes "intra-instead of extra-psychic" (Ferenczi, 1955, p. 228). This allows the victim to maintain an emotional tie to the perpetrator as a 'good' object while denying the threatening implications of the attack as an unavoidable external reality. Thus, sexual trauma can result in the identification with and introjection of the perpetrator along with the introjection of the perpetrator's feelings of guilt. It can, according to Ferenczi, also lead to precocious maturity in aspects of the victim's functioning as a defense against external attack. Unfortunately, sexual trauma also often generates
confusion and fragmentation which can lead to impairments and variability in one's sense of self and in one's relationship to others.

In terms of impingements on ego functioning, Ferenczi (1949/1955) placed great emphasis on the role of external factors such as actual sexual trauma. Freud, while never completely abandoning the importance of external trauma, eventually focused more on internal impingements in the form of internal conflicts between libidinal wishes arising from the id and the ego's struggle against the direct expression of those wishes. Gediman (1971, 1991) bridged the gap between Ferenczi and Freud by suggesting that ego functioning can be compromised by both external and internal trauma. For example, intense external seductions may prove to be traumatic and therefore disorganizing at the time of the event. Furthermore, internal trauma may result subsequent to a seemingly well-endured external seduction as the victim becomes distressed by an emerging awareness of terrifying meanings associated with either delayed fantasized elaborations of the event or latent fantasies provoked by the event (Gediman, 1991). Gediman highlighted the principle of complementarity of reality and fantasy with respect to the intrapsychic representation of relational interactions. She pointed out that "Ever since Freud (1915) wrote 'Instincts and Their Vicissitudes,' psychoanalysis has provided a context for viewing what is
internalized as an object relationship related to drive vicissitudes" (Gediman, 1991, p. 392). Furthermore, Gediman (1991) noted that:

the strength of drive and related fantasies may be hypertrophied when external influences include premature sexual and aggressive stimulation. That is, we may sometimes expect to see in a child who has been sexually and/or aggressively abused more, and more intense, sadistic and aggressive drive-related fantasy than in one who has not. (p. 393)

Thus, an affective tone of gratuitous aggression or general malevolence may color the fantasy elaborations of interpersonal scenarios for individuals who have suffered childhood sexual and/or physical abuse.

In Beyond the Pleasure Principle, Freud (1920/1955) discussed trauma as an overwhelming stimulus which breaks through the stimulus barrier. Ordinarily, in accordance with the pleasure principle, the stimulus barrier serves a protective function by keeping unwanted stimuli out of the mental apparatus. Trauma involves intense unwanted stimuli which penetrate this otherwise effective barrier. The element of surprise along with unpreparedness for the traumatic stimuli are essential aspects of such penetration. Once the barrier is penetrated, psychic energy is diverted from the pleasure principle as the ego struggles to bring the stimulus under control. In this effort to bind the
stimulus, primary process and other id functions are replaced by secondary process and other ego functions. An unbound stimulus continues to exert a traumatic influence. Whereas a danger situation evokes signal anxiety which in turn activates defensive operations of the ego (Freud, 1926/1955), a traumatic situation leads to automatic anxiety and "helplessness on the part of the ego in the face of accumulation of excitation, whether of internal or external origin, which cannot be dealt with" (Freud, 1926, p. 81). The binding of a stimulus which overwhelms the ego is an arduous task which frequently involves the compulsive repetition of the traumatic situation as repressed material forces its way into expression via action, even at the expense of the pleasure principle. This repetition-compulsion of the traumatic situation is an attempt to gain mastery over the trauma provides the thrust for the unconscious creation of scenarios and relationship paradigms which mirror significant aspects of the original trauma.

Winnicott (1959) views trauma as an environmental impingement which surpasses the individual’s developmental capacities for dealing with that stimulus. For Winnicott, the mother or primary caretaker serves as the initial stimulus barrier for the child until such time as the child can internalize this protective function as part of his or her own ego development. Obviously, caretaking failures and outright child abuse greatly compromise the child’s ability
to ward off impingements. According to Winnicott, the neglected or abused child frequently struggles to protect himself or herself from such impingements by creating a protective False Self in lieu of developing his or her authentic potentials through the formation of a True Self.

Schaer (1991) contends that severe neglect and abuse of children constitute a vicious environmental assault rather than a mere impingement. Any ensuing repetition-compulsion of the traumatic event(s) is viewed as a form of striving to make the unpredictable predictable. In essence, abuse and neglect entail a serious breakdown in the stimulus barrier which leads to premature reliance on the child's own ego in an attempt to make sense out of the traumatic event(s).

From a structural point of view, Schaer (1991) depicts the ego as "the central victim in a traumatic event" (p. 1).

Object relations theorists such as Guntrip (1971) and more contemporary developmental theorists such as Wilbur (1986) discuss pathology in terms of 'failed metabolism.' The use of this metaphor suggests that "the self fails to digest and assimilate significant past experiences, and these remain lodged, like a bit of undigested meat, in the self-system, generating psychological indigestion (pathology)" (Wilbur, 1986, p. 79). Traumatic experiences are extremely difficult to metabolize, digest, and assimilate into the total experience of the self-system because they simply overwhelm the individual's present
capacities for such integration. Thus, undigested traumatic experiences can lead to developmental arrests by diverting psychic energy toward points of fixation and away from age-appropriate developmental concerns as the individual struggles to master or metabolize the trauma.

Khan (1963) explicitly extended the psychoanalytic notion of trauma to include the concept of 'cumulative trauma.' He stated that "cumulative trauma is the result of breaches in the mother's role as a protective shield over the whole course of the child's development, from infancy to adolescence..." (Kahn, 1963, p. 290). Khan noted that such breaches are of insufficient intensity as to be singularly traumatic. In this sense they are differentiated from gross intrusions stemming from the acute psychopathology of the mother or primary caretaker. The breaches in the protective shield which Khan (1963) addressed "achieve the value of trauma only cumulatively and in retrospect" (p. 291). In the main, such breaches include failure of environmental provisions in relation to the child's anaclitic or dependency needs. However, it appears likely that breaches in the protective shield which constitute cumulative trauma may also be associated with abuse, per se, given the often chronic dysfunction characteristic of the abusive environment. Khan has suggested a relationship between cumulative trauma and subsequent regression with respect to ego functioning. Although "the ego can survive and overcome
such strains,...and arrive at a fairly healthy and effective normal functioning, it nevertheless can in later life break down as a result of acute stress and crisis" (Khan, 1963, p. 300). The notion of regression in response to subsequent crisis (e.g., sexual abuse, physical abuse, and/or neglect) provides a conceptual foundation for how trauma in the post-oedipal years could result in functioning more characteristic of pre-oedipal development.

The Assessment of Object Relations

The projective hypothesis. The employment of projective techniques constitutes the most widely-used approach to assessing object relations (Blatt & Lerner, 1983; Fishler, Sperling, & Carr, 1990). As such, this approach depends in part on the adoption of the projective hypothesis (Frank, 1939) as a central assumption underlying such techniques. According to Frank (1939), individuals can be presumed to project their own 'private world' into unstructured test material (Rapaport, Gill, & Schafer, 1968). In accordance with this notion, relatively unstructured psychological tests (e.g., Rorschach, Thematic Apperception Test) have traditionally been called "projectives" while more structured tests (e.g., Wechsler Adult Intelligence Scale-Revised, Minnesota Multiphasic Personality Inventory) are called "objective" tests.

From the standpoint of psychological assessment, the projective hypothesis implies a point of view which suggests
that "the subject actively and spontaneously structures unstructured material, and in so doing reveals his structuring principles--which are the principles of his psychological structure" (Rapaport et al., 1968, p. 225). From this perspective, a procedure is projective when the stimuli are sufficiently ambiguous so that "the psychological structure of the subject becomes palpable in his actions, choices, products, and creations" (Rapaport et al., p. 225). The process of structuring unstructured material is thought to reflect ego functioning. To the extent that it reflects an individual's repertoire of self and other relationship paradigms (Mayman, 1968), this process can be construed as reflecting that aspect of ego functioning responsible for giving representation to one's experience of self and others.

Projective Techniques in Assessing Object Relations

Rorschach measures. Much of the contemporary effort to assess object relations has focused on the content (Mayman, 1967, 1977; Urist, 1973) and structure (Blatt, Brenneis, Schimek, & Glick, 1976; Blatt, Schimek, & Brenneis, 1980) of the human content (H) and/or human movement (M) responses on the Rorschach. A central thread underlying these approaches has been the attempt to "assess the developmental level of object relations and their impairment in psychopathology" (Blatt & Lerner, 1983, p. 9).
Pruitt and Spilka (1964) developed the Rorschach Empathy-Object Relationship (RE-OR) Scale based on Rorschach theory (Klopfer, Ainsworth, Klopfer, & Holt, 1954) that suggests that the quality of human content and human movement responses reflects the capacity for empathy and effective relatedness (Stricker & Healey, 1990). Pruitt and Spilka (1964) found that vocationally handicapped and/or emotionally disturbed individuals in group therapy scored higher than those not in group therapy. They also found a positive correlation between the RE-OR and work adjustment.

Mayman (1967) found that postdoctoral student raters were able to differentiate the Rorschach human movement responses of successful versus unsuccessful psychiatric residents. Successful residents saw more human figures, and described them "with a sense of warmth, openness, and contact, in contrast to the poorer residents, whose figures expressed cynicism, bitterness, fearfulness, or alienation" (Fishler et al., 1990, p. 503). In later work, Mayman (1977) identified five dimensions of the M response: the dynamic characteristic of the blot that triggers the response, the contribution of fantasy, kinesthesia, object representation, and empathy and identification.

Blatt et al.'s (1976) Developmental Analysis of the Concept of the Object Scale (DACOS) reliably scores human responses to the Rorschach along a developmental continuum reflecting the following six dimensions:
differentiation: types of figures perceived; [Hd], Hd, [H], H, articulation; number and types of perceptual and functional features attributed to the figures; the degree of internality in the motivation of action; unmotivated, reactive, intentional; the degree of integration of object and action; fused, incongruent, nonspecific, congruent; the content of the action; malevolent, benevolent; and nature of the interaction with another object: active-passive, active-reactive, active-active. (p. 9)

With respect to validity, Blatt, Brenneis, Schimek, & Glick (1976) noted significant developmental changes in the Rorschach responses of a sample of 37 normal subjects using data collected at four intervals over a span of 20 years. Over time, there was an increase in "the number of accurately perceived, well articulated, full human figures involved in appropriate, integrated, positive and meaningful interactions" (p. 371).

In their comprehensive review of the empirical literature on the projective assessment of object relations, Stricker and Healey (1990) reported that the DACOS has also found differences between normals and patients (Blatt et al., 1976), psychotic and nonpsychotic patients (Ritzler, Zambianco, Harder, & Kaskey, 1980), schizophrenics and borderlines (Spear, 1980; Spear & Sugarman, 1984), inpatient versus outpatient borderlines (Lerner & Lerner, 1984),
neurotics, outpatient borderlines, inpatient borderlines, and schizophrenics (Lerner & St. Peter, 1984a; 1984b), narcissists and borderlines (Farris, 1988), and restricting and bulimic anorexics (Piran, 1988; Piran & Lerner, 1988). In addition, the DACOS has been used to describe change resulting from treatment (Blatt, Ford, Berman, Cook, & Meyer, 1988; Schwager & Spear, 1981).

Another widely used object relations scale is Urist's (1977, 1980) Mutuality of Autonomy Scale (MOAS). Scores are assigned to both animate and inanimate movement responses on the Rorschach. This scale draws on ego psychology, object relations theory, and self psychology. It is primarily concerned with the developmental movement toward separation-individuation (Stricker & Healey, 1990). Urist and Shill (1982) summarized the seven scale points as tapping a developmental continuum along the relational dimensions of Reciprocity-Mutuality, Collaboration-Cooperation, Simple Interaction, Anaclitic-Dependent, Reflection-Mirroring, Magical Control-Coercion, and Envelopment-Incorporation.

As evidence of construct validity, Urist (1977) cited significant correlations between the MOAS and autobiographical data and staff ratings of inpatients using similar scoring guidelines for such ratings. These findings were replicated by Shill and Urist (1982) using excerpted Rorschach responses to prevent identifying a collection of responses as belonging to the same individual.
and Grolnick (1985) provided evidence of both construct and discriminant validity. They found significant correlations between the MOAS and interpersonal functioning. On the other hand, no significant correlations were found with IQ or achievement scores.

Stricker and Healey (1990) reviewed numerous other studies attesting to the validity of the MOAS. Such studies include reported differences between subgroups of borderlines (Spear & Sugarman, 1984) and differences between both restricting and bulimic anorexics and controls (Strauss & Ryan, 1987). The MOAS has also characterized the object relations of depressed female adolescents (Goldberg, 1989), children with imaginary friends (Meyer & Tuber, 1989), boys with separation-anxiety disorder (Goddard & Tuber, 1989), and boys with Gender Identity Disorder (Coates & Tuber, 1988; Tuber & Coates, 1989). Tuber (1983) offered evidence of predictive validity by finding that later hospitalization as adults could be predicted from MOAS scores in childhood. Kavanaugh (1985) found significant pre- to post-treatment differences on both the DACOS (Blatt et al., 1976) and the MOAS (Urist, 1977, 1980) for patients treated with psychoanalysis or psychoanalytic treatment. In addition, the DACOS differentiated the two treatment groups, but the MOAS did not.

In comparing the MOAS to the DACOS, Stricker and Healey (1990) noted that:
It is a more simplistic and global measure than the DACOS, which appears to be more discriminating than the MOAS, but because the DACOS only scores human movement, it is of limited usefulness in assessing children. Like the DACOS, however, the evidence is more convincing that the MOAS assesses pathology rather than object relations. (p. 222)

Kwawer (1979, 1980) utilized content analysis to describe the primitive interpersonal modes expressed by borderlines on the Rorschach. His analysis, based on separation-individuation theory, differentiates between eight types of responses characteristic of the primitive ideation potentially underlying borderline functioning: engulfment; symbiotic merging; violent symbiosis, separation, and reunion; malignant internal processes, including primitive incorporation; birth and rebirth; metamorphosis and transformation; narcissistic mirroring; and separation-division. (Fishler et al., 1990, p. 505)

Coonerty (1986) developed a Rorschach Separation-Individuation Theme Scale (SITS) to examine the relationship between Mahler's theory of separation-individuation and borderline pathology. The scale allows for the scoring of two primary themes reflecting either the developmental phase of preseparation-individuation or separation-individuation. The preseparation-individuation theme consists of two
subthemes: internal responses and boundaryless responses. The separation-individuation theme consists of three subthemes: differentiation responses, practicing phase (narcissism) responses, and rapproachment responses. Interrater reliability was reported as .96. The scale provided evidence of discriminant validity in differentiating the Rorschach protocols of schizophrenic from borderline patients.

Summers (1978) has developed a system for scoring symbiosis in human relationships using projective data and interviews. This scoring manual is based on Mahler, Pine, and Bergen’s (1975) seminal work on the theory of separation-individuation as a particular line of development. Six indicators of symbiosis are measured by the manual: undifferentiation, intrusiveness, separation difficulty, disapproval of other relationships, dependency, and injunctions. This system differentiated mothers of schizophrenics from mothers of normals and mothers of hospitalized nonschizophrenics. It also differentiated schizophrenics from other subjects (Summers & Walsh, 1977).

Lerner, Sugarman, and Barbour (1985) developed a scale for scoring boundary disturbances, which they conceptualize as a specific component of object relations. The Boundary Disturbance Scale (BDS) employs a 6-point weighted scale to identify boundary laxness, inner-outer boundary, and self-other boundary disturbances. Total and weighted scores
differentiated hospitalized from nonhospitalized patients. Qualitative analysis of Rorschach responses revealed that confabulated responses differentiated hospitalized schizophrenics from all other groups and contamination responses differentiated schizophrenics from all other groups (Stricker & Healey, 1990).

Burke, Friedman, and Gorlitz (1988) have developed the Psychoanalytic Rorschach Profile (PRP), a comprehensive system for scoring Rorschach responses which integrates drive, ego, and object relations theory. This system consists of 10 scales measuring various aspects of impulse, ego structure, and object relations. The three object relations scales are Differentiation (D), Mutuality (M), and Animation (A). Higher scores on the scales reflect higher levels of object relatedness. The PRP combines content and structural scales and permits an integrated profile analysis across scales.

In a pilot study, five of the 10 scales significantly discriminated borderline patients from schizophrenics. Callahan (1993) found that the PRP discriminated violent from nonviolent juvenile delinquent offenders. Violent juvenile offenders were more pathological than their nonviolent peers with respect to impulse, ego structure, and object relations.

Early memories and dreams. Mayman and colleagues (Mayman, 1968; Mayman & Faris, 1960) developed the notion
that early memories serve as reflections of basic relationship paradigms and character structure. Krohn and Mayman (1974) developed the Object Representation Scale for Dreams (ORSD) which has been applied to dreams, early memories, and the Rorschach. The ORSD is an 8-point ordinal scale which assesses the representation of others along a continuum ranging from representations that are lifeless, desolate, and essentially alienated from others at one extreme, to representations that portray vital, fully human, fully differentiated, complex human beings at the other extreme (Stricker & Healey, 1990).

As evidence for the construct validity of object representations as a concept, and the utility of the ORSD in its assessment, Krohn and Mayman (1974) reported significant intercorrelations of ORSD data from early memories, dreams, and the Rorschach. They also reported significant correlations between these ratings on projective data and therapist-supervisor judgment regarding the patient's level of object relations. Spear (1980) found that when the ORSD was applied to Rorschach data, it discriminated hysterical/impulsive and obsessive/paranoid borderlines. When applied to dreams, the ORSD differentiated schizophrenic from borderline subjects, but did not discriminate between subgroups of borderlines.

Ryan (1974) developed an adaptation of the ORSD using a 20-point scale. Using their adaptation of the ORSD, Ryan
and Bell (1984) found nonsignificant correlations between level of object relations and psychiatric severity. However, their adaptation of the ORSD discriminated changes in the levels of object relations from psychosis through recovery. Ryan and Cicchetti (1985) found that level of object relations accounted for the greatest amount of variance (approximately 30%) in predicting the quality of the therapeutic alliance from an initial therapeutic interview.

Last (1983) developed the Comprehensive Early Memories Scoring System (CEMSS). The scale consists of 48 items across nine categories. One of the categories involves the assessment of object relations. It consists of the following five subcategories: perception of others, perception of self, perception of environment, individual directiveness, and degree of interpersonal contact. Each subcategory is rated from 1 to 3, with 3 being the more differentiated response. A single object relations score is obtained by summing the subcategory scores. Structural variables, including the object relations category, successfully differentiated the degree of pathology between well-adjusted, mildly maladjusted, and severely maladjusted children (Last & Bruhn, 1983, 1985).

Descriptions of significant others and interviews. Blatt, Wein, Chevron, and Quinlan (1979) assessed object representations of parental figures based on an analysis of
written descriptions of individual's parents. Their measure rates the presence and strength of seven traits on a 7-point scale. The degree of ambivalence toward parental figures is also scored. Conceptual level of representations is scored on a 9-point scale. This scale addresses the complexity of the representations of parental figures. Level 1 scores are assigned to depictions of parents as primarily need gratifiers or need frustrators. Level 9 scores, on the other hand, are assigned to more complex representations in which parental figures are described as complex, whole, integrated human beings.

Blatt et al. (1979) reported correlations between lower conceptual scores and depression. Parents of depressed subjects were described as lacking in nurturance, support, and affection. Bornstein, Galley, and Leone (1986) found no differences in conceptual level for low and high subjects with respect to orality. They did, however, find that high oral subjects gave more negative descriptions of their mothers. The extent to which scores on this scale can be generalized as an overall index of an individual's object representational world requires more research.

Burke, Summers, Selinger, and Polonus (1986) developed the Comprehensive Object Relations Profile (CORP) as a semistructured projective task based on subjects' responses to specific questions regarding interpersonal vignettes. They designed their technique to specifically measure three
aspects of object relations: object constancy, object integration, and empathy. Discriminant validity was indicated by a lack of interscale correlations (Stricker & Healey, 1990). Evidence of predictive validity was provided by the ability of the CORP to successfully differentiate groups of neurotics, borderlines, and schizophrenics in the predicted direction.

Thematic Apperception Test (TAT) measures. Thompson (1986) reported the development of an Affect Maturity Scale (AMS) to be applied to TAT protocols. The AMS reflects the theory that emotions have a developmental line of their own (A. Freud, 1963). Developing emotions are conceptualized as intrinsically cognitive and intensional in form. Consistent with Bretano’s (1874) notion, Thompson views ‘intensionality’ as referring to the fact that emotions are intrinsically directed to objects. Such a view is also consistent with Kernberg’s (1975) view of affect as a key component of internal object relations which links the self to its objects. Thus, Thompson’s view of affect maturity along a developmental continuum emphasizes the cognitive and object-relational aspects of affective experience (Stricker & Healey, 1990).

The essence of Thompson’s (1986) perspective is that "the same emotion may be manifested at different levels of affect maturity, from the most primitive to the most mature" (p. 208). Furthermore, "the elements of primitive affect
experience are unintegrated and segregated rather than systematized" (p. 209). Primitive affects tend to be intense, all-or-nothing states which are both rigid and ephemeral (Werner, 1948). Individuals operating at a primitive affective level are virtually in the grip of the immediate affect. They cannot conceptualize a view of self or other which is not dominated by the intense affective coloring of the moment. Such a description of developmentally immature affect corresponds to the prominent depiction of the phenomenology of borderline conditions in the literature (e.g., Kernberg, 1975). Only at more highly developed levels of affect maturity can one begin to make a distinction between "how one feels about the object and how the object really is" (Thompson, 1986, p. 211).

From Thompson’s point of view, affect maturity constitutes a fundamental capacity which determines how a person will experience and cope with his or her feelings. The AMS consists of five separate complex levels ranging from 1 (least mature) to 5 (most mature). For example, at level 1, there is little differentiation between the expressed affect and the situation as a whole. The whole scene in the TAT story is permeated with the atmosphere of the dominant affect. The experienced affect colors all of the reality for the character of the story. At this level, mixed and contradictory feelings are not possible. At level 5, self and other are perceived as individuated beings with
enduring inner dispositions that modify their emotional experience. Self and other are assigned affects which reflect their uniqueness as individuals, as well as the circumstances of the immediate scene. Mixed and contradictory emotions can be experienced, and there is a capacity for an organized interplay of such emotions. The cause or object of the emotion can be evaluated independently of the affect itself. Furthermore, there is a greater sense that affects can be tolerated and integrated into the self's history.

Thompson (1986) reported "a modest but significant tendency for subjects to respond consistently" (p. 218) across various TAT cards, and "some preliminary support for the discriminant validity of the scale" (p. 218). The specific discriminations were not reported.

Westen, Lohr, Silk, Kerber, and Goodrich (1985) developed The Object Relations and Social Cognition Scale (ORSCS) for scoring TAT stories along four dimensions of object relations: 1) complexity of representations of people (CR), 2) affect-tone of relationship paradigms (AT), 3) capacity for emotional investment in relationships and moral standards (CEI), and 4) understanding of social causality (USC). Table 1 (Appendix) contains a summary of the scoring criteria for the four dimensions. Reported interrater reliabilities are generally .80 or higher (Westen, Lohr, Silk, Gold, and Kerber, 1990). Other studies
have reported similarly high reliabilities (Ornduff, Freedenfeld, Kelsey, & Critelli, in press; Westen, Huebner, Boekamp, Lifton, & Silverman, 1989; Westen, Lohr, Silk, Kerber, & goodrich, 1985, 1989).

Westen (1989, 1991a, 1991b) summarized the validation research on the ORSCS. In terms of construct validity, CR and USC were linked to psychological mindedness by findings that clinical psychology students scored higher on these scales than natural science graduate students. In normal samples, the scales of the ORSCS for TAT data correlated with similar object relation scales derived for other forms of narrative data such as interviews. (Barends, Westen, Byers, Leigh, and Silbert, 1990). This research also reported significant correlations between the ORSCS scales and validated instruments such as Loevinger’s (1976) Test of Ego Development and Blatt, Wein, Chevron, and Quinlan’s (1979) measures of complexity and affective quality of parental representations applied to descriptions of significant others. In particular, Barends et al. (1990) reported that the CR and USC scales were correlated with Blatt’s Complexity subscale, and AT correlated with Blatt’s Malevolence and Ambivalence subscales. The ORSCS has also predicted social adjustment in both clinical and nonclinical samples, as measured by Weissman’s Social Adjustment Scale (Weissman & Bothwell, 1976). In a sample of adults, the AT scale was significantly correlated with the hostility,
paranoia, and interpersonal sensitivity scales of the SCL-
90-R (Derogatis, 1977). Additionally, Schneider (1990) used
the ORSCS to assess psychotherapy transcripts and found
increases on scales CR and CEI over the course of brief
psychoanalytic psychotherapy and at followup.

Westen, Klepser, Ruffins, Silverman, Lifton, and
Boekamp (1991) assessed object relations in 2nd and 5th
graders and in 9th and 12th graders. They found
developmental differences in both studies for complexity of
representations of people (CR), capacity for emotional
investment in relationships and moral standards (CEI), and
understanding of social causality (USC). No developmental
differences were noted for affect-tone of relationship
paradigms (AT). Thus, three of the dimensions are
hypothesized to reflect developmental changes (CR, CEI, USC)
while one does not (AT). In addition, Westen (1989)
reported that borderline adolescents were differentiated
from borderline adults by lowered scores on CR, USC, and CEI
(cited in Stricker & Healey, 1990). Thus, even for subjects
sharing a psychiatric designation, three dimensions (CR,
USC, CEI) reflected developmental changes whereas one did
not (AT).

With respect to discriminant validity, borderline
adults were differentiated from major depressives by
significantly lower scores on AT and a trend (p = .06)
toward lower scores on CEI, with AT being the most
discriminating scale (Westen, Lohr, Silk, Gold, & Kerber, 1990). Based on six TAT cards, discriminant function analysis resulted in 80% accuracy in distinguishing the two groups. In this study, borderline adults had significantly lower mean scores on all four scales (CR, AT, CEI, & USC) than a normal comparison group. In a similar study (Westen, Ludolph, Lerner, Ruffins, & Wiss, 1990), borderline adolescents were differentiated from normal and psychiatric controls by lower scores on AT, USC, and CEI, and higher scores on CR. Again, discriminant function analysis yielded 80% accuracy using five TAT cards.

In their comprehensive review of the projective assessment of object relations, Stricker and Healey (1990) noted that, "Clearly, a significant amount of data supporting the usefulness of Westen's instrument is beginning to be accumulated" (p. 222). They also stated that the ORSCS warrants further investigation because "this is the only TAT-based instrument to assess object relations in depth" (p. 222). These same authors noted that while the AMS (1986) includes an object relations component, the measurement of object relations, per se, is not the primary purpose of the AMS.

The development of the TAT. The TAT was developed by Henry Murray and his staff at the Harvard Psychological Clinic (Murray, 1938). A noted authority on the TAT described it as:
a technique for the investigation of the dynamics of personality as it manifests itself in interpersonal relations and in the apperception or meaningful interpretation of the environment (Bellak, 1986, p. 42).

In its present form, the test consists of 30 achromatic cards depicting relatively ambiguous situations involving one or more individuals and one blank white card. In clinical practice, the clinician generally employs 10-12 cards of his or her own choosing as stimuli for the patient's stories. The respondent is asked to make up a story to fit each picture. In the case of the blank card, the respondent is asked to imagine a picture, describe it, and then make up a story about it. In each instance, the respondent is also asked to state what is happening in the picture, what led up to the event depicted in the picture, and what the outcome of the described event will be. In addition, the respondent is asked to report what the characters in the stories are thinking and feeling.

In Murray's (1943) system of interpretation, the examiner determines the "hero" in the story, and then analyzes the content of the story in accordance with a list of "needs" and "press." Examples of needs include affiliation, achievement, and aggression. Press refers to environmental forces which impinge on an individual and which may interfere with or facilitate the gratification of
needs. According to Murray (1943), analysis of the stories using his system provides insight into "some of the dominant drives, emotions, sentiments, complexes and conflicts of a personality" (p. 1). In illuminating unconscious material, the TAT was thought to "expose the underlying inhibited tendencies which the subject, or patient, is not willing to admit, or can not admit because he is unconscious of them" (Murray, 1943, p. 1).

Several other systems of interpretation have been developed since Murray's publication of the TAT (e.g., Aron, 1949; Eron, 1951; McClelland, Atkinson, Clark, & Lowell, 1953; Bellak, 1954; Pine, 1960). Bellak's (1954) system is rooted in ego psychology. It utilizes the TAT to assess 12 different ego functions, including the ego function of object relations. Most of the available interpretive systems, including Bellak's, are very time-consuming and complex. Consequently, they are rarely employed in clinical practice. Most clinicians "rely heavily on 'subjective norms' built up through their own experience with the test" (Anastasi, 1988, p. 603). A basic assumption underlying most means to interpret the TAT is that idiosyncratic or unusual material which departs from common responses to each picture carries more interpretive weight.

The TAT in assessing the impact of sexual abuse. Stovall and Craig (1990) employed the TAT and the Piers-Harris Children's Self-Concept Scale (Cosden, 1984) to study
the mental representations and self-concept of 20 sexually abused, 20 physically abused, and 20 nonabused but distressed females between the ages of 7 and 12 years. These researchers found no differences between the abused groups using two scoring systems (Aron, 1949; Taylor & Franzen, 1986) to assess object relations. However, they did find that the abused children differed from the nonabused children. Abused children were more likely to describe others nonpsychologically, i.e., principally in terms of actions and behaviors. Abused children’s descriptions of people featured less specificity and complexity. Furthermore, the people described were less frequently seen as well functioning or intact. Abused children tended to split off from consciousness the more negative perceptions of self and other. Their characters’ interactions were more likely to be transient, temporary, and impersonal.

Pistole & Ornduff (1993) found higher frequencies of expressed guilt and sexual preoccupation in the TAT stories of sexually abused girls when compared to those of nonabused clinical control children. No differences were observed between sexually abused girls and clinical controls in the expression of negative outcomes or feelings in general, or in the expression of depression, anxiety, and anger in particular. Thus, it appears that even with the TAT, certain symptoms associated with sexual abuse may not be
specific to sexual abuse, per se, whereas other symptoms (e.g., guilt and sexual preoccupation) may more successfully differentiate sexually abused children from children in other nonabused clinical populations.

Using the ORSCS, Westen, Ludolph, Block, Wixom, and Wiss (1990) found a systematic relationship between object relations assessed in female adolescents and several developmental history variables such as abuse, neglect, and disrupted attachments in childhood. This study provided evidence that a history of sexual abuse is associated with a more malevolent object world (i.e., significantly lower AT scores). This finding is particularly noteworthy because the onset of sexual abuse generally occurred in the latency years. Thus, it highlights the negative impact on object relations of what was typically a postoedipal trauma. Furthermore, duration of sexual abuse (measured in months) was moderately correlated with lower functioning on AT, CEI, and USC, but not on CR. None of these correlations was significant, however, because of the small sample size (N = 12). Although duration of sexual abuse was not correlated with CR, per se, it was very significantly correlated (r = .70, p = .01, N = 12) with the percentage of poorly differentiated (pathological) level 1 scores on CR. Westen et al. (1990) noted that:

These scores are relatively rarely given and reflect severe confusion of perspectives of different people or
a poorly bounded sense of identity. It seems likely that this finding is related to the kind of cognitive disruption and identity disturbance that can be produced by repeated experience of overwhelming affect, as in sexual abuse. (p. 1067)

The absence of a correlation between duration of abuse and CR, per se, is apparently because sometimes repeated sexual abuse is associated with higher CR scores as well as with a proclivity toward pathological level 1 responses.

Westen et al. (1990) also reported significantly lower mean scores on AT for neglected and physically abused adolescent females as compared to nonneglected and nonabused controls. Maternal physical abuse was also significantly associated with more pathological level 1 responses on AT, USC, and CR, whereas paternal physical abuse was not associated with any increased percentage of level 1 scores on any scale. Interestingly, maternal physical abuse was associated with both more pathological level 1 responses on CR, and with more high level responses on CR. Westen et al. (1990) caution that their study was exploratory in nature, and that it utilized multiple t-tests with small samples. Nevertheless, they noted that:

false or chance significant findings should occur in both directions, and that was not the case: presence of pathogenic experiences consistently predicted more
Sexually abused female children and adolescents have been distinguished from nonabused clinical controls using the ORSCS (Ornduff, Freedendel, Kelsey, & Critelli, in press). Multivariate profile analysis revealed overall object relations scores (averaged across the four scales) were significantly lower for the sexually abused group than those of a nonabused clinical control group. These findings were independent of any contribution of age, verbal productivity, or I.Q. Significantly higher scores were observed on AT than the three developmental scales with no differences between CR, CEI, and USC. Virtually identical results were found when frequencies of level 1 scores were analyzed in the same manner. Ornduff et al. (in press) summarized these findings as follows:

Specifically, the mental representations of subjects in the abuse group were characterized by more primitive and simple characterizations of people, more negative and punitive affect in their perceptions of the interpersonal world, an inability to invest in people and in relationships in other than need-gratifying ways, and an inability to make sensible attributions of self and others. Abuse subjects also produced more pathological responses overall than did their nonabuse
counterparts, indicating a tendency toward more extreme and immature functioning. (p. 2)

Purpose and Significance of This Study

The present study attempts to make an empirical contribution to understanding the initial effects of child sexual abuse within the context of contemporary psychoanalytic theory. Specifically, it addresses the impact of sexual abuse alone and in conjunction with other forms of abuse (i.e., physical abuse and/or neglect) on the object relations of victims as assessed by the TAT. This study attempts to address what Kendall-Tackett et al. described as the "need to turn to the development and confirmation of theory"...rather than "simply document and count the existence of symptoms and their obvious correlates" (p. 175). It is true that most of the existing empirical literature has focused on identifying symptoms associated with child sexual abuse. This quest has not yielded a constellation of symptoms which constitutes a specific sexual abuse syndrome. Furthermore, the symptom-oriented approach frequently fails to differentiate sexually abused children from other clinical samples.

The present study makes no attempt to directly assess symptoms or interpersonal behavior. Rather, it assesses the internalized representational configurations of self and other (internal object relations) which determine interpersonal behavior and enable individuals to process and
organize interpersonal experiences in a meaningful way. Specifically, it assesses the development of internal object relations as a function of particular trauma.

Since differential diagnosis is often at the crux of clinical assessment practice, it would be useful if, guided by theory, a widely used assessment instrument such as the TAT could differentiate sexually abused children from nonabused clinical control children along specific dimensions of object relations. Furthermore, it would be useful if such an assessment could reveal differences between the internal object world of children subjected to the trauma of sexual abuse alone versus that of children subjected to sexual abuse in conjunction with physical abuse and/or neglect. The present study attempts to test such a possibility by assessing children along four salient dimensions of object relations: 1) complexity of representations of people, 2) affect-tone of relationship paradigms, 3) capacity for emotional investment in relationships and moral standards, and 4) understanding of social causality.

In essence, the purpose of this study is twofold: First, from an assessment point of view, it tests whether the Object Relations and Social Cognition Scale (Westen et al., 1985) as applied to the TAT is useful in differentiating between sexually abused (with and without additional forms of abuse and/or neglect) and nonabused
clinical control children. Such a finding could help extend the validity of the ORSCS to include certain sexually abused populations. Furthermore, it tests whether female children subjected to sexual abuse by itself can be differentiated from children subjected to sexual abuse in conjunction with physical abuse and/or neglect. Significant results could provide evidence for discriminant validity for the ORSCS within a population of sexually abused females. Second, from the perspective of developmental object relations theory, this study furthers our understanding of the initial impact of various forms of sexual abuse along four salient dimensions of victims' self and object world. The results of this study may have important implications for theory as well as for the development of improved diagnostic and therapeutic techniques.

Hypotheses

This study assessed the impact of both sexual abuse by itself, and sexual abuse in conjunction with physical abuse and/or neglect on four dimensions of victims' object relations. Consistent with object relations theory, it was anticipated that a history of sexual abuse would be associated with: 1) impaired ability to differentiate self from others and to recognize the complexity of others' personality dispositions and subjective experience (CR); 2) the internalization of a threatening and malevolent world view and the expectation of harm (AT); 3) a lack of empathic
concern, problems with mature emotional investment in and relatedness to others, and difficulties regulating thought and behavior in accordance with moral standards (CEI); and 4) confused, illogical, or inaccurate attributions concerning interpersonal events (USC). Furthermore, consistent with psychoanalytic propositions concerning cumulative trauma (Khan, 1963), it was anticipated that children who were sexually abused in conjunction with physical abuse and/or neglect would manifest greater impairment in their object relations along all of the dimensions noted above than children who were sexually abused in the absence of other abuse and/or neglect. Consequently, the following specific hypotheses were offered:

**Hypothesis 1.** Sexually abused females (with and without additional trauma in the form of physical abuse and/or neglect) would evidence significantly lower mean scores than their nonabused clinical counterparts on each of the four dimensions of object relations (CR, AT, CEI, USC).

**Hypothesis 2.** Females who were sexually abused in conjunction with physical abuse and/or neglect would evidence significantly lower mean scores on each of the four object relations dimensions (CR, AT, CEI, USC) than females who were sexually abused in the absence of physical abuse and/or neglect.
Hypothesis 3. Sexually abused females (with and without additional trauma in the form of physical abuse and/or neglect) would evidence significantly higher frequencies of pathological responses (level 1 scores) than their nonabused clinical counterparts on each of the four object relations dimensions (CR, AT, CEI, USC).

Hypothesis 4. Females who were sexually abused in conjunction with physical abuse and/or neglect would evidence significantly higher frequencies of pathological responses (level 1 scores) on each of the four object relations dimensions (CR, AT, CEI, USC) than females who were sexually abused in the absence of physical abuse and/or neglect.
CHAPTER II

METHOD

Subjects

Subjects included 28 sexually abused female children, 24 multiply abused female children (i.e., sexually abused plus physically abused and/or neglected), and 24 female children with no documented history of abuse ranging in age from 6 to 16 years. Fifty-three subjects (70%) were Caucasian, 13 (17%) were African American, eight (11%) were Hispanic, and one (1%) was of mixed racial heritage. The case file for one subject (1%) had no information regarding race. All of the children were evaluated at the Dallas Child Guidance Clinic (DCGC), an out-patient clinic specializing in the evaluation and treatment of children and their families. In this study, sexual abuse was defined as a wanted or unwanted sexual experience with an individual at least five years older, and includes both contact and noncontact events. Sexually abused and multiply abused children were referred for evaluation and/or treatment by the state’s Department of Human Services (DHS) following disclosure and substantiation of the abuse. Documentation
of the abuse was contained in each subject’s clinic file. Nonabused subjects were referred for evaluation and/or treatment of various emotional and behavioral problems such as dysthymia (n = 8), conduct disorder (n = 6), major depression (n = 2), adjustment disorder (n = 2), anxiety disorder (n = 2), school problems (n = 2), attention deficit disorder (n = 1), and learning disability (n = 1). Subjects were excluded from the study if there was evidence of chronic psychosis, organic pathology, IQ below 75, or if a history of abuse was not reliably determined.

**Descriptive Variables**

The following descriptive variables were collected from the subjects’ case files: subject’s racial heritage, perpetrator gender, perpetrator relationship to the victim, disposition of the victim, family structure, and frequency of the abuse. Perpetrator relationship was defined as the type of relationship the perpetrator had with the victim at the time of abuse (e.g., biological parent, step-parent). Disposition of the victim refers to what happened to the victim (e.g., put into foster care) immediately following discovery/disclosure of the abuse. Family structure refers to whether or not the family was intact (i.e., both biological parents in the home) at the time of the abuse. Frequency of the abuse refers to the number of abusive incidents and was recorded as either an isolated incident or
as ongoing abuse (i.e., abuse that occurred more than once).

**Characteristics of the Abused Samples**

The mean age of the combined group of sexually and multiply abused females was 11.6 years old (n = 52, S.D. = 3.1). In the following descriptions of the sexual abuse and multiple abuse groups, reported percentages refer to the percentage of cases for which data was available. For missing data, percentages refer to the percent of the total sample for which data was not available.

**Sexual abuse (by itself) group.** The mean age of the sexual abuse group was 11.6 years old (n = 28, S.D. = 2.8). Sixteen (59%) of the subjects in the sexual abuse group were Caucasian, seven (26%) were African American, three (11%) were Hispanics, and one (4%) was of mixed racial heritage. The case file for one subject (4% of total sample) had no information regarding race. Twenty out of 28 families (71%) in the sexual abuse group were not intact at the time the abuse was discovered.

Seventeen cases (81%) in the sexual abuse group involved some form of genital contact (e.g., manual fondling, anal/vaginal intercourse, oral sex). Four cases (19%) involved nongenital abuse, and type of abuse was not specified in seven cases (25% of total sample). Twenty-three subjects (88%) in the sexual abuse group experienced ongoing abuse. Three cases (12%) involved a single incident and two cases (7% of total sample) did not specify
frequency. Following discovery, 15 (56%) of the subjects in the sexual abuse group were removed from the home while 12 (44%) remained home. The disposition of one victim (4% of total sample) was not specified.

The majority of perpetrators in the sexual abuse group were male. Twenty-five subjects (93%) were abused by males, and two (7%) were abused by both males and females. Gender of perpetrator was not specified in one case (4% of total sample). In the sexual abuse group, 26 (96%) of the perpetrators were in the home and one (4%) was out of the home. Perpetrator proximity was not specified in one case (4% of total sample). Ten perpetrators (36%) in the sexual abuse group were biological parents, seven (25%) were stepparents, seven (25%) were other relatives or cohabitants, and four (14%) were otherwise related or their relationship to the victim was unknown. Twenty-two out of 28 perpetrators (81%) in the sexual abuse group were parent figures. Perpetrator role was not specified in one case (4% of total sample). Nine (32%) of the perpetrators in the sexual abuse group were incarcerated after discovery or had charges pending. Of the remainder, four (14%) had no contact with the victim, often as a result of marital/relationship dissolution. Disposition of the remaining cases (54%) was not documented or had not been determined at the time of testing.
Multiple abuse group. The mean age of the multiple abuse group was 11.5 years old (\(n = 24, \text{S.D.} = 3.4\)). Seventeen subjects (71%) were Caucasian, five (21%) were African American, and two (8%) were Hispanic. Twenty-one out of 23 families (91%) in the multiple abuse group were not intact at the time the abuse was reported. No information regarding family structure was available for one subject (4% of total sample). Genital contact was reported in 15 (88%) of the cases in the multiple abuse group. Type of contact was not specified in nine cases (12%). In the multiple abuse group, 21 cases (91%) of sexual abuse were ongoing, two cases (9%) involved a single incident, and one case (4% of total sample) did not specify frequency. Twenty-one subjects (87%) were removed from the home after discovery, and three (13%) remained home. Fourteen subjects (61%) were abused by males, one (4%) by a female, and eight (35%) by both males and females. Gender of perpetrator was not specified in one case (4% of total sample). The higher proportion of subjects in the multiple abuse group subjected to abuse by both males and females reflects data in the clinic files which at times lumped together perpetrators of sexual abuse, physical abuse, and neglect under one heading. In the multiple abuse group, 19 (83%) of the perpetrators were in the home and four (17%) were out of the home. Perpetrator proximity was not specified in one case (4% of total sample). Eight perpetrators (33%) in the multiple
abuse group were biological parents, five (21%) were stepparents, seven (29%) were other relatives or cohabitants, and four (17%) were otherwise related or their relationship to the victim was unknown. Seventeen out of 24 perpetrators (74%) in the multiple abuse group were parent figures. Again, perpetrator role was not reported in one case (4% of total sample). In the multiple abuse group, eight perpetrators (33%) were incarcerated or had charges pending after discovery. Out of the remainder, three (13%) had no contact with the victim. Disposition of the remaining cases (54%) was not documented or had not been determined at the time of testing. The multiple abuse group consisted of 12 cases (50%) of sexual and physical abuse, 10 cases (42%) of sexual abuse and neglect, and two cases (8%) of sexual abuse, physical abuse, and neglect.

Measures

Data in this study were archival in nature, and included TATs and WISC-Rs. The TATs and WISC-Rs were administered at DCGC by clinical staff having completed at least a master's degree in psychology with formal coursework in psychological testing. All testing was supervised by a licensed clinical psychologist.

Description of the Object Relations and Social Cognition Scale (ORSCS) as applied to the TAT. Four dimensions of object relations were assessed from TAT responses using the Object Relations and Social Cognition
The four dimensions are: 1) Complexity of representations of people (CR), 2) Affect-tone of relationship paradigms (AT), 3) Capacity for emotional investment in relationships and moral standards (CEI), and 4) Understanding of social causality (USC). Each dimension was assessed along a 5-point Likert scale, with level 1 considered the lowest, most pathological and level 5 considered the highest, most mature level of functioning. Table 1 summarizes the scoring criteria for the four dimensions. The ORSCS was devised for the explicit purpose of "measuring different aspects of individual differences in social cognition and object relations" from TAT responses (Westen, Lohr, Silk, Kerber, & Goodrich, 1989a, p. 1). As applied to the TAT, the scale provides a means of assessing the representational processes underlying interpersonal functioning. Three of the scales are hypothesized to measure developmental aspects of object relations (CR, CEI, USC). The AT scale does not appear to reflect developmental changes as a function of maturity (Westen et al., 1991).

**Complexity of representations of people (CR).**

...The TAT measure was designed to assess the extent to which the subject clearly differentiates the perspectives of self and others and recognizes the complexity of the personality dispositions and subjective experience of self and others. At the lowest level, subjects have difficulty distinguishing
people and perspectives. At slightly higher levels they provide simple, unidimensional portraits of people that are nevertheless clearly differentiated from each other. At the highest levels, subjects manifest a complex understanding of the nature, expression, and context of personality and subjective experience. (Westen, 1991, p. 58)

Affect-tone of relationship paradigms (AT).

...The measure of Affect-Tone of relationship paradigms for the TAT was designed to assess the extent to which a person expects relationships to be destructive and threatening or safe and enriching. Unlike the other scales, this scale does not assess a dimension that develops with age (e.g., from malevolent to benevolent). At the lowest levels subjects attribute malevolence to characters in the story, whereas at higher levels they view relationships as more benign and pleasurable. (Westen, 1991 p. 59)

Capacity for emotional investment in relationships and moral standards.

...The measure for assessing Capacity for emotional investment in relationships and moral standards reflects a developmental model aimed at integrating cognitive-developmental theories and research with object relations theory and clinical observation (Westen, 1985). In the first stage, people are viewed...
primarily as instruments for gratification, including provision of security and various comforts. In the second stage, people, relationships, and ideals come to be valued as ends in themselves. Moral values at this stage reflect an emotional investment in the ideals, values, and prohibitions of idealized and respected authorities, as cognized by the child. Failure to meet these standards leads to guilt, shame, and lowered self-esteem. At the highest level the person is capable of forming deep, committed relationships in which the other is valued for his or her unique qualities, and the individual treats both self and other as ends rather than means, attempting to achieve autonomous selfhood within the context of real involvement with and investment in others. (Westen, 1991, p. 62)

Understanding of Social Causality.

...The measure of Understanding of social causality for use with TAT responses was designed to assess the logic, complexity, and accuracy of attributions. At the lowest levels, causality is preoperational in Piaget's sense: It is illogical or alogical, with confused, inappropriate, highly unlikely, or absent attributions of interpersonal phenomena. At the middle levels, subjects make accurate attributions that are
relatively simple. At the highest levels, subjects manifest an understanding of the way complex psychological processes are involved in the generation of thoughts, feelings, and actions... (Westen 1991, p. 62)

Reliability. The Object Relations and Social Cognition Scale (Westen et al., 1985) has been shown to have adequate interrater reliability on all four measured dimensions. Reported interrater reliability correlations utilizing the Spearman-Brown correction for multiple raters range from .82 to .97. (Westen, 1991; Westen et al., 1990).

Validity. As noted previously, the ORSCS has been well validated in numerous studies using a variety of samples (See pages 89-91 and 93-97 of this document for an extensive summary of validation studies).

Procedure

Names were removed from all data to protect confidentiality. Object relations were assessed from responses to 4 TAT cards: 1, 2, 3BM, and 17BM. These cards are a subset of Bellak's (1986) recommended standard set, and were chosen based on their 100% representation in subjects' protocols.

To ensure independent scoring, TAT records were photocopied, transcribed, and divided into individual stories. Two doctoral students in clinical psychology who trained extensively using detailed scoring manuals, rated
all of the stories. All stories were provided to raters on separate pages and randomized across all subjects. Each story was coded independently by the two raters on each of the four scales. Raters were blind as to the abuse status of each subject, and adequate interrater reliability ($r > .80$) was established prior to commencement of ratings.
CHAPTER III

RESULTS

Preliminary Analysis

Interrater reliabilities were computed using Pearson’s $r$, with the Spearman-Brown correction to correct for multiple coders. Corrected reliabilities were: CR, $r = .84$; AT, $r = .93$; CEI, $r = .91$; and USC, $r = .88$.

One-way ANOVAs and chi-squares were performed across the nonabuse control group, the sexual abuse group, and the multiple abuse group on the following dependent variables (DVs): age ($F(2,75) = 0.004$, ns), mean word count ($F(2,75) = 0.156$, ns), Full Scale IQ ($F(2,75) = 2.219$, ns), race ($X^2(6) = 6.743$, ns), and family structure ($X^2(2) = 3.256$, ns). As shown in Table 2, the three groups did not differ significantly on any of these variables.

Pearson Product Moment correlation coefficients were computed between each of the four object relations scales to measure the direction and degree of association between the scales (see Table 3). Consistent with previous research (e.g., Freedendfeld, 1992; Ornduff et al., in press; Westen, 1991), the scales showed a moderate degree of relationship suggesting that they measure somewhat separate yet interrelated dimensions of object relations.
Because three of the four object relations scales are hypothesized to be developmental in nature, and because of the possible influence of verbal productivity and intelligence on scale scores, Pearson correlations were computed between 1) age, 2) mean word count, 3) FSIQ and each of the four object relations scales (CR, AT, CEI, USC) in terms of both mean scores and frequency of level 1 scores.

FSIQ scores were not available for six of the 76 subjects included in the study. Three of the missing scores were in the nonabuse control group and three were in the sexual abuse group. When FSIQ was used as a covariate in analyzing the hypotheses, these missing scores for FSIQ were replaced with the mean FSIQ score for their respective group. Substitution of appropriate mean scores for the six missing FSIQ scores also preceded computation of correlation coefficients between subjects' scores on each of the four object relations scales and age, mean word count, and FSIQ. See Table 4 for correlations with mean scores on the ORSCS and Table 5 for correlations with frequency of level 1 scores.

**Analysis of Hypotheses**

To guard against the possibility of spurious findings resulting from multiple analyses and intercorrelated dependent measures, a multivariate analysis of covariance (MANCOVA) design was employed to test all hypotheses. Age,
mean word count, and FSIQ were used as covariates in testing hypotheses concerning between group differences for mean scores on all four object relations scales. Since FSIQ was not correlated with level 1 scores on any of the four object relations scales, only age and mean word count were included as covariates in testing hypotheses concerning group differences for level 1 scores on the four object relations scales.

A series of planned comparisons to test the hypotheses yielded the following results:

A MANCOVA across the mean scores for CR, AT, CEI, and USC revealed no significant differences between the nonabuse control group and a combined sexual abuse group consisting of both sexually and multiply abused females, Wilks Lambda = .94, F(4,67) = 1.12, ns. Thus, hypothesis 1 was not supported. The effect size (eta) was .25 (Rosenthal & Rosnow, 1991). See Table 6 for means, adjusted means, and standard deviations for the comparison groups.

A separate MANCOVA across the mean scores for CR, AT, CEI, and USC revealed no significant differences between females subjected to sexual abuse and females subjected to sexual abuse in conjunction with physical abuse and/or neglect, Wilks Lambda = .96, F(4,67) = .80, ns. Thus, hypothesis 2 was not supported. The effect size (eta) was .21. See Table 6 for means, adjusted means, and standard deviations for the comparison groups. Since FSIQ provided
minimal adjustment to mean scores, separate MANCOVAS without FSIQ as a covariate were performed to test hypotheses 1 and 2 with virtually identical results.

A MANCOVA across the level 1 scores for CR, AT, CEI, and USC revealed no significant differences between the nonabuse control group and a combined sexual abuse group consisting of both sexually and multiply abused females, Wilks Lambda = .88, F(4,68) = 2.36, p = .062. Although this analysis did not support hypothesis 3, it can be considered a trend in the predicted direction. The effect size (eta) was .35. See Table 7 for means, adjusted means, and standard deviations for the comparison groups.

A separate MANCOVA across the level 1 scores for CR, AT, CEI, and USC revealed no significant differences between females subjected to sexual abuse by itself and females subjected to sexual abuse in conjunction with physical abuse and/or neglect, Wilks Lambda = .94, F(4,68) = 1.02, ns. Thus the results did not support hypothesis 4. The effect size (eta) was .24. See Table 7 for means, adjusted means, and standard deviations for the comparison groups.

Post Hoc Analyses

The only planned comparison to approach significance (p = .06) predicted higher frequencies of level 1 scores for the combined group of sexually and multiply abused females as compared to the nonabused control group. To better understand the specific nature of this potential trend, a
Roy-Bargmann stepdown analysis was performed on the DVs which were prioritized in the following order: AT, CEI, USC, and CR. The priority of entry was based on theoretical and empirical considerations regarding which DVs were felt to be most likely to be impacted by sexual abuse. The ORSCS dimension most frequently reported as negatively impacted in abused and borderline samples is AT (Freedenfeld, 1992, 1994; Nigg et al., 1991; Westen, Lohr, et al., 1990; Westen, Ludolph, Block, et al., 1990; Westen, Ludolph, Lerner, et al., 1990). Such a finding is consistent with psychoanalytic theory stressing the presence of malevolent affect in the object representations of borderline patients (e.g., Kernberg, 1976, 1984). Conceptually, CEI is an index of basic emotional relatedness to others in accordance with recognized values and moral standards. As such, it is more closely linked to AT than USC or CR, which are more cognitive in their scope. Higher correlations between CEI and AT than between AT and the other two scales empirically support this conceptual linkage (Westen et al., 1991). Impaired functioning on CEI has also been reported in the literature as associated with abuse or borderline pathology (Freedenfeld, 1994; Westen, Lohr, et al., 1990; Westen, Ludolph, Lerner, et al., 1990). Theoretically, impaired functioning on CEI in response to sexual abuse could be explained as identification with the abuser (e.g., Ferenczi, 1949) whose very actions indicate an overfocus on self-
gratification and an impaired capacity for mature relatedness. Impairments in USC and CR have also been linked to borderline pathology (Freudenfeld, 1992; Westen, Lohr, Silk, Gold, & Kerber, 1990). USC was given priority over CR in the stepdown analysis because some studies have also shown a relationship between higher mean scores on CR and duration of abuse (Westen, Ludolph, Block, et al., 1990) as well as borderline pathology (Westen, Ludolph, Lerner, et al., 1990).

Stepdown procedures are recommended for locating potential effects in lieu of univariate analyses when the DVs are correlated with one another (Tabachnick & Fidell, 1989). In the stepdown procedure, each DV is analyzed in turn, with higher priority DVs subsequently acting as covariates along with age and mean word count.

Experimentwise error rate was held at $p = .05$ by apportioning an alpha level of $p = .0125$ to each DV (Tabachnick & Fidell, 1989). After controlling for experimentwise error, there were no significant differences between the level 1 scores of abused and nonabused females on any of the object relations scales (AT, $F(1,71) = 1.15$, ns; CEI, $F(1,70) = 4.23$, $p = .04$; USC, $F(1,69) = .68$, ns; CR, $F(1,68) = 3.15$, ns). Although not significant, the only scale revealing a trend toward significance in the stepdown analysis was CEI.
CHAPTER IV

DISCUSSION

The present study did not demonstrate the efficacy of a selected set of TAT cards to differentiate a combined group of sexually and multiply abused female children from a group of nonabused children along four dimensions of object relations and social cognition. Furthermore, it did not yield evidence that the object relations and social cognition of girls subjected to sexual abuse by itself were different from the object relations of girls subjected to multiple abuse (i.e., sexual abuse in conjunction with physical abuse and/or neglect).

Comparisons Between Sexually Abused and Nonabused Females

It was hypothesized that a combined group of sexually and multiply abused female children would display a) lower mean scores, and b) higher frequencies of level 1 scores than their nonabused clinical control counterparts on the CR, AT, CEI, and USC scales of the Object Relations and Social Cognition Scale (Westen et al., 1985). The data did not support either hypothesis. Only one near-significant trend (p = .06) emerged in analyzing the TAT stories of these two comparison groups. The combined sexual and multiple abuse group showed a slight tendency toward higher
frequencies of level 1 responses. The computed effect sizes were .25 (eta) for mean scores and .35 (eta) for level 1 scores.

Exploratory post hoc analysis of this potential trend revealed that the tendency toward more level 1 responses among sexually and multiply abused subjects was manifest primarily along the dimension of Capacity for emotional investment in relationships and moral standards (CEI). Although not statistically significant, discussion of this trend is offered to illuminate the theoretical implications of a potential effect and possible directions for future research.

Westen et al. (1985) defined a level 1 response to CEI as one in which need-gratification is the primary aim, even in interpersonal relations. Characters are typically self-preoccupied, and people are seen as tools for a character’s gratification, or as mirrors or an audience for one’s displays without consideration of conflicting needs or wishes. Although people may be seen as useful or comforting at the moment, they are not typically invested in emotionally for their unique characteristics. Often, others are seen as impediments to one’s gratification. Rules and authorities are seen as obstacles unless momentarily useful.

Thus, level 1 scores on CEI reflect an egocentric view of the world and a propensity for internal representations centering on self-preoccupation and self-gratification. As
such, they reflect narcissistic pathology and impairment of superego functioning (Kernberg, 1975, 1984; Kohut, 1971). Theoretically, a propensity toward severe pathological functioning on CEI by sexually and multiply abused children could be explained as internalization of and identification with the abuser. The sexual abuse of a child is a prototypical example of behavior aimed at self-gratification without sufficient regulation in accordance with moral standards or concern for the welfare of the child. Ferenczi (1949) discussed how victims often defend against overwhelming unpleasure and anxiety by identification with and introjection of the menacing perpetrator. Ferenczi’s discussion of this problem is echoed by Wolf and Alpert’s (1991) conclusion that one consequence of sexual abuse can be primary identification with the abuser and impaired object relations.

Freud’s distinction between narcissism and object love suggests that the capacity for mature emotional investment in others depends upon being able to transcend a preoccupation with simply using others for self-soothing and the gratification of one’s own needs. In developing the structural model, Freud (1923) conceptualized the superego as a psychic structure comprised of internalizations and identifications with caretaking figures who are the carriers of social values. Jacobson (1954, 1964) elaborated on Freud’s (1923) notion of superego development as involving
the incorporation of ethical values. For Jacobson, regulation of behavior occurs initially by interaction with the object world and later by internal regulation. Thus, the capacity to regulate behavior in accordance with ever-maturing moral standards is a direct result of the internalization of interpersonal relations. Thus, pathological functioning on CEI, which in part taps superego functioning, could reflect processes of internalizing pathologically self-preoccupied others.

For Hartmann (1964), the capacity for sustained emotional investment in others independent of their potential for immediate need gratification is a developmental achievement resulting from interaction with an ‘average expectable environment’ of concerned significant others. Thus, developmental arrest in this area reflects a pathological interpersonal environment. Winnicott (1965) also highlighted how the lack of an adequate caring environment (i.e., a ‘good enough mother’) is associated with faulty internalization leading to developmental arrest and psychopathology. In addition, Mahler et al. (1975) and Masterson (1981) have outlined how developmental arrest is associated with an inability to recognize or consider the needs of others, an inability to form attachments, and an inability to invest emotionally in relationships.

There is a considerable theoretical foundation in the psychoanalytic literature for the expectation of a higher
frequency of level 1 scores on CEI for a group of sexually and multiply abused children as compared to nonabused clinical controls. Nevertheless, the results of the present study did not support the hypothesis based on such an expectation. The observed trend toward a higher frequency of level 1 CEI scores for the sexually and multiply abused group as compared to nonabused children suggests that this dimension of objects relations warrants further investigation in future studies of sexual abuse.

Predicted differences for mean scores and level 1 scores between a sexually and multiply abused group as compared to a nonabused group across all four object relations scales were not supported. The looming question is why such differences failed to materialize. One obvious explanation is that there are no meaningful differences in the object relations of sexually abused children and nonabused clinical control children. Such a conclusion is consistent with reviews of the literature pointing to studies which failed to find significant differences between sexually abused and clinical control subjects (e.g., Beitchman et al., 1991; Kendall-Tackett et al., 1993). Out of 42 articles reviewed by Beitchman et al., only 3 (7%) simultaneously employed both clinical and normal controls. The use of a clinical control group in the present study may have obscured relationships between sexual abuse and
impaired object relations that would have been discernible with the use of a nonclinical control group.

Findings of no significant differences between sexually abused and nonabused clinical samples are not unusual in the literature. In fact, in their review of the initial effects of child sexual abuse, Beitchman et al. (1991) concluded that, "With the exception of sexualized behavior, most of the symptoms found in child and adolescent victims of sexual abuse were characteristic of clinical samples in general" (p. 546). In another review, Kendall-Tackett et al. (1993) reported that sexually abused children were more symptomatic on almost every symptom measured when compared to nonabused, nonclinical controls. However, findings based on comparisons between sexually abused children and nonabused, clinical control children in treatment for other reasons were less clear.

Kendall-Tackett et al. (1993) argued that clinical controls may include undetected cases of sexual abuse since sexual abuse often goes unreported. In addition, nonabused children are generally referred for assessment and treatment because they are symptomatic. Sexually abused children, on the other hand, are typically referred for assessment because they were abused, whether they are symptomatic or not. The nonabused control group in the present study may have included some undetected cases of sexual abuse or other forms of maltreatment which would compromise the internal
validity of the comparisons subjected to analysis. Also, some of the subjects in the nonabused clinical control group may exhibit problems in object relations which partially accounted for their referral for assessment.

On the other hand, the findings of no significant differences for mean scores and level 1 responses between sexually and multiply abused children as compared to nonabused children may reflect an absence of serious object relations pathology in the abused group. The current study investigated initial effects of child sexual abuse. Abused subjects may manifest arrested object relations later in life as their traumatization and victim status takes on greater meaning for them (Berliner, 1991). In addition, unexamined intervening variables may mediate between sexual abuse and the severity of its impact on developmental object relations (Kendall-Tackett et al., 1993).

Beitchman et al. (1991) suggested that the absence of a clear-cut sexual abuse syndrome may reflect the common use of global assessment measures which "may lack sensitivity to more subtle psychological or behavioral responses to sexual victimization" (p. 546). The absence of significant findings in the present study could suggest that the Object Relations and Social Cognition Scale (Westen et al., 1985) may lack sensitivity to specific differences in functioning between sexually abused and nonabused subjects. Previous significant findings using the ORSCS with sexually abused
(Freedenfeld, 1992; Ornduff, Freedenfeld, Kelsey, & Critelli, in press; Westen, Ludolph, Block, et al., 1990), physically abused (Freedenfeld, 1994; Westen Ludolph, Block, et al., 1990), and borderline (Westen, Lohr, et al., 1990; Westen, Ludolph, Lerner, et al., 1990) samples would argue against such a conclusion, however. Furthermore, the interrater reliabilities in the present study were adequate and consistent with reliabilities in other studies using the ORSCS. Therefore, there appears to have been no loss of sensitivity owing to reliability problems between raters.

The results of the present study are different from those of several other researchers (Freedenfeld, 1992, 1994; Ornduff et al., in press; Westen Ludolph, Block, et al., 1990; Nigg, Silk, Westen, Lohr, Cold, Goodrich, & Ogata, 1991; Stovall & Craig, 1990). Using the ORSCS, Freedenfeld (1992) reported that sexually abused females had lower mean scores on AT and more level 1 scores on CR and USC. Ornduff et al. (in press) found that overall object relations mean scores (averaged across the four ORSCS scales) were lower and frequencies of overall object relations level 1 scores were higher in sexually abused females than nonabused females. Others have reported that significantly lower mean AT scores were associated with a history of sexual abuse (Nigg et al., 1991; Westen, Ludolph, Block, et al., 1990). Nigg et al. (1991) also reported that more sexually abused borderline patients gave level 1 AT scores than nonabused
borderline patients. Furthermore, when borderline and depressed patients were combined, abused patients gave more level 1 scores on AT than nonabused patients. Freedenfeld (1994) reported physically abused males and females had lower ORSCS mean scores and a higher frequency of level 1 scores than nonabused children on AT, CEI, and USC. In addition, Stovall and Craig (1990) found differences between abused and nonabused females, but no differences between sexually and physically abused females on a different measure of object relations (Taylor & Franzen, 1986).

Several factors may account for results in the present study which differ from results of other studies. Differences in group composition may account for some of the discrepancies. The Westen, Ludolph, Block, et al. (1990) study was based on comparisons between psychiatrically disturbed female inpatient adolescents. Ten had a history of sexual abuse and 21 had no such documented history. Nigg et al. (1991) compared male and female adult inpatients with a nonclinical control group (i.e., 29 inpatient borderline, 14 nonborderline depressed, and 15 normal adults). Freedenfeld (1994) compared physically abused male and female children and adolescents with a nonabused clinical control group.

Westen et al.'s findings are based on a very small sample of sexually abused adolescents who may not be representative of either sexually abused or psychiatrically
disturbed adolescents in general. In any event, their sexual abuse sample differed from the sexual abuse sample in the present study in significant ways. It was smaller, more restricted in terms of age, and more focused on psychiatric disturbance. The Nigg et al. sample differed from the present sample along several dimensions. Like the Westen, Ludolph, Block, et al. (1990) study, it focused on inpatients rather than outpatients. It is possible that a significant number of borderline inpatients in the Nigg et al. study were, in part, hospitalized because they were experiencing problems with object relations related to their abuse. In the present study, psychiatric disturbance was not a prerequisite for inclusion in the abused sample. In addition, Nigg et al. compared adults rather than children and adolescents. Like the Freedendfeld (1994) study, it included males as well as females. The Nigg et al. study also differed from the present study in that it compared abused subjects to a nonclinical rather than a clinical control group. The Freedendfeld (1994) study differed from the present study in that it assessed the impact of physical rather than sexual abuse on object relations. Although Freedendfeld (1994) used males and females, analysis revealed no gender effect. In sum, although other studies have noted deleterious effects of abuse on object relations, the absence of significant findings in the present study may
reflect between study differences in the composition of the abuse and/or control groups.

Differences in stimuli between studies may also account for the discrepancy between the results of this study and those of other researchers. Nigg et al. (1991) assessed the AT of object representations in the earliest memories of their subjects. Earliest memories may be more personal and affectively-charged than the TAT stories of the current study. The present study used four TAT cards per subject (1, 2, 3EM, and 17BM), the selection of which was based on 100% representation in the protocols of all subjects. Westen, Ludolph, Block, et al. (1990) used six cards per subject (1, 2, 3, 4, 13MF, and 15). Stovall and Craig (1990) used five cards per subject (1, 2, 4, 7GF, and 13MF).

The inclusion of more cards per subject provides a broader sampling of subjects' object relations in response to a broader range of stimuli. A broader sampling of object relations may highlight any differences between groups (Freedenfeld, 1992, 1994, Stovall & Craig, 1990; Westen, Ludolph, Block et al., 1990). Significant findings in other studies of the impact of abuse on object relations may reflect different stimulus conditions from the present study. Certain cards not included in the present study (e.g., 4, 13MF, 18GF) may be more sensitive to sexual abuse and elicit more interpersonal themes and affectively-charged stories. The lack of a common set of TAT cards in studies
assessing abuse and object relations creates an uncontrolled variable which makes comparisons across studies extremely difficult.

Other key differences between the present study and studies reporting effects of abuse on object relations center on issues related to design and statistical analyses (Freedenfeld, 1992; Nigg et al., 1991; Ornduff et al., in press; Stovall & Craig, 1990; Westen Ludolph, Block, et al., 1990). For example, Ornduff et al. (in press) employed multivariate profile analysis to address different issues than those examined by the present study. They found that overall object relations mean scores were significantly lower for sexually abused subjects than nonabused subjects. The frequency of overall object relations level 1 scores was also greater for sexually abused subjects than nonabused controls. While profile analysis provides a sound basis for between group comparisons on an aggregate index of object relations (averaged across the four object relations scales), it does not allow inferences about the impact of sexual abuse on specific scales (Tabachnick & Fidell, 1989). The present study employed a oneway MANCOVA design to test for significant differences between subjects on specific scales. Whereas the Ornduff et al. study used a single aggregate DV for mean scores and level 1 scores, the present study had four DVs for mean scores and four DVs for level 1 scores. The inclusion of additional DVs in a MANCOVA design
may have resulted in a loss of statistical power because of
the additional expenditure of degrees of freedom (Tabachnick
& Fidell, 1989).

The present study employed covariates to control for
age, mean word count, and FSIQ. Several related studies
made no use of such covariates despite correlations between
these variables and object relations (Freedenfeld, 1992;
Nigg et al., 1991; Stovall & Craig, 1990; Westen, Ludolph,
Block, et al., 1990). While the present study exhibits
greater experimental control for error variance by utilizing
covariates, such experimental rigor is not without its cost
in terms of lost degrees of freedom, and hence, statistical
power (Tabachnick & Fidell, 1989).

Other studies have utilized multiple t-tests in their
analyses (e.g., Freedenfeld, 1992; Westen, Ludolph, Block,
et al., 1990). Although Freedenfeld (1992) used a
Bonferroni adjustment for multiple testing, Westen, Ludolph,
Block, et al. (1990) did not correct for experimentwise
error in order to hold overall alpha at .05. With or
without correction for multiple testing, the use of multiple
t-tests or multiple ANOVAs (Stovall & Craig, 1990) does not
account for intercorrelations between the dependent
variables, which is the central reason for using a MANOVA or
MANCOVA design (Tabachnick & Fidell, 1989). However, the
use of a MANOVA or MANCOVA design is not without its costs.
It can hinder the chances of finding a significant result.
because of low statistical power in designs with small sample sizes and multiple dependent measures (Bray & Maxwell, 1985; Tabachnick & Fidell, 1989). In such cases, small to medium effect sizes may not reach significance.

In sum, discrepancies between the results of the present study and those of other studies assessing the impact of abuse on object relations may reflect differences in the abused and control groups, differences in stimuli, and differences in the designs and statistical analyses performed. Nevertheless, Stovall and Craig's (1990) findings are striking because abused subjects' object relations differed as predicted from nonabused subjects on eight different dimensions with a relatively small sample. Thus, it would appear that the primary object relations scale employed for their study (Taylor & Franzen, 1986) may be more sensitive to the impact of sexual abuse than the ORSCS (Westen et al., 1985). Future studies employing both scales could help resolve this issue empirically.

A comparison of these results with those of Freedendfeld (1994) suggests that the initial impact of physical abuse may be more damaging to children's object relations than the initial effects of sexual abuse. The malevolent and unempathic quality of physical abuse may be more readily apparent to children at the time of its occurrence than the malevolent and unempathic aspects of sexual abuse. The manipulations of sexual offenders are such that sexual abuse
often occurs under the guise of a caring and 'special' relationship with the perpetrator. The unambiguous physical sensation of pain accompanying physical abuse may not dominate the immediate subjective experience of a victim of sexual abuse. Rather, in addition to pain, victims of sexual abuse may simultaneously experience a confused mixture of thought and feeling which can include pleasure, sexual preoccupation, and guilt (Pistole & Ornduff, in press). The greater ambiguity and confusion associated with sexual abuse as compared to physical abuse may result in less clear-cut internalizations of the experience, and therefore smaller effect sizes on specified dimensions of object relations. Future studies may be able to replicate the current study's finding of a medium (.35) effect size (Cohen, 1977) which is suggestive of a trend toward more level 1 CEI scores by sexually abused females than by nonabused controls.

**Comparisons Between Sexual Abuse and Multiple Abuse**

Ornduff et al. (in press) suggested that, "Further research is needed to determine to what extent such impairments are related to sexual abuse per se versus the experience of more general childhood trauma" (p. 21). The current study addressed this issue and found no evidence that the object relations of girls subjected to sexual abuse by itself were different from the object relations of girls subjected to multiple abuse (i.e., sexual abuse in
conjunction with physical abuse and/or neglect). No significant differences between the two groups emerged on any of the object relations scales in terms of either mean scores or level 1 scores. The computed effect size for mean scores was .21. For level 1 scores, the effect size was .24. Cohen (1977) defines such effect sizes as small. Such an effect size may simply reflect random variance between similar groups. To the extent that such effect sizes reflect actual differences between the groups, much larger sample sizes would be required to find a significant difference. Examination of means, adjusted means, and standard deviations in Tables 6 and 7 reveals a degree of similarity between groups that suggests that sexual abuse in the context of other forms of child maltreatment is not necessarily more detrimental to object relations than sexual abuse per se. This finding is consistent with common reports that subsamples of maltreated children often look alike on the various dimensions assessed (e.g., Stovall & Craig, 1990). As such it is more consistent with a general theory of trauma than with a theory positing differential impact from an accumulation of various types of trauma. Whereas Stovall and Craig (1990) compared discrete forms of abuse (i.e., physical vs. sexual), the present study compared the impact of sexual abuse in isolation with that of sexual abuse in conjunction with other maltreatment (i.e., physical abuse and/or neglect). The results of this
study do not suggest that multiple forms of abuse are more detrimental than sexual abuse by itself.

Limitations of This Study and Suggestions for Future Research

Many variables that might be pertinent to a clearer understanding of the impact of sexual abuse were not available from clinical records. For example, information concerning age of onset, duration, specific number of incidents, threats associated with incidents, and severity of abuse were not reliably available. A shroud of secrecy and denial accompanies most sexual abuse making such variables difficult to obtain. Accurate acquisition of potential mediating variables such as these could further our understanding of sexual abuse and its impact.

The TAT protocols employed in this study were archival. Examiners administered the TATs without regard to the ORSCS scoring system (Westen, 1985). As a result, prompting and clarification along the dimensions measured were not possible. On the one hand, this is a potential weakness in terms of accurately measuring the object relations dimensions analyzed. On the other hand, it is a potential strength in terms of external validity to other TAT protocols which are collected without regard to the ORSCS.

Limitations in the ORSCS (Westen, 1985) system itself may have obscured potential findings. Certain dimensions, such as a thematic dimension of object relations, simply are
not tapped. Other dimensions such as CEI may be confounded by the inclusion of conceptually distinct subdimensions. For example, a capacity for emotional investment in relationships may be distinct from the regulation of behavior in accordance with values and moral standards. In addition, metric properties of the scales and criteria for assigning particular scores may make comparisons between scales difficult. For example, a level 1 response on CR may represent a different degree of pathological severity than a level 1 response on CEI. The same concerns could apply to any level of rating between various scales. Variability of scores and the full use of the scales 5-point range may be limited in children and young adolescents. Relatively few subjects scored in the 4 and 5-point range on most scales which effectively reduces such scales to 3-point scales. Alternative versions of the ORSCS for younger subjects or other means to assure greater variability could prove helpful. To address such difficulties associated with the ORSCS, Westen (1993) recently released a revised Q-sort version of his scale (SCORS-Q). Future research with the new scale and comparisons of results with the original scale could prove useful in the assessment of object relations. In addition, direct comparisons of the sensitivity of the ORSCS (Westen et al., 1985) and other object relations measures (e.g., Taylor & Franzen, 1986) appears warranted.
The use of a more extensive set of TAT cards and the inclusion of affectively-charged cards likely to elicit more interpersonal themes might have been beneficial if such cards were available across all subjects. Future studies examining interactions between stimulus pull on TAT cards and abuse history on object relations are clearly needed.

The current study revealed a non-significant trend toward more pathological level 1 scores on CEI by sexually abused females as compared to nonabused clinical controls. The effect size (.35) of this nonsignificant trend is defined as a medium sized effect (Cohen, 1977). Replication of a medium effect size using similar statistical procedures requires sample sizes ranging from 30 subjects per group for a test with .50 power to 65 subjects per group for a test with .80 power (Cohen, 1977). Future research into this potential relationship could help clarify whether sexual abuse actually impairs the capacity to regulate behavior in accordance with values, recognized moral standards, and a genuine concern for another's wishes and welfare. Studies which examine CEI in its various component parts as related to child maltreatment could also be helpful.

The present study employed a MANCOVA design to simultaneously evaluate four dimensions of object relations while controlling for age, mean word count, and FSIIQ. In some sense, it may have been overambitious given the available sample sizes. The inclusion of several dependent
measures and covariates, while conceptually sound, can be outweighed by lost degrees of freedom when sample sizes are not large (Tabachnick & Fidell, 1989). When smaller sample sizes, it may at times be prudent to study only one or two dimensions of interest in simpler designs rather than risk a loss of power with multiple analysis of variance and/or covariance, or succumb to the temptation of reporting multiple t-tests without correction for experimentwise error (e.g., Westen, Ludolph, Block, et al., 1990).
Table 1

Summary of the Object Relations and Social Cognition Scale (ORSCS; Westen et al. 1985)

<table>
<thead>
<tr>
<th>Complexity of Representations of People</th>
<th>Affect-tone of Relationship Paradigms</th>
<th>Capacity for Emotional Investment</th>
</tr>
</thead>
</table>

Definitions

This scale measures the extent to which a subject clearly differentiates the perspective of self and other; sees self and others as having stable, enduring, multidimensional dispositions; and sees self and others as psychological beings with complex motives and subjective experiences.

This scale measures the affective quality of representations of people and relationships. It attempts to assess the extent to which the person expects from the world, and particularly from the world of people, profound malevolence or overwhelming pain, or views social interaction as basically benign and enriching.

This scale measures the extent to which others are treated as ends rather than means, events are regarded in terms other than need-gratification, moral standards are developed and considered, and relationships are experienced as meaningful and committed.

Level-1

Lack of clear differentiation between characters; boundary confusion; confusion of points of view.

World is viewed as tremendously threatening and overwhelmingly capricious and painful; malevolent representations. Primary concern is gratification of needs; profound self-preoccupation; rules and authorities are seen as obstacles.

Level-2

Characters are separate but unidimensional; focus on physical

World is viewed as hostile, capricious, empty or painful, but not limited investment in people, relationships and moral standards;
Table 1 - continued

<table>
<thead>
<tr>
<th>Description or Action; Fluid Characterization</th>
<th>Fluid Characterization.</th>
<th>Gratification is Primary Aim.</th>
</tr>
</thead>
</table>

**Level-3**

Simple elaboration of mental life; some sense of continuity over time of attitudes or dispositions.

| Simple elaboration of mental life; some sense of continuity over time of attitudes or dispositions. | Mixed representations which are seen as mildly negative. | Needs and wishes of others are considered stereotypic concern for others; rules are respected but not invested in. |

**Level-4**

Characters are seen as having complex subjective states, enduring characteristics or mixed emotions or attributions.

| Characters are seen as having complex subjective states, enduring characteristics or mixed emotions or attributions. | Mixed representations; as a whole interpersonal relations are seen as neutral or mixed. | Characters are seen as being able to invest in relationships and moral standards; commitment to abstract ideals. |

**Level-5**

Characters possess enduring and momentary traits states; complex motives and conflicts; mixed feelings or attributes.

| Characters possess enduring and momentary traits states; complex motives and conflicts; mixed feelings or attributes. | On the whole, relationships with others are seen as positive. | Autonomous selfhood in the context of committed relationships; rules are not taken as absolute but are carefully considered. |

Table continues
Table 1 - continued

Understanding of Social Causality

**Definition**

This scale measures the extent to which attributions of the cause of people's actions, thoughts, and feelings are logical, complex, and psychologically minded.

**Level-1**

A lack of understanding of causality in the social realm.

**Level-2**

Rudimentary understanding of social causality; actions are explained by simple stimulus-response causality; minor logic errors.

**Level-3**

Understanding of multidirectional causality; rudimentary understanding of the role of the role of thoughts, feelings, in mediating action.

**Level-4**

Basic understanding of the role of psychological events in influencing thoughts, feelings, behaviors, and interpersonal interactions.

Table continues
Table 1 - continued

**Level-5**

Understanding that feelings and behaviors are caused by psychological processes; understanding of unconscious motivations.
Table 2

Comparison of Groups on Age, Mean Word Count, Full Scale IQ, Race, and Family Structure

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>S.D.</th>
<th>F(2,75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonabused Control</td>
<td>24</td>
<td>139.00</td>
<td>38.76</td>
<td>.00, ns</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>28</td>
<td>139.21</td>
<td>34.05</td>
<td></td>
</tr>
<tr>
<td>Multiple Abuse</td>
<td>24</td>
<td>138.33</td>
<td>40.35</td>
<td></td>
</tr>
</tbody>
</table>

* p < .05; ** p < .01

Mean Word Count

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>S.D.</th>
<th>F(2,75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonabused Control</td>
<td>24</td>
<td>70.36</td>
<td>38.67</td>
<td>.16, ns</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>28</td>
<td>71.04</td>
<td>41.45</td>
<td></td>
</tr>
<tr>
<td>Multiple Abuse</td>
<td>24</td>
<td>65.65</td>
<td>29.45</td>
<td></td>
</tr>
</tbody>
</table>

* p < .05; ** p < .01

Table continues
Table 2 - continued

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>S.D.</th>
<th>( F(2, 9) )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonabused Control</td>
<td>21</td>
<td>98.38</td>
<td>9.98</td>
<td>2.22, ns</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>25</td>
<td>93.00</td>
<td>9.98</td>
<td></td>
</tr>
<tr>
<td>Multiple Abuse</td>
<td>24</td>
<td>93.54</td>
<td>8.15</td>
<td></td>
</tr>
</tbody>
</table>

* \( p < .05; \) ** \( p < .01 \)

<table>
<thead>
<tr>
<th>Group</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Nonabused Control</td>
<td>20</td>
<td>83.3%</td>
<td>1</td>
<td>4.2%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>12.5%</td>
<td>0</td>
<td>00.0%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>16</td>
<td>59.3%</td>
<td>7</td>
<td>25.9%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>11.1%</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Multiple Abuse</td>
<td>17</td>
<td>70.8%</td>
<td>5</td>
<td>20.8%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>8.3%</td>
<td>0</td>
<td>00.0%</td>
</tr>
</tbody>
</table>

Chi-Square (6 df) = 6.74, ns

* \( p < .05; \) ** \( p < .01 \)
Table 2 - continued

<table>
<thead>
<tr>
<th>Group</th>
<th>Intact</th>
<th>Not Intact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>n</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Nonabused Control</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>25.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>28.6%</td>
<td>71.4%</td>
</tr>
<tr>
<td>Multiple Abuse</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>8.7%</td>
<td>91.3%</td>
</tr>
</tbody>
</table>

Chi-Square (2 df) = 3.26, ns

* p < .05; ** p < .01
Table 3

Correlations Between Mean Scores on the Four Scales of the Object Relations and Social Cognition Scale (Westen et al., 1985)

<table>
<thead>
<tr>
<th></th>
<th>CR</th>
<th>AT</th>
<th>CEI</th>
<th>USC</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td></td>
<td>.32*</td>
<td>.63**</td>
<td>.73**</td>
</tr>
<tr>
<td>AT</td>
<td>.44**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEI</td>
<td></td>
<td></td>
<td></td>
<td>.59**</td>
</tr>
<tr>
<td>USC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1-tailed significance:  * p < .01;  ** p < .001

CR=complexity of representations of people; AT=affect-tone of relationship paradigms; CEI=capacity for emotional investment in relationships and moral standards; USC=understanding of social causality.
Table 4

Correlations Between Mean Scores on the Object Relations and Social Cognition Scale (Westen et al., 1985) and Age, Mean Word Count, and Full Scale IQ

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th>MEAN WORD COUNT</th>
<th>FSIQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td>.30*</td>
<td>.56**</td>
<td>.13</td>
</tr>
<tr>
<td>AT</td>
<td>.14</td>
<td>.29*</td>
<td>.02</td>
</tr>
<tr>
<td>CEI</td>
<td>.24#</td>
<td>.55**</td>
<td>.12</td>
</tr>
<tr>
<td>USC</td>
<td>.29*</td>
<td>.47**</td>
<td>.20#</td>
</tr>
</tbody>
</table>

1-tailed significance: # p < .05; * p < .01; ** p < .001

CR=complexity of representations of people; AT=affect-tone of relationship paradigms; CEI=capacity for emotional investment in relationships and moral standards; USC=understanding of social causality.
Table 5

Correlations Between Level 1 Scores on the Four Scales of the Object Relations and Social Cognition Scale (Westen et al., 1985) and Age, Mean Word Count, and Full Scale IQ

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th>MEAN WORD COUNT</th>
<th>FSIQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td>-.33*</td>
<td>-.19</td>
<td>-.05</td>
</tr>
<tr>
<td>AT</td>
<td>-.15</td>
<td>-.17</td>
<td>-.01</td>
</tr>
<tr>
<td>CEI</td>
<td>-.22#</td>
<td>-.51**</td>
<td>-.16</td>
</tr>
<tr>
<td>USC</td>
<td>-.32*</td>
<td>-.02</td>
<td>-.13</td>
</tr>
</tbody>
</table>

1-tailed significance:  # p < .05;  * p < .01;  ** p < .001

CR=complexity of representations of people;  AT=affect-tone of relationship paradigms;  CEI=capacity for emotional investment in relationships and moral standards;  USC=understanding of social causality.
Table 6

Descriptive Statistics of Comparison Groups Regarding Mean Scores on CR, AT, CEI, and USC

<table>
<thead>
<tr>
<th></th>
<th>Nonabused Control n = 24</th>
<th>Sexual &amp; Multiple Abuse (Combined) n = 52</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Adj. Mean</td>
</tr>
<tr>
<td>CR</td>
<td>2.13</td>
<td>2.11</td>
</tr>
<tr>
<td>AT</td>
<td>3.16</td>
<td>3.16</td>
</tr>
<tr>
<td>CEI</td>
<td>1.87</td>
<td>1.85</td>
</tr>
<tr>
<td>USC</td>
<td>2.07</td>
<td>2.05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Sexual Abuse (By Itself) n = 28</th>
<th>Multiple Abuse n = 24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Adj. Mean</td>
</tr>
<tr>
<td>CR</td>
<td>2.03</td>
<td>2.03</td>
</tr>
<tr>
<td>AT</td>
<td>2.97</td>
<td>2.96</td>
</tr>
<tr>
<td>CEI</td>
<td>1.62</td>
<td>1.62</td>
</tr>
<tr>
<td>USC</td>
<td>1.96</td>
<td>1.96</td>
</tr>
</tbody>
</table>

CR=complexity of representations of people; AT=afffect-tone of relationship paradigms; CEI=capacity for emotional investment in relationships and moral standards; USC=understanding of social causality.
Table 7

Descriptive Statistics of Comparison Groups Regarding Level 1 Scores on CR, AT, CEI, and USC

<table>
<thead>
<tr>
<th></th>
<th>Nonabused Control n = 24</th>
<th>Sexual &amp; Multiple Abuse (Combined) n = 52</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Adj. Mean</td>
</tr>
<tr>
<td>CR</td>
<td>.19</td>
<td>.19</td>
</tr>
<tr>
<td>AT</td>
<td>.27</td>
<td>.28</td>
</tr>
<tr>
<td>CEI</td>
<td>1.48</td>
<td>1.50</td>
</tr>
<tr>
<td>USC</td>
<td>.21</td>
<td>.21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Sexual Abuse (By Itself) n = 28</th>
<th>Multiple Abuse n = 24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Adj. Mean</td>
</tr>
<tr>
<td>CR</td>
<td>.18</td>
<td>.18</td>
</tr>
<tr>
<td>AT</td>
<td>.46</td>
<td>.47</td>
</tr>
<tr>
<td>CEI</td>
<td>2.11</td>
<td>2.14</td>
</tr>
<tr>
<td>USC</td>
<td>.32</td>
<td>.32</td>
</tr>
</tbody>
</table>

CR=complexity of representations of people; AT=affect-tone of relationship paradigms; CEI=capacity for emotional investment in relationships and moral standards; USC=understanding of social causality.
REFERENCES


findings from object relations and attachment theories.

Journal of Personality Assessment, 55, 499-520.


Winnicott, D. W. (1959). Psycho-analysis and the sense of guilt. In J.D. Sutherland (Ed.), *Psychoanalysis and*
contemporary thought (pp. 15-32). New York: Grove Press, Inc.

