ADULT SURVIVORS OF CHILDHOOD SEXUAL ABUSE:
CHARACTERISTICS OF THE MOTHER-CHILD
RELATIONSHIP

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

Rebecca Roper Motley, B. S., M. Ed.
Denton, Texas
December, 1994
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This qualitative study examined the characteristics of the mother-child relationship of adult survivors of childhood sexual abuse at the time of the abuse. The study consisted of data from the McMaster Family Assessment Device (FAD), the Family of Origin Scale (FOS), and a set of structured interview questions designed by the researcher. Autonomy/intimacy concepts from the FOS examined constructs of clarity of expression, responsibility, respect, openness, acceptance of loss and separation, expression of a wide range of feelings, conflict resolution, mood and tone, and empathy.

The family environment as perceived by the survivor was considered in analysis of the research questions and reporting of the data collected during the interviewing process. Common themes were noted and analyzed through the use of a Likert scale to ensure internal reliability.
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CHAPTER 1

INTRODUCTION

Much work has been done in the area of adult survivors of childhood sexual abuse. The suggestion that childhood sexual abuse impacts the development of other problems is well documented (Abramson & Lucido, 1991; Allers, Benjak, & Allers, 1992; Bagley, 1991; Briere & Runtz, 1990; Browne & Finklehor, 1986; Carson, 1990; Everstine & Everstine, 1989; Harrison, Hoffman, & Edwall, 1989; Holmes, 1989; Kelson, 1989; Morrison, 1989; O'Neill & Gupta, 1991; Ratican, 1992; Silon, 1992; Thackray, Smith, & Bodfish, 1991; Van der Kolk, Perry, & Herman, 1991; Wagner, 1991; Whetsell, 1990; Williams, 1990; Wisniewski, 1989). Heretofore, issues addressed include initial and long-term effects, family environment, parenting behaviors of survivors, abuse perpetrated both within and outside the family, and the actual definition of abuse. Additionally, links to psychiatric conditions have been suggested but not empirically demonstrated. Studies thus far have little generalizability since most subjects are those who have come for treatment or from samples drawn from court cases (Browne & Finkelhor, 1986).
Effects of abuse have been classified into two areas: initial and long-term. "Initial effects are those occurring within two years of the abuse" and include fear, anxiety, depression, anger and hostility, and inappropriate sexual behavior (Browne & Finklehor, 1986, p. 69). Long-term effects observed include depression, self-destructive behavior, anxiety, feelings of isolation, poor self-esteem, a tendency toward revictimization, substance abuse, difficulty trusting in relationships, and sexual dysfunction. It is clear that the emotional effects of childhood sexual abuse permeate the intrapsychic and interpersonal life of victims (Alpert, 1991; Briere & Runtz, 1990; Browne & Finkelhor, 1986; Panken, 1991; Wagner, 1991; Wayland, 1991).

Less information is available regarding the family environment, particularly with respect to the relationships within the nuclear family. The nuclear family environment, specifically the mother-child relationship, is the focus of this study. This study will address issues of survivors whose perpetrator was not their mother. In an effort to better understand the private logic of the individuals studied, it is necessary to explore the place from whence each originated - the interactions, attitudes, values, and communication of the nuclear family, its constellation, and the special relationship between mother and child. The family constellation provides the setting for the
development of personality and learning. Influencing factors in this system include psychological positions, ages and sexes of siblings, emotional bonds among members, and family size (Dinkmeyer et al., 1987).

Another area of interest regarding the topic of childhood sexual abuse survivors is the emergence of coping strategies employed by them. Some research has been done on the well-being of survivors (Harvey, Orbuch, Chwalisz & Garwood, 1991). Coping strategies develop as a result of one's beliefs and expectations about life experiences and are crucial to adapting well. A positive predictor of the negative impact of childhood sexual abuse, in a study by Williams (1990), was the survivor's assessment of the severity of effects. An individual's perception of the severity of effects would be of interest to an Adlerian approach since perception is such a crucial part of problem solving to an Adlerian view. The Adlerian view of personality development is that individuals choose a "number-one priority" (guiding fiction) during infancy (Dinkmeyer et al, 1987, p. 24). One's guiding fiction impacts behavior as the individual moves through life. One's mode of operation or life style develops with other influences such as genetics, culture, family, and early experiences as a means of approaching the life tasks of work, friendship, and love (Dreikurs, 1950). Individuals develop a private logic, our perception of the
phenomenological field in which we live, which may or may not be consistent with reality but is unique to us alone (Sweeney, 1981). Private logic, though out of awareness, is always accessible. People learn to cope within their environment, making choices to survive and overcome as they strive to meet their goals. Adler suggested that one behaves in a manner that is consistent with one's beliefs about one's self - "A person's behavior springs from his idea" (Adler, 1938, p. 19).

Statement of the Problem

The problem of this study is to examine the characteristics of the mother-child relationship from the adult survivors' retrospective view. Using the structured interview questions as a tool, the researcher sought to determine how survivors of childhood sexual abuse characterize their relationship with their mother from their memories of the relationship at the time of childhood sexual abuse. General family environment was assessed and related to the mother-child relationship.

Synthesis of Related Literature

There is a wealth of information on sexual abuse in current literature. The following is a synthesis of topics reviewed that are pertinent to this study - characteristics of the sexual abuse survivor, related issues, coping strategies, and family environments.
Characteristics of the sexual abuse survivor

In addition to the aforementioned initial and long-term effects of sexual abuse, Ratican (1992) noted some identifying symptoms and special treatment considerations. Higher levels of anxiety, depression, self-destructive and suicidal tendencies, difficulties with intimate relationships, mood disturbances, phobias, sleep and appetite disturbances, excessive guilt and shame, and alcohol and other drug abuse are prevalent in this population (Bagley, 1991; Harrison et al, 1989; Van der Kolk et al, 1991; Whetsell, 1990). Often survivors present with depression or somaticize their distress in the form of chronic pelvic pain (Walker et al, 1991), gastrointestinal problems, headaches, backaches, skin disorders, and genitourinary problems.

Excessive guilt and shame may manifest in the form of perfectionistic behavior to overcompensate for "perceived defects" (Ratican, 1992, p. 34). Obesity and eating disorders may reflect a distorted body image and/or control issues (Kelson, 1989; Thackwray et al, 1991). Other self-destructive behaviors to punish one's body and injured self may be in the form of alcohol or other drug abuse, promiscuous sexual behavior, or further revictimization in abusive relationships (Wisniewski, 1989). Feelings of isolation and turning anger inward may be expressed by emotional distancing, depression, and extreme difficulty in
relating to others, especially relating to trust (Danson, 1990).

According to Ratican (1992), sexual dysfunction is found in 94% of survivors. Seductive behavior or difficulty combining sex with affection and emotional intimacy are symptoms of which a therapist should be aware. Arousal, orgasmic dysfunction, flashbacks, dissociation, and sadistic or masochistic fantasies are additional clues to uncovering unresolved sexual abuse. Male survivors may exhibit aggressive sexual behavior or gender identity confusion. Some may exhibit polarities in behavior, such as promiscuity in adolescence and arousal difficulty after marriage.

Denial, repression, and dissociation may be noted in the form of poor memory, learning problems, difficulty distinguishing truth from fiction, and evidence of multiple personality disorder (Alpert, 1991). Post-traumatic stress syndrome is a symptom linked to denial and repression (O'Neill & Gupta, 1991). Onset of abuse before the age of 6 is a factor most strongly related to the number of post-traumatic stress disorder symptoms exhibited (Holmes, 1989). Silon (1992) described dissociation as a symptom of incest used by a child as a creative solution during the trauma and later as an excuse to protect one's self-worth, impose distance, and avoid responsibility. The degree of intrusiveness, frequency of abuse, force, and perception of
severity is also strongly associated with dissociation (Holmes, 1989; Whetsell, 1990).

In one study of sexually abused girls (Mannarino et al., 1991), repression and denial were suggested as these subjects had significantly higher scores on a self-esteem inventory than did the control groups; however, at 12 month follow-up, these same subjects displayed significantly more emotional/behavioral problems. Another factor in these subjects was the type of abuse. Some in the abused group were subjected to intercourse while others experienced fondling. Those subjected to intercourse experienced more severe emotional/behavioral problems.

Adler (1956) postulated that neurotics are not consciously aware that they create a symptom to safeguard self-esteem, private logic, and fictive goals when they cannot find a solution to life's problems. The use of metaphor could serve as a generator to move from a dissociative state of isolation to one of cooperation and connectedness by bringing private logic and fictive goals into awareness and confront them. "Metaphor provides a solution to one's problem by comparison, an 'as if' contains one's attitude to life's difficulties, stirs up, supports feelings and directions of one's movement" (Adler, 1956, p. 360). Adler suggested that metaphors may be expressed nonverbally in one's posture, functioning, or in symptoms referred to as "organ dialect" (Adler, 1956, p. 221).
Silon (1992) noted that the dissociated body nonverbally speaks the language of the life style of detachment and isolation. The wall of dissociation serves as a safe place to hide, block out early memories, remain numb, insulated, and therefore detached from pain. Further, it is suggested that as a child, the survivor is a "captive" in the abuse and as an adult, a "prisoner within self" (Silon, 1992, p. 160).

According to Silon (1992), wounded adults spend a lot of time grieving the loss of childhood. To compensate, they create and cling to unrealistic expectations, ideal goals, and guiding fictions. Thus, in relationships, one deals from the perceived felt minus position of the wounded child, acting as if emotionally frozen at the maturity level of the abused child.

In a study by Morrison (1989), two groups of women diagnosed with somatization and primary affective disorder provide other examples of long-term effects. These two groups of women whose sexual histories indicated childhood sexual abuse reported high percentages of somatization, sexual difficulties, and significant differences in voluntary sexual behavior. In this particular study, there was a greater percentage of abuse by nonrelated perpetrators. Researchers used a structured interview and analyzed parametric data with t test and the Fisher exact probability test for nonparametric data. Bonferroni
corrections were used for multiple comparisons. No significant differences were found in the usual childhood experiences with sex - onset of menses, information first learned about sex, and sources of sex information.

**Therapeutic assistance**

Four factors have been identified as determiners of when adults molested as children seek treatment. One's age at the onset of abuse, the duration of the abuse, whether or not the abuse was reported to law enforcement, and the number of sexual acts were characteristics found to be significantly related to the number of years between molestation and seeking treatment. A mean of 17 years was reported between the time molestation ceased and the time at which individuals sought treatment. Those who sought treatment earlier had formally reported the abuse, were older, and had experienced longer and more frequent abuse.

The implications of this study point out the need for earlier intervention in helping individuals overcome problems associated with having been abused and possibly preventing some of the long-term effects (Kendall-Tackett, 1991).

Therapists can assist in disclosure by asking directly about abuse when it is suspected, because most survivors will not volunteer this information. Taking a complete sexual history, defining sexual abuse, and pointing out that the client's symptoms are indicative of sexual abuse
survivors may assist the client in dealing with painful issues. Merely redefining the client as a survivor rather than a victim and identifying current problems as learned responses developed to cope shine new light on old, destructive patterns of perspective (Ratican, 1992).

According to Rencken (1989), goals of counseling for the survivor may include a focus on strengths to overcome feelings of helplessness, a feeling of control to reestablish trust, means of ventilating anger at the abuser and/or the nonprotective family, particularly the mother. Imagery is one way of safely ventilating pent-up anger. There may be a need to recycle through developmental stages and grieve the loss of childhood. In general, an integration of the past into the experience of the presence would be an overall goal of counseling.

Since trust seems to be a major issue among survivors, treatment strategies to develop trust-based relating are particularly appropriate (Rencken, 1989). Timmons-Mitchell & Gardner (1991) incorporate 12 strategies for teaching trust in the mother-daughter dyad. Three main ideas organize the 12 strategies: 1) setting appropriate roles and expectations within therapy, 2) teaching appropriate behavior and coping skills to use outside therapy, and 3) the confrontation of distorted cognitions and expectations.

Suggested treatment approaches include adapting the process to individual needs using an eclectic combination of
techniques. Guided imagery, hypnosis, journal and/or letter writing, cognitive restructuring, psychodrama, and group work are some suggested approaches to reducing a survivor's sense of isolation, letting go of the responsibility, and breaking through denial (Rencken, 1989).

**Related issues**

Long-term effects are prevalent and often go undiscovered in the older population. The unresolved childhood sexual abuse of older adults is manifested in the form of chronic depression which is sometimes masked as dementia or misdiagnosed as borderline, narcissistic, dysthymic, manic-depressive, antisocial, schizophrenic, or paranoid. Older adults may also report histories of revictimization as their vulnerability resurfaces in learned helplessness and the impaired ability to identify others as trustworthy (Allers et al, 1992).

Codependency has also been associated with survivors of childhood sexual abuse. Sexually abused subjects tend to exhibit more characteristics of codependency than nonabused subjects, especially those who have experienced emotional abuse in addition to parental substance abuse and physical abuse. The quality of the father/daughter and mother/daughter relationships has been found to be significantly and inversely related to the degree of codependency, intensity of dependency, insecure attachment, egocentricity, and social incompetence. Positive
mother/daughter relationships appear related to greater self-efficacy (Carson, 1990).

The relationship between childhood sexual experience and bulimia was researched in a study of 63 undergraduates who completed the Bulimia Test and the Sexual Events Questionnaire. These subjects reported many fear reactions following their abuses which were not reported. Results yielded a strong association of bulimia to a lack of parental affection, overly negative, hostile, and disengaged patterns of family interaction, and increased parental impulsivity and familial alcoholism (Abramson & Lucido, 1991).

**Family environments**

The presence of risk factors such as mother's prolonged absence, parental separation/divorce, presence of a stepfather, family violence, and low family income may increase one's vulnerability to victimization (Wisniewski, 1989). The family environments of survivors of intrafamilial and extrafamilial child sexual abuse were compared to a nonabused group's family functioning in dimensions of cohesion, active recreational orientation, moral-religious emphasis, independence, and organization. The hypothesis that characteristics common in incestuous families may also place children at risk for abuse by persons outside the family was supported (Ray et al, 1991). Wagner (1991) reported lower scores in brief-term
psychological adjustment of sexually abused children from families where the abuse was intrafamilial compared to extrafamilial.

Another study exploring children's perceptions of family functioning listed poor problem-solving skills, more role confusion, and more pathologic functioning as characteristic in their families. Significant differences in affective responsivity, affective involvement, and general functioning were noted between groups whose families were dealing with sexual abuse and those who were not (Hoagwood & Stewart, 1989). In addition, family functioning and support have been found to be variables that serve to ameliorate long-term effects of childhood sexual abuse (Kiser et al, 1991).

A multilevel examination of adolescent physical and sexual abuse and neglect by Williamson et al, (1991), reported emotional problems of mothers of abused adolescents. The adolescents in this study exhibited internalizing behaviors such as drug abuse. Families in this study exhibited lower levels of family cohesion and higher levels of daily stress.

Emery's (1989) research on abuse and attachment postulates that abused children have insecure attachment to their mothers. These children showed more delays in a variety of areas of development than securely attached, abused children. Attachment theorists posit that disruptions in relationship security with primary caretakers
and the child's subsequent "working model or cognitive script" for interpersonal relationships are the principal causes for difficulties found among abuse survivors (Emery, 1989, p. 324). Stewart (1988) reported perceived lower levels of maternal care and the importance of the level of perceived maternal care by the survivor as factors in predicting the survivor's ability to trust and experience intimacy in adulthood. The mother's response was found to be more predictive than were characteristics of the abuse.

Adverse family experiences relating to maternal antipathy, neglect, physical and sexual abuse and the incidence of maternal psychiatric disorders are related significantly to the prevalence of disorders in daughters (Andrews et al, 1990). There seems to be instability in the symbiotic nature of mother-daughter relationship in incestuous families wherein members are not self-defined and must have the cooperation of others to survive (Kock & Jarvis, 1987).

A similar study by Edel (1989) investigated the role of mothers in families where father/daughter or stepfather/daughter sexual abuse occurred. Two hypotheses were confirmed: 1) mothers of molested daughters reported significantly greater incidence of childhood sexual abuse and perceived significantly more role confusion in their nuclear families than mothers in a comparison group and 2) poor marital adjustment.
Maternal support following disclosure has been a topic of interest in the study of the treatment of sexual abuse survivors. One study identified the mother's agreeing with the need for family counseling as a factor associated with successful entry into therapy in childhood sexual abuse cases (Haskett et al, 1991). There exists a relationship between maternal support and child mental health functioning after disclosure which appears to be more related to the perpetrator than child characteristics. The relationship of the mother to the perpetrator was shown to impact disclosure in this study. Lack of support also appears significantly associated with foster placement and high psychopathology scores in clinical interviews with mothers. Maternal support appears inversely related to recency and the intensity of the maternal relationship to the perpetrator (Everson et al, 1989). The more recent the occurrence and intense the relationship of the mother to the perpetrator the less perceived maternal support by the survivor.

Although most of the information seems to be about women survivors, the research in current literature about male survivors suggests some similar characteristics of the family environment. According to Genuis et al (1991), the incidence of familial alcoholism, personality disorder in either or both parents, excessive physical punishment, emotional neglect, and marked disruption in family relationships is more prevalent in male survivor's homes.
than in the homes of males in the general population. This evidence is supported by the research cited by Ratican (1992) which links aggression with sex in the intimate relationships of male survivors. Tendencies toward gender role identity and sadistic/masochistic behaviors are linked to the fear, pain, anger and violence of the abuse.

Butler and Newton (1992) studied the Adlerian personality characteristics of a group of male adolescents identified by school psychologists as children of trauma. The Adlerian life style interview was used as a projective technique to uncover the private logic and perceptual framework which creates the individual's life style. Data consisted of ordinal and perceived birth order position, characteristics of family atmosphere, and the early recollections. Data were interpreted by a panel of three judges who are specialists in Individual Psychology. The judges compared life style worksheets to determine typical patterns for common life styles. Results indicated similar goals and expectations about life - the expectation that bad things will happen. Additionally, these subjects reported being out of control of their lives, feelings of anger, fear, isolation, and the apperceptions that people are untrustworthy. Subjects reported their environments as unsafe because of constant trouble; therefore, subjects exhibited an attitude of "I must control my environment and others." A similar study on the self-concept of adolescent
sexual abuse victims points to feelings of inadequacy in mastering external environment in addition to problems with sexual attitudes and family relations (Orr & Downes, 1985).

Mother-son sexual abuse may be suspect if there is a history of intergenerational abuse or neglect, alcohol or other drug abuse, or signs of degenerating quality in the marital relationship such as dissatisfaction with the sexual relationship. Additionally, information regarding the degree of the mother's social isolation, her current use of alcohol or other drugs, manner of expression of affection in the family, and involvement in bedtime, bathroom, and bathing rituals, sleeping arrangements, sexual history, and the expression of sexuality in the family of origin should be noted. Confusion or discomfort of the son with the mother's expression of affection is another common clue (Lawson, 1991).

The relationship between childhood sexual abuse in males and impaired object relations in adulthood was the focus of a dissertation by Danson (1990). Results indicated that men who have been sexually abused in childhood exhibit a lack of basic trust in relationships, report interpersonal relationships as painful, develop self-protective and exploitive attitudes in relationships and find themselves "inherently incapable of competently interacting in social settings" (Danson, 1990, p. 5571). Additionally, these subjects reported greater distortions of both internal and
external reality, tended to doubt their own perceptions, and are less likely to feel closeness and warmth with family of origin members.

Coping strategies

Research reporting effective coping strategies suggests that account-making and empathic confidant reactions facilitate better recovery for survivors. This study involved 25 women and 1 man aged 20-44 years. Through the use of anonymous questionnaires, researchers evaluated account-making which is story-like reconstruction of abuse including emotional expression. In addition, the accounts provided information regarding the subject's own and others' reactions and perceptions of the impact of the assault on their lives. More successful coping was noted in those survivors reporting empathic confidant reactions along with detailed descriptions and reported memories (Harvey et al, 1991).

Another study on self-efficacy, coping and well-being of men and women who were sexually abused in childhood showed men scored lowest on well-being, while both men and women scored higher on emotive coping and lower on well-being than those in the study who were not abused (Rew et al, 1991).

In summary, the aforementioned topics of characteristics of the sexual abuse survivor, therapeutic assistance, family environments, coping strategies and related issues describe the components of understanding the problems to be addressed
by survivors. The overview of selected topics serves to focus this investigation on the mother-child relationship of survivors, since many indicators point to the significance of this relationship in one's ability to cope successfully in the resolution of having been abused as a child.
CHAPTER II

PROCEDURES

Characteristics of the mother-child relationship of childhood sexual abuse survivors involve many factors. One's perception of the relationship is crucial to understanding the dynamics involved in successful resolution of issues for a survivor. This study examined the survivors' perception of the relationship with their mother as it related to the contributing factors of family environment, relationship of the perpetrator, and the development and establishment of various coping strategies by the survivor. Because of the perceptual aspects of this type of study, a qualitative phenomenological methodology was employed to gather relevant information about the relationship and its contributing influences.

Qualitative research provides data that are "rich in description of people, places, and conversations and is not easily handled by statistical procedures" (Bogdan & Biklen, 1982, p. 2). Qualitative researchers are interested in understanding behavior from the subjects' own frame of reference. This type of researcher seeks to understand in detail how people think and how their perspectives developed.
One of the best representatives of qualitative research is in-depth interviewing. Interviews allow for greater rapport and provide an opportunity for clarification (Finkelhor, 1986). Often, the researcher is the only instrument and works to get subjects to freely express their thoughts. Usually, small samples are used. Other descriptive words associated with qualitative research are phenomenological, interpretive, inner perspective, and descriptive (Bogdan & Biklen, 1982).

Limitations of a study of this nature include lack of generalizability and loss of details over time. Since the sample is small, information gleaned is not generalizable; however, information of a subjective, phenomenological nature can provide useful clues to the process of a survivor's resolution of issues. From an Adlerian perspective, the loss of details over time would not be a concern since the crux of the focus is on the individual's perception rather than the details as they may have actually existed.

Five features of qualitative research include: 1) the natural setting as the direct source of data and the researcher as the key instrument; 2) description; 3) concern with process rather than outcomes or products; 4) inductive analysis of data; and 5) meaning. The theoretical orientation of the qualitative researcher is key
in yielding optimal results of a qualitative investigation. The use of the term paradigm as a loose collection of "logically held-together assumptions, concepts, or propositions that orient thinking" leads one to the bridge of phenomenological approach to understanding the meaning of events and interactions to ordinary people in particular situations. Phenomenologists emphasize the subjective aspects of people's behavior and "attempt to enter the conceptual world of their subjects" (Bogdan & Biklen, 1982, p. 31).

Definition of terms

Sexual abuse - Child sexual abuse is defined as "two overlapping but distinguishable types of interaction: 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 (a common definition of "much older" is five or more years)" (Browne & Finkelhor, 1986, p. 66). Additionally, the experience has been described to have a "significant negative and pervasive psychological impact" on the lives of those abused (Ratican, 1992, p. 33).

Initial effects - Finkelhor (1986) defines initial effects as those occurring within two years of the termination of abuse. Further, there is a delineation between "short-term" and "initial" since "short-term"
implies that reactions do not persist (Finkelhor, 1986, p. 144). "Internalized psychological sequelae" such as sleep and eating disturbances, fears, phobias, depression, guilt, shame, and anger have been noted when abuse was intrafamilial while "externalized sequelae like school problems and running away" have been noted in both intrafamilial and extrafamilial victims (Finkelhor, 1986, p. 147).


Private logic - According to Sweeney (1981), private logic is one's perception of the phenomenological field in which one lives, which may or may not be consistent with reality but is unique to the person. Private logic, though out of awareness, is always accessible. One learns to cope within the environment, making choices to survive and overcome as one strives to meet goals. One behaves in a manner that is consistent with beliefs about self. "A person's behavior springs from his idea" (Adler, 1938, p. 19).

Family environment - In this study, the family environment will be defined as the description of the family
constellation as it existed at the time of the childhood sexual abuse. Information obtained from the Family of Origin Scale and the McMaster Family Assessment Device will be utilized to determine the styles of communication and interactions among members as these relate to the psychological position of the survivor. The family constellation will be examined to explore interactional patterns believed to be influential in determining how one develops private logic. According to Sweeney (1981), the family constellation is used to describe the socio-psychological configuration of a family. Factors in the family constellation that affect the development of one's personality include personality characteristics and emotional distance of each person, age differences, order of birth, dominance or submission of each member, the siblings, and the size of the family. These factors will be explored with particular attention to the interaction with the mother.

Coping strategies - Coping strategies will be defined as modes of moving through the everyday experiences of life to function socially, academically, and/or occupationally. Minuchin (1974) defined the family structure as an open sociocultural system which adapts to change, thereby enhancing the psychosocial growth of each person. The interactional patterns of this structure organize and
regulate behavior. Thus, the individual learns what is necessary to be a part of the family and behaves accordingly. One learns to employ various coping strategies to effectively interact, gain acceptance, and be important within the family structure. This study will seek to identify what coping strategies were used within the family structure, particularly with relationship to the mother, in order to belong and be accepted as a family member.

Everstine and Everstine (1989) caution that adults traumatized as children may present as superficially hardened, successful, and extremely self-protected. Upon telling their secret, they may feel stripped of the "only anesthesia against the pain of the original assault" (Everstine & Everstine, 1989, p. 156). Seemingly positive coping strategies like success should be carefully noted as additional defenses against confronting one's pain.

Emotional availability of the mother - Defining the emotional availability of the mother requires the understanding of the perceptions of the child about the mother - including the mother's responses to the child's needs, physical closeness, willingness to talk with the child at the child's request, and the delineation of taboo subjects. Finkelhor (1986) cited six studies supporting the notion that women sexually abused as children had poor relationships with their mothers. These women were less
likely to mention their mothers as the primary source of sex information and indicated that they received little affection from their mothers. According to MacFarlane and Waterman (1986), mothers of sexually abused children have often not bonded with their children and have difficulty empathizing with them.

Personal authority - Personal authority is defined by Williamson (1982) as "the power or ability of the person to order and direct one's own thoughts and opinions; choose to express or not express these regardless of social pressure; make and respect one's judgments; take responsibility for the consequences of one's actions; to initiate, receive or decline to receive intimacy and social connectedness voluntarily; to experience and relate to all other persons, without exception, . . . including former parents, as peers in the experience of being human" (Williamson, 1982, p. 311). Additionally, personal authority is a reflection of one's ability to establish a social-emotional distance while involved in a cognitive hierarchy with the external world, thereby establishing a "renegotiation" of invisible loyalties (Williamson, 1982, p. 311). Intimacy associated with personal authority includes the ability to move in or out of fusion with another person at will. Regarding the relationship with parents, personal authority involves a termination of the hierarchical boundary with one's parents.
In this study, the hierarchical boundary of interest is the mother-child relationship.

Research Questions

In the examination of the characteristics of the mother-child relationship of survivors of childhood sexual abuse, it is important to determine what factors contributed to the disclosure or not disclosing of the abuse to the mother.

1. Did the survivor or someone else tell the mother? Why or why not?

2. What role, if any, did the relationship of the perpetrator to the mother play in the decision to disclose or not?

3. How emotionally available was the mother at the time of the abuse?

4. How emotionally reactive was the mother to information regarding the survivor provided either by the survivor or by others?

5. From the perspective of the survivor, what priorities did the mother place on her role in everyday functioning such as care and nurturing of members, particularly with regard to protection in her absence?

6. How does the survivor view respective position in the family constellation?
7. From the survivor's perspective, how has the relationship with the mother affected who the survivor has become today?

8. Were there frequent arguments between the survivor and mother?

9. How comfortable was the survivor discussing sexual information with the mother?

10. How often did the mother and survivor spend time alone together?

11. How does the survivor describe the trust relationship with the mother?

Instrumentation

Structured interview - The structured interview designed by the researcher explored the nature of the disclosure as it relates to the relationship with the mother. Structured interview questions (see Appendix B) were designed to solicit information regarding the individual's perception of the family environment at the time of the childhood sexual abuse, the nature of the mother-child relationship, and coping skills used by the survivor. This information was considered pertinent after a review of the literature.

Life style is characterized by Adler as the unity of one's thinking, feeling, acting (Ansbacher & Ansbacher, 1967). According to Sweeney (1981), life style analysis makes explicit the attitudes, beliefs, and convictions with
which one approaches or avoids life's tasks. Sources of
data in the life style assessment include the family
constellation, early recollections, and observations. The
researcher integrated the data collected during the
structured interview through questioning and formulating
hypotheses, testing and/or discarding them, modifying or
confirming as answers related to relationship with the
mother. Thus, the private logic of the individual was
revealed, providing useful clues to how the individual has
utilized various coping skills. Further, it is hoped that
the individual was able to discriminate which fictive goals
were no longer applicable. Information gleaned from the
structured interview was used to further explore the
relationship of the survivor and mother, coping skills
employed by the survivor, and the effects of mother-child
interactions over time.

McMaster Family Assessment Device (FAD) - This
instrument is made up of seven scales which measure Problem
Solving, Communication, Roles, Affective Responsiveness,
Affective Involvement, Behavior Control, and General
Functioning. Information gathered supplemented other data
collected. This device is designed to be a screening
instrument for identifying problem areas. Epstein, Baldwin,
and Bishop (1983) describe family functioning as more
related to transactional and systemic properties of the
system than to intrapsychic characteristics of the individual. The instrument was used in this study to collect information on the various dimensions of the family system as a whole with particular attention given to those items related to the maternal relationship. The FAD items were given in past tense to solicit information as the adult subject remembered the environment at the time of the childhood sexual abuse.

In the development of the FAD, the authors suggested that the instrument be used in conjunction with other information. The instrument does not have the disadvantages of direct behavioral observation of the family. Direct observation requires vast amounts of time for the family and the assessor and tends to be less generalizable to the real world as a function of being in an observational setting. In this case, the information collected was from the phenomenological perspective of the survivor which yielded even more specialized information. Variables assessed by this instrument are more "clinically relevant" and provide the basis for more in-depth study of the "relevant biological, psychological and sociological factors" (Epstein et al., 1983, p. 172).

The following is a synopsis of the six dimensions of the instrument and the focus of each. The Problem Solving dimension refers to the family's ability to resolve problems
in a way that maintains effective functioning. The Communication dimension focuses on the ways that family members exchange information both verbally and non-verbally. Messages may be clear with respect to content and direct in delivery to a specific person. The Roles dimension defines the established patterns of behavior handling family functions including resources, nurturance and support, personal development, maintenance and management of the system, and the provision of adult sexual gratification. Additionally, this dimension notes the clear and equitable assignment of various tasks. Affective Responsiveness assesses the experience of appropriate affect among members over a range of stimuli. Affective Involvement notes the amount of interest expressed by various members regarding other members' activities and concerns. Behavior Control is an assessment of the way "in which a family expresses and maintains standards of behavior of its members" (Epstein et al., 1983, p. 173). Dangerous psychological and social sorts of behavior as well as different patterns of control were considered. Different patterns of control may be flexible, rigid, laissez-faire or chaotic. Finally, General Functioning is an overall assessment of the health or pathology of the family.

The instrument was a paper and pencil questionnaire with 53 items that took approximately 15 to 20 minutes to
complete. The member rated agreement or disagreement with how well an item described the family on a Likert scale with four alternative responses - strongly agree, agree, disagree, and strongly disagree.

The design of the FAD avoided two common pitfalls in the development of such a scale: 1) use of the McMaster Model of Family Functioning to define the domains assured adequate coverage of the areas of family functioning found to be important; and 2) selection of the most highly correlated items with all six subscales. Items within each scale were highly intercorrelated, insuring maximal internal consistency. Cronbach's alpha reliability ranges are from .72 to .92. The correlations between the scales range from .4 to .6 indicating each scale is "moderately independent" (Epstein et al., 1983, p. 176).

Validity for the FAD was determined by comparing data from families presenting clinically and those not presenting clinically. The expectation was that the nonclinical group would reflect more healthy functioning while the clinical group would reflect less healthy functioning. "Sixty-seven percent of the nonclinical group and sixty-four percent of the clinical group were correctly predicted" (Epstein et al., 1983, p. 177). The Ns for the two groups are: 218, nonclinical; 98, clinical.
Family of Origin Scale (FOS) - This scale was developed on the concepts of autonomy and intimacy with the premise that "a healthy person is one who can be both autonomous and intimate" and one's family assists in that development (Hovestadt, Anderson, Piercy, Cochran & Fine, 1985, p. 287). Hovestadt et al. (1985) cite research by Lewis, Beavers, Gosset and Phillips (1976) which offered five family aspects in the development of capable, adaptive persons. Power structure, family individuation, acceptance of separation and loss, perception of reality and affect are the theoretical constructs employed in the development of this scale. Autonomy is developed in a healthy family by clarity of expression, personal responsibility, respect, openness, and openly dealing with separation and loss. Intimacy is encouraged through expressing a wide range of feelings, warm atmosphere, minimal stress in dealing with conflict, promotion of sensitivity among members, and trust in human nature.

The FOS consists of 40 items on a five point Likert scale with 5 as the most healthy response, while the least healthy response is scored as one. Test-retest reliability coefficient was shown as .97. The autonomy concept coefficient on the 20 items ranged from .39 to .88 with a median of .77. The 20 intimacy items yielded a range of coefficient from .46 to .87 with a median of .73.
Hovestadt et al. (1985) note the subjective and interpretive nature of the instrument as essential elements of communicating and understanding one's family of origin. The general assumption is that one's "perceived reality is reality" (Hovestadt et al., 1985, p. 295). For purposes of this study, FOS items were adapted to relate to interactions with the mother as remembered from the perspective of the adult subject.

Selection of Subjects

Subjects made telephone contact with the researcher in response to advertisements about the study on bulletin boards in the Incest Recovery Association lobby. After the study was explained to prospective subjects, the researcher screened as to the subject's willingness to cooperate and availability for the two interviews. In addition, subjects were matched as closely as possible with respect to age and sex in an effort to reduce researcher bias (Drew & Hardman, 1985). Particular attention was given to subjects' age. The researcher selected middle-aged subjects to ensure more homogeneity. One prospective subject, age twenty, was excluded because of age and the fact that therapy had just begun. Two other prospective subjects chose not to participate when the researcher explained the two interviews. A total of eight persons responded to advertisement about the study. The study had an N of five.
Data Collection

Some problems associated with interview investigations include researcher bias, behavior, and the personal characteristics of age, sex, social status, and race. Drew and Hardeman (1985) suggest that the interviewer must attend to these considerations to maximize the effectiveness of the interview. The interviewer should insure similarities in all the aforementioned areas as much as possible. Further, it is suggested that the interviewer provide credentials, identification papers, and provide an explanation of the purpose and nature of the investigation. The interviewer explained to each subject during the first interview that the study is part of the doctoral dissertation, provided approval documents for the research to be conducted with human subjects from the university, and described the research done in preparation for data collection.

Each subject was interviewed on two separate occasions. The first interview was an in-depth explanation of the purpose and nature of the study, an explanation of the format, and an opportunity for the subject to ask any questions about participation in the study. At the conclusion of this explanation, a written consent to participate was required for participation.

During the first interview, the McMaster Family Assessment Device and the Family of Origin Scale were
completed. The structured interview developed by the researcher containing questions regarding the characteristics of the mother-child relationship was administered during the second interview. Upon completion, time was set aside for "lengthy introspection and debriefing" (Finkelhor, 1986, p. 51) to consider precise meaning particular questions had for each subject. Subjects were asked to reflect on sources of discomfort and distraction in the interview process to determine which areas needed further exploration. If needed, subjects were referred to appropriate sources for additional help.

Interviews were videotaped to provide accurate, complete data as well as to note nonverbal cues throughout the process. Videotapes were subdivided into 15 minute sections to find particular categories or thematic units more easily. During replay, the researcher noted the count of sections containing information regarding the maternal relationship. Following the conclusion of the study, the researcher erased the videotapes.

Analysis of Data

Information gleaned from the structured interview, FAD, and FOS is discussed, particularly as it pertains to the mother-child relationship. In addition, common themes among subjects are noted by the researcher and linked to previous research findings. Of particular note throughout the data
gathering process are common themes noted by the researcher as provided by the subject.

Using the constructs of autonomy and intimacy in the FAD and the common themes noted during the structured interview, two Likert scale forms that explored the presence of common themes and characteristics of the mother-child relationship were developed by the researcher and given to raters to insure internal reliability. Five raters were selected by the researcher from other doctoral students in counseling who expressed an interest in the topic. Training consisted of a review of the definition of terms and a synopsis of the common themes noted. Raters were instructed to place themselves in the role of pseudo-researchers and determine the presence of the aforementioned themes and characteristics as they reviewed certain parts of the videotapes previously marked by the researcher. There was discussion regarding the format of the FAD with four questions for each construct, two worded as positive scale items and two as negative scale items. The raters' form was a Likert scale indicating the degree to which a particular theme is or is not present in the marked section of videotape. Means were calculated to determine inter-rater reliability. Reliability coefficients were calculated for the composite means using the Pearson product-moment formula. Additionally, a statistician conducted two
independent $t$ tests to test the significance between the means of the raters and the means of the researcher on the construct form and the characteristics form. Both independent $t$ tests were non-significant.
CHAPTER III

RESULTS AND DISCUSSION

Wolcott (1990) suggests that one does not conclude a qualitative study. "Research is sometimes portrayed as being either decision-oriented or conclusion-oriented" (Wolcott, 1990, p. 55). The following information will be presented not for the purpose of conclusion; rather, the reader is invited to note the similarities, parallels, and common themes offered by data received from subjects. The study explores the mother-child relationship at the time of the childhood sexual abuse from the perspective of the adult survivor. The family environment is assessed by a discussion of data from the McMaster Family Assessment Device dimensions of problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. Additionally, specific information about the characteristics of the mother-child relationship is gleaned from the Family-of-Origin Scale and the structured interview.

Case Descriptions

Subjects volunteered for participation in the study by telephone contact with the researcher in response to advertisement about the study. All five subjects have been
in therapy ranging from two to five years. Subjects ranged in age from 41 to 54. All subjects were Caucasian females. Two are married and three are divorced. All are college graduates and have high-middle incomes. Roles include homemaker, college administrative assistant, custom jewelry designer, teacher, and business professional. All appeared to be functioning well in their various roles. Each subject has two children.

The five subjects were abused by a range of perpetrators including fathers, a brother, a son of family friends, and a neighbor. The ages of the subjects at the onset of the abuse ranged from age two through age 13. Duration of the abuse was from three to 10 years. Types of abuse ranged from fondling to sexual intercourse.

Analysis of Data

McMaster Family Assessment Device - Items were presented in the past tense to assess the functioning of the subject's family of origin at the time of the childhood sexual abuse. Dimensions assessed included problem solving, communication, roles, affective responsiveness, affective involvement, behavior control and general family functioning. This instrument relates functioning more to "transactional and systemic properties . . . rather than intrapsychic characteristics of individual family members" (Epstein et al, 1983, p. 171). Data gathered from this device
provides information pertinent to this study regarding family environment at the time of the abuse. Subjects responded to items on a Likert scale from strongly agree to strongly disagree.

Regarding problem solving, subjects reported that their families usually did not act on their decisions regarding problems. All agreed that evaluative discussion after attempts to problem-solve did not occur. Emotional upsets that came up were not addressed nor were problems involving feelings confronted. Creative problem-solving in these families was not exhibited.

The communication in these subjects' families had much in common. Verbal messages were not clear with respect to content nor direct to the person for whom the message was intended. With respect to anger, verbal communication ceased, as these subjects agreed that their families did not talk with each other when angry. Being direct with one another when a family member did something to upset another was not indicated in these families either.

The roles dimension "focuses on whether the family has established patterns of behavior for handling a set of family functions which include provision of resources, providing nurturance and support, supporting personal development, and maintaining and managing the family systems" (Epstein et al, 1983, p. 172). Items in this
dimension were not answered consistently among the subjects. Information in this dimension appeared to be related to the subjects' family size, income, and structure. Subjects from families whose income was adequate were not concerned with meeting bills and had adequate support in personal development. Task assignment was more of a concern for the subjects who lacked adequate income and whose families were larger.

A common theme in this dimension was a male-dominated system. One subject stated that her father "constantly nagged her mother about getting things done." Another described her father as ruling with a "strong hand, a military type" adding that everyone did as he expected. Still another subject indicated that the males in her family "carried more weight" in family structure, decision-making and recognition.

The affective responsiveness of these families indicated a reluctance to show affection, a lack of emotional response, not showing love for one another, and a lack of tenderness expressed. This dimension assesses appropriate affect as the family experiences a variety of events.

Affective involvement in these families seemed to focus on self-centeredness of the individuals within the family. Subjects indicated that others were interested only when something interested them personally with some personal gain
expected. The researcher noted a parallel between these items and the degree of enmeshment/disengagement noted during the structured interview. Subjects whose families seemed enmeshed showed a higher degree of affective involvement connected with personal gain than did those who indicated a lack of involvement.

Responses to the items in the behavior control dimension indicated a high degree of rules and standards in these families, rules about dangerous situations, and a clear understanding about what to expect if rules were broken. Again, comments from subjects indicated control by their fathers with mothers reported as only "threatening to control, never really doing much." Another subject reported that her father was the "only one in the family without boundaries - he had the control."

General functioning as reported on this instrument indicated an inability to turn to each other in a crisis (100%), an inability to express sadness (100%), avoidance of discussing fears and concerns (100%), inability to express feelings (80%), abundance of bad feelings (80%), inability to make family decisions particularly with regard to problem solving (100%), and an inability to confide in one another (100%).

The following table represents the mean scores for each subject in each of the seven dimensions and shows the mean
for each dimension of the FAD. Scores range from one to four with one reflecting healthy functioning and four reflecting unhealthy functioning.

Table 1

McMaster Family Assessment Device Results

<table>
<thead>
<tr>
<th>Family Functioning Dimension</th>
<th>Subject #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>2.3</td>
</tr>
<tr>
<td>Communication</td>
<td>2.3</td>
</tr>
<tr>
<td>Roles</td>
<td>2.4</td>
</tr>
<tr>
<td>Affective Responsiveness</td>
<td>2.4</td>
</tr>
<tr>
<td>Affective Involvement</td>
<td>2.2</td>
</tr>
<tr>
<td>Behavior Control</td>
<td>2.0</td>
</tr>
<tr>
<td>General Functioning</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Family-of-Origin Scale - Items on this scale were presented in a modified form with permission from the authors. Items were adapted to reflect characteristics of the mother-child relationship. The scale examined the constructs of autonomy and intimacy as "two essential and interwoven concepts" (Hovestadt et al, 1985, p. 289) in the development of a healthy family. In this study, these constructs have been assessed related to the mother-child relationship. Particular items on the scale have been paired to show relationship to a specific construct regarding autonomy or intimacy and are discussed accordingly.

Autonomy Concepts

1) Clarity of expression - thoughts and feelings clear between mother and child
Items concerning the mother's clarity of expression of her feelings indicated clear understanding by 80% of the subjects. However, one subject whose abuse seemed the most long-term and severe responded "strongly disagree" to these items indicating a lack of clarity in her mother's expression.

Regarding the subject's feeling of ease to express thoughts and feelings to the mother, three of the five indicated discomfort rather than ease. One subject indicated a difference in being able to express thoughts and feelings with more ease in the expression of thoughts than feelings. The subject whose abuse was more long-term and severe responded "strongly disagree" to these items.

2) Responsibility - mother's acceptance of responsibility for her own actions.

A range of responses was indicated on these items. Open admission by the mother when she was wrong was lacking in four of the five responses. One subject whose mother did admit when she was wrong also responded in more healthy ways in other areas. Respondents overwhelmingly agreed that their mothers often made excuses for their mistakes.

3) Respect for child - child encouraged to speak for self.

Subjects reported that their mothers did not encourage
open expression of the subjects' own views and that differences of opinion were not encouraged.

4) Openness to child - Mother was receptive to child.

Responses to these items indicated that mothers of these subjects were not receptive to different ways the child viewed life nor did the mothers encourage the child.

5) Acceptance of separation and loss - separation and loss dealt with openly.

Responses to these items indicated a strong lack of acceptance in dealing with loss. One subject commented that "we just didn't talk about loss - it was as if nothing had happened."

Intimacy Concepts

1) Range of feelings - expression of a wide range of feelings by the child and with the mother.

The expression of both positive and negative feelings by these subjects with their mother appeared to be somewhat split with two subjects responding affirmatively, two negatively, and the aforementioned subject whose abuse was long-term and severe "strongly disagreeing" that she was able to express both positive and negative feelings with her mother. In response to expressing "just about any feeling I had," subjects all strongly disagreed that this was acceptable with their mother. Subjects agreed that certain
feelings "were not allowed" and that the unwritten rule was "Don't express yourself."

2) Mood and tone - warm, positive atmosphere existed between mother and child.

Responses to these items indicated inconsistencies. Combined with other data collected, it is the opinion of this researcher that subjects may have misunderstood some of the items because of the wording. In this scale, each construct is related to four questions, two are positively worded and two are negatively worded. Perhaps, subjects were confused by the wording or they are yet unclear about the atmosphere that existed between them and their mother. Regarding an "unpleasant atmosphere" between mother and child, respondents disagreed four to one that the atmosphere was unpleasant. However, when the atmosphere was described as "cold and negative," responses ranged from strongly agree to strongly disagree. There was also a wide range of response on the atmosphere at mealtimes. Regarding the description of their mother as "warm and supportive, subjects were divided again - two agreed, one disagreed and two strongly disagreed. Another possible explanation for the wide range of responses is that these subjects had learned how to read their mother so as not to do anything to create an unpleasant atmosphere. Two mentioned that they were keenly aware of how and when to approach their mother.
when they needed or wanted something from her.

3) Conflict resolution - normal conflicts were resolved without undue stress.

Talking things out and settling conflicts was not reported as common by these respondents. Successful resolution of conflicts without stress was lacking.

4) Empathy - Mother was sensitive to child.

These subjects did not feel understood by their mothers nor did they feel that their mothers were sensitive to them. Also indicated in responses to these items was a perceived lack of caring by the mother and a feeling of being ignored or criticized by the mother.

5) Trust - Mother saw human nature as basically good.

Mothers of these subjects did not encourage the development of new friendships. Four of the five subjects reported that their mother taught them that people are basically good. Regarding being suspicious of others, responses were evenly divided across the five choices. The belief that people usually take advantage of others was not perpetuated among these mother-child relationships.

Responses on the FOS were scored on a five point Likert scale. With 40 items and a possible high score of 200 indicating the most healthy functioning, the individual scores of subjects in this study ranged from 45-127.
Subject 1 yielded a score of 127. Her responses were not in the extremes and clustered in the agree and disagree columns. Consistent with the information in her structured interview, she was not extremely critical of her relationship with her mother except for the reported distance between them. Her abuse was also short term compared to others in this study and not perpetrated by a family member. Neither violence nor pain were reported.

Subject 2 scored 108, which is also consistent with information from her structured interview. While not particularly negative about the relationship with her mother, her responses indicated adjustment on her part to balancing the relationship to make it work.

Subject 3 scored 45 on the FOS. This score was consistent with information from the structured interview in which she indicated deficits in their relationship. Her responses clustered in the extreme columns of strongly agree or strongly disagree. Of the five subjects in this study, this subject's abuse seemed the most severe, began at the earliest age and was perceived by the subject as most traumatic.

The FOS score for Subject 4 was 96. As with three of the other subjects in this study, responses were consistent with information gleaned from the structured interview. Her responses indicated difficulty expressing feelings to her
mother. Information from the structured interview supported responses on the FOS regarding the subject's not being able to relate with her mother on issues of feelings.

Subject 5 scored 94 on the FOS with responses in the area of conflict resolution indicating difficulty with the expression of feelings, attitudes and acceptance by her mother. Messages from her mother appeared vague regarding the mother's feelings.

Total scores on the FOS by four of the subjects in this study indicated midline functioning, neither extremely healthy nor extremely unhealthy. The low score of Subject 3 whose abuse began at the earliest age, was perpetrated by the father and was the most traumatic, is supported by other data.

Table 2 illustrates individual subject's scores in each of the 10 constructs shown divided by autonomy and intimacy concepts. A score of one indicates an unhealthy response while a score of five indicates a healthy response. With four items for each construct, scores may range from four to 20 for each construct. Total scores for each of the autonomy and intimacy concepts may range from 20 to 100 with 20 indicating unhealthy responses and 100 indicating the most healthy responses.
Table 2

Family-of-Origin Scale Results

<table>
<thead>
<tr>
<th>Autonomy Concepts</th>
<th>Subject #</th>
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<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clarity of expression</td>
<td>13</td>
<td>14</td>
<td>4</td>
<td>14</td>
<td>8</td>
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<tr>
<td>Responsibility</td>
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<td>12</td>
<td>4</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Respect for child</td>
<td>15</td>
<td>9</td>
<td>4</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Openness to child</td>
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<td>8</td>
<td>6</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Acceptance of Separation</td>
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<td>8</td>
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<table>
<thead>
<tr>
<th>Intimacy Concepts</th>
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<th></th>
<th></th>
<th></th>
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</tr>
<tr>
<td>Range of feelings</td>
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<td>4</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Mood &amp; tone</td>
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<td>5</td>
<td>11</td>
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<td>10</td>
<td>12</td>
<td>4</td>
<td>7</td>
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<tr>
<td>Empathy</td>
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<td>8</td>
</tr>
<tr>
<td>Trust</td>
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</table>

<table>
<thead>
<tr>
<th>Total Scores</th>
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<th></th>
<th></th>
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<th></th>
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<td>3</td>
<td>4</td>
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<td>49</td>
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<tr>
<td>Intimacy</td>
<td>64</td>
<td>57</td>
<td>25</td>
<td>44</td>
<td>45</td>
</tr>
</tbody>
</table>

It is the opinion of this researcher that these subjects learned early how to interact with their mother to maintain a needed balance in their relationship. Additional substantiating data collected during the structured interview are reported in detail in the next section.
Structured Interview - The final portion of the interviewing process consisted of the subjects responding to a set of structured interview questions prepared by the researcher. The interview questions served as a tool to solicit subjective information from subjects regarding their perspective of the characteristics of their mother-child relationship at the time of the abuse.

Subject 1 is a 42 year old Caucasian female who was abused by a neighbor from age five through age eight. The abuse was fondling. She reported no physical pain. She is three and one-half years older than her only sister. When asked what information she thought was pertinent about her family, she indicated that her parents were married until she was in college. During the FAD portion of the interview, she commented that her "mother's problem-solving skills were lacking." Regarding communication, she added that she "never communicated with her parents"; therefore, in her family today, she is "deliberately teaching communication skills." She added that she was close to her younger sister during this time and that the two of them were "accepting of their parents." They divorced after many years of a conflictual relationship. Subject 1 is currently married, a homemaker, mother of two male children, ages eight and twelve. Her spouse is a family physician. She has been in individual and group therapy for five years.
Subject 1 did not tell her mother about the sexual abuse, because "if Dad found out, he would have killed." The perpetrator was a neighbor and that relationship had nothing to do with her decision not to disclose.

Another major event that occurred during this time was that her father was traveling a lot. His travel left her mother in charge of family events which created problems, as she reported that her mother had difficulty managing particularly in the area of problem solving.

Subject 1 reported that her mother responded to information regarding her with pride. Her mother was especially proud of her accomplishments as a student. Expectations from her mother about her role as the big sister included following through with responsibilities in the home and being a positive role model for her younger sister. Subject 1 noted a division of loyalties in the family stating that her mother was closer to the younger sister, and she was closer to her father. She noted that her mother was not neglectful of her safety and that she was well supervised.

Subject 1 characterized her relationship with her mother in the following areas:

Trust - When the abuse started, she trusted her mother; however, as the abuse continued over several years, this changed.
Ability to talk and relate comfortably - "There were no heart to heart talks - it just didn't happen."

Fun together - "Although she took us places, there was no interacting and playing."

Discussion of sensitive issues - "Forget it! She always thought I was too young."

Time spent together - "She did well when I was younger. Later, she didn't know what to do with me."

Number of disagreements/arguments - "There were several. She couldn't make me do anything."

This subject's relationship with her mother created in her a need to find nurturers outside of the family. She reported that she "looked outside the family for adults to take care" of her and also relied on herself.

As a child, she did not acknowledge the abuse. She refused to think about it. She recalls frequent bed-wetting and a change in personality which included a loss of self-esteem, confidence and becoming much more reserved after the abuse started. With respect to how her behavior affected being accepted/approved of by her mother, she reported that her mother became very frustrated with the bed-wetting and was "oblivious" to any cause for this behavior.

Subject 1 has never told her mother about the abuse and has decided through the course of her individual therapy that "it would not be helpful for me to tell her at this
point." She characterizes her mother as "depressed" both then and now. Her description of her mother's perception of her at that time was "a good student, basically happy, normal kid."

She described the emotional closeness/distance between her and her mother as "average." Additionally, she described her mother as affectionate in the form of hugs and kisses and responsive to her needs for physical closeness. She reported that her mother consoled her with a hug when needed. She stated that her mother was willing to talk with her at her request but that she didn't ask. She reported that her mother was "most definitely" the primary source of information for her on sexual matters.

Communication was carefully separated by this subject into thoughts and feelings. She indicated that when communication involved feelings, she chose not to express these to her mother. Thoughts seemed to her to be more acceptable avenues of expression.

Subject 2 is a 50 year old Caucasian female, the second child of seven, who was abused by her father from age eight until 18. She reported that there was no penetration or physical pain. She stated that although the sexual abuse ended at the age of 18, the emotional and verbal abuse continued until his death. Siblings include a brother two years older, a sister three years younger, a brother five
years younger, a brother nine years younger, a brother 11
years younger, and a sister 15 years younger. Her marital
status is divorced. She has two grown children and is a
college administrative assistant.

Subject 2 did not tell anyone about the abuse. Her
younger sister told her mother during her father's illness
just before his death. This subject described her parents'
maintenance as "stormy." The family environment was controlled
by the militaristic, heavy-handed, father who drank, made
holes in the wall with his fists, and was unpredictable.
The other major event described at the time the abuse began
was her mother's fifth pregnancy. She indicated that her
father had been drinking and was violent.

Regarding her mother's reaction to information about
her, this subject indicated that her mother never indicated
pride in her accomplishments. She described herself as a
high achiever and added that there was "no acknowledgement
from my mother of what I was." She stated that her mother
was not neglectful of her physical safety.

This subject described herself as having a "strong sense
of importance" in the family. She was "number one" with her
father - the one with whom he talked and reasoned. She
reported great discomfort as a teenager when one of her
friends noted, "He looks at you more like you're his wife
than his daughter." Subject 2 reported that her mother
viewed her as "one of seven," the eldest daughter and someone for whom she sacrificed a great deal.

The mother-child relationship was characterized in the following ways:

Trust - "I must not have - I never told her."

Ability to talk and relate comfortably - "I couldn't. I loved to listen to her talk."

Fun - "We never did anything together." She did recall playing jacks with her mother once.

Ability to confide - "Never."

Discuss sensitive issues - "Never."

Time spent together - "We very rarely spent any time together. She was always very busy, because there were so many of us."

Disagreements/arguments - "During the first year of abuse, I lied to her. This caused a lot of disagreements, because I had to stick to my stories."

Subject 2 reported that her relationship with her mother has greatly affected the kind of person she has become today. She focused on her feelings of isolation, not having any place or anyone with whom to talk. She noted great fears that her mother might somehow find out. Recollections of getting up in the middle of the night to check to see that all the outside doors were locked seemed particularly troubling to her. Fear and isolation permeated her life at
this time, and she felt that her mother was not there for her.

As a child, Subject 2 tried to distance herself from her family. She recalled reading sexually explicit material at a young age, having a tough time with peers, and a panic attack at a "Holy Roller" church. She related being allowed to ride a military bus to the movies in the evening during a period of political unrest in the Philippines while her father was stationed there. From her perspective as an adult, she found this appalling in terms of safety. This contradicts an earlier statement that her mother was not neglectful of her safety. Regarding how her behavior as a child related to being accepted/approved by her mother, she noted, "My mother didn't think in those terms. I was her daughter. That made me good."

As an adult, she has entered therapy. Her perspective is that therapy has freed her from the shame she felt for so many years of not having anyone to talk with about the abuse.

She described her relationship with her mother today as "basically the same as back then. She is focused on herself. My brother is her favorite. She sees him as unique." Her mother's personality at the time was "outgoing. She had lots of friends, was spontaneous, and had no pretention. I wish she'd had a few."
Subject 2's perception of her mother's description of her at the time included that she was "pretty. When I put myself down, she took up for me."

Regarding the emotional closeness/distance between them, Subject 2 reports that she and her mother were not close. "She was pregnant with her fifth child. She may have been affectionate, but I don't remember. I didn't look to her for physical closeness after the abuse began." She added, "We didn't talk much." There were other indications of the lack of attention to the needs of her emerging sexuality. Subject 2 reported that she could not get her mother's attention when her menstrual periods began and that she "never got nice underwear. I needed bras long before I got them." Further, she related that she did not feel comfortable expressing thoughts and feelings to her mother. "She was not receptive."

This subject does not remember being consoled by her mother. She recalled that when she was ill with the measles, she felt lonely. "She didn't like sickness; therefore, we never got sick."

Subject 3 is a 47 year old Caucasian female, married with two children, who was abused by her father before age three until sometime around her seventh birthday. She reported intense physical and emotional pain during the incidents which began with digital penetration and continued
to include intercourse as she grew older. She was an only child. Her father and paternal aunt were involved in cult practices. She related a strong alliance between her father and his sister which excluded her mother. Her mother had shock treatments at approximately the same time the abuse ended. Additionally, she reported a history of incest in her father's family. Her paternal grandfather reportedly incested another aunt who died when the family moved from Germany to the United States. She described her mother as an "emotional person who cried several times a day."

Subject 3 told her mother about the abuse in an angry outburst when she was in third grade. The family was in turmoil due to financial stress. Her father worked long hours. She described him as "the enemy" to her and her mother. In addition to the financial stress, there seemed to be much family discord as Subject 3 reported that her father's family did not like her mother.

This subject's mother "over-reacted" to information regarding her. She reported her mother was neglectful of her safety and did not protect her from abuse. She noted her position in the family as "being seen and not heard. There was not good access to feelings." The message was not to feel or think. Her mother's view of her position in the family was that her father "adored her."
She characterized her relationship with her mother in the following ways:

Trust - "I didn't. If I had, I'd have told her more sooner."

Ability to talk and relate comfortably - "I was afraid of her. I didn't want to set her off."

Fun - "Occasionally, we laughed."

Ability to confide - "I judged carefully what to say."

Discuss sensitive issues - "She gave me articles from newspapers. Sexual information was presented very negatively."

Time spent together - "We were always working. Her cleaning standards were very high."

Disagreements/arguments - "When I was young, I wanted to be good. Disagreements started in junior high."

Subject 3's relationship with her mother has greatly affected the person she has become today. She reported that she didn't see models of forgiving, trusting, or boundary setting. These issues have required much work in therapy as she has had to learn how to forgive, trust and set boundaries in her relationships.

As a child, Subject 3 dealt with the abuse in a variety of ways. She recalled separating into different parts especially when she bathed since much of the abuse as a young child occurred in the bathroom. She reported
excessive masturbation. She fantasized that she was a great ballet dancer in the backyard and noted special meaning in her leaps. During the time she was in the air, she remembered feeling free and safe from abuse. She read fairy tales repeatedly and escaped into the stories. Additionally, she recalled performing in dramatic ways in plays at school.

As an adult, she entered therapy to learn how to understand her feelings, problem solve, and forgive. She also cited her spiritual journey as a tremendous help in her movement toward health.

Her childhood behavior did not seem to have affected her being accepted/approved by her mother, as her mother was not aware of how she behaved to escape. "She left me alone, because she was so busy cleaning and cooking."

At the time of the disclosure, Subject 3 reported that she did not care how the disclosure would affect their relationship since she was angry, hurt and unable to trust her mother anyway. She recalled realizing that even before first grade, she knew that her mother did not handle things the way other people did. She remembered her mother crying over conflicts between her mother and father about her.

Subject 3 described her mother's personality as "insecure and motivated by fear." She used that insecurity in very powerful ways to avoid doing the things she did not
want to do." This subject believed her mother would have described her as "strong-willed - a better child before age five."

Emotional closeness/distance was described in the form of nurturing with food, especially when sick. She did not remember hugs or verbal messages of love or responsiveness to her needs for physical closeness.

Her mother's willingness to talk was described as "superficial." She reported that her mother "postponed" her; therefore, she tried to avoid her mother as well. She spent much time outside and in her fantasy world.

Her mother was not the primary source of sexual information for her, although she did provide articles for her to read. There was no discussion about the information. Subject 3 noted that her father provided the most information in the form of his actions toward her.

When she needed consoling, her mother consoled her with food. She also noted the feeling that her hurts were never as important as her mother's. "She always had some major sickness or problem." Tenderness was not expressed.

Regarding the expression of her thoughts and feelings to her mother, Subject 3 reported that she and her mother were "rageaholics. We both threw fits." This subject responded in extremes on the FAD and the FOS to items regarding emotional expression.
Subject 4 is a 41 year old Caucasian female, recently divorced with two children, who was abused in four separate incidents at the ages of six, seven, 10 and 13. The incident at age six was fondling by her paternal grandmother. At age seven, she was sexually abused by a family friend's adolescent son. This incident included bestiality. She described the incident at age 10 as perpetrated by a male acquaintance of her best friend. She described incidents from age 13 which included total disregard for her privacy and inappropriate remarks regarding her emerging sexuality with her father as the perpetrator. She did not report physical pain associated with these incidents.

She has a brother two years older than she. She described herself as the "first girl in her father's family in 100 years" and her paternal grandmother's "whipping girl." She described her family system as a "dictatorship" with her father having abusive power physically, verbally, emotionally, and spiritually. "His walk and talk did not match. Our image in public was much different than at home."

Subject 4 did not tell her mother about the abuse, because "she would not have believed" her. "I was also afraid to displease." One perpetrator told her that if she told, she would die. One perpetrator was her paternal
grandmother who abused her at the age of six. The incident at age seven was a family friend's son. At the age of 10, she was abused by another acquaintance. Her father abused her at the age of 13. She indicated that all these relationships to her mother were influential in her decision not to disclose.

Other major events occurring at the time of the abuse incidents were significant. At age six, her family moved from California to Texas to be closer to family and to be "safer" than in California. When she was seven, her father physically abused her during the time she was also being sexually molested by the family friend's son. She noted that her mother did not intervene when her father physically abused her and that she saw her older brother as her protector. She recalled being "inappropriately angry" with friends at the age of 10 and being reprimanded by her parents for this inappropriate expression of her feelings. During the abuse from her father at age 13, she reported a lack of boundaries, respect, and the feeling that her femininity was being "thwarted." She described herself as rebellious when her parents threatened to send her away to school.

Subject 4 reported that her mother's reaction to information regarding her was "judgmental." She also related that her mother was perfectionistic; therefore,
anything she did to help around the home was redone by her mother. Her reaction to this was to feel inadequate.

This subject reported that she did not perceive her mother as neglectful of her safety; however, she also noted that she did not protect her from abuse. This was particularly significant when she was abused by the family friend's son. She related that the two families were socializing and allowed her to be away from the group for a long period of time with the adolescent when she was only seven years old. There were significant inconsistencies in what she related about the family environment as being rigid with clear expectations about dangerous situations in response to items on the FAD.

Regarding her position in the family, she described herself as the "scapegoat, pleaser, and peacemaker." Her purpose in being was to "meet mother's needs." She was to "be seen and not heard." Her mother's acceptance of her was conditional based upon her ability to live up to her expectations. She noted an "unfairness" in role expectations. As the girl in the family, she was expected to do all the cooking, cleaning, and other "girl things."

Subject 4 characterized her relationship with her mother in the following ways:

Trust - "None, zip!"

Ability to talk and relate comfortably - "None."
Fun - "Somewhat."

Ability to confide - "No." There were too many conditions attached. She was unable to express her feelings and thoughts.

Discuss sensitive issues - "To a certain degree" - Information was kept on a factual level rather than delving into thoughts or feelings.

Time spent together - "We were pretty good friends as long as I did not step out of line. She was never really there for me."

Disagreements/arguments - "There were not a lot."

The relationship with her mother has affected her today in that she knows how she does not want to be. She does not want to be like her mother - "a martyr, manipulator, controller, supreme judge." Their relationship has made her a more sensitive mother to her sons.

As a child, Subject 4 dealt with the abuse by "dissociating, repressing, blocking and surviving." As an adult, she has "faced it, dealt with it, relived it, and validated myself." She reported that her childhood behavior to deal with the abuse did not affect her being accepted/approved by her mother. "Since I did not deal with it then, no one else was affected."

When she disclosed to her mother as an adult, her mother "became the nurturer I had always wanted. When I told her,
she wanted to save me, but now, I don't want to be saved." She reported that their relationship today is not healthy, because she perceives too much intrusion into her life by her parents.

She described her mother's personality at the time of the abuse as "outgoing, friendly, loving and caring to others." Her perception of how her mother would have described her was "flighty, happy and talkative."

Regarding the emotional closeness/distance between her and her mother, she noted that they avoided each other and an "emptiness." Subject 4 did receive affection from her mother in the form of hugs and kisses but also reported that her mother was a "face slapper." She felt confused often about where she stood with her mother. She noted that her mother was not responsive to her needs for physical closeness. Her mother was willing to talk with her at her request and was the primary source of sexual information. She recalled being consoled by her mother as a child when she had dreams of dying. With respect to the expression of thoughts and opinions, she responded that she had to carefully assess the situation, her mother's mood, and the topic. She learned when and how to approach her mother to protect herself.

Subject 5 is a 54 year old Caucasian female who was sexually abused at the age of 13 by her older brother. The
repeated abuse included intercourse. She did not report physical pain. This subject is divorced and has two adult sons.

During the FAD interview, she indicated that her family did not look at their problems and that they communicated outside the family rather than within the family. The description she offered of her family was "male-oriented." She described their interaction as "each person having satellites . . . outside the family."

Subject 5 did not specifically tell her mother about the abuse. She added that although she felt like she had told her indirectly, she had not. In her family, "sex was not talked about." Although she indicated that her mother's relationship to the perpetrator was not influential in her attempts to disclose, she indicated that her mother and brother were very close. She added, "I was as specific as I knew how to be."

During the time of the abuse, she recalled other major events that were occurring included her father trying to sell his land, reinvest the money, and move the family. Most of the family's focus was on this topic. Her father and brother "carried more weight" in the family's decision-making.

Subject 5's mother reacted to information regarding her negatively. She indicated that her mother did not encourage
her. She was closer to her brother. From the information offered on the FOS, items dealing with intimacy were answered negatively. Autonomy items were answered positively substantiating information from the structured interview that her relationship with her mother was not close. It appears that the family was somewhat disengaged.

This subject felt that her mother was neglectful of her safety and that she did not protect her from further abuse. When the family moved, she recalled being horrified that her bedroom in the new home would be upstairs next to her brother's. Excitement about the move was diminished due to her fears of being "alone up there with him."

Subject 5 described her position in the family as "the lowest, not smart, of no consequence, unimportant." This data is substantiated by earlier remarks about the importance of men in this family. Her perception of her mother's view of her is the same - "not significant until my brother left home." At that point, her importance and significance changed.

The relationship with her mother was characterized in the following ways:

Trust - "I didn't know anything but to trust her. Later, I felt differently."

Ability to talk and relate comfortably - "Obviously, I couldn't do that."
Fun - "Didn't do that."
Confide - "Not."
Discuss sensitive issues - "We didn't discuss. She was not concerned enough."
Time spent together - "Non-existent. After my brother left, it was better. We still didn't talk. I do recall that she helped me with shorthand."
Number of disagreements/arguments - "There were many. Most of them centered around what I had or had not done about my responsibilities to keep the house clean. This was all important. I remember wishing I could live just one day without upsetting mother."

Regarding the effects her relationship with her mother has had on her today, she replied, "I'm a really good mother." A positive quality of her mother's was her self-discipline which she offered as a legacy. She mentioned taking proper care of her body, monitoring food intake and a consistent approach to responsibilities.

As a child, she dealt with the abuse by speaking out in the best way she knew how. She told her mother, "Don't leave me with him anymore." As an adult, she addressed her brother who has acknowledged the abuse and has apologized. Her childhood behavior related to being accepted/approved by her mother in that she did a lot of what her mother wanted
her to do. "I wanted to be in her favor. I really liked her."

As reported earlier, this subject believed she had told her mother about the abuse but not specifically. Since her mother did not hear, the disclosure did not affect their relationship. She still held the "unimportant, insignificant" role in the family. However, she reported that today their relationship is very different. Her mother enjoys her attention today. Additionally, subject 5 reported that since her divorce, her mother has been more accepting of whatever she had to say.

Subject 5 described her mother as "detached, unavailable, not present, without guidance and lacking parenting skills." She, like two of the other subjects, noted that others did not view her mother in this way. She appeared to others as "responsive, responsible, a leader, outgoing, enlisting, and charming."

This subject reported her mother's perception of her as "an airhead, dumb blonde." During the FOS interview, she noted that her mother was not sensitive to her feelings and that she was not approachable for resolving differences. These remarks support earlier comments about her "insignificance."

Regarding the emotional closeness/distance between them, subject 5 reported "total distance, no closeness." She
never remembered sitting on her lap or being hugged. This data is supported from the FAD interview data on the Affective Responsiveness subscale which noted a lack of emotional response, a lack of affection expressed, no tenderness, and lack of involvement in general. She did not feel that her mother was responsive to her needs for physical closeness.

Subject 5 recalled one time when her mother was willing to talk with her at her request. She was having a difficult time with a girlfriend. Even then, her mother asked, "What are you doing wrong?" She indicated that whenever things were not going well, her mother always assumed the problem was hers.

She noted that her mother was not the primary source of sexual information for her. In their family, sex was a taboo subject. She did not ask questions nor was she offered any information.

This subject could not recall being consoled by her mother when she needed consolation. This data is supported by information from the FOS which indicated that she and her mother never talked about losses when someone died or moved away. She also indicated difficulty understanding what her mother thought or how she felt.

Regarding the expression of her thoughts and feelings to her mother, she noted, "Obviously, I didn't. Our
relationship was mechanical." FOS data supported this remark when she indicated that she did not feel free to express her own opinions to her mother nor was she encouraged to express her views openly.

Several themes and commonalities evolved in these interviews. Some of the data from the structured interviews were supported by information gleaned from the FAD and the FOS. Using the subscales of the FAD, the following significant themes became clear:

Problem Solving - In general, these families did not approach problems, particularly those involving feelings.

Communication - Communication in these families was not clear or open.

Roles - Many of these families were male dominated. All of the mothers stayed at home. Some were involved socially outside the home while others were isolated.

Affective Responsiveness - There was a lack of affection, tenderness, and emotional response expressed.

Affective Involvement - Self-centeredness was the benchmark in these families.

Behavior Control - Rules were rigid and inflexible.

General Functioning - The ability to solve problems, confide in each other, and relate on a feeling level was inadequate for healthy family functioning.
Structured Interview questions which characterized the mother-child relationship are summarized as follows:

Trust - All subjects reported a lack of trust in their mother-child relationship, especially after the abuse occurred.

Ability to talk and relate comfortably - All subjects reported a lack of this characteristic in their relationship.

Fun - Three of the five reported the absence of fun in their relationship. The other two reported limited interaction of a playful nature.

Ability to confide - None of the five subjects reported this characteristic in the mother-child relationship. All other data confirmed these answers.

Discussion of sensitive issues - Three of the five subjects reported this characteristic absent while two indicated some exchange of information. Articles were offered for information rather than direct interaction.

Time spent together - All subjects reported a lack of quality in this characteristic as being either conditional or nonexistent.

Number of disagreements/arguments - Again, responses to this characteristic indicated that arguments were conditional based upon the child performing to high
expectations of their mother. Often, arguments centered around the fulfillment of household chore responsibilities.

Internal Reliability

To ensure internal reliability, five raters chosen by the researcher from other doctoral students in counseling responded to two different scales (see Appendix E) designed by the researcher to match the aforementioned autonomy and intimacy constructs and the characteristics of the mother-child relationship.

Using the concepts of autonomy and intimacy described by Hovestadt et al (1985) in the construction of the FAD, five raters viewed videotaped interviews and responded to items on a five point Likert scale indicating the degree of agreement/disagreement with the presence of the following constructs:

**Autonomy Concept Constructs**

- Clarity of expression
- Respect for others
- Acceptance of separation and loss
- Responsibility
- Openness to others

**Intimacy Concept Constructs**

- Range of feelings
- Conflict resolution
- Trust
- Mood and tone
- Empathy

Additionally, raters responded to items from the structured interview which described characteristics of the mother-child relationship. Common themes in the structured
interview were matched with the constructs as closely as possible.

Tables 3 and 4 provide data from the raters on the presence of the constructs and characteristics in the interviews. Means were calculated to show composite scores for the raters and the researcher for each construct (Table 3) and characteristic (Table 4). Reliability coefficients using the Pearson product-moment formula were then calculated to give meaning to the numbers. Reliability coefficients for the construct items were .95 and .95 for the characteristic items. Additionally, two independent t tests were conducted to test the significance between the means of the raters and the researcher. The two independent t tests were non-significant. Data from the two rater forms are presented in the following tables:

Table 3

Autonomy/Intimacy Constructs

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### Table 4

#### Characteristics of the Mother-Child Relationship

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*table continues*
### Analysis of Research Questions

The following is an analysis of the research questions as they applied to this group of five subjects:

Did the survivor or someone else tell the mother? Why or why not?

Four of the five did not tell their mother. One exploded in anger and tried to tell her mother but was not heard. Those who did not tell noted fear of reaction from their parents, not being believed and embarrassment as reasons for not telling.
What role, if any, did the relationship of the perpetrator to the mother play in the decision to disclose or not?

When the perpetrator was the father, these subjects noted that the relationship to the mother played a significant role in not disclosing. In other cases, subjects noted that the relationship was not a factor in their decision to keep quiet.

How emotionally available was the mother at the time of the abuse?

These subjects reported that their mothers were preoccupied with other children, outside interests or emotional problems of their own during the time of the abuse. All subjects noted that their mothers found other avenues of focus such as cleaning excessively, social involvement or isolation rather than involvement with their children.

How emotionally reactive was the mother to information regarding the survivor provided either by the survivor or by others?

Responses to this question ranged from "nothing - I was a non-person" to "over-reaction" and "judgmental." One subject noted that her mother was always proud of her accomplishments, particularly as the older daughter.
From the perspective of the survivor, what priorities did the mother place on her role in everyday functioning such as care and nurturing of members, particularly with regard to protection in her absence?

Responses to this question ranged from one extreme to another. Some reported their mothers were neglectful of their safety and did not protect them from further abuse while others did not perceive their mothers as neglectful of their physical safety, even when the abuse occurred in the home and the father was the perpetrator.

How does the survivor view respective position in the family constellation?

These survivors held various positions in their families. Two were "closer to their fathers than mothers" while three were "to be seen and not heard," "scapegoat," and "unimportant, insignificant." One described herself as "more of a wife than a daughter" as perceived by a close friend of hers. One was a "peacemaker and there to meet my mother's needs."

From the survivor's perspective, how has the relationship with the mother affected who the survivor has become today?

All noted characteristics in their mothers which they clearly have not perpetuated - "martyr, judgmental" controller, manipulator." One reported that she did not see
models of forgiving, trusting, and boundary setting. Another noted that she continues to seek nurturance outside her family setting while another responded that she is a "heck of a good mother as a result of living with hers." Similarly, another noted that she has tried to be a mother with whom her children could talk as she did not have someone in whom she could confide.

Were there frequent arguments between the survivor and mother?

These survivors did not report frequent arguments with their mother. Some noted that as they went into adolescence, disagreements escalated; however, this appeared to be normal development. Arguments seemed to center around "mother's perfectionistic qualities" about how household chores were completed and the mother's attempt to control.

How comfortable was the survivor discussing sexual information with the mother?

Again, responses to this item yielded a wide range. Some did not discuss sexual information at all while others reported that their mother was the primary source either directly or through the use of literature channeled to them by their mother. Regarding comfort level and based on other information throughout the interviews, this researcher concluded that these survivors were not comfortable nor was
there much interactive discussion with their mothers regarding sexual information.

How often did the mother and survivor spend time alone together?

In all cases, these survivors reported limited time spent alone with their mother. Additionally, time spent was not described as playful or fun.

How does the survivor describe the trust relationship with the mother?

These survivors reported throughout the interviews a lack of trust in their relationships with their mother. During the structured interview, responses were definitely negative regarding trust such as "zip - none," and "I must not have, or I would have told her more sooner." Items regarding trust in the FOS are reported in that section and are also negative.

Summary and Recommendations

Although individual situations varied based on family structure, relationship of the perpetrator to the survivor and the mother, and the perspective of the survivor, common themes did emerge. Particularly with respect to the characteristics of the mother-child relationship, issues of trust, ability to confide, talk and relate comfortably, and the response of the mother to the child regarding needs for affection, physical closeness, and respect appeared to be
lacking significantly in these survivors. Finklehor (1986) supported this information. Internal reliability of this study also supported significant gaps in these areas. The high reliability coefficients indicated consistency in the data collected as seen by the researcher and the raters.

Recognizing the small sample used and the lack of generalizability of a study of this nature, data collected appeared to be consistent with other data collected from other studies noted. Perhaps other studies could be conducted with larger samples using a similar format to further substantiate this summary.

Additionally, a study of this nature has implications for therapy. A survivor in therapy and/or the therapist could utilize this information to prevent the perpetuation of negative relationships between mothers and their children. Particularly with regard to the autonomy/intimacy constructs, a survivor could be more aware of healthy ways to interact with children to promote the development of age appropriate autonomy and intimacy. For instance, if one knows that expression of a wide range of feelings and a warm, pleasant atmosphere are conducive to the development of a healthy relationship between mother and child, old patterns learned in an unhealthy environment can be changed through information and a conscious effort to improve one's lifestyle. The recognition of unhealthy patterns developed
over time in an unhealthy intimate relationship can provide an opportunity for new patterns of interacting. In this way, a survivor may continue to heal and avoid perpetuating mistakes from the past. Awareness and a desire for change are important keys to change.

Perhaps another view could also be considered for future research and treatment utilizing juxtaposition to Finkelhor's (1986) traumagenic dynamics. "these dynamics, when present, alter . . . cognitive and emotional orientation to the world . . . distorting self-concept, worldview, and affective capacities" (Finkelhor, 1986, p. 180). Rather than focusing on traumatic sexualization, stigmatization, betrayal, and powerlessness as negative effects, the survivor, therapist, and researcher might ponder the useful, less destructive effects which may have resulted from such an experience. Could it be that the survivor felt empowered by a one-up relationship with the father/perpetrator? Has the survivor used this feeling of empowerment in a useful or a destructive way? What are the possible effects and dynamics of such empowerment in current relationships? Issues of one's self worth and value, the ability to control one's life, and the distortions created by one's perception are all important considerations for future treatment and research. Of significance is the individual's perception of the event,
how it has impacted life, relationships, wellness and an awareness of some possible positive effects. Unpopular as it may be to suggest a positive slant to such a heretofore labeled negative event, what better way to empower a discouraged individual than to reframe the experience as a catalyst to the birth of coping skills not otherwise utilized? Could it be that a survivor's determination for independence is a direct result of the abuse experience rather than clinging dependence on others suggested by previous research? Professionals in the helping field are cautioned to encourage clients to do their own labeling. Even when the terminology changed from victim to survivor, the implication remained that something catastrophic and irreparable happened to this person. Indeed, the event cannot and should not be denied nor disqualified; however, a more useful approach might be to focus on the possible positive effects.
APPENDIX A

INFORMED CONSENT
INFORMED CONSENT

I understand that I will be participating in a research project examining the characteristics of the mother-child relationship of adult survivors of childhood sexual abuse. Participation in the study involves three interviews which will include a structured interview by the researcher, a Life Style Assessment and completion of two family assessment scales.

The researcher has explained to me the potential benefits and risks involved in exploring a topic of this nature. My participation in this study is completely voluntary, and I have been informed that I may withdraw at any time. I also understand that the three interviews will be videotaped and viewed by the researcher and five raters to insure internal reliability of the study. The researcher has explained the nature and purpose of the study and has insured that my confidentiality will be protected.

I have been informed that I may contact Dr. Byron Medler at The University of North Texas, Stovall Hall, Suite 150, telephone number - 817-565-2913, if I have further questions regarding my participation in this study.

Research Participant ___________________________ Date

Investigator ___________________________ Date

THIS PROJECT HAS BEEN REVIEWED BY UNIVERSITY OF NORTH TEXAS COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (817-565-3940)
APPENDIX B

structured interview questions
STRUCTURED INTERVIEW QUESTIONS

1. Did you tell your mother about the sexual abuse? Why or why not?

2. What was the relationship of the perpetrator to your mother? Did that relationship play a role in your decision to disclose or not?

3. What other major events were occurring in the family at the time?

4. How did your mother react to information regarding you?

5. From your perspective, was your mother neglectful of your safety? Did your mother protect you from further abuse?

6. How did you view your position in the family? How do you perceive that your mother viewed you as a member of your family?

7. How would you characterize your relationship with your mother at the time of the abuse regarding the following:
   - trust?
   - ability to talk, relate comfortably?
   - have fun?
   - confide?
   - discuss sensitive issues, i.e., dating, sexual information, relationship problems
   - time spent together?
   - number of disagreements/arguments?

8. From your perspective, how has your relationship with your mother affected the kind of person you are today?

9. What did you do as a child to deal with the abuse? As an adult? How did your behavior relate to being accepted/approved of by your mother?

10. If you told your mother about the abuse as a child, how did the disclosure affect your relationship with her? What is your relationship like today?

   If you have never told your mother about the abuse, how has your decision not to disclose affected your relationship with her today?
If your mother is deceased, what regrets, if any, do you harbor about not having disclosed the information regarding the abuse?

11. How would you describe your mother's personality at the time?

12. How do you believe that she would describe you?

13. How would you describe the emotional closeness/distance between you and your mother at the time? Did you receive affection from your mother? In what form?

14. Did you feel that your mother was responsive to your needs for physical closeness?

15. Was your mother willing to talk with you at your request?

16. Was your mother the primary source of information for you on sexual matters?

17. How did you believe that your mother consoled you when you needed that from her?

18. How did you believe that you could express or choose not to express your own thoughts and opinions to your mother?
APPENDIX C
FAMILY OF ORIGIN SCALE
Table 1
Family-of-Origin Scale

Directions: The family of origin is the family with which you spent most or all of your childhood years. This scale is designed to help you recall how your family of origin functioned. Each family is unique and has its own ways of doing things. Thus, there are no right or wrong choices in this scale. What is important is that you respond as honestly as you can.

In reading the following statements, apply them to your family of origin, as you remember it. Using the following scale, circle the appropriate number. Please respond to each statement.

Key:
5 (SA) = Strongly agree that it describes my family of origin.
4 (A) = Agree that it describes my family of origin.
3 (N) = Neutral.
2 (D) = Disagree that it describes my family of origin.
1 (SD) = Strongly disagree that it describes my family of origin.

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<tr>
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<th>N</th>
<th>D</th>
<th>SD</th>
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<td>1. In my family, it was normal to show both positive and negative feelings.</td>
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<td>4</td>
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<td>2. The atmosphere in my family usually was unpleasant.</td>
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<td>4</td>
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<tr>
<td>3. In my family, we encouraged one another to develop new friendships.</td>
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<td>4. Differences of opinion in my family were discouraged.</td>
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<td>5. People in my family often made excuses for their mistakes.</td>
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<td>6. My parents encouraged family members to listen to one another.</td>
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<td>7. Conflicts in my family never got resolved.</td>
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<td>8. My family taught me that people were basically good.</td>
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<td>9. I found it difficult to understand what other family members said and how they felt.</td>
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<td>10. We talked about our sadness when a relative or family friend died.</td>
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<td>11. My parents openly admitted it when they were wrong.</td>
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<tr>
<td>12. In my family, I expressed just about any feeling I had.</td>
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<td>13. Resolving conflicts in my family was a very stressful experience.</td>
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<td>14. My family was receptive to the different ways various family members viewed life.</td>
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<td>15. My parents encouraged me to express my views openly.</td>
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<td>16. I often had to guess at what other family members thought or how they felt.</td>
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<td>17. My attitudes and my feelings frequently were ignored or criticized in my family.</td>
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<td>18. My family members rarely expressed responsibility for their actions.</td>
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<td>19. In my family, I felt free to express my own opinions.</td>
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<td>20. We never talked about our grief when a relative or family friend died.</td>
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<td>1</td>
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<td>N</td>
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<tr>
<td>21. Sometimes in my family, I did not have to say anything, but I felt understood.</td>
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<td>22. The atmosphere in my family was cold and negative.</td>
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<td>23. The members of my family were not very receptive to one another's views.</td>
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<td>24. I found it easy to understand what other family members said and how they felt.</td>
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<tr>
<td>25. If a family friend moved away, we never discussed our feelings of sadness.</td>
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<td>26. In my family, I learned to be suspicious of others.</td>
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<td>27. In my family, I felt that I could talk things out and settle conflicts.</td>
<td>5</td>
<td>4</td>
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<tr>
<td>28. I found it difficult to express my own opinions in my family.</td>
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<td>29. Mealtimes in my home usually were friendly and pleasant.</td>
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<td>30. In my family, no one cared about the feelings of other family members.</td>
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<td>31. We usually were able to work out conflicts in my family.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>32. In my family, certain feelings were not allowed to be expressed.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>33. My family believed that people usually took advantage of you.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>34. I found it easy in my family to express what I thought and how I felt.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>35. My family members usually were sensitive to one another's feelings.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>36. When someone important to us moved away, our family discussed our feelings of loss.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>37. My parents discouraged us from expressing views different from theirs.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>38. In my family, people took responsibility for what they did.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>39. My family had an unwritten rule: Don't express your feelings.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>40. I remember my family as being warm and supportive.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
APPENDIX D

MC MASTER FAMILY ASSESSMENT DEVICE
Table 1
Items and Subscales of the McMaster Family Assessment Device

<table>
<thead>
<tr>
<th>PROBLEM SOLVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>We usually act on our decisions regarding problems.</td>
</tr>
<tr>
<td>After our family tries to solve a problem, we usually discuss whether it worked or not.</td>
</tr>
<tr>
<td>We resolve most emotional upsets that come up.</td>
</tr>
<tr>
<td>We confront problems involving feelings.</td>
</tr>
<tr>
<td>We try to think of different ways to solve problems.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>When someone is upset the others know why.</td>
</tr>
<tr>
<td>You can't tell how a person is feeling from what they are saying.</td>
</tr>
<tr>
<td>People come right out and say things instead of hinting at them.</td>
</tr>
<tr>
<td>We are frank with each other.</td>
</tr>
<tr>
<td>We don't talk to each other when we are angry.</td>
</tr>
<tr>
<td>When we don't like what someone has done, we tell them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you ask someone to do something, you have to check that they did it.</td>
</tr>
<tr>
<td>We make sure members meet their family responsibilities.</td>
</tr>
<tr>
<td>Family tasks don't get spread around enough.</td>
</tr>
<tr>
<td>We have trouble meeting our bills.</td>
</tr>
<tr>
<td>There's little time to explore personal interests.</td>
</tr>
<tr>
<td>We discuss who is to do household jobs.</td>
</tr>
<tr>
<td>If people are asked to do something, they need reminding.</td>
</tr>
<tr>
<td>We are generally dissatisfied with the family duties assigned to us.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AFFECTIVE RESPONSIVENESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are reluctant to show our affection for each other.</td>
</tr>
<tr>
<td>Some of us just don't respond emotionally.</td>
</tr>
<tr>
<td>We do not show our love for each other.</td>
</tr>
<tr>
<td>Tenderness takes second place to other things in our family.</td>
</tr>
<tr>
<td>We express tenderness.</td>
</tr>
<tr>
<td>We cry openly.</td>
</tr>
</tbody>
</table>
Table 1, continued

**AFFECTIVE INVOLVEMENT**

If someone is in trouble, the others become too involved.
You only get the interest of others when something is important to them.
We are too self-centered.
We get involved with each other only when something interests us.
We show interest in each other when we can get something out of it personally.
Our family shows interest in each other only when they can get something out of it.
Even though we mean well, we intrude too much into each other's lives.

**BEHAVIOR CONTROL**

We don't know what to do when an emergency comes up.
You can easily get away with breaking the rules.
We know what to do in an emergency.
We have no clear expectations about toilet habits.
We have rules about hitting people.
We don't hold to any rules or standards.
If the rules are broken, we don't know what to expect.
Anything goes in our family.
There are rules about dangerous situations.

**GENERAL FUNCTIONING**

Planning family activities is difficult because we misunderstand each other.
In times of crisis we can turn to each other for support.
We cannot talk to each other about the sadness we feel.
Individuals are accepted for what they are.
We avoid discussing our fears and concerns.
We can express feelings to each other.
There are lots of bad feelings in the family.
We feel accepted for what we are.
Making decisions is a problem for our family.
We are able to make decisions about how to solve problems.
We don't get along well together.
We confide in each other.
INTERNAL RELIABILITY SCALE

Using the following key, please rate the presence of the following constructs in the videotape clips presented:

1 - Strongly Disagree; 2 - Disagree; 3 - Neutral; 4 - Agree; 5 - Strongly Agree

<table>
<thead>
<tr>
<th>Construct</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity of expression - Thoughts and feelings were clear in the relationship</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Responsibility - Mother claimed responsibility for her own actions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Respect for child - Child was allowed to speak for self</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Openness to child - Mother was receptive to child</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Acceptance of loss and separation - Separation and loss were dealt with openly</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Range of feelings - Able to express a wide range of feelings</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Mood and tone - Warm, positive atmosphere existed between mother and child</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Conflict resolution - Normal conflicts resolved without undue stress</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Empathy - Mother was sensitive to child</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Trust - Evidence of trust in mother-child relationship</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
INTERNAL RELIABILITY SCALE

Please rate your agreement/disagreement with the presence of the following characteristics of the mother-child relationship as described in the interview data presented.

1 - Strongly Disagree; 2 - Disagree; 3 - Neutral; 4 - Agree; 5 - Strongly Agree

**Ability to talk, relate comfortably**

1  2  3  4  5

**Have fun**

1  2  3  4  5

**Ability to confide**

1  2  3  4  5

**Ability to discuss sensitive issues**

1  2  3  4  5

**Emotional closeness**

1  2  3  4  5

**Emotional distance**

1  2  3  4  5

**Receive affection**

1  2  3  4  5

**Responsive to need for physical affection**

1  2  3  4  5

**Mother as primary source of sexual information**

1  2  3  4  5
REFERENCES


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*Journal of Marital and Family Therapy, 8*, 309-333.

