PERCEPTION OF PUNITIVE CHILDHOOD EXPERIENCES, ADULT COPING MECHANISMS AND PSYCHOLOGICAL DISTRESS

THESIS

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Differences in college student's psychological well-being, extrapunitiveness, and intropunitiveness were related to the presence or absence of maltreatment during childhood years, and its acknowledgement by the student. Subjects were 56 male and 85 female undergraduate students at the University of North Texas. Subjects were given structural scale v.3 of the California Psychological Inventory (CPI), the Extrapunitive (E), and Intropunitive (I) indices of the Hostility-Direction of Hostility Questionnaire (HDHQ), and the Physical Punishment scale (PP-scale) of the Assessing Environments Questionnaire (AEIII). Results indicate no significant differences in psychological well-being, extrapunitiveness, or intropunitiveness, which would be explained by the presence of maltreatment or its acknowledgement.
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INTRODUCTION

Effects of Childhood Punishment

Punitive experience refers to any type of disciplinary action by an adult person in the form of corporal punishment. Corporal punishment is defined as "the infliction of bodily pain as a penalty for doing something which has been disapproved of by the punisher" (Report of The Task Force on Corporal Punishment, 1972).

Harsh disciplinary practices experienced by children have been linked to a variety of psychological difficulties in adulthood. Those investigated include depression and alcoholism, (Holmes & Robins, 1987, 1988) self-destructive behaviors, (Yesavage & Widrow, 1985) a variety of psychological symptoms, including interpersonal sensitivity, dissociation, suicidal ideation, concepts of self-esteem, anxiety, difficulties with anger and aggression (Briere & Runtz, 1988, 1990), and violent offending (Rivera & Widom, 1990; McCord, 1983).

Holmes and Robins (1987, 1988) studied the effect of childhood punitive experience on development of alcoholism and depression. They studied 200 persons, 18-50 years of age. Of these, 50 had had a major depressive episode, 50 had experienced alcohol abuse and/or dependence, and 100 were control subjects with no psychiatric diagnoses.
Diagnoses for the depressive disorders, and alcohol disorders were made for any period in the individual's past or present. Experimental group subjects had never met criteria for diagnosis of other psychopathology. The control group was composed of equal numbers of males and females, while in the experimental group more females had previous diagnoses of depression and more males of alcohol abuse and/or dependence. Subjects provided information about their home environments when they were between the ages of 6 and 12. They described the fairness, severity, consistency, and swiftness of parental discipline, as well as, whether discipline was shared equally by parents. The researchers also questioned the frequency of disciplinary methods, either non-physical, mild physical, or harsh physical methods. Punishment involving spanking and scolding that was judged as unfair, harsh, or inconsistent by respondents predicted later substance abuse and/or depression, even when parental psychiatric history, subject's gender and the severity of childhood behavior problems were controlled for. Fathers were more likely to be judged by respondents as harsh, than mothers. Holmes and Robins had expected to find that men had experienced more harsh discipline as children than women. They found no significant difference by sex, for either the experimental or control group. Holmes and Robins concluded, since discipline experiences related to both disorders, one "internalizing" and the other
"externalizing", that discipline may hasten any psychopathology for which an individual is susceptible. In a second study, Holmes and Robins accounted for the presence of a mentally ill parent, and also questioned whether subjects were from lower or middle-class families. Their design was similar to the earlier study. Subjects were questioned as to the fairness, severity, consistency, and swiftness, of discipline and whether it was provided equally by both parents. They again found that harsh and inconsistent discipline were good predictors of psychiatric disorder regardless of socioeconomic status, or presence of a mentally ill parent during development. The only differences found for lower socioeconomic level parents was that they were more likely to punish publicly, and to use an object.

Yesavage and Widrow (1985) investigated the relationship between self-destructive acts in adulthood, history of severe childhood discipline, and factors such as childhood losses and family conflict. Subjects consisted of an inpatient population of 45 males experiencing major affective illness and self-destructive acts including suicide attempts or attempts to harm oneself, i.e., head banging. Self-destructive acts were documented by nursing staff over a 7-day period, and a questionnaire was utilized to assess discipline and severity of punishment, from verbal discipline, spanking, beating, to discipline resulting in
serious injury. Yesavage and Widrow found that 44% of the variance for self-destructive acts was accounted for by a combination of history of severe childhood discipline and family conflict. Highest predictive value was extreme severe discipline by the father (.23) and mild discipline by the mother (.24). Lastly, Yesavage and Widrow found that self-destructive behaviors in adults were more closely related to discipline, than to childhood losses. These researchers theorize that those harshly punished are unable to focus their aggressive behaviors toward others.

Briere and Runtz (1988) studied university women for the relationship between psychological and physical maltreatment and current psychological symptoms. A physical maltreatment scale assessed punitive experience involving physical pain and/or fear of physical injury for maternal and paternal behaviors, and the "worst year" for physical maltreatment experienced on or before age 14. Three inventories checked an array of psychological symptoms including suicidal thoughts, feelings of dissociation, and self-esteem for the past 12 months. Briere and Runtz found maternal physical maltreatment to be related to interpersonal sensitivity, dissociation, and suicidal ideation, while paternal psychological maltreatment related to anxiety, depression, interpersonal sensitivity, and dissociation. Briere and Runtz conclude that both paternal and maternal behaviors regarding psychological and physical
maltreatment had an impact on later psychological well-being. Citing the finding that both maternal and paternal psychological and physical maltreatment are often present in the same family, Briere and Runtz suggest an "ecological" approach to the study of maltreatment. That is, instead of investigating specific maltreatments and subsequent outcomes, they support a method that takes into account maltreatment of all types.

Another study (Briere and Runtz, 1990) of university women, examined the relationship between severe childhood maltreatment and three psychological symptoms. This investigation included severe physical, as well as sexual and psychological maltreatment. Subjects were questioned as to frequency of "negative parental behavior" in an "average year", as well as the "worst year" before age 15. Maternal and paternal maltreatment were totaled and related to information given concerning self-esteem, maladaptive sexual activity, and aggression. There was a small, but significant relationship between physical maltreatment and later anger/aggression. Psychological maltreatment was related to low self-esteem, and sexual maltreatment was related to dysfunctional sexual behavior. Although their results show possible distinct psychological symptoms for each maltreatment, analysis suggested that physical and psychological maltreatment tend to occur together and
appeared to be related to difficulties in all three psychological measures.

Rivera and Widom (1990) investigated childhood maltreatment and violent behavior in adulthood using a prospective cohorts design. Unnecessarily severe corporal punishment, sexual abuse, and neglect was confirmed by court records. Criminal history information was collected from local, state, and federal agencies. They found that childhood maltreatment increased risk of violent offending. This was particularly true for males and Blacks. A forty year follow up study of males by McCord (1983) examined the relationship of abuse and neglect on adult outcome. McCord defined abuse as receiving "consistently punitive, physical punishments". Of the abused and neglected group almost half had been convicted for serious crimes, had become alcoholic or mentally ill, or had died when unusually young (before age 35).

Summary. Harsh punitive experiences in childhood have been linked to a variety of psychological problems in adulthood. This relationship was found in studies of perception of harshness of the punitive experience, or simply the retrospective report of punitive behaviors administered and their frequency. Secondly, this relationship was demonstrated with both a clinical population, and a nonclinical population. The psychological difficulties studied were alcoholism and
depression (Holmes & Robins, 1987; Holmes & Robins, 1988), self-destructive acts, such as suicide and head banging (Yesavage & Widrow, 1985), psychological symptoms, such as suicidal thoughts, feelings of dissociation, anxiety, difficulty with anger and aggression, depression (Briere & Runtz, 1988), and violent/criminal behavior (Rivera & Widom, 1990; McCord, 1983). Although, one study (Briere & Runtz, 1990) found specific psychological reactions to specific maltreatments, there appeared to be a great deal of overlap in the adult psychological outcome resulting from childhood maltreatment.

As to sex differences, it was difficult to determine whether one gender was punished worse than or differently from another. Since women had higher numbers in certain diagnostic groups, and men in others, it was not possible to ascertain whether differences in psychological outcome exist.

As for differences in recollection in parental comparisons it appeared that severe discipline by the father was more predictive of adult disorder than maternal severity (Yesavage & Widrow, 1985). However, maternal physical maltreatment was related to several psychological problems (Briere & Runtz, 1988). Due to similarities in adult psychological outcome, Briere and Runtz (1988) have suggested an "ecological approach" to studying childhood maltreatment. This was a departure from an otherwise
consistent research literature on childhood maltreatment. These researchers suggest this approach was sensible, in light of their finding that different maltreatments are often present in the same family.

**Coping Styles**

Intropunitive and extrapunitive responses can be conceptualized as examples of coping devices, that are either mutually exclusive, not mutually exclusive, and/or dichotomous variables along a continuum. That is, an individual may exhibit both extra- and intro-punitiveness, extra- or intro-punitiveness, and comparative statements can be made according to an individuals' placement along a continuum from intropunitive to extrapunitive. These responses may be healthy and helpful in maintaining equilibrium during stress. Coping devices have been conceptualized as protective structures in that, they provide an outlet for otherwise harmful expression, either to the self or others. Psychoanalytic terms such as denial, repression, projection, and displacement are called upon to operationalize these concepts. Rosenzweig (1934, cited in Hunt, 1944) introduced the terms, "extrapunitive" and "intropunitive", to describe reactions to frustration. Rosenzweig, as well as Freud (1917, cited in Hunt, 1944) acknowledged the importance of aggression both turned inward, and outward. The emotional equivalent of an extrapunitive response was anger and resentment, while
guilt and remorse equated to intropunitive responses.
Rosenzweig believed that the psychoanalytic term for an extrapunitive response was projection; and displacement and isolation were the correlates for an intropunitive response. Rosenzweig theorized that developmental factors were of great importance. He believed that early experiences of frustration affect the kinds of reactions that occur, not only at this time, but possibly in the future. Further, he suggested that these reactions, formed early, may have significance to later frustration reactions. While Rosenzweig explained that these responses were normal and protective, he proposed that when an individual's need to respond to frustration cannot be done directly, responding may become inappropriate. When indirect responses to frustration happen consistently, that implies a weakness in the individual's ability to protect the self directly. Rosenzweig acknowledged the work in experimental psychoanalysis as precipitating his frustration theory. Many researchers used psychoanalytic terms to operationalize these concepts. Therefore the concepts were interrelated and are to some extent, used interchangeably. Rosenzweig theorized that inappropriate reactions may form when reactions to frustration were inhibited. Freud theorized that when defense mechanisms become damaging to the self (the cause of personality disintegration), they become
pathological. It is at this juncture, where these processes become damaging to the self, that the current study is focused.

In the psychological literature extrapunitiveness and intropunitiveness have been used to conceptualize: the self-destructive and violent behaviors of patients, (Apter et al., 1989; Bennum, 1983; Zimrin, 1986; Albee, 1950) punitiveness as a prognostic indicator, (Albee, 1950; Copas, O'Brien, Roberts, & Whiteley, 1984) temporal contiguity of hostility and depressive symptomatology, (Blackburn, Lyketsos, & Tsiantic, 1979) punitiveness as a method to differentiate types of depressive disorder, (Blackburn, 1974) and treatment effects (Mayo, 1967; Phillip, 1971).

Apter et al. (1989) investigated aggression toward the self and toward others. More specifically, their study of 30 inpatients hospitalized for attempted suicide, examined the relationship between eight defense mechanisms and suicidal and violent behavior. The defense mechanisms under consideration were compensation, denial, displacement, intellectualization, projection, reaction formation, regression, and repression. Patients, interviewed on the subject of their reason for admission, were in one of three groups according to their diagnosis: schizophrenic spectrum disorders, affective disorders of all types, and personality disorders of all types. Subjects were assessed for suicidal risk, risk of violence, and ego defense mechanisms. Thirty
inpatients hospitalized for reasons other than suicide attempts served as a control group. In a comparison of suicidal and nonsuicidal patients, Apter et al. found that suicidal patients scored significantly higher on regression. A comparison of violent and nonviolent patients revealed that violent patients scored significantly higher on displacement. Those patients using repression as a defense had a high risk of suicide, and a low risk of violence. Patients scoring high on the denial scale had a high risk of violence, and a low risk of suicide. Projection as a defense mechanism was highly correlated with risk of violence. Violence and risk of suicide were highly correlated (.62), and are theorized by Apter et al. to be "part of a constellation of defenses around splitting associated with intense rage" (Apter et al., 1989, p. 1030). In summary, Apter et al. suggest that "repression tends to direct aggression toward the self, while projection and denial tend to direct aggression outward" (p. 1030).

Bennum (1983) studied depression and hostility in self-mutilating patients. His sample was composed of self-mutilators, depressives, and a control group with no history of psychiatric illness. The mean age for subjects was 23.3 years. Each group had 20 subjects for a total of 60. Bennum hypothesized that mutilators and depressives were similar in severity of depression and intropunitiveness. Furthermore, he suggested that these two clinical groups
differed only in behavioral expression. Subjects were assessed for intropunitiveness/extrapunitiveness, with the Hostility and Direction of Hostility Questionnaire (HDHQ). They were given a measure of depression, the Beck Depression Inventory (BDI), and a life events survey. There was no significant difference for intropunitiveness between the depressed group and the self-mutilators. Although, these groups differed significantly from the control group, which had much lower scores in comparison. The self-mutilator group was qualitatively different from the depressive group with regard to depressive symptoms. Bennum's results suggested that self-mutilators and depressives couldn't be differentiated on the basis of degree or level of intropunitiveness, but further suggested that perhaps there were differences in how hostility was expressed.

In a follow-up of individuals physically abused as children, Zimrin (1986) found a number of variables distinguished those who were well adjusted, from those with some psychopathology. Subjects were selected from families who attended a neighborhood clinic and had received medical treatment and hospitalization for injuries caused by a parent. At the time the subjects were identified their ages ranged from 3.5-5.0 years of age. Zimrin's investigation occurred 14 years later. Follow-up information was gathered using observation, interviews, and psychological testing. Well-adjusted subjects were compared to subjects with some
psychopathology. Zimrin was interested in traits that might differentiate the two groups. Traits studied included fatalism, self-esteem, cognitive abilities, self-destructiveness, hope and fantasy, behavior patterns, and external support. Of specific interest for the present investigation was self-destructiveness, which Zimrin referred to as directing aggression toward the self, or in other terms, intropunitiveness. This was one of the factors which were found to differentiate the two groups. This study, as well as others, lent support to the concept of intropunitiveness as it relates to psychological wellness.

A study by Albee (1950) investigated the relationship of extrapunitiveness and intropunitiveness, to the behavior and prognoses of schizophrenic and non-schizophrenic patients. Albee theorized that extrapunitiveness was primitive in nature and implied poor reality testing. He conceptualized intropunitiveness, as a response that involved comparison of self to external standards, to imply object relationships. Therefore, he hypothesized that extrapunitiveness would be characteristic of schizophrenic patients and intropunitiveness of nonschizophrenic patients. Furthermore, he hypothesized that extrapunitiveness would predict poor prognosis. To classify patients as extrapunitive or intropunitive, Albee used hospital reports of accidents and injuries to determine occurrences of injury to patients caused by themselves (rated as
intropunitiveness), vs: incidents where one patient caused injury to another (rated as extrapunitiveness). Albee's hypotheses were supported. Schizophrenic patients were higher in extrapunitiveness than patients with other forms of disorders, and extrapunitiveness was a poor prognostic indicator of improvement during hospitalization. Another study by Copas et al. (1984) examined the relationship of psychological variables to treatment outcome and identified extrapunitiveness as a poor prognostic indicator. Temporal contiguity of hostility and depressive symptoms has been investigated, using the concepts of intropunitiveness and extrapunitiveness. Blackburn et al. (1979) studied 19 depressed inpatients over an 8 week period to assess changes in depression and hostility. Following a cognitive theory, these researchers hypothesized that changes in hostility would precede changes in mood (conceptualizing extrapunitiveness and intropunitiveness as negative views of self and others). They used three measures of depression, the Hamilton Rating Scale for Depression (HRS), the BDI, and the first twelve items of Hargreaves Systematic Nursing Observation of Psychopathology (SNOOP) (1968). For changes in extrapunitiveness and intropunitiveness, they used the HDHQ. Their hypothesis was not supported by the BDI or HRS. However, nurses ratings using the SNOOP supported the hypothesis that during treatment intropunitiveness lessened and hostility shifted from intropunitive toward normal.
Extrapunitiveness and intropunitiveness were conceptualized by Blackburn (1974) as differentiating between different depressive disorders. In a study of recovered and nonrecovered bipolar depressives and unipolar depressives, Blackburn found differences in aggression on the HDHQ. Both bipolar and unipolar groups with depressive symptoms scored higher on intropunitiveness than normals. Actively manic patients had higher scores of extrapunitiveness compared to the two depressed groups, normals and recovered manics. The active manic group had lower intropunitiveness scores compared with the unipolar or the bipolar patients. Upon recovery both bipolar and unipolar depressives showed decreases in intropunitiveness. Furthermore, manic patients appeared to exhibit decreases in extrapunitiveness upon recovery. Blackburn referred to Phillip, (1971) who described extrapunitiveness as more traitlike than statelike.

Treatment effects have been assessed using extrapunitive and intropunitive characteristics (Mayo, 1967; Phillip, 1971). Mayo (1967) examined 24 mixed psychotic and neurotic depressive inpatients when they were first admitted, and again after six weeks. Mayo assessed symptoms, direction of punitiveness, and personality traits. His findings indicated that as patients improved they became less intropunitive, although their scores on extrapunitiveness did not change significantly. Phillip's
(1971) findings confirm Mayo's observations. Phillip studied improved and unimproved depressed patients on three occasions. Searching for change in the course of illness, Phillip observed that unimproved patients were more intropunitive than improved patients, and extrapunitive did not change.

**Summary.** The concepts of extrapunitive and intropunitive, introduced by Rosenzweig (1934), have been utilized in a number of psychological studies. There have been mixed results with regard to whether these concepts describe consistent, trait-like characteristics, or statelike dispositions. From the available evidence, it appears that extrapunitive may be more stable. Phenomena investigated using these concepts were self-destructive and violent behaviors, (Apter et al., 1989; Bennum, 1983; Zimrin, 1986; Albee, 1950) punitiveness as a prognostic indicator, (Albee, 1950; Copas et al., 1984) temporal contiguity of hostility and depressive symptomatology, (Blackburn et al., 1979) punitiveness as a method to differentiate types of depressive disorders, (Blackburn, 1974) and treatment effects (Mayo, 1967; Phillip, 1971).

Overall, extrapunitive has been associated with projection, denial, self-mutilation behaviors, psychotic disorder (schizophrenia), violence towards others, and manic episodes. Furthermore, it appears to be an indicator of poor prognostic outlook. As for intropunitive, it
seemed to be associated with repression, depressive states, and nonpsychotic psychological disorder. Also, intropunitiveness has been found to decrease as depressive symptoms remit, and the concept has shown value in differentiating persons who are well-adjusted, from those with psychopathology.

According to Rosenzweig's theory, responses to frustration experienced early in life, effect later frustration reactions. Of the literature investigating intropunitiveness and extrapunitiveness, only one study was a longitudinal investigation. That study by Zimrin (1986) followed up a group of abused children from the ages of 3.5-5.0 to 17.5-19.0 years of age. The study identified directing aggression toward the self as differentiating well-adjusted subjects from those with psychopathology. As for the relationship of early frustration response, and later frustration response in adulthood, little is known at this time.

Studies on the relationship between psychological disorders and extrapunitiveness and intropunitiveness produced many interesting findings. Intropunitiveness was found to be higher during experience of depressive symptoms (Bennum, 1983; Blackburn et al., 1979; Blackburn, 1974; Mayo, 1967; Phillip, 1971). Self-mutilating patients and depressives had similar scores on a measure of intropunitiveness (Bennum, 1983). Schizophrenic patients
were higher in extrapunitiveness compared to patients with other disorders (Albee, 1950). Manic patients scored higher on extrapunitiveness compared to unipolar and bipolar depressed patients (Blackburn, 1974). Extrapunitiveness was found to be an indicator of poor prognosis for patients (Albee, 1950; and Copas et al., 1984). Extrapunitiveness was found to be more stable than intropunitiveness (Phillip, 1971; Blackburn et al., 1979).

Rosenzweig conceptualized extrapunitiveness and intropunitiveness as normal and otherwise protective responses. It is ironic that much of the research involves inpatient populations instead of nonclinical groups. Perhaps this can be explained by the fact that Foulds (1965, cited in Foulds, 1976) used Rosenzweig's terms in his theory of personality and personal illness.

**Theory Directing Present Study**

A relationship between harsh punitive experiences in childhood and adult psychopathology has been demonstrated. A relationship between extrapunitiveness and intropunitiveness and psychopathology has also been found. These concepts have been conceptualized as both states and traits. The evidence does not clearly establish whether they are stable characteristics, or symptomatic responses to illness. It has been shown that some individuals who are treated abusively in childhood do not readily identify
themselves as being abused (Berger, Knutson, Mehm, & Perkins, 1988; Amsterdam, Brill, Bell & Edwards, 1979; Len, 1988). In a study of university students by Berger et al. (1988) on the self-report of punitive childhood experiences, interesting results challenge heretofore accepted ideas about maltreatment of children. First, Berger et al. found that, of subjects who satisfied a liberal criteria for maltreatment, an intermediate criteria, and a more stringent criteria, approximately 47.6% of subjects who satisfied the liberal criteria, 23.5% satisfying the intermediate criteria and, 6.3% satisfying the most stringent criteria did not identify themselves as having been abused. Berger et al. found that even those subjects who met adjudicatory criterion for abuse, did not necessarily identify themselves as being abused. Simple yes/no questioning of whether someone was abused as a child may not accurately reflect whether that individual was treated abusively. Also, subjects satisfying an abuse criterion but not identifying themselves as having been abused, identified the equivalent treatment of a sibling as abusive. Berger et al's study demonstrates that, abusive experiences can be investigated in nonclinical samples. Another implication concerns the importance of how subjects are questioned concerning abusive experiences.

Two other studies lend support to the notion that individuals treated abusively, do not necessarily identify
themselves as such. Brill, Bell, and Edwards (1979) examined perceptions of abused and non-abused adolescents and young adults. They found that as severity of punishment increased, subjects were more apt to believe that punishment was deserved. Len (1988) studied 63 male and female inmates of correctional institutions to see whether criminals saw a relationship between punitive treatment as a child and their adult offenses. Specific parental punishment techniques were covered. Len found that inmates who saw no relationship between the two, consisted primarily of those harshly punished and violently abused as children.

Researchers have noted the large number abused as children, in clinical populations and correctional facilities. Carmen, Rieker, and Mills (1984) found that, of an inpatient population of 188, almost half offered histories of physical and/or sexual abuse. In a comparison of abused and nonabused patients, Carmen et al. found that abused patients had greater difficulty dealing with anger and aggression. They devised a categorization of behaviors in which anger and aggression were directed either outward or toward the self. Females were more likely to direct anger toward the self, males at others.

Why do some individuals who experience maltreatment as children eventually develop psychopathology? Carmen and Reiker (1989) discuss the psychosocial model of the victim-to-patient-process. Their theory is that an individual's
protective mechanisms attempt to enhance adjustment and helpful organization of abusive experiences. They list the features of this adjustment process to involve (1) denying the abuse, (2) changing the affective components of the responses to abuse, and (3) changing the meaning of abuse. Carmen and Reiker theorized that because the nature of the relationship is such that the child depends on the parent for nurturance, the outward and straightforward expression of anger over being treated abusively is too threatening. In Rosenzweig's terms, the appropriate frustration response is inhibited, and a more inappropriate response forms. Furthermore, according to Rosenzweig's theory these inappropriate frustration responses may effect reactions in the future. These theories may explain the relationship of childhood maltreatment and adult psychopathology. To lend support to the victim-to-patient-process of Carmen and Reiker (1989) evidence indicates that others may perceive expression of emotions by victims as inappropriate and an indication of maladjustment (Wortman & Dunkel-Schetter, 1979). Coates and Winston (1983) found when victims of rape express such feelings with other rape victims, self-deviance decreased, decreasing depressive symptoms. A retrospective study of Royal Air Force pilots who had survived ejection from military aircraft, found that few returned to flying (Aveline & Fowlie, 1987). The researchers hypothesized that the stress of the experience was increased by others'
expectations that the pilots would consider the experience inconsequential, a normal part of their job. Whereas, the experience realistically involved great threat to life and well-being. Pilots suffering the most were found to be emotionally inhibited about the experience. The conclusion was that inhibition of emotional response to a frustrating or threatening event(s) is detrimental.

In summary, the process of childhood maltreatment, and how to study it, may need specification, in terms of how maltreatment is assessed, and in what populations it is to be studied. Many epidemiological studies have assessed clinical populations, although it appears that many who received maltreatment are also found in normal, nonclinical groups. Perhaps, we can learn what has occurred in normal samples that enabled individuals to maintain relatively high levels of functioning. The McCord study (1983) indicated that although half of abused or neglected subjects had unfavorable outcomes as adults, half did not. Widom (1989) suggests that the relationship of childhood maltreatment and an unfavorable adult outcome may be mediated by emotional damage such as, anxiety, depression, and withdrawal. For adults maltreated as children, the concepts of intropunitiveness and extrapunitiveness may help us understand how coping mechanisms relate to psychological disturbance. Can maltreatment be overcome at occurrence so
that persons are not vulnerable to difficulties. Does such a reactive process eventually place individuals at risk?

**Hypotheses**

Following the literature on the relationship of harsh punitive experience in childhood, extrapunitiveness and intropunitiveness, and adult psychological distress, the following hypotheses were tested:

**Maintenance of denial.** Individuals who satisfy criteria for maltreatment, but do not endorse the statement, "I was physically abused by my parents as a child" (Group A), will:

I. Not be as psychologically well-adjusted as those mistreated individuals who endorse this statement (Group B). Furthermore, individuals who do not satisfy criteria for maltreatment and recognize this, with no endorsement of the statement, "I was physically abused by my parents as a child" (Group C), will be psychologically healthier than either Groups A or B. As for individuals who do not satisfy criteria for maltreatment, but endorse the above mentioned statement (Group D) (if it exists), it is hypothesized that they will be similar to Group B with regard to psychological wellness.

**Extrapunitiveness/Intropunitiveness.** II. Extrapunitive and/or intropunitive scores will be higher for individuals in Groups A and D, than scores for individuals in Group B
and C. Furthermore, the higher the scores of intropunitiveness, and/or extrapunitiveness, the lower the scores of psychological wellness.

METHOD

Subjects

Subjects were 141 undergraduate males and females enrolled at the University of North Texas. Subjects received extra course credit for their participation. Demographic information concerning age, and sex of subjects was collected. Subjects were seen in groups of 10 to 15.

Materials

Maltreatment and Maintenance of Denial. Punitive experiences were assessed using a scale from the Assessing Environments Questionnaire (AEIII) (Berger & Knutson, 1984). The AEIII has been used with a large number of college students (Berger et al. 1988). This instrument is composed of 15 scales that question childhood experiences, personal attitudes, and perceptions. Composed largely of face-valid items, the scales are homogeneous, with more variance shared within a scale (minimum inter-item r=.40) than with items outside the scale (maximum inter-item r=.25). Of the 164 true/false items of the AEIII, this investigation utilized the Physical Punishment scale (PP-scale), 12 items, and 17 conditional items, a total of 28. The PP-Scale questions disciplinary experiences including spanking, mild physical
Discipline, severe punitive events, use of objects in physical discipline, injuries sustained, and potentially injurious events. Three items of the PP-scale are scored conditionally on the endorsement of other items. For example, "I required medical attention (at least once) for injuries caused by my parents", will be scored only if the subject endorses one or more of three statements that question hospitalization, having stitches, or having a cast. The maltreatment criteria of Straus (1980) was used to divide subjects into two groups, maltreated, and non-maltreated. Subjects with one or more items indicating that they were struck with an object (i.e. ruler, belt buckle...), injured by the discipline they received, or received discipline that was potentially injurious, were designated as maltreated. This group was divided once again for their response to the statement "I was physically abused by my parents when I was child" which was given twice on the questionnaire. Adding this item brings the total number of items to 29. The PP-scale is presented in Appendix B.

Extrapunitive and Intropunitive Coping Styles.
Extrapunitive and Intropunitive are defined operationally by the Hostility-Direction of Hostility Questionnaire (HDHQ) (Caine, Foulds, & Hope, 1967, cited in Foulds, 1976). The HDHQ is composed of 51 true-false items from the Minnesota Multiphasic Personality Inventory (MMPI-I) which measure
aspects of aggression, hostility, and punitiveness. The HDHQ gives a Hostility Index (H), an Extrapunitive score (E), an Intropunitive score (I), and a Direction of Hostility Index (D). For the purpose of this investigation, only the Extrapunitive (E), and Intropunitive (I) indices were computed. This index was computed using the scores of five scales. These scales are the Delusional Hostility scale (DH), the Delusional Guilt scale (DG), The Self-Criticism scale (SC), the Acting-out Hostility scale (AH), and the Criticism of Others scale (CO). The formula for computing the extrapunitive score is \( E = AH + CO + DH \). The formula for computing the intropunitive score is \( I = SC + DG \). All subjects were compared on E and I scores. Normative data, and the component analysis of reliability and validity for the HDHQ has been criticized, (Eysenck, 1975; Lorr, 1975, cited in Buros, 1975). Philip (1973) provided some clarification of these important issues. Philip (1973) describes a factor analysis of the HDHQ, and a larger set of normative data than the original test manual. His normative data of 589 subjects consisted of hospital employees. Furthermore, the HDHQ has been used to differentiate normals from subjects experiencing psychological disturbance in two studies (Roy, Sutton, & Pickar, 1985; Bouras, Bartlett, Neil, & Bridges). Phillip's data suggest the concepts of extrapunitiveness and intropunitiveness have validity. That is, Factor I accounts for most of the variance of the three
extrapunitive measures, and Factor II accounts for most of the variance of the intropunitive measures. Delusional guilt has loadings on both measures. The test-retest correlation for normals for a interval of one year, for the direction of hostility (D) measure is .51 (Lorr, 1975). The HDHQ is presented in Appendix C.

**Psychological Wellness.** Psychological wellness was assessed using the California Psychological Inventory (CPI). The CPI is composed of 468 true/false items which comprise 18 scales. The test is designed for use with young adults, and requires a fourth grade reading level. The CPI samples typical behavior patterns, usual feelings, opinions, and attitudes relating to social, ethical, and family matters. It was designed to assess enduring interpersonal personality characteristics within a normal population. For the purpose of this investigation, the statistically derived structural scale of Karni and Levin (1972), known as vector 3 (v.3) was utilized. Factor v.3 provides a general index of psychological stability, adjustment, and vulnerability to stress. It is defined by high loadings on the following scales of the CPI: sense of well-being (Wb), tolerance (To), and intellectual efficiency (Ie). On the basis of item analysis, 58 items were selected to form the v.3 scale. It has been found to correlate positively with measures indicating psychological stability, and negatively with
measures of maladjustment and emotionality. The v.3 scale is presented in Appendix D.

**Statistics**

Both hypotheses were tested by dividing subjects into groups according to punitive history, maltreated or nonmaltreated (according to the criteria of Straus), and acknowledgement of maltreatment, or no acknowledgement of maltreatment. These groups were compared on the CPI measure of psychological wellness (v.3), intropunitiveness (I), and extrapunitiveness (E)(HDHQ). Multiple analyses of variance, were utilized to assess the relationship of independent variables (maltreatment, and acknowledgement) to the dependent variable measures (v.3, I, and E).

**RESULTS**

**Mental Health**

Mean scores obtained for psychological wellness extrapunitiveness, and intropunitiveness are all shown in Table 1. Table 1 also compares the present results to published norms for these measures. It demonstrates that compared to the normative samples for v.3, E, and I, the difference in mean scores for the three dependent variables found here were unlikely to have occurred by chance. The subjects of this study were signifigantly "sicker" than the norms offered by Gough (1988). Their means for extra- and intropunitiveness both reflected this.
Table 1

Present Scores and Published Norms for Males and Females.

<table>
<thead>
<tr>
<th></th>
<th>Present results</th>
<th>Norms used</th>
<th>z-scores</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Wellness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=</td>
<td>56</td>
<td>85</td>
<td>3,236</td>
<td>4,126</td>
</tr>
<tr>
<td>V.3 Mean score</td>
<td>34.36</td>
<td>35.66</td>
<td>38.88</td>
<td>40.97</td>
</tr>
<tr>
<td>SD</td>
<td>7.80</td>
<td>9.33</td>
<td>7.78</td>
<td>7.09</td>
</tr>
<tr>
<td>Extrapuniteness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=</td>
<td>56</td>
<td>85</td>
<td>218</td>
<td>330</td>
</tr>
<tr>
<td>E Mean score</td>
<td>9.86</td>
<td>8.54</td>
<td>9.47</td>
<td>7.92</td>
</tr>
<tr>
<td>SD</td>
<td>3.92</td>
<td>4.33</td>
<td>4.37</td>
<td>3.87</td>
</tr>
<tr>
<td>Intropuniteness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=</td>
<td>56</td>
<td>85</td>
<td>218</td>
<td>330</td>
</tr>
<tr>
<td>I Mean score</td>
<td>7.02</td>
<td>7.25</td>
<td>5.49</td>
<td>6.50</td>
</tr>
<tr>
<td>SD</td>
<td>2.64</td>
<td>3.09</td>
<td>3.33</td>
<td>3.42</td>
</tr>
</tbody>
</table>

Note: 1) Norms cited for V.3 are based on male (3,236) and female (4,126) samples of college students. 2) Norms for E and I are based on male (218) and female (330) hospital employees, age 20 or older. Phillip (1973) suggests that these norms are biased toward higher levels of occupational class.
Although v.3 scores found here are significantly different from expected values based on the means of the most similar sample groups, college males and college females, these scores appear similar when compared to other normative groups (Gough, 1988). The present male mean on v.3, 34.36, is similar to that obtained by high school science fair delegates 35.08. The females mean v.3 score is similar to that found for females in the basic CPI normative sample which was based on an N of 1000 (Gough, 1988). From these comparisons, it is possible that subjects in the present study are not as "sick" in comparison to other individuals from Gough's norm groups as they are when compared to college students. Gough's norms consist of 200 college students as well as students of medicine and social welfare, juvenile delinquents, prison inmates, business executives, police officers, and engineers. This norm group was designed to "approach the general population in regard to age, education, status, and other parameters".

The dependent variable measures were strongly correlated. As psychological well-being increased extrapunitiveness, $r(140) = -0.70, p < .01$, as well as intropunitiveness, $r(140) = -0.53, p < .01$ decreased. Extrapunitiveness and intropunitiveness were positively correlated, $r(140) = 0.51, p < .01$. As for gender differences on the dependent variable measures, the most
notable finding was for extrapunitiveness, \( t(139) = 1.83, p = .069 \) and did not achieve significance.

**Maltreatment**

Subjects were categorized as to whether they satisfied the abuse criteria of Straus (1980), as shown in Table 2. The category, defined as not maltreated according to Straus, but self-acknowledged as maltreated, had no members, while the category of those maltreated who did not acknowledge that maltreatment, contained the largest number of subjects. The maltreated subjects greatly outnumbered the non-maltreated subjects in this study by a 3 to 1 ratio.

Eighty-seven percent of the sample reported receiving spankings as a child. Punishment involving more severe maltreatment, i.e. being punched, kicked, choked, locked in a closet, hit with objects, receiving injury, and/or requiring medical treatment, was reported by 6% of subjects.

Table 2

<table>
<thead>
<tr>
<th>Acknowledged</th>
<th>No Acknowledgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maltreated Present Study</td>
<td>Berger* Present Study Berger</td>
</tr>
<tr>
<td>6.4%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Non-maltreated 24.8%</td>
<td>49.5%</td>
</tr>
</tbody>
</table>

*Berger et al. (1988)*
Three percent required medical attention with one individual requiring hospitalization as a result of injury. Two independent variables, maltreatment and acknowledgement were correlated, $r_{\text{point-biserial}}(140) = -.85$, $p < .01$. That negative relationship indicates that if an individual satisfies criteria for maltreatment, it is unlikely that he or she will acknowledge it. As for the affect of acknowledged maltreatment, there was a noticeable, though nonsignificant difference on intropunitiveness for maltreated female subjects $F(1,60) = 2.82$, $p = .099$.

**Hypothesized Findings**

A multiple analysis of variance (MANOVA) with gender undifferentiated indicated no significant effect for presence of maltreatment and its' acknowledgement, on psychological wellness $F(1,104) = 1.27$, $p = .263$, extrapunitiveness $F(1,104) = .66$, $p = .418$, or intropunitiveness $F(1,104) = 2.11$, $p = .150$. A further MANOVA indicated that there was also no significant effect for presence of maltreatment on psychological wellness $F(1,141) = .18$, $p = .673$, extrapunitiveness $F(1,141) = .56$, $p = .454$, or intropunitiveness $F(1,141) = .001$, $p = .971$.

Males and females were compared on the dependent variable measures for maltreatment and its' acknowledgement, and presence of maltreatment alone. There was no significant effect for maltreatment and its' acknowledgement...
for females on psychological wellness $F(1,60) = 1.69$, $p = .199$, extrapunitiveness $F(1,60) = 1.39$, $p = .243$, or intropunitiveness $F(1,60) = 2.82$, $p = .099$. A further MANOVA indicated no significant difference for maltreatment for females on psychological wellness $F(1,83) = .14$, $p = .713$, extrapunitiveness $F(1,83) = .06$, $p = .804$, or intropunitiveness $F(1,83) = .28$, $p = .600$. For male subjects a MANOVA found no significant difference for presence of maltreatment on psychological wellness $F(1,54) = 1.67$, $p = .202$, extrapunitiveness $F(1,54) = .59$, $p = .445$, or intropunitiveness $F(1,54) = .70$, $p = .407$. Due to the small number of maltreated/acknowledging males, comparing maltreated males on acknowledgement and nonacknowledgement was not possible.

**DISCUSSION**

The hypothesis evaluated here that the presence of a history of maltreatment and the acknowledgement of that maltreatment would affect psychological well-being, was not supported. Maltreatment, with or without the acknowledgement of its presence, had no affect on psychological well-being. The second hypothesis of this study, that extrapunitiveness and/or intropunitiveness would be greater with a background of non-acknowledged maltreatment was also not supported. Our expectation that psychological wellness and punitiveness are related, was confirmed by our results. There was a strong relationship
between psychological wellness and both extrapunitiveness, and intropunitiveness. As these measures increased, psychological wellness decreased.

These findings are similar to those of Berger et al. (1988) concerning maltreatment and acknowledgement. The strong negative relationship found here between maltreatment and acknowledgement indicates that if someone satisfies criteria for maltreatment, he or she is less likely to accept than to deny its presence. This lends support to Berger's (1988) finding, that both subjects meeting liberal criteria as well as more stringent criteria for abuse were not likely to identify themselves as being abused.

Berger had challenged the idea that abusive experiences could not be studied in nonclinical samples. The present study lends further support to the notion that abusive experiences based upon liberal criteria as well as upon stringent criteria are present in normal samples. Of the 141 subjects of this study 75% were considered abused by liberal criteria (Straus, 1980), 6% reported what many would consider to be severe maltreatment, and 3% required medical attention.

The proposed hypothesis that maltreatment and acknowledgement of maltreatment would differentiate the highly extra- and intropunitive, ill subjects from less extra- and intropunitive, well subjects was not supported. Although, there was a notable, though nonsignificant
difference for maltreated, acknowledging females for intropunitiveness. Although an examination of group means shows that this notable, nonsignificant difference was not consistent with the proposed hypothesis. According to Carmen, and Reiker (1989), and the findings of Aveline and Fowlie (1987), inhibition of an emotional response, represented here by extrapunitiveness and intropunitiveness, to a threatening experience, brings about lasting detrimental effects in psychological functioning. But the present results show that as far as psychological wellness, maltreatment and its acknowledgement do not have an affect. As for emotional inhibition, there was a relationship between extrapunitiveness, intropunitiveness and psychological well-being. As extrapunitiveness and/or intropunitiveness increased, psychological well-being decreased. Although it appears that "inhibition" or punitiveness is not psychologically healthy, this study failed to demonstrate that inhibited emotional response or psychological well-being had any relationship to being maltreated as a child and/or whether one acknowledged such maltreatment.

One explanation for the present study's results concerns whether acknowledgement of maltreatment is necessarily confined to endorsing the item "I was physically abused by my parents when I was a child"? Two studies (Holmes & Robins 1987, 1988) successfully predicted a poor
outcome for maltreated subjects based on the subjects' perception that punishment was harsh, inconsistent, and unfair. Perhaps these opinions about their punishment really say more about whether people feel they were treated badly than a question which directly asks them if they were abused.

Secondly, perhaps coping skills go awry not because of maltreatment alone, but under the circumstance that maltreatment is combined with other negative experiences as a child. Yesavage & Widrow (1985) found that self-destructive acts in adulthood were related to severe childhood discipline and family conflict. Briere and Runtz (1988) not only included punitive experience involving physical pain, but fear of physical injury as well. They suggest that there are typical characteristics of abusive families that are psychologically unhealthy, though not necessarily related to the punishment of children. Berger et al. (1988) mentioned some of these typical characteristics; negative family atmosphere, defined as much arguing in the home, perception of discipline as harsh, aggressive antisocial behaviors on the part of the individuals' father, and depressed neurotic mothers. Widom (1989), suggested that the relationship between childhood maltreatment and an unfavorable adult outcome may be mediated by such emotions as, anxiety, depression, and withdrawal. In Zimrin's (1986) study several traits were
examined which distinguished well-adjusted subjects from those with psychopathology. Intropunitiveness was one of these traits. Other traits examined were fatalism, self-esteem, cognitive abilities, hope and fantasy, and external support. Maltreatment and acknowledgement may play a role in developing psychological illness and/or overactive coping mechanisms, but perhaps their role is not enough taken alone to make distinctions the present study hoped to achieve.

Briere and Runtz (1988) cited the finding that physical and psychological abuse are often present in the same family. Sampling for both psychological and physical abuse might have yielded more predictive results. The maltreatment inventory used here may have been too narrow in scope.

Extrapunitiveness and intropunitiveness were significantly correlated. This finding demonstrates Rosenzweig's initial conceptualization of these coping mechanisms. He believed that individuals could be both intropunitive and extrapunitive as well as one or the other. Perhaps, individuals are more a little of both characteristics as opposed to one or the other. A similar result was found by Apter et al. (1989). Apter reported a correlation of .62 between risk of violence and risk of suicide. He characterized these traits as "part of a
constellation of defenses around splitting associated with intense rage. Being a threat to "self" or a threat to "others" appears well-grounded on the present results.

There was a strong relationship between psychological well-being and the strength of both extrapunitiveness and intropunitiveness. As psychological well-being decreased, extrapunitiveness and intropunitiveness increased. These concepts appear to have some value in differentiating persons who are well-adjusted from those who are less psychologically well. However, if Phillip (1971) is correct, extrapunitiveness may be more stable than intropunitiveness.

As for gender differences and punitiveness. There were no significant differences found here between the genders for extrapunitiveness. In a finding which did not reach significance, males were slightly more extrapunitive than females. Perhaps a better design would have achieved significance, since this agrees with the finding of Carmen, Rieker, and Mills (1984) who suggested that females were more likely to direct anger toward the self, and males at others. Female subjects of this study were both more extrapunitive and intropunitive than females in Phillip's (1973) norm group. Males were more intropunitive than expected. If punitiveness is an indicator of poor psychological well-being, and this sample tested as being "sicker" than is usually seen, then it follows that our
punitiveness mean scores would reflect that. They appear to have done just that, with males being highly intropunitive, and females being both highly intropunitive and extrapunitive.

In summary, the proposed theory that maltreatment and acknowledgement would differentiate psychologically well subjects from less well subjects, does not account for the results. Incorporating more information concerning subjects opinions about childhood punishment may be important in understanding the mediating factors between childhood treatment and adult outcome. Also, questioning typical characteristics as described by Berger et al. (1988), and Briere and Runtz, (1988) such as negative family atmosphere, aggressive behavior of fathers, depressive neurotic mothers, and fear of physical injury may also help to clarify this relationship. Perhaps the victim-to-patient theory (Carmen & Reiker, 1989) is a part of the explanation for why large numbers of physically abused individuals become patients, but it appears that there may be other important factors which must be present to cause this link.

There was a correlation between extent of punitiveness and psychological well-being, and extra- and intropunitiveness appeared strongly related. As expected males were slightly more extrapunitive than females, although this finding failed to reach significance. Lastly, it appears entirely possible to examine aspects of abusive
experience in a college sample, as evidenced by the large numbers of subjects who met liberal criteria, and the number of subjects who received more severe punishment as a child.
APPENDIX A

INFORMED CONSENT
This project attempts to study the relationship between being punished as children, and how people cope with everyday difficulties as adults. You will be asked to fill out a series of questionnaires with true/false statements concerning how you were punished by your caregivers as a child, your sense of well-being, and how you express your feelings. Your cooperation will take approximately 1 1/2 to 2 hours of your time to complete the project.

Some of the true/false statements ask about sensitive information. Your participation is voluntary, and you may end your participation without penalty at any time if you wish. Information gathered in this research will be confidential. You will not be requested to sign your name on any documents except this consent form. A number will be used to identify your answer sheets.

If any questions or problems arise pertaining to your participation in this research you may contact Dr. Harriet Aronson, University of North Texas, Department of Psychology, Terrill Hall, Office #377, (817) 565-2673.

THIS PROJECT HAS BEEN REVIEWED BY UNIVERSITY OF NORTH TEXAS COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (Phone: 817-565-3946).

This signature gives my consent to be a subject in this experiment. I have read this paper and know what will be asked of me.

ID#__________________

__________________
Name

__________________
Witness
APPENDIX B

AEIII QUESTIONNAIRE
This is a questionnaire about your childhood environment. Most of the questions refer to experiences that occurred during your childhood (before age 18, or before you left your parents' house—whichever came first). Please answer the questions as accurately and as honestly as you can, but bear in mind that some of the questions ask for your opinion as opposed to fact.

**Special Problems You Might Have With This Questionnaire**

1) If the question refers to something which happened at least ONCE, then the answer is TRUE.

2) If you lived with both your natural father and a step-father (or natural mother and a step-mother), answer the questions for the one with whom you lived for the longest period of time.

**T F 1.** My parents used to spank me.

**T F 2.** My parents would hit me with a hairbrush when I did something wrong.

**T F 3.** My parents used physical discipline with me.

**T F 4.** I never received any kind of injury from the discipline used by my parents.

**T F 5.** I received bruises from the discipline used by my parents.

**T F 6.** My parents used to hit me with a wooden spoon or ruler when I did something wrong.

**T F 7.** My parents used to hit me with something other than their hands when I did something wrong.

**T F 8.** I have been hit by an object thrown by my parent(s) when I did something wrong.

**T F 9.** My parents used to hit me with a buckle on a belt when I did something wrong.

**T F 10.** I was physically abused by my parents when I was a child.

**T F 11.** I received burns from the discipline used by my parents.

**T F 12.** When I was bad, my parent(s) used to lock me in a closet.

**T F 13.** My parent(s) used to kick me when they got angry with me.
T F 14. My parents used to hit me with a flyswatter when I did something wrong.

T F 15. I received cuts from the discipline used by my parents.

T F 16. My parents used to hit me with a stick, switch, or paddle when I did something wrong.

T F 17. I received broken bones from the discipline used by my parents.

T F 18. My parents used to hit me with a belt or strap when I did something wrong.

T F 19. When I did something wrong, my parent(s) sometimes tied me up.

T F 20. I received dental injury from the discipline used by my parents.

T F 21. My parent(s) used to hit me with their hands (other than spanking).

T F 22. I required a cast for injuries caused by my parents.

T F 23. I was severely beaten by my parents.

T F 24. When my parent(s) were angry, they sometimes grabbed me by the throat and started to choke me.

T F 25. I was physically abused by my parents when I was a child.

T F 26. My parents used to punch me when they got angry with me.

T F 27. I required medical attention (at least once) for injuries caused by my parents.

T F 28. I required hospitalization for injuries caused by my parents.

T F 29. I required stitches for injuries caused by my parents.
Scoring for AEIII Questionnaire

Subjects endorsing one or more items indicating that they were
1) struck with an object, 2) injured by the discipline they received, or 3) received discipline that was potentially injurious will be designated as maltreated.

#3 (kicked, punching, hitting with an object, beating up)

Three items are scored conditionally on the endorsement of one or more of the following items.

The three items are: #4, #7, #27.

#4 is scored conditionally on the endorsement of one or more of items:
5, 11, 15, 17, 20

#7 is scored conditionally on the endorsement of one or more of items:
2, 6, 8, 9, 14, 16, 18

#27 is scored conditionally on the endorsement of one or more of items:
22, 28, 29
APPENDIX C

HDHQ
For the following statements, answer TRUE (T) if you feel the statement applies to you, and FALSE (F) if it does not.

T  F  1.  I am sure I get a raw deal from life.
T  F  2.  Often I can't understand why I have been so cross and grouchy.
T  F  3.  Some of my family have habits that bother and annoy me very much.
T  F  4.  I have not lived the right kind of life.
T  F  5.  I easily become impatient with people.
T  F  6.  I sometimes tease animals.
T  F  7.  When someone does me a wrong I feel I should pay him back if I can, just for the principle of the thing.
T  F  8.  At times I have a strong urge to do something harmful or shocking.
T  F  9.  I believe I am being followed.
T  F 10.  I believe my sins are unpardonable.
T  F 11.  It is safer to trust nobody.
T  F 12.  I am easily downed in an argument.
T  F 13.  If people had not had it in for me I would have been much more successful.
T  F 14.  Sometimes I feel as if I must injure either myself or someone else.
T  F 15.  At times I think I am no good at all.
T  F 16.  I usually expect to succeed in things I do.
T  F 17.  I have at times stood in the way of people who were trying to do something, not because it amounted to much but because of the principle of the thing.
T  F 18.  Someone has it in for me.
T F 19. Some people are so bossy that I feel like doing the opposite of what they request, even though I know they are right.

T F 20. I have often lost out on things because I couldn't make up my mind soon enough.

T F 21. I believe I am being plotted against.

T F 22. I know who is responsible for most of my troubles.

T F 23. At times I feel like picking a fist fight with someone.

T F 24. Lightning is one of my fears.

T F 25. I commonly wonder what hidden reason another person may have for doing something nice for me.

T F 26. I do many things which I regret afterwards (I regret things more or more often than others seem to).

T F 27. Much of the time I feel as if I have done something wrong or evil.

T F 28. Sometimes I enjoy hurting persons I love.

T F 29. I have no enemies who really wish to harm me.

T F 30. I certainly feel useless at times.

T F 31. Someone has been trying to rob me.

T F 32. I am certainly lacking in self-confidence.

T F 33. I get mad easily and then get over it soon.

T F 34. I believe I am a condemned person.

T F 35. In school I was sometimes sent to the principle for cutting up.

T F 36. I enjoy social gatherings just to be with people.

T F 37. I get angry sometimes.
T F 38. I have several times given up doing a thing because I thought too little of my ability.

T F 39. I have very few quarrels with members of my family.

T F 40. I am easily downed in an argument.

T F 41. I don't blame anyone for trying to grab everything he can get in this world.

T F 42. Often, even though everything is going fine for me, I feel that I don't care about anything.

T F 43. I do not blame a person for taking advantage of someone who lays himself open to it.

T F 44. I like parties and socials.

T F 45. I think nearly anyone would tell a lie to keep out of trouble.

T F 46. I have very few quarrels with members of my family.

T F 47. I am entirely self-confident.

T F 48. Most people make friends because friends are likely to be useful to them.

T F 49. I seem to be about as capable and smart as most others around me.

T F 50. At times I feel like smashing things.

T F 51. I can easily make other people afraid of me, and sometimes do for the fun of it.

T F 52. My hardest battles are with myself.
Interpretation of scores for HDHQ Questionnaire

Projected delusional hostility items (DH) Total: 9 items

True          False
1  9  13  18  21  22  25  31  29

Delusional guilt (DG) Total: 7 items

True          False
4 10  15  27  30  34  36

Self-criticism (SC) Total: 11 items

True          False
2 12  16  20  32  38  42  44  52  47  49

Acting-out hostility (AH) Total: 13 items

True          False
5  6  8  14  23  28  33  35  40  41  50  51  37

Criticism of others (CO) Total: 12 items

True          False
3  7  11  17  19  24  26  43  45  46  48  39

To compute extrapunitive and intropunitive indices (E & I):

E = AH + CO + DH  I = SC + DG
Read each one, decide how you feel about it, and then mark your answer. If you agree with a statement, or feel that it is true about you, answer TRUE (T). If you disagree with a statement, or feel that it is not true about you, answer FALSE (F).

T F 1. Our thinking would be a lot better off if we would just forget about words like "probably", approximately", and "perhaps".

T F 2. I liked Alice in Wonderland by Lewis Carroll.

T F 3. Several times a week I feel as if something dreadful is about to happen.

T F 4. There's no use in doing things for people; you only find that you get it in the neck in the long run.

T F 5. I tend to be on my guard with people who are somewhat more friendly than I had expected.

T F 6. I think I would like the work of a school teacher.

T F 7. Most people would tell a lie if they could gain by it.

T F 8. I hate to be interrupted when I am working on something.

T F 9. Maybe some minority groups do get rough treatment, but it's no business of mine.

T F 10. I don't like to undertake any project unless I have a pretty good idea as to how it will turn out.

T F 11. Once a week or oftener I feel suddenly hot all over, without apparent cause.

T F 12. Sometimes I think of things too bad to talk about.

T F 13. The idea of doing research appeals to me.

T F 14. People today have forgotten how to feel properly ashamed of themselves.
T F 15. Sometimes I have the same dream over and over.
T F 16. I do not dread seeing a doctor about a sickness or injury.
T F 17. It takes a lot of argument to convince most people of the truth.
T F 18. Most people make friends because friends are likely to be useful to them.
T F 19. It is hard for me just to sit still and relax.
T F 20. Parents are much too easy on their children nowadays.
T F 21. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.
T F 22. I certainly feel useless at times.
T F 23. Criticism or scolding makes me very uncomfortable.
T F 24. I read at least ten books a year.
T F 25. I frequently notice my hand shakes when I try to do something.
T F 26. I am sometimes cross and grouchy without any good reason.
T F 27. Teachers often expect too much work from the students.
T F 28. I often act on the spur of the moment without stopping to think.
T F 29. I commonly wonder what hidden reason another person may have for doing something nice for me.
T F 30. Most people are secretly pleased when someone else gets into trouble.
T F 31. Only a fool would ever vote to increase his own taxes.
T F 32. Most people are honest chiefly through fear of being caught.
T F 33. I very much like hunting.

T F 34. Most people inwardly dislike putting themselves out to help other people.

T F 35. I feel uneasy indoors.

T F 36. People pretend to care more about one another than they really do.

T F 37. People don't need to worry about others if only they look after themselves.

T F 38. Sometimes I just can't seem to get going.

T F 39. The person who provides temptation by leaving valuable property unprotected is about as much to blame for its theft as the one who steals it.

T F 40. I am often bothered by useless thoughts which keep running through my mind.

T F 41. I must admit that I have a bad temper, once I get angry.

T F 42. When prices are high you can't blame people for getting all they can while the getting is good.

T F 43. I often feel as though I have done something wrong or wicked.

T F 44. I like science.

T F 45. I often lose my temper.

T F 46. I am bothered by people outside, on streetcars, in stores, etc., watching me.

T F 47. Society owes a lot more to the businessman and the manufacturer than it does to the artist and the profesor.

T F 48. I like to read about science.

T F 49. Every now and then I get into a bad mood, and no one can do anything to please me.
T F 50. I often wish people would be more definite about things.

T F 51. I hardly ever feel pain in the back of the neck.

T F 52. It is hard for me to sympathize with someone who is always doubting and unsure about things.

T F 53. I seldom worry about my health.

T F 54. I dream frequently about things that are best kept to myself.

T F 55. It bothers me when something unexpected interrupts my daily routine.

T F 56. I would have been more successful if people had given me a fair chance.

T F 57. Strong people do not show their emotions and feelings.

T F 58. It seems that people used to have more fun than they do now.

Scoring for V.3

Nine items are scored for "true", and 49 items for "false".

The nine items scored true are: 2, 6, 13, 16, 24, 44, 48, 51, 53.

The remainder are scored false. 1, 3, 4, 5, 7-12, 14, 15, 17-23, 25-43, 45, 46, 47, 49, 50, 52, 54-58.
Cutting Scores on V.3 for Level

<table>
<thead>
<tr>
<th>V.3</th>
<th>Level</th>
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<tbody>
<tr>
<td>50-58</td>
<td>7</td>
</tr>
<tr>
<td>46-49</td>
<td>6</td>
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<td>41-45</td>
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<td>34-40</td>
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<td>20-26</td>
<td>2</td>
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<tr>
<td>0-19</td>
<td>1</td>
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</tbody>
</table>

Level 7. Superior integration and realization of the positive potential of the type.

Level 6. Distinctly above average integration and realization of potential.

Level 5. Above average integration and realization of potential.

Level 4. Average integration and realization of potential.

Level 3. Below average integration and realization of potential.

Level 2. Distinctly below average integration and realization of potential.

Level 1. Poor integration and little or no realization of the positive potential of the type.
REFERENCES


