CHAPTER 1: INTRODUCTION

Documentation on the possibility that childhood victimisation (physical, emotional and sexual abuse and neglect) is a risk factors for later psychopathology and behavioural dysfunction has become an increasing area of investigation amongst researchers in recent years. The hypotheses being that adverse developmental contexts and experiences disrupt normal development resulting in abnormal behaviours. Although the varying nature of abuse may or may not elicit different effects on individuals, the general expectation is that all kinds of abuse will generate negative outcomes (Ireland, Smith, Thornberry, 2002). Although clinical wisdom holds that this is probable, it proves a misperception according to Paris (1997), who points out that less noticed and advertised research indicates that resilience is more the rule rather than the exception and that many abused children do not develop pathology. Differing theoretical orientations on the topic point towards two main approaches, one being the developmental theory which focuses on the long-term consequences of early life experiences hypothesising that the earlier the experience the more detrimental it is on long-term functioning because of the rapid development of the first 6 years of life. The other approach is the life-course perspective of Elder (1998) who, amongst others, questions the possibility of dynamic change throughout the life span that may influence later outcomes. This latter orientation, acknowledges the importance of early childhood experiences in affecting long-term outcomes, however also focuses attention on proximal events in the course of life that may possibly play a more salient role than distal experiences of early childhood in fashioning adult behaviour (Samson and Laub, 2001). The implications here are that differing circumstances and events in adolescence can alter the pathways of development and subsequent behaviour (Ireland et al, 2002). This dissertation concerns itself with the possibility of distil childhood adverse experiences and their behavioural manifestations in adolescence.

As a large body of research in this domain yields evidence for possible etiological connections in the form of significant correlations, and, out of concern for the difficulty and troubled lives of many experiencing dysfunction later in life, understanding the influences of these early adversarial contexts on development is important, in order to try to assist those who suffer there from and in order to know how to best intervene in their lives in order to prevent and heal wounds.

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Cichetti and Toth (1993) identify an empirical gap in research about the consequences of maltreatment with regards to the developmental point or stage at which abuse was

experienced. Little is known about the link between childhood victimisation and adolescent behaviour especially outcomes of teenage pregnancy, alcohol and elicit drug use and abuse as well as self-destructive behaviour, more is known about the effects of childhood maltreatment and delinquency, and running away (Widom, 1994). Most research illuminates relationships between types of abuse in childhood and later behaviour, and little is understood about the mechanisms linking these, and the developmental trajectories that manifest from such adverse developmental contexts.

It has been found that childhood abuse, sexual abuse and neglect play an important role in the onset of some personality disorders in adulthood. Research demonstrates the importance of early childhood victimisation experiences for the development of personality disorders, leaving many unanswered questions regarding how they predispose children to further pathology, what different types of abuse and neglect place children at risk for which types of disorders, and what mechanisms are involved in the process of developing maladaptive behaviour and functioning in children who have been victimised (Widom, 1999). An examination of the internal mechanisms of the developing child and the external environmental influences may assist in understanding how victimisation pre-disposes a person to later pathology.

This study investigates the latter concerns in attempts to understand emotional and behavioural conditions in young adolescent girls, and in order to examine what personality patterns are present in these girls. It attempts to investigate whether or not there are patterns of personality functioning and behaviour developing from different forms of abuse and whether or not these can be differentiated or have qualitative differences in terms of personality dysfunction.

Diagnosis and classification of childhood and adolescent pathology has until fairly recently been a very much neglected and confused area of abnormal psychology (Boucher, 1999). Syndromes such as depression, Bi-Polar Disorder and Anti-social Personality Disorder are historically regarded as adult disorders. Despite growing evidence of anti-social personality disorder among pre-adults, it is largely regarded as an adult phenomenon. In order to create a better understanding of the development of adult pathology, it is necessary to investigate the predisposing factors and their presentations in earlier stages of development; hence the focus of this study on the adolescent manifestations of the effects of abuse, as risk factors for adult pathology, particularly personality disorders.

The aim of this study is primarily to compare three groups of children who have been removed from their parents care because of gross abuse and neglect. These three groups will consist of sexually abused, physically abused and neglected children. The variables that will be examined include interpersonal style, personality disorders, anxiety, depression and family relations. The goal is to determine whether the differences in the psychological sequalae to different forms of abuse and early signs of a process that may culminate in adulthood pathology, can be identified.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Theories of human development are grounded in the developmental perspective, which is essentially a Biopsychosocial one. The biopsychosocial model of health and disease acknowledges the equally significant role of biological, psychological and social factors in human development. Human behavior considered healthy or otherwise, according to this model, lies in the dynamic interaction of biological, psychological and sociocultural contexts of an individual at any given moment. From this tenant it holds then, that etiology, or the study of the causes of behavior concerns itself with the study of the dynamic interaction of the developing mind, physiological body and the varying social contexts within which an individual grows.

When we speak of etiology we are addressing the developmental process, in which nothing is static, and about which only change is certain and ongoing. Causation, therefore, is a complex matter, for which linear explanations seem inadequate in describing and explaining the sum of the parts, or the evolution of the whole, and the concern of psychologists and researches would be then, to gain understanding of the correlation of these factors in their cumulative and interactional impact on human development. More specifically, the psyche, processes of the psyche, varying social contexts such as familial, scholastic, peer group, and extended cultural and political contexts as well as biological processes, physiological transitions and neurological processes all become equally significant in understanding consequential human presentation and behavior.

This is a grand task beyond the scope of this dissertation, which, by nature of it's limitations chooses to focus on the perceived adverse developmental contexts of teenage girls having experienced various forms of abuse in familial contexts and who live out of the their families in the context of a children's home. This study reviews the literature on the short and long-term effects of different kinds of abuse and neglect on personality functioning of adolescent girls and the mediating factors that buffer or exacerbate these effects. This study also incorporates the developmental theory of Erik Erikson and the personality theory of Theodore Millon, in an attempt to provide a conceptual framework from which to understand and interpret the findings in the research on outcomes in adolescent functioning of abused girls.

2.2. THE DEVELOPMENTAL THEORY OF ERIK ERIKSON

2.2.1 Introduction

Erikson's theory of development expanded upon Freud's theory of psychosexual development, and while similar in many respects it differs fundamentally in that it is less deterministic and more optimistic in its overall focus on the multifaceted potential of the individual, and the capacity of the individual to overcome hardship, and his/her ability to adapt and change throughout life. Erikson is concerned with the developmental opportunities people experience, which assist us to overcome hardship. Fundamental to his theory is the idea that growth is ongoing throughout the life-span. Erikson emphasizes the impact of early development while at the same time stressing the endless possibility for relearning and growth throughout life. Erikson believed that the development of the individual is determined by the interplay of a genetically fixed progression of development, or an inherent developmental behavior pattern which is designed for adaptation to the environment, namely the social context in which one grows (Meyer, Moore & Viljoen, 1989). The basic motive of human beings, then, is to develop inherent potential, to achieve congruence between self-image and social aspects of life, thus creating healthy identity.

Erikson's theory is known for its focus on the concept of identity and in particular the identity crisis of adolescence, about which he wrote several books, hence the relevance for this study. His theory reflects his concern with the influence of the social context on the development of identity. His theory focuses on the processes of socialization, the relationships between the developing individual and his or her social environment, and recognizes the relativity of individual identity formation within a social system, which impacts on and informs the meaning of that identity for people.

2.2.2 Etiology of human behavior

Erikson's concern is with the developmental opportunities for growth in individual's lives, considered social crises, which help him/ her adapt to life successfully. Erikson, like Freud, accepts the assumption that people are born with energy and drive, a motivating force that is instinctual, also known as the libido (Maier, 1965). This force is conceptualized as constituting two opposing tendencies, one to live and grow, extend and gratify the self, the other to regress, or return to a former state, implying self-destructive tendencies. A polarity

thus exists as an innately human reality manifest in the intrinsically human dilemma of having and experiencing choice, whether consciously or unconsciously. All behaviors then originate from the tension or energy between polarities. Life, thus, is a relative experience, conflict and resolution are ongoing throughout the life span in an inevitable progression, like the crest and fall of a wave, until physical death, and no doubt, beyond, all this, natural and inevitable and intrinsically, the human condition. It is this tension between polarities and this consciousness that is the bedrock of Erikson's stage theory.

Libidinal energy manifests on three levels of consciousness, conscious, pre-conscious and unconscious. Three major analytic processes or hypothetical structures exist then, the id, ego and superego. Erikson places most emphasis on the ego, which controls conscious action, the synthesis of past experience with present in the present social context. The ego gives direction and the superego constitutes personal experiences with ideas and attitudes of significant others in the social context (family, caregivers, teachers, peers, societal role models). The ego binds together inner life with outer life, it is an autonomous agent. Ego functions included are; thought, play, actions and speech (Maier, 1965). The focus then, is the nature and quality of the relationships between people, rather than personality as such, as this determines emotional content. Personality is not fixed and is continuously changing. How a person behaves is a product of the interrelationship between id, ego and superego. Implications, then, are that a balance between the three represents healthy development, whereas pathology represents an imbalance. In the latter case this is never irreversible. Alongside innate psychological and biological processes there are physical, social and ideational environments.

2.2.3. A stage theory

Erikson proposes a stage theory, in which he identifies eight stages of development covering the total life - span. Writing within a humanistic paradigm, his theory is particularly optimistic in its view that the individual can at each stage spontaneously rectify unresolved problems that may have developed at earlier stages of development and in the basic premise that the individual has multifaceted potential.

Erikson believed that through the continuous interplay between individual and environment, the individual encounters a series of crises or challenges in development in which the ego makes choices that impact on future development, in order to resolve creatively, the dissonance, change at each stage brings. The theory thus complements the cognitive stage

developmental theory of Jean Piaget whose conceptualization of natural stages in cognitive development support the notion of a genetically predetermined ground plan for development. Personality traits are viewed as transformations of behavior patterns developing out of this natural inclination and their interaction with the social environment.

According to an epigenetic principal, an individual's potentials and needs arrive and change in a particular sequence at specific stages of development, and in such a way that the individual is constantly developing as a whole. The latter point has been misunderstood by many authors oversimplifying the idea of the eight stages as Erikson expresses that these stages and there lessons are viewed incorrectly by many, as singular and separate achievements, or devices for counting the fruits of each stage, e.g.: trust or autonomy, as a permanent trait, permanently conquered. Erikson stresses the need for the healthy personality to reconquer all of these tasks continuously throughout the life span. A person learns means and mechanisms for retaining and regaining mastery (Erikson, in Muss & Porton, 1998). These eight stages represent the principal times Erikson thinks certain characteristics become overt and dominant in development.

Each stage of development Erikson envisages as characterized by a developmental crisis that presents itself as a challenge to the individual for resolution. The resolution will be between two complementary and opposite possibilities involving needs, expectations and opportunities distinctive of that stage of development of the self or ego. The individual, or as Erikson describes, the ego, then attempts to resolve that crisis by choosing one or the other opposing possibilities, however they are not mutually exclusive and for healthy development the individual should be able to find the balance between these polarities in order to eventually progress to a state of maturity and wisdom (Meyer, Moore & Viljoen, 1989). At each stage the personality is said to develop or attain ego strengths to a greater or lesser degree, enabling the easier or more difficult resolution of crisis at subsequent stages. Often oversimplified, because of the clear structure of this theory, the intention that development through the stages should be viewed holistically is often overlooked and misunderstood. Of significance here is that according to Erikson's conceptualization, each stage of crisis involves the application of all previously acquired ego-strengths, and endless opportunity to relearn previously unlearned ego-strengths in new circumstances (Erikson, 1963). In this way Erikson makes allowance for the non-linear corrective experiences in development, viewing the self as self-rectifying, acknowledging the self as autonomous and development as non-deterministic and to some extent unpredictable, as the context which is ever

changing, continually influences the agent of the ego. Erikson's first five stages are an expansion of Freud’s psychosexual stages of development.

2.2.4. Erikson's eight stages of development

2.2.4.1. Stage 1: Trust versus mistrust: realization of hope

Erikson believes that the foundation of all later development is based on the resolution of this crisis whereby the individual attempts to acquire as sense of hope. Trust is built when the infant experiences physical comfort and little uncertainty. If he/she experiences this consistently, he/she is likely to be able to extend his trust to other experiences (Erikson, 1963). This sense of trust is important for the individual to be able to embrace and accept change (new experiences). While the young baby experiences mistrust of new territory, she/he learns to trust that mistrust if she/he experiences trustworthiness in her/his immediate experience. At this early stage bodily needs such as breathing, digestion, and motor movement need to be met for healthy development. The infant is completely dependent on others for external care and nurturance.

Initially, according to Erikson, all needs and behaviors are charged with libidinal energy, and sucking, crying and reflexes slowly become more cortically controlled as the neuropsychological developments begin. Ego development involves neurological maturation. The infant's first experience then with society is oral; it is through this mode that he/she experiences satisfaction and a sense of security. Erikson stresses that it is the quality of physical and psychological comfort in the personal interactions associated with oral functions that are important in whether the infant develops a sense of satisfaction and trust. If the interpersonal contact around oral functions is experienced as positive and satisfying, a sound sense of security is ensured. Mother is the context and determines her infant's experience. The infant learns to receive and trust, from the degree of relaxation and warmth experienced by the primary caregiver. Receiving involves appropriating everything in his/her grasp and testing it orally. Receiving leads to grasping, the second modality (Erikson, 1963). The inner sense of well-being is directly related then to consistent caring in the caregiver behavior. The child learns to trust mother, self and the world, so he/she will be able to take on change and new experience, unknown challenges and experiences. A symbiotic relationship exists between mother and child so that the positive feelings towards mother within the child become the child's inner reality. Attachment to a single caregiver becomes significant around 6 months of life, and separation can run the risk of creating mistrust. Important for successful development at this stage is the support the caregiver receives, as this directly affects the

infant's experience of him/herself and life. Quality of maternal care is directly related to quality of care experienced by the mother for herself.

2.2.4.2. Stage 2: Autonomy versus shame and doubt: realization of hope.

The infant learning to trust the environment is able to recognize ownership of his or her own behavior. As the infant begins to exert this independent behavior he/she at the same time still experiences dependency, which now creates a sense of doubt in his ability to be free of it and assert autonomy. His/her new growth and development involves to some extent a loss of the comfort zone while at the same time freedom in his/her new sense of ownership of his/her world. Resolving the conflict between assertion and shame in asserting the right to dependency becomes the task of this second stage (Meyer, Moore & Viljoen, 1989). Healthy resolution is dependent on guidance and support in his/her endeavors. Motor development is rapid in this stage, bringing the child into willed action, so that skills mastered such as grasping, releasing, crawling and walking become means to further ends, launching her/him into goal directed activity. The child can control elementary functions with newly refined muscle control (Maier, 1965). Superego functions begin to develop, alongside strong impulsive libidinal energy and growing ego development. The child begins to integrate controlling and regulating functions in his/her new command and control of the world, which were previously provided for him/her. The perception of boundaries between the child and the caregiver creates a greater sense of trust within the self, and this marks healthy ego development (Maier, 1965).

2.2.4.3. Stage 3: Initiative versus Guilt: Realization of purpose.

This stage involves the child at pre-school age and covers the ages three years to six years of age. The social context expands for the child who now explores and experiences an enlarged unpredictable world of new friends, new authority figures and new rules (Maier, 1965). There are new adjustments to be made in negotiating this world, and new psychological and motor developments equip the child to make these necessary adjustments. The new world into which she intrudes actively she discovers to be exciting and dangerous. With energetic learning engendered by the development of speech and locomotive skills, the child's inner and outer world expands dramatically, actively and imaginatively (Erikson, 1963). She discovers that her words have consequences and she develops a sense of purpose because her speech and actions become meaningful in that

she feels their consequences directly. Her teachers and other adults recognize her as one of a group, like others, with a role and function. She is counted and given tasks, she is treated the same as others by her teachers and is regarded as significant as a member of the group. With this new meaningfulness comes an experience of self as significant in his social context.

The child is equipped now with a greater sense of control over her body and her environment finding herself experiencing a sense of ownership of her body, behaviors and actions, and likewise experiences an awareness of self as active and purposeful. The newfound ability to initiate behavior brings with it the awareness of accountability, as ownership of action is discovered. The child therefore can now feel guilty about her behavior, as she feels responsible and is expected to take responsibility for her actions. (Meyer, Moore & Viljoen 1993).

As she actively engages new others and initiates action she learns the repercussions of her behavior for others and himself, learning a new sense of responsibility. The voices of significant others (parents or previous attachment figures) now become internalized and he experiences them as self-judgment, the voice of the developing super-ego. She wishes to please and is keen to adopt to and apply new rules, at the same time her insatiable need to explore and know, which elicits fear and uncomfortable feelings as she acts without full understanding of the outcome of behavior on others and the world, presents a constant tension challenging the child to find a balance between restraint and control (her conscience) and initiation of action, between what Erikson terms, guilt and initiative.

The instinct fragments, which before had enhanced the growth of his infantile body and mind now become divided into an infantile set which perpetuates the exuberance of growth potentials, and a parental set which supports and increases self-observation, self-guidance, and self-punishment.
(Erikson 1963, p.256.)

This is a time when the social context demands more from her, when the social sphere grows to accompany important relationships with siblings and school friends through which the child enjoys and feels her own extended significance and self as an effective active agent in life, which becomes meaningful because of her ability to act purposefully (Maier, 1965).

The child at this stage initiates behavior, tests her own abilities and limits and engages others more in her world. She discovers the impact of other's behavior on her, resulting in discomfort and frustration at times, as she extends beyond the comfortable arenas of interactions with primary caregivers that she has learned to depend on and trust as supportive. The trusting autonomy she has hopefully attained comes into conflict with others' autonomous action, now interacting more with those of her own age and experiencing the reactions to her intrusions into other's worlds and the consequences thereof (Maier, 1965). Erikson proposes that guilt is the salient feature intrinsic to this conflict as the experience of unharmonious meetings of self with the world results in negation of previous trusting relationships. This, in turn, fuels the conflict inherent then in the relentless movement towards greater initiative (growth) and desire to explore more those opportunities for initiative.

Gender identity becomes important at this age as the child becomes aware of her differences physically from the opposite sex and identifies with the same sex parent, who becomes a significant role model, while there exists a somewhat romantic relationship with the parent of the opposite sex. She, also, through these observations identifies with being the same as an adult and compares herself with adults. The child experiments with and questions her sex role and practices her new behavior through play. Naturally the social roles of what it means to be male or female start to exert influence at this early age when the child is discovering how to be a girl and how to be a boy. Erikson believes that young girls at this stage of development practice behavior that expresses a desire to make oneself attractive, that would engender others to involve and include her in their worlds (Maier, 1965). Maier (1965) states that Erikson viewed the significant modality in girls as involving inception, and goes on to describe that libidinal drives are translated into behaviors that concern themselves with rendering oneself attractive to others, which involves scheming and teasing amongst other things. It may be significant that for little girls the expression of drives concerns others directly whereas for boys of this age it involves action, motor intrusiveness, and thrusting into new spaces and experiences not necessarily mostly in relationship. For the little girl, conquests and mastery are lived out in relationship and her behaviors are person centered, she depends upon relationship with another for the resolution of conflicting drives possibly more so than boys, who have also at this age had an experience of discontinuity with the maternal figure as he identifies with father or a significant male of the same gender. For the girl this shift is not learned or necessary. She also practices nurturing behavior and social relations, which are reflective of her future maternal role. Boys at this stage demonstrate

intrusiveness very physically, with intense locomotive activity, active exploring of space, curiosity in finding new information and confronting people and problems proactively.

For both girls and boys, play becomes the tool through which the child works through conflicts and problems and needs to be able to explore alone as well as with his peers in the safety of the non-reality. The environment needs to allow the child experimentation and play so that she can work out for himself her sex role identity, and explore her boundaries socially, verbally and physically, learning appropriate behavior without fear of too much recrimination, which would impinge on his developing a sense of purpose.

2.2.4.4. Stage 4: Industry versus inferiority: realization of competence

This stage involves the school going years from six years to twelve years of age. The child enters formal schooling. Having mastered the various organ modes, the child now focuses energy on producing things (Maier 1965). Erikson emphasizes the learning at this stage of handling the tools of her culture and the shaping of this productive process by the culture in its provision of learning opportunities in school, which involve individual skills, and collaborative efforts in a formal school setting. The child learns writing, reading, arithmetic and various other skills within a social context that measures those skills and places importance on the accomplishments of these, covertly communicating to the child the promise of goodness and success should she master them.

The child directs all her energy to participating in learning in order to master skills, improve herself, and working hard to achieve success as measured by the goals set for her by the social institution she learns in. As meaning generating beings it becomes important therefore for the child to excel and prove herself according to the standards set by the status quo, which largely imbues all of this activity with values and meaning for her. She embraces these looking for acknowledgment more and more from her peer group for what she is, and can do, rather than from parents (Maier, 1965). It is very important for her to feel good at something at this stage and to receive affirmation for producing outcomes (Meyer Moore & Viljoen, 1989). She needs to achieve in this competitive arena with peers in order to avoid feeling inferior and incapable. A sense of competence is achieved if she is able to successfully meet the challenges of this period.

Extra-familial identification becomes significant as the child now interacts with a wider range of people finding she is dependent on the social institution for affirmation of herself. She needs to measure herself against her peers and contemporaries and is dependent on their acknowledgment for her self-esteem. Energies move further from playing towards working and her future attitude to work and experiencing herself as a meaningful contributor to her society is founded in to what extent she perceive herself as successful in industry at this time.

2.2.4.5. Stage 5: Identity versus identity diffusion: realization of fidelity.

This study looks more closely at the fifth stage of development: the adolescent stage in which the task of the individual experiences the crisis of identity and faces the task of establishing an identity, as opposed to diffusion of identity. Erikson is known for his popularization of the term identity because of his focus on the adolescent stage of identity formation and his theoretical contribution to the construct (Wilkinson-Ryan, & Western, 2000). His work has generated further research and theoretical work on the subject such as the extension of his theory of identity statuses by James Marcia (1966), who operationalized it. This stage begins with the onset of puberty, around eleven or twelve years of age, and ends with the beginning of maturity and adulthood, this could be found at any point between eighteen years and twenty-five years of age (Meyer, Moore & Viljoen, 1989).

Erikson identifies the quest for self-image, which he calls the search for identity, as the major task of this stage. The challenge is to find a sense of 1) authenticity and personal sameness or continuity over time and across various situations, 2) congruence between self-image and the role expectations of society, 3) role commitment and a loyalty to a chosen role, and affirmation thereof by the larger society as well as a 4) sense of inner agency (Erikson, 1968). The task of this stage is to: integrate all identifications (from childhood) with the vicissitudes of the libido, with the aptitudes developed out of endowment, and with the opportunities offered in social roles. The sense of ego identity, then, is the "accrued confidence that the inner sameness and continuity of one's meaning for others, is evidenced in the tangible promise of a career." (Erikson, 1968, p. 235). Positive identity is necessary for the adolescent to successfully meet the challenges of adulthood involving appropriate choice of vocation, life partner and the capacity for intimacy to allow for the possible fulfillment of adult roles.

As with any natural system, large change in that system produces chaos as a natural phenomenon. The adolescent turbulence is such an example of a system in chaos, experiencing dramatic change and growth in the physiological developments at this age, marked by rapid physical growth and maturing sexuality in the adolescent who must now renegotiate and question all that she has known before about herself and her world in order to accommodate and integrate these changes. The processes, self-assertion and integration, which Capra (1997) describes as essential to any living system, manifest in attempts to reach homeostasis or balance, the kind Erikson would label for the searching adolescent, a sense of identity. Self assertion then takes the form of exploration and experimentation of social roles and various possible identities, the questioning of sameness and continuities relied on earlier. Integration would embody the synthesis of old and new and the connection of roles and skills cultivated earlier with the occupational prototypes of the day (Erikson 1968). Integration would manifest then in a sense of authenticity, agency, and continuity over time and sameness of self. Therein an ability to commit to an appropriate vocation and values, in short, an identity that is meaningful within the social context.

The adolescent in chaos will make meaning from this in one way or another, that being some form of identity or naming of self in relation to past, present and future and in relation to her frame of reference, the social context within which he finds herself. Being meaning generating beings in a relative world some form of meaning will arise under the heading of identity, be it presented as psychosis or healthy adjustment and that meaning called identity will have everything to do with others as much as the self, as we cannot define anything out of relationship. The goal according to Erikson is to find the position of meaning that is described as positive identity as opposed to negative identity or identity diffusion.

The “chaos” which Erikson calls identity diffusion or Wilkinson-Ryan and Western (2000) call identity confusion throws the adolescent into crisis, characteristic and expected in the early stage of adolescence, the outcome of which can be varied according to the extent to which the individual successfully mastered the resolution of previous stages of crisis in development. The possible outcomes, according to Erikson then are 1) achievement of positive identity, 2) premature self-definition 3) unresolved identity: a sense of failure and ambivalence 4) attainment of a negative identity (Maier, 1965).

(1) The positive identity

The task of establishing a positive identity has to do with finding where the adolescent fits into society. The social context from which individual's meaning is derived involves more consciously now the values, rules, expectations, promises and meanings of life according to a wider range of voices, namely those of peers, significant adults, authority figures and political as well as religious leaders representing the ideology and norms of the status quo and the other or counter voices of the culture within which she finds herself in, and not primarily the voices of parents. The socio-cultural context requires the adolescent find congruence between self-image and the role expectations of society, as well as continuity in life. Integration of inner and outer demands is necessary in order to achieve balance and prevent diffusion, which may lead to enduring disturbance (Maier, 1965).

The attainment of a positive identity provides the adolescent with an awareness and acceptance of personal continuity with her past and a positive secure and confident attitude towards her future. She attains a new view of herself and has stabilized values and purposes (Erikson, 1968). From this evolves a willingness to commit to roles and a value system and a readiness to enter intimacy with the other. Orlofsky, Marcia and Lesser (1973) show that subjects that demonstrate identity achievement have a significantly greater capacity for interpersonal intimacy.

A commitment to specific roles selected from alternatives is required and this is possible if previous identifications are integrated. From this arises fidelity to a new position as a person in all spheres, social, economic and cultural.

(2) Identity diffusion

The chaos, which characterizes the state of identity diffusion, is viewed as necessary and normal for the process of identity achievement and in the early stages of adolescence is expected. It serves the function of forcing the growing adolescent to reevaluate herself and her position in society, to explore alternatives and seek out authentic meaning, which she can only do by experiencing and living differences and alternatives and coming to some decisions about what she wishes to be, what she believes in and what she is prepared to commit herself to. In other words the process involves finding meaning for herself through personal experience. However, if the individual is not able to do this and thereby discover a positive or healthy identity, a negative identity may emerge as an escape from the state of

diffusion. The implications seem to be that remaining diffusion cannot persist and may be terminated by the attainment of positive or negative identity, and/or possible regression into insanity or suicide.

Wilkinson-Ryan and Western (2000), describe identity diffusion as manifest either, in a subjective sense of incoherence and/or as difficulty in making decisions and committing to a vocation. Furthermore these authors describe the diffused adolescent as fearing the loss of self in intimacy because of the inability for these adolescents to discriminate between their own feelings, desires and thoughts from the other with whom they are involved, which poses a threat to loss of self, if the relationship ends.

(3) The social moratorium

The chaos intrinsic to identity exploration and resolution is supported by what Erikson calls a *social moratorium*, which sanctions the exploration of various identities, values, and roles without the expectations of adult responsibility, and provides a kind of safety zone in the form of apprenticeships and tolerance of deviance at this stage (Erikson, 1968). According to Erikson this is essential in the developmental process progression towards establishing a healthy identity. The adolescent can only choose from an experience of difference and the necessary changes of wardrobe whereby various identities are tested, require tolerance and a time delay provided by the moratorium. Erickson describes this moratorium as characterized by:

> *A selective permissiveness on the part of society and of provocative playfulness on the part of youth; and yet also a period of deep (if often transitory) commitment on the part of youth and ceremonial acceptance of commitment on the part of society.* (Erikson, 1956, p5).

During adolescence the individual, with the help of the moratorium works through what Erikson describes as seven dimensions. Speech is a necessary means of searching for meaning and it is common to find that adolescents spend a great deal of time working through their ideas and feelings with excessive communication with peers. Role-plays and escapes into fantasy are ways of coping with and working through diffusion. In the healthy adolescent this does not become unhealthy denial of inner conflict, which excessive substance abuse would represent. Significant others at this stage are ordained by the adolescent depending on their significance for her at this stage and can include teachers,

other adults besides parents, media figures. Imbued with significance at this intense stage of development they can play a vital role in the shaping of identity. The focus on parents as value givers subsides and makes way for the peer group. Projections of diffused ego identities onto others at this intense and diffused time create extreme loves and rejections of others (Erikson, 1963).

A commitment to a continuous development is put on hold as the adolescent samples various identities. The moratorium provides a context and time for the working through of several things intrinsic to positive identity development. Erickson categorizes seven areas, namely the dimensions representing partial polarizations of developmental crises on the developmental continuum to be worked through in moratorium stage (Maier, 1965):

a) **Time perspective versus time diffusion:** If her perspective of time is problematic the adolescent may commit too soon to an identity or may immobilize herself in attempts to avoid progression and feared failure. The adolescent needs to delay planning in order to integral the past. Being able to see her life in perspective enables her sense of time to, lead to full identity.

b) **Self certainty versus apathy:** Self doubt and confusion about her own autonomy should give way to a greater certainty of self sealed when the ways others see him and the way he sees himself coincide. The alternative is an escape into apathy.

c) **Role experimentation versus negative identity:** Role experimentation is essential for sampling self-images. This involves exploring a wide range of roles and extremes and opposites that are not without dangers and commitments.

d) **Anticipation of achievement versus work paralysis:** A sense of adequacy in his skills and ability needs to be proven by the development of a consistent pattern of industry. Completing tasks and committing to seeing them through is a challenge to his sense of confidence in his ability. Persistence is crucial for forging an occupational identity.

e) **Sexual identity versus bisexual diffusion:** Adolescents need to resolve bisexual conflicts and establish identification with her sex role. A firm sense of self as male or female will assist with feeling comfortable with the opposite sex so that she can move towards appropriate behaviors of her gender in adult sex roles.

f) **Leadership polarization versus authority diffusion:** Being able to lead, to take responsibility and to follow others, those in authority, is necessary for the acceptance of a positive identity and is closely linked with the mastering of previous tasks in development.

g) **Ideological polarization versus diffusion of ideals:** In order to progress through this difficult phase the adolescent must find a sense of trust in living and society and needs to find some philosophy, religion or ideology to be meaningful in order to secure this faith in life. Loyalty to group ideals and uncompromising in their views, the adolescent finds the need to express the self as a contrast to something in attempts to solidify their sense of themselves. For many adolescents the opportunities to explore are limited by external factors beyond their control. Although Erikson acknowledges that ego identity formation is a socially embedded process, and that one cannot separate personal growth and communal change he does not account for the external socially imposed constrictions on internal psychological processes, thereby placing the responsibility of identity attainment upon the individual (Erikson, 1967). Yoder (2000) makes the relevant point in his article on barriers to ego identity, that traditional theories such as Erikson's assume, in spite of recognizing the relationship between personal growth and communal change, that adolescent exploration and commitment occur in a static environment composed of a defined social structure in which there exists understandable (to the adolescent) and identifiable life options or choices, no physical or economic restrictions, and a clear social structure, which, for many adolescents there are not. The assumption of a passive environment poses difficulties in understanding the attainment of identity statuses as individual internal processes for which the individual is responsible, and raises questions as to how we interpret identity status in socio-economically disadvantaged populations.

(4) Negative identity

The negative identity Erickson views as that which is contrary to what is expected from the adolescent by society and encapsulates all that is contrary to what others wish her to be, arriving from the desperate position of needing to define oneself as something rather than nothing (or find meaning) in the face of positive identity elements canceling each-other out (Erickson, 1963). Negative identity is a desperate attempt at regaining competence in the face of possible failure, a way of avoiding becoming invisible. In other words negative identity is the identity defined according to what one is not or what one is

against. Examples thereof include the delinquent (Erikson, 1960.) Erikson (1963) comments in his discussion on delinquency that it is often the attitudes of significant adults in the media and professional and social institutions which push an adolescent into a negative identity by judging and labeling too harshly the actions and outcomes of experimental behavior, and in so doing fail the youth at this exquisitely vulnerable stage by promising her a negative identity which she may choose for fear of being invisible, or by defining or labeling her according to a small aspect of herself, which she may be portraying temporarily. Adolescents need to be allowed to not define themselves too early or be defined too early so that they can be given the time and freedom necessary to find what is most congruent for them.

(5) Marcia's four structural ego-identity statuses

Marcia expanding on Erikson's theory provides four structural identity statuses that define the structure of the adolescent ego. He called these *ego-identity statuses* and they describe four ways of coping with the identity crisis of adolescence (Marcia & Friedman, 1970). These are not a rigid topology, each is always an ongoing process. Marcia presents four identity statuses through which an individual moves in the developmental progression towards finding her identity. To the extent that previous negative outcomes form previous stages e.g.: mistrust, doubt, guilt, inferiority exist, identity resolution is impaired and psycho- social problems such as delinquency, substance abuse, suicide, self-injurious behavior, suicidal ideation and sexual promiscuity prevail. The latter behavior can be understood in terms of developmental deficits from earlier stages (Muuss & Porton,1998). The four statuses are arrived at through the application of the presence or absence of explorations/crisis (period of decision making) and commitment (individual's personal investment in alternatives chosen), the two essential variables for a healthy identity according to Erikson (Marcia, 1987). The ease with which a person moves through these statuses is dependent upon the extent to which the child resolved earlier stages as defined by Erikson (Marcia, 1966).

Identity is not a fixed point nor is it permanent, and according to Marcia an individual can move backwards and forwards among the various statuses. He also states that a person can become fixated at any stage, but it seems this would determine the direction of a path along which there is continued movement rather than a permanent stagnation. Some paths render the individual more likely to achieve maturity and wisdom than

others, however all involving continued states of stability and change, chaos and balance to varying degrees of success. The defining criteria and the characteristics of these identity statuses are:

a) **Identity diffused or confused status:** This individual has not actively reevaluated anything or searched or considered personal alternatives. These subjects have no apparent commitments to occupation or set of beliefs. They cannot attempt commitments, have no desire to pursue identity issues and have no zest to explore, conveying no sense of struggle. There is no established consistent set of personal standards for sexual behavior or for goals values and choices. They are vulnerable to self- esteem manipulation and score lowest on a measure of overall identity (Marcia, 1966). This status manifests in different ways presenting as aimlessly drifting, manipulation and self-centered in a morbid way. Muuss and Porton (1998) points out that research findings on this stage of identity status is inconsistent and attributes this to the variety of faces this stage displays as described by Archer and Waterman (1990) who subdivide the identity diffused subject into types namely: apathetic, alienated, pathological, marginally involved and commitment avoiding types.

As Erikson explains, this state is normative for the young adolescent who is still to confront identity issues and is developmentally necessary. However there is also a narcissistic picture pertinent to this stage, which presents as selfishness, evident in the use of others to fulfill ones own needs. Muuss and Porton (1998) correlate this with the suffering of the unresolved ego crisis of the trust versus mistrust stage of Erikson's theory, hypothesizing that, as the adolescent has not learned to trust people she resorts to manipulating them. He also alludes to the diffused adolescent's tendency to abuse substances as a means of escaping the anxiety and challenges of this state, by denying their existence.

Those who manifest a state of psychological fluidity and non-commitment to personal values are particularly vulnerable to accepting whatever seems the order of the day in terms of values and ideologies, fluctuating easily and superficially without personal investment to any ideas and beliefs. Others are simply alienated from the institutions they find themselves in, and do not challenge anything (Muuss & Porton, 1998).

Persistence of this state beyond the normal time expected and into late adolescence could manifest later as delinquency, schizophrenia or suicidality (Muuss & Porton, 1998)

b) **Foreclosure:** Foreclosed persons are committed to goals, values and an ideology, however they reach this without having explored and searched for this in a personally invested way, and so have not considered alternatives while they appear, and are, committed to their position. They have adopted their beliefs from role models that they hold in esteem and with whom they identify, either parental or social. Choices have been made, sometimes at a very young age and they have not been questioned. Socialized values rather than personally chosen ones have been assumed. The danger here is that there is no further exploration and a rigidity prevails in their personality structure making the challenges of adulthood difficult to manage because of inflexibility and because of the premature commitment to values and goals primarily prescribed may not in fact fit the person but rather her authority figures.

The foreclosed identity seems to be most widely viewed as being shaped by identification processes with parents. Peer group conformity is normal for a certain developmental period. Adolescents can define themselves primarily according to their group membership taking on language dress and behavior supported and rendered acceptable by their peer group. Over-identification can lead to the loss of personal values as well as an inability to question those she assumes are right and the ability to make independent decisions. If the conformity to peer group norms merely replaces conformity to parental norms without real self-regulation and independence is achieved, adolescent development is foreclosed. This can be different from individual behavior outside the group and straddling the two worlds can be difficult for adolescents.

c) **Moratorium:** As has been described in Erikson's views of moratorium, the moratorium status is characterized by a time of exploration, when there are unresolved questions concerning identity. The individual is in a stage of actively struggling to find solutions, to try different roles and experiment with different values and identities. Temporary adaptive regression occurs and if this leads to rational evaluation and purposeful choices, the former is constructive in establishing synthesis of identity. Blisker and Marcia (1991) note that females have a greater tendency to use adaptive regressive tendencies (such as openness to unconventional, alternative experiences, tolerance for unfamiliar ideas, fantasy, unconventional behavior, subjectivism, artistic creativity and distrust of logic,), which involve temporary withdrawal from reality in order to achieve identity integration.

There is an experience of subjective discomfort at this stage, and questioning reveals imperfections adolescents voice and challenge with a fervor to change institutions and values, as they discover contradictions, hypocrisy, and the imperfections of the adult world. They are however unable often to provide the viable alternatives to change their world as they lack experience, are not willing to compromise or commit, and lack maturity.

The social pressures exerted on youths to achieve goals, and make visible progress threaten the stage of moratorium, and the focus on rapid success may disadvantage youths in disallowing this critical period of exploration without accountability (Mead, 1961).

d) Identity achievement

After exploring the moratorium stage the adolescent has explored identity issues and started to develop more permanent personal commitments thus achieving an identity. The adolescent now has a personalized value structure and often this reflects the parental value system, however it has been personally evaluated and chosen. The results of achieving an identity are increased self-acceptance, a stable self-definition, a willingness to commit to vocational roles, a religious and political belief system and ideology and a personal commitment in an intimate relationship.

Stephen, Fraser and Marcia (1992) claim that identity achieved individuals may move in and out of this stage, sometimes regressing to former stages of moratorium, as they enter a period of exploration or crisis, if their chosen identity is challenged for some reason. A *moratorium -achievement - moratorium -achievement* cycle (MAMA) can be set off. The earlier success in resolving moratorium challenges will probably assist the individual to resolves subsequent challenges or crises. Furthermore movement to identity diffusion can also occur as a result of the loss of meaning or failure in an established commitment, either in work (sometimes occurring through burnout) or a relationship.

The progression to young adulthood, which Erikson calls the stage of intimacy versus isolation, emerges regardless of identity resolution issues because stage progression is generated epigenetically and socially. The ability to establish intimacy is enhanced by the degree of success in establishing an identity.

2.2.4.6. Stage 6: Intimacy versus isolation: realization of love

Psychological adulthood involves devotion to work and an intimate relationship. Having established an identity the adult can now share that with another in intimacy and in committed relationships as she is able to develop the ethical strength to maintain a relationship through the natural challenges it poses for compromise, and self sacrifice (Meyer, Moore & Viljoen, 1989). Erikson assumes that the evasion of a committed intimate relationship is the result of identity diffusion, which manifests in self-centeredness and feelings of isolation. The young adult chooses between these extremes.

Positive resolution of this crisis according to Erikson leads to the ego strength of love or true genitality, which Erikson defines as follows:

1. *mutuality of orgasm*
2. *with a loved partner*
3. *of the other sex*
4. *with whom one is able to share a mutual trust*
5. *and with whom one is able and willing to regulate the cycles of work, procreation, and recreation*.
6. *so as to secure to the offspring, too, all the stages of a satisfactory development*.

(Erikson, 1963, p. 266)

The goal then is shared identity. Erikson claims that men and women are alike in their capacity for work and have extended themselves past the traditional roles of homemaker, husband-keeper and mother.

2.2.4.7. Stage 7: Generativity versus stagnation: realization of a sense of care

This stage covers the areas of 25 to 65 years of age. This is a long period in which developing adults also guide the development of the young. Erikson believes that the adult has new needs now to be needed, and requires encouragement from what has been produced, the young generation. There is a symbiosis here often overlooked by the focus of psychology on children's dependency on adults (Erikson, 1963). Erikson (1963. p. 259) talks of a "*…libidinal investment in that which is being generated....*". *Generativity* is an essential stage on the psychosexual as well as on the psychosocial scale (Erikson, 1963). These adult needs manifest in caring behavior for others, and passing on traditions and knowledge to the

younger generation. The need to care is most often met in rearing children but can also be fulfilled in the active creation of artistic endeavor, or through transmitting knowledge, skills and values to young people. Ideal resolution then involves widening concern for what has been generated by love or necessity and as a man's loves for his works and ideas as well as his children.

Having children does not guarantee success of this stage as many individuals fail to develop this stage as they lack a basic belief in the species, which would shape a less than welcoming attitude towards the arrival of a new child into the world. If generativity fails a regressive preoccupation with pseudo-intimacy occurs, accompanied by a sense of stagnation and personal impoverishment, encapsulated in severe self-centeredness (Maier, 1965).

2.2.4.8. Stage 8: Ego integrity versus despair: realizing wisdom

The last stage of development begins somewhere between 60 and 70 years of age depending on health and cultural environment (Meyer, Moore & Viljoen, 1989).

At this stage an individual is able to reflect back on her life, in anticipation of departure. The finality of pending departure and death produces the crisis. If an individual is able to accept himself and others fully, having successfully resolved previous crises of his life, she succeeds in attaining ego-integrity and wisdom. This integrity offers great satisfaction and appreciation for one's own life as a positive experience.

Failure to achieve this results in regret and wishes to live life over again, and a sense of dissatisfaction and despair in the evening of the life cycle. Those who have not attained a sense of ego-integrity experience fear of death as the end to an unfulfilled life.

Although Erikson stresses this he does make provision for the unpredictable corrective experiences which signal endearing hope for rectifying past errors. While he is not specific about the timing and nature of rectifying windows of opportunity for recovering past failures or missed opportunities as some theorists like Harry Stack Sullivan do, he alludes nevertheless to their existence as unpredictable happenings.

2.3. The personality theory of Theodore Millon

2.3.1 Personality disorders

The study of personality in psychology has been gaining prominence over the last twenty years, since the Diagnostic and Statistical Manual (DSM III) was published in 1980 (Bashfield & McElroy, 1985). Personality disorders have been recognised as necessary diagnosable constructs for some time now, and are expressed as such in their comprising the second diagnostic axis in the DSM. The study of personality assists not only in the diagnosis of psychological disorders but in the search for understanding the aetiology of pathology, the prognosis and severity of a disorder and ultimately a search for more effective treatment and prevention of psychological disorders. Its usefulness lies in the fundamental tenant that pathology, or the symptomotology of a person's pathology exists within the context of a person's life-long pattern or style of functioning, and that therein lies the understanding and function of a person's internal processes and their related behavioural manifestations. Each clinical syndrome exists in the context of a personality pattern, of which many are themselves pathogenic (Davis, 1999). This personality pattern may be better described as:

> *"... a stable set of tendencies and characteristics that determine those commonalties and differences in people's psychological behaviour (thoughts, feelings, and actions) that have continuity in time and that may not be easily understood as the sole result of the social and biological pressures of the moment (*Maddi, 1996, p.8 *).*

Personality disorders are conceptualised in many different ways according to the paradigm from which they are viewed. Diagnostics involves the definition of personality from the observations of concrete styles of life that differ from person to person, or what Maddi (1996) would call peripheral characteristics. Traditionally the personality styles were formulated in psychoanalytic and Skinnerian language and thought, however the biosocial-learning theory model's view of personality disorders approaches the construct of personality and personality disorder more systemically. Personality disorders are thus conceptualised as intrinsically interpersonal constructs created and maintained in relationship, past and present. The Biosocial-learning theory classifies troublesome lifestyles in terms of types of reinforcement an individual primarily seeks, the sources that provide these reinforcements, and the instrumental behaviours the individual learns or has learned to employ to achieve these.

This orientation to personality disorders then focuses on understanding what reinforcements the individual is seeking, where he or she is looking to find them, and how behaviour is shaped to obtain them. This approach to personality and pathology assists in identifying essential personality styles and the function of a persons coping behaviour upon which the DSM criteria are based (Davis, 1999).

One could say that the self and the personality are one in the same thing and that the study of relationship therefore, as a context for the establishment of identity, is central to understanding the construction of personality and self. Hence the focus in personality theory on the construction of identity, self and other in relation to self.

2.3.2. Millon's Biosocial-learning Theory

2.3.2.1. Introduction

Over the last forty years Theodore Millon has produced papers and books that illustrate the effort to build a unified science of personology and psychopathology. His theoretically derived personality disorder prototypes are found to coincide in almost all regards to the Official Diagnostic and Statistical Manual of Mental Disorders (APA, 1994) Axis 11 classification schema. He has produced several diagnostic instruments, the most recent of which is his clinician-rated checklist (Millon, 1997), of structural and functional forms of psychic pathology (Davis, 1999). Millon's theory, a biosocial-learning theory has developed over the years and expanded to an evolutionary theory which retains the principles of his original theory. Millon used an evolutionary format of theoretical structures to arrive at characteristics of both normal and abnormal personalities (Davis, 1999). His theory is integrative and is the first to attempt to understand personality disorder or pathology within the context of life-long coping patterns, (personality style) and development. It seeks to locate and place the character of personality disorder (Davis, 1999). It is essentially a systemic model, which calls for systemic orientation in application and the assessment of personality disorders. In its formulation of the personality as a dynamic and complex phenomenon it is essentially optimistic and non-reductionistic.

Millon's Biosocial-learning theory will be described and explained briefly, this will include the fundamental principles of his theory and the development of his eight prototypes followed by a description of his personality styles. Millon's theory is integrative in that it is founded on the axiom that there are basic unifying principles underlying all facets of natural systems (Millon

1969). His is a holistic approach to personality and human functioning that is thus systemic in nature, and non-linear. In Millon's early work he conceptualised the determinants of personality style as the combination of both a person's biophysical components, or constitutional attributes as well as his or her past experiences, hence the conceptualisation of a Biosocial-learning theory.

The constitutional aspects included: energy, drive, activity level, sensory activity, physical strength, intelligence and vulnerabilities (Millon, 1969). These innate attributes/vulnerabilities would present a combination of capabilities and dispositions that would affect the nature and experience of the world/events/ experiences for the developing child. In other words biophysical aspects would affect how the child perceived the world, and reacted to it. Equally so, past experience would affect how the child reacts and perceives his/her experience, the assumption it seems, being, that in the process of growth people seek pleasurable experiences which are rendered such according to the reactions of others to the self, in social interaction.

According to Millon, healthy development would involve the achievement of a good fit between the constitutional factors/ disposition of a child and his or her behaviours/responses to the world, social and otherwise, which is possible only in a certain permissible environment. In other words if the environment is too pressured or stressful for a child, he or she may be forced to develop strategies of coping and adaptation which can be problematic for the child and can be incompatible with his or her natural inclinations, perhaps described as inauthentic. It seems reasonable then to deduce from this theorising that adverse developmental contexts would be defined or experienced as such subjectively since constitutions vary. Therefore what may be adverse for one may be less so for another, depending on constitutional attributes. Biological endowment, predisposition and social experience with the environment would have reciprocal influence so that while an individual's predisposition would shape and influence his or her experience (perception, and learning) so too would the environment affect biological predisposition so that peoples unique differences in predisposition, experience and learning would account for differing behaviour. The relationship between biological and environmental factors, nature and nurture is interdependent and dynamic, giving rise to varied differences in personalities of individuals (Millon & Davis, 1996). The search for patterns of commonality in behaviours would determine to what extent patterns and structures of behavioural styles could be identified.

Through everyday experiences and interactions with others the child learns how to identify

what feels good, who and what is associated with this desirable state, what behaviours induce this, and achieve this according to his or her interactions with others (responses from the social environment). Millon thought that by examining and classifying troubled lifestyles in terms of types of reinforcement evident in them, that is, by looking at how behaviour is reinforced, the sources that provide reinforcement and instrumental behaviour (what the child does to attain desirable responses), personality styles evolving from the adaptive process could be observed and described according to these factors.

2.3.2.2. Millon's eight personality prototypes.

In his book entitled Modern Psychopathology (1969), Millon proposes eight personality prototypes based on the second edition of the diagnostic and Statistical Manual of Mental Disorders (APA, 1952). He conceptualised eight personality patterns according to three elements; behaviours, self-perceptions and intrapsychic processes. He formulated a classification scheme according to the kind of interpersonal relationships an individual typically established and the mode of accommodation to the environment he or she adopted. The mode of accommodation he classified as either *active* or *passive* depending on whether the individual was inclined to attempt to change his or her environment to adapt or tend to accept reality and adapt the self to the environment. Millon points out that similar orientations either active or passive could have different motives depending on self-perception, in other words similar behaviour may result for differing reasons (Millon 1995). Millon also proposed that severe forms of disturbance such as paranoid delusional syndrome are the outcome of the decompensation of the personality structure due to severity of symptomotology (Choca, 1999).

Millon identified three dimensions or dichotomies which he found to be shared by almost all personality theories and described them in his Biosocial- Learning theory as*: Active-passive, Pleasure-Pain* and *Self- Other*. Active-Passive refers to the extent to which a person is proactive or reactive towards his/her experience of the environment, Pleasure-Pain defines a persons motivation for seeking or avoiding certain experience and Self-Other refers to the source of experience as originating within the individual (subjective experience) or in others (objective experience). Millon (1969) defined certain personality coping styles according to whether they were reinforced through seeking pleasure and avoiding pain, and how these reinforcements are sought out and avoided in the future. The coping styles were seen as complex patterns of behaviour that would be reinforced throughout the life span and were characterised by Millon into eight prototypes and three severe variants by combining the

Active-Passive dimension with a person's primary source of reinforcement. Sources of reinforcement could be one of four options: *independent, dependent, ambivalent or detached.* Independent would pertain to persons seeking reinforcement within themselves, and Dependent, would refer to those seeking reinforcement in others. *Ambivalent* would pertain to those unable to identify the source and *detached* would describe those who were not able to experience pleasure or pain significantly. A personality prototype may be neutral, weak or strong in any polarity. Being either weak or strong in a polarity simply implies a tendency to behave in a certain way rather than a value loading.

The prototypes are as follows:

- Passive-Dependent (Millon's Submissive Personality)
- Active- Dependent (Millon's Gregarious Personality)
- Passive-Independent (Millon's Narcissistic Personality)
- Active- Independent (Millon's Aggressive Personality)
- Active –Ambivalent (Millon's Conforming Personality)
- Active- Ambivalent (Millon's Negativistic Personality)
- Passive- Detached (Millon's Avoidant Personality)
- Active-Detached (Millon's Avoidant Personality)

The three pathological coping styles Millon called Cycloid Personalities, Paranoid Personalities and Schizoid Personalities.

Millon reconceptualized his model in 1990 as a result of his study of the universal principals of evolution in living systems. He found a parallel between the phylogenic evolution of the genetic composition of a species and the ontogenic development of the adaptive strategies of an organism ("personality style") (Davis, 1999). His deductions then, are that latent potentials in an organism are shaped into adaptive styles of perceiving, acting, thinking and feeling, through interaction of biologic capacities (genetic) and social experience, resulting in what he calls " personality styles." Personality then is viewed as a distinctive style of adaptive functioning that human beings exhibit as they relate to a specific environment. Abnormal development or personality dsorder is conceptualised then as maladaptive styles of functioning originating from deficiencies, imbalances and conflicts in the capacity to relate to the environment.

Using the principals he understood as being central to the survival of a species or living

system, Millon applied these to human development and functioning in an attempt to conceptualise and structure a theory for personality styles. He did this by conceptualising four areas of living systems in which these principles governing adaptive behaviour and survival are demonstrated. He termed them *existence, adaptation, replication*, and *abstraction.*

2.3.2.3 The four domains of Millon's Evolutionary Theory.

The four domains are described as follows:

(1) Aims of existence

Two strategies are identified as necessary for adaptation, the first concerns achieving life, the other is preserving it. The aim of achieving existence is to enhance life, the aim of preservation by creating and strengthening the system (organism/ self) and the aim of second is to preserve life by avoiding threats to its termination. Metaphorically, he refers to these as *enhancement* and *preservation*, personified in the individual's desire to seek pleasurable experiences (inner and outer) and avoid painful ones, which pertains to the Pleasure-Pain Polarity. Normal functioning would demonstrate the ability to move between the two in a balanced fashion so that both aims can be fulfilled.

Millon describes personalities according to their position on the continuum of the polarity. Those personalities, which seek only pleasure, behave in a way, which implies that they do not believe that life is simply about preservation. The Narcissistic, Histrionic and Antisocial personality types seek more than life preservation and pursue fulfillment (Choca, 1999). Schizoid and Avoidant Personalities are identified as those, which do not prescribe to either polarity at all. The Schizoid Personality Millon describes as lacking a need for pleasure and the Avoidant Personality being sensitive to psychological pain tends to avoid it at all costs (Millon, 1990). On the other end of the polarity personalities which are hypervigilant to threats of psychological security and rejection manifest in detachment. Those who appear to not be affected by this side of the scale are viewed as hardy, reckless and rash, perhaps antisocial in nature (Millon, 1990; Davis 1996).

(2) Modes of adaptation

These are necessarily effective ways of functioning required in order to preserve the part (individual/ self) as unique within and while connected to the whole (larger system/ society). Millon called these ways of functioning; *Ecological Accommodation and Modification: the Passive-Active Polarity.* Accommodation behaviour is described as "fitting in" behaviour one could possibly call joining, and involves stability, finding a niche, which relied on the environment for its stability and nurturance. This is one means of surviving, by remaining still and attached and stable. The other, *modification* involves a need to change and restructure elements constituting the larger milieu, the inclination is towards change and rearranging the environment to suit the self. The active –passive polarity has already been described. Healthy functioning would be characterised by the ability to behave flexibly, being able to move between these polarities in a balanced way. The Dependent personality, lacking competence and confidence are likely to remain passive and tend to behave in a way consistent with accommodation even when there is no value in doing so for themselves (Millon & Davis, 1996). Narcissistic personalities, in their confidence and sense of entitlement, passively exploit others for their own gain. Histrionic Personality types are least likely to demonstrate the Passivity polar position as they actively seek approval from others and constantly seek stimulation from their environment (Millon & Davis, 1996).

On the other end of this polarity are those personalities that actively set out to change life's events. These personality types are characteristically energetic and forceful and would include the Antisocial personalities who would exhibit these characteristics as well as those of being rash, excitable and hasty, an essentially socially unacceptable profile (Millon & Davis, 1996).

(3) Strategies of replication

In order to survive and evolve a system must replicate. Strategies of Replication involves the pursuit of reproduction that will prolong human existence. This principal of evolution is comparable to Millon's *Self-Other Polarity* (Millon 1969, 1981, and 1990). The balance between the pursuit of self-actualization and individual needs as well as the necessity to nurture others (offspring) for successful evolution. Dependent personalities experience the p*leasure –pain* polarity within relationship, (with the other) and so would tend to submit to initiatives of others in order to gain nurturance and security in what has come to be considered a pathological manner (Millon & Davis, 1996). Reproduction and joint caring for

ones offspring requires an ability to relate to the other. Seen in this context the narcissistic and antisocial personalities, having no need to look beyond themselves for pleasure and pain avoidance would fall closer to one end of the scale. Narcissistic personalities are apparently rendered such by indulgent parents in their developmental process eliciting overconfidence and arrogance. Antisocial personalities have on the other hand learned manipulative behavior and devious ways to avoid pain. They tend to be distrustful, overvaluing autonomy and rationalize their irresponsible behaviors by assuming others to be disloyal and unreliable (Millon & Davis, 1996).

(4) Process of Abstraction

Millon regards this as the final phase in evolutionary process in whichthe individual is able to integrate previous stages. Growth would now involve symbolic or abstract meaning, and would take place in both the internal and external world (Million & Davis, 1996). The stage is characterised by the *thinking- feeling* polarity. In this stage of development the ability to transcend the immediate reality to a place and time in the abstract involves both thinking and feeling functions. A tendency towards either extreme of the polarity would lead to one of three severe disorders; Borderline, Schizoid or Paranoid (Millon & Davis 1996).

(5) Millon's Personality Styles

Each of Millon's Personality styles will be described. The behavioural appearance and affective expression as well as the interpersonal manifestations of the style will be explained. Behaviour, which is deemed "normal", would constitute that which can demonstrate flexibility according to demands of a specific context. The ability to use personality traits that are not necessarily most egosyntonic, in specific situations would demonstrate positive adaptability and render more positive outcomes than those persons unable to deviate from their most essential personality styles (Choca, Shanley & Van Denburg, 1992).

(a) **Schizoid Personality Style (The asocial pattern):** Schizoid Personalities, Millon (1969) describes as being pleasure-deficient. People with this orientation display an active avoidance of intimate interpersonal relationships and are disinterested in heir surrounding material world. They appear aloof and introverted (Millon & Davis, 1996). Millon refers to this type of personality as displaying the passive-detached pattern. On the milder end of the continuum, Schizoid personality types tend to remain in the background of social events and are described as loners (Millon & Everly, 1985). The

passive inability to relate meaningfully to others is not an intended withdrawal. The extreme presentation finds individuals demonstrating a deficit in feeling within the self and for others.

Schizoids display lethargy and a general slowness in speech, walking and eating, apparently lacking energy (Millon, 1969). Interpersonally they seem bland and are aloof, both disinterested and incapable of forming meaningful bonds with others. They do not try to from bonds with others and do not pursue this at all. Their friendships amount to acquaintances rather than real bonds. It seems they also have a fear of rejection which further alienates them from social interaction as they tend to avoid the discomfort and tension these situations bring them. Their apparent coldness indicates a deficit in emotional experience, and they show little emotion for things and situations that would normally elicit affective responses in others.

(b) **Avoidant Personality Style**: The avoidant personality in milder form presents as shyness and in extreme from as alarmed. They appear nervous and uncomfortable socially, and tend to withdraw socially as a result of fear of rejection, and oversensitivity to the reactions of others towards them. Speech is slow and tentative, they appear to lack spontaneity and seem underactive. Interpersonally they find establishing relationships very difficult and uncomfortable as they feel pressured to be on their best form anticipating rejection most often. The discomfort of interpersonal relationships often leaves them withdrawing which is dissatisfying for them, as they would like to have friends. They tend to be isolated, unhappily though, and more as a result of active self-protective withdrawal than lack of self-esteem (Millon & Davis, 1996). Social situations elicit feelings of anguish, emptiness and depersonalisation. Their awkwardness in expressing emotions often fuels a rich fantasy life. They are best described as guarded and mistrustful of others.

(c) **Dependent Personality Style:** Millon termed a group of personality styles, which tend towards the polar extremes of the self-other dichotomy, the imbalanced personality styles (Millon & Davis, 1996). This group includes the histrionic, narcissistic, antisocial and dependent personality styles. Tending towards one or other extreme, these styles characteristically include behaviour which involves persons constructing their lives around seeking approval and nurturance from others, or in consistent patterns of behaviour which shows little regard for others in any way.

Persons displaying a dependent personality style are typically clingy, docile and self-depreciating. Interpersonally they avoid feeling or being abandoned or lonely by being submissive and agreeable (Millon & Everly, 1985). Persons with a dependent style can act in a completely selfless way to the point where they give up their personal rights altogether for others (Millon & Everly, 1985). This style is characterised by behaviour, which can appear to be inadequate in social skills, often finding such individuals remaining outside of adult mature responsibilities. Appearing humble and helpful at first, they mask a deeper sense of inferiority and apprehension and a need to seek acceptance from others. Persons with dependent styles can appear incompetent and pathetic (Millon & Everly, 1985).

Being passive-dependent, a person with a dependent personality style will seek a relationship that meets his/her needs for affirmation and acceptance, and in so doing be able to function more adequately socially, and being noticed for their warmth and generosity. The tendency to be submissive and clingy tends to be the more dominant picture than any assertive behaviour, as they tend to yield to others (Millon & Everly, 1985). Behaviour tends to be designed to avoid the fear of experiencing real or perceived pain, for the dependent style who is rather timid and benign (Millon & Davis, 1996).

(d) **Histrionic Personality Style:** As is the case with the dependent style persons with a histrionic personality style are dependent on others for a sense of security, the latter are more active in attaining this, hence the classification of active-dependent ascribed to this style by Millon (Millon & Everly, 1985). In less severe forms this behaviour appears flirtatious and charming but can be, in more extreme cases, viewed as over dramatic, emotionally labile and manipulative (Millon & Everly, 1985). Histrionic behaviour is attention seeking in a loud way, appearing gregarious and seductive, the centre of attention. Persons with a histrionic style are easily excitable and impulsive, creating only a favourable first but not lasting impression. After the first impression wears off, histrionic persons display what others describe as selfishness, manipulation, dependent, demanding and superficial behaviour. Persons involved intimately with a person with a histrionic personality style describe them as immature and insensitive (Millon & Everly, 1985). Affective expressions include quick swings between the extremes of depression and mania. Millon (1981) describes the salient feature of the histrionic personality as being that of fickleness and impetuosity.

(e) **Narcissistic Personality Style:** There are two personality styles which lie at the opposite pole from the Dependent and the Histrionic, and which seek security, self-esteem, nurturance and pleasure primarily from the self, they are the Narcissistic and Antisocial personality styles (Millon and Davis 1996). Both styles aspire to be stronger and more beautiful than others do, and enjoy their own judgement as the critic is of their success in doing so (Millon & Davis, 1996). The Narcissistic and Anti-social personality styles display a superiority assuredness and sense of security they feel as a result of their belief that they are superior to others. They have a sense of entitlement and believe life will deliver them the best as they are worthy, and so remain rather passive in their approach to life, waiting for what they believe to be their due to come to them.

The Narcissist Personality style is characterised by the appearance of pompousness and arrogance (Millon & Everly, 1995). Because they believe they are set apart from lesser mortals in being special, they believe rules, conventions and responsibilities that apply to others don't apply to them (Millon & Everly, 1985). This leads others to describe them as self-centred, conceited and snobbish. Interpersonally, they are experienced as shameless and exploitative and according to Millon (1981), a person with a narcissistic style tends to show no respect for others property or rights. Millon describes persons with a narcissistic personality style as outwardly cool and unimpressionable, rationalising their emotions particularly negative ones such as depression or self-doubt, and keeping those short-lived and at bay. Affectively then, they do not appear sad, dejected or depressed for long, and generally seem "untouchably cool ".

(f) **Antisocial Personality Style:** The antisocial personality style, Millon (1969), explains is, like the narcissistic, inward orientated with respect to seeking security and assurance, however, is more active than the latter, motivated by a deep distrust of the motives of others, rather than a sense of superiority. Competitive, distrustful and driven to succeed in milder forms those persons with the antisocial orientation will be recognised as very successful in western society. In more extreme cases this natural aggression may become intense and together with increased impulsiveness, may make it difficult for such persons to remain out of trouble (Millon & Everly 1985). Antisocial behaviour varies according to it's severity, so that in diluted form personas with this style may be viewed by others as brave and fearless, as they take on risky endeavours, or reckless and foolish depending on the nature of their risk-taking. Risk –taking provides satisfaction, however antisocial types tend to disregard and care nothing for the consequences of their actions on others, or threats of punishment (Millon & Everly, 1985). They are generally viewed as irresponsible or aggressive.

Interpersonally, others describe their behaviour as anything between antagonistic and belligerent (Millon & Everly, 1985). They are described, as cruel, cold and insensitive to others, finding it difficult to remain in long-term relationships, even with close family. The deep-seated distrust of others is only sedated by feeling in control of his or her environment (Millon 1969, 1981, Millon & Davis, 1996). Being socially insecure and aggressive, persona with an antisocial personality style can become vindictive in social situations that are experienced as threatening in any way to them.

Millon (1969, 1981) describes persona with an antisocial personality style as comfortable in expressing themselves in a hostile and malevolent way and equally uncomfortable in expressing warmth and affection. They are seen as sometimes labile, swinging from a good mood to extreme anger when they perceive a situation as threatening.

(g) Sadistic Personality Style: Millon gives special attention to the sadistic personality style, as he believes this is a much-neglected yet prevalent style. He describes this as a particularly abusive type of personality, which in its extremity encompasses the abusive father or political dictator. The characteristic feature of this style is markedly the reversal of the pleasure/pain polarity, expressed in the pleasurable experience of what others would normally experience as pain and vice-versa (Millon & Davis, 1996). Persons with this style are described as insensitive, cruel, competitive and abrasive. They, like the anti-social personality seem to ignore the consequences of their actions and are not deterred by threats of punishment.

They are manipulative in interpersonal relationships employing threats of violence and sarcasm to intimidate others (Millon and Davis, 1996). Some contexts in society such as the military, the business world and politics are hence well suited to this personality type, in which they can thrive. They are viewed as callous and excitable, sometimes described as incapable of feeling for others. In more extreme cases they are described as emotionally and physically abusive, deliberately causing pain for others and seemingly deriving pleasure there from (Millon & Davis, 1996). They share feelings of resentment and anger with the passive-aggressive personality type, and seem similar to the antisocial and paranoid personality types.

(g) Compulsive Personality Style: Millon describes this personality type as conforming.

Most salient is the characteristic of a constant state of conflict for these individuals (Millon & Davis, 1996). This state of conflict is derived from an inability to decide whether he or she needs to rely on self or others, and from living at the intersection of either direction, manifest in continuous ambivalence, which yields to conformity creating, in turn more inner conflict. A compulsive struggle transpires, as the compulsive personality is unable to balance both directions and feels the need to conduct himself or herself along one or other path. *Passive-ambivalent* is the term Millon (1981) uses to describe this personality style which appears rigid, uniform and consistent, restraining movement towards autonomy and independence. A range of characteristics including perfectionism, little regard for spontaneity, an inability to be flexible or creative and stubbornness are noted. The compulsive personality type respects rules, is hard working and gives attention to detail.

The way the compulsive relates to others in relationships depends on what importance he or she gives the other person. Generally he or she would tend to defer to someone of higher status in his or her eyes and the opposite with subordinates, displaying pompousness and arrogance the case of the latter (Millon & Everly, 1985). Displays of emotion are not comfortable for the compulsive who usually experiences them as a threat, and they seem to present as grave and solemn in affect (Millon & Everly, 1985). The extreme behaviour of the compulsive is easily noticed for its conformity and not easily confused with other styles. Outward presenting behaviour is described by Millon (1981) as a defence or mask against inner distress which seems to be constant as the compulsive is never satisfied with movement in either inner or outer directions.

(h) Negativistic (Passive-Aggressive) Personality Style: Millon and Davis (1996) describe the most distinguishing feature of the negativistic personality as that of the tendency to oscillate between complying and pleasing others in order to gain security and nurturance, and aggressively rejecting others and turning inwards for the same, hence the classification of Active-ambivalent for this style. This continuous vacillation between two different means of securing nurturance from others is accompanied by an enduring oppositional disposition which leaves him or her relentlessly dissatisfied, negative and wanting of better fortune in every circumstance he or she faces. The resultant presentation then is of a sullen and demanding person who cannot help but create discomfort and tension in most social situations, as no outcome is ever predictable or positive.

Aggression and anger is expressed indirectly and passively, and may cloth itself in stubbornness, and a contrary disposition although often more obviously outwardly impacting on others in impatience, erratic and impulsive displays (Millon & Everly, 1985). Anger can be so extreme that demeaning and demoralising others becomes necessary for these individuals who seem to gain some pleasure from this. Intense moodiness is often inappropriate, short-lived and variable.

Persons involved in relationship with negativistic type feel uncomfortable mostly because of the erratic and unpredictable nature of such persons. Passive expressions of anger result in manipulation of others in order to have his or her needs met. This indirect way of relating is fuelled by the effectiveness of making others feel guilty if they do not behave in a way designed by the negativist for his or her own gain.

(i) Masochistic Personality Style: Also described as self-defeating, this personality style is noted for its flawless ability to turn any situation against itself, and relentlessly ensure he or she remains the victim of circumstances. Masochists unintentionally elicit rejection from others without and tolerate suffering enduringly. Millon (in Millon & Davis, 1996) notes that masochists tend to play down their behaviour in public. They are self-denying in their retraction from pleasurable experiences, believing that this is responsible behaviour. They do not seek popularity or indulgence and appear timid, frugal and chaste.

Masochists find themselves agreeably and happily in relationships described as abusive, denigrating and blaming (Millon & Everly, 1985). They are self-sacrificing in relationships and wish to be recognised for their difficulties and loved for their sacrifices (Millon, In Millon & Davis, 1996). They take responsibility for others mistakes and take on blame for difficulties in their relationships. Millon (In Millon & Davis, 1996) states that they actively seek negative judgement from others. While their behaviour does not usually elicit the acceptance and love they intend it to, they persist with self-demeaning and punishing behaviour in interpersonal relationships.

(j) Schizotypal Personality Style: Millon classified three personality types as more severe than the others. These include the Schizotypal, the Borderline and the Paranoid types. Millon conceptualises the Schizotypal Personality type as a more extreme form of the Avoidant and Schizoid personality types, all sharing impoverished social lives (Millon & Davis, 1996). This personality type is characterized by a detachment form the

outer world and a withdrawal towards the inner, apparent in his or her magical thinking, illusions and paranoia (Millon, 1981). The separateness from the world is accompanied by avoidance of responsibility, an unfocussed orientation to life, and manifest in what others would see as eccentric. Both thoughts and behaviours express these characteristics.

Being withdrawn from the world the schizotypal personality type loses a sense of social convention and behavior appears eccentric as well as bizarre depending on the extremity of it. Behavior is not directed and seems aimless, speech is odd in word selection and language (Millon & Everly, 1985). It is however not as disordered as in the case of Schizophrenia and is not devoid of associations.

Socially anxious, even in easy and relaxed social settings, they very seldom if ever at all form meaningful attachments or interactions. Isolated and withdrawn, Millon (1981) describes the Schizotypal personality as unable to from lasting intimate relationships. Affectively, they can display flat affect or constant agitation, if more similar in other ways to the Avoidant personality.

(k) Borderline Personality Style: Millon called this type the Cycloid Personality Type in his earlier work (1981). He describes the salient feature of this personality type as being the extremity and lability of mood or affect, which present erratically and unpredictably. Self-destructive behaviour, manifest in suicidality, self-cutting and mutilation is what deems this according to Millon one of the more extreme personality types (Millon & Everly, 1985). The borderline personality type has interpersonal relationships that are unstable and emotionally charged, in which they employ manipulation in attempts to secure love and security. Borderlines are experienced as overly demanding in relationships. This interpersonal reality is constructed from a deep inner sense of insecurity and fear of abandonment, which render him or her highly sensitive to rejection. These fears create anxiety interpersonally, breeding resentment for significant others upon whom he or she feels dependent. Concerning affective expression, they tend to express their extreme moods inappropriately and display dramatic over-exaggerations (Millon & Everly, 1985).

(l) Paranoid Personality Style: The third personality style considered by Millon to be more extreme than the first eight, is the Paranoid Style. Also detached from others interpersonally, the Paranoid personality withdraws from social interaction because of

the perceived threat of virtually every circumstance, to his/her autonomy, security and health. The paranoid person experiences extreme anxiety manifest in sullen and irritable moods (Millon & Davis, 1996). Deeply distrustful the Paranoid person is similar to the Antisocial, but is more severe, more hypervigilant to perceived threats and less efficient in impulse control (Millon & Everly, 1985).

Distrustful of the motives of others the Paranoid personality can be guarded and hostile and frequently misjudges the actions of others believing and anticipating they are designed to harm him or her. Withdrawing into the self, the distance they place between themselves and others finds them living out scenarios in their minds that only exist within their minds. They construct inner realities that affirm their personal fears Millon & Davis, 1996). Imbued with paranoia, their interpersonal relationships find them provocative and abrasive, continually testing the motives of others and, displaying hypersensitivity, which keeps others at a distance, and themselves on edge. Interaction with others is therefore always tense and anxiety provoking for them.

2.4. The effects of childhood abuse and neglect on personality dysfunction and psychopathology in adolescence.

2.4.1. Introduction

The extent to which personality dysfunction can be identified in early adolescence is not well researched. This chapter examines the literature both theoretical and a-theoretical on the effects of various forms of abuse, in childhood, on adolescent functioning. It includes a brief summary of theoretical orientations to the topic, and an overview of research both quantitative and qualitative, on the short and long-term effects of childhood maltreatment and neglect. As little research is found on the actual combination of childhood abuse and adolescent personality functioning, or how distil experiences of abuse in childhood affect adolescent personality functioning and self-concept, attention is given to long-term effects affecting adults as well. Mediators of abuse are also discussed, as well as the limitations of research.

There are two main theoretical orientations towards the study of the effects of childhood abuse on later functioning. The first is the dominant developmental perspective which focuses on long-term effects of early child maltreatment and which holds the hypothesis that any childhood adversity severe enough will change the course of normal and healthy

development causing damage of some or other kind, resulting in dysfunction or negative outcomes in later years. The second orientation is that of life-course development.

The dominant developmental model is based on the idea that development is hierarchical in nature and that this is characterized by ontological progression through stages of development, so that age appropriate development at any stage is essential for later appropriate development. The argument is that inappropriate development at any stage will have a subsequent continuous effect on later age appropriate behavior reaching into adulthood. Furthermore this perspective has hypothesized for a long time that the earlier the experience of adversity, the greater the possibility of negative effects on other areas of development thus inhibiting healthy development, long-term. Developmental psychopathology therefore conceptualizes development as cumulative and sequential. An example is the research by Dodge, Bates and Pettit (1990) that suggests that long-term behavioral outcomes of early childhood victimization may develop because these experiences have altered individual processing of social information in the victim. These deficits then can affect further development of appropriate interpersonal adjustment and behavior, and contribute to later problematic outcomes such as anti-social behavior amongst others (Putnam, 1997). The focus of this research is therefore the first five years of life, based on, the until very recent belief, that the overall structure of the brain changes very little after the age of six years (Thomson, et al. 2000).

More recent research illuminates the heterogeneity of outcomes amongst subjects having experienced early childhood maltreatment, and the awareness of possible recovery at later ages due to resources and the possibility of resilience in certain individuals (Cicchetti & Rogosch, 1996; Egeland, Carlson & Sroufe, 1993; Herrenkohl, Herrenkohl & Egolf, 1994).

The second orientation is the life-course perspective developed by Elder and others (Elder, 1998; Elder & Caspi, 1988). This perspective focuses on possible dynamic change through the life span, emphasizing exogenous influences on the course of development, which can affect later outcomes (Sampson & Laub, 2001). This perspective hypothesizes that proximal events during the life-course may have more important functions in determining later behavioral outcomes than distil experiences of maltreatment or adversity in early childhood. The risk for pathological behavior in adolescence and adulthood is not viewed as being determined by early adversity, and although this perspective and the theories advancing it acknowledge the importance of early experiences on later functioning it holds the hypothesis that later experiences can be equally responsible for maladaptation. An example of work in

this vein is that of Larson and Asmussen (1991) that demonstrates those stressful events that are perceived more aversively during adolescence than in early childhood and are thus translated more readily into anger, frustration, and disruptive behavior in adolescence than in childhood. Agnew (1997) suggests in his life-course-orientated theory that more disruption in behavior may be evident from adversity experienced in adolescence than from early childhood.

The convergence of these theories may be understood by the recent research indicating that maltreatment that occurs in early childhood and persists into adolescence seems to result in the greatest consequences on later functioning (Ireland, Smith & Thornberry, 2002). From both perspectives it would seem that persistent maltreatment from early childhood through to adolescence would have the greatest impact on adolescent behavior. As studies do not specify at what age maltreatment occurred, and/ or the frequency and duration of abuse, little is known about the developmental stage at which maltreatment occurred and whether or not therefore this is relevant to outcomes observed. The age-span of childhood maltreatment is wide. The hypothesis, then, would be that persistent maltreatment from early childhood through to adolescence would be most detrimental than childhood-only maltreatment since the child would not find an opportunity for recovery or resilience (remembering that resilience is not devoid of environmental influences) (Ireland, Smith & Thornberry, 2002).

The findings of Johnson, Cohen, Brown, Smailes and Bernstein (1999), amongst others, demonstrates the importance of early victimization experiences for the development of personality disorders. Much research on the topic leaves, however, many unanswered questions regarding how maltreatment predisposes children to further psychopathology, what different types of abuse and neglect place children at risk for different types of disorders, and what mechanisms are involved in the process of developing a predisposition as well as what precipitates dysfunction later in the lives of adolescents and adults who have a history of childhood maltreatment (Widom, 1999).

Notwithstanding the fact that a large body of research exists pointing to the effects of childhood maltreatment on later psychopathology and dysfunction, and the relationship between childhood abuse and personality disorders, there is dispute with regards ideas or assumptions concerning etiology and causality and debate over the understanding of the correlations found between childhood abuse and later dysfunction. This climate therefore produces the inevitable bent towards the investigation of individual psychological factors emerging as the possible fertile terrain to explore, in search for understanding of the

meanings of correlations already discovered. One aspect arising as central to our understanding of etiology here, is that concerning what determines the difference between resilient children and those who suffer from non-resilience (Widom, 1999). Needless to say, the dynamics are complex and defy linear explanations and thinking.

The complexity of the subject has not yet been adequately reflected in the literature and the varying effects of different forms of abuse, e.g.; emotional, neglect, physical and sexual, not comprehensively, theoretically or quantitatively researched. Few studies differentiate between these different forms of abuse, and attempts to do so are difficult, as there is considerable overlap and children experiencing sexual abuse often live in a context of neglect or emotional abuse as well. Furthermore gender is not controlled for in many studies, which compromises our understanding of the developmental effects of abuse for girls specifically.

In order to understand better the development of adult pathology, it is necessary to investigate the predisposing factors and their presentations in earlier stages of development; hence the focus of this study on the adolescent manifestations of the effects of abuse, as risk factors for adult psychopathology, particularly personality disorders. Hypotheses about the developmental trajectories and the interplay of many complex variables developing into varied behavioral manifestations have only recently become a more useful focus of research. This theoretical orientation is pertinent to the focus of this author who recognizes that much work and thinking on the topic has been a-theoretical and who recognizes the need for a more integrative understanding of the developing abused child into adolescence, early adulthood and possible motherhood wherein she then continues the cycle as the context for new developing young. This study investigates the latter concerns in attempts to understand emotional and behavioral conditions in pre-adolescent girls, with the view to finding better ways to understand and intervene in the lives of abused and neglected children and to prevent the further development of psychopathology in adulthood and adolescence.

Child maltreatment was only until fairly recently really recognized as a social and public concern in the 1960's. The 1970's marked the arrival of the child abuse prevention and treatment act and since the 1970's the problem has become a major public concern. There is no dispute that child neglect and abuse are serious problems, however the definitions of maltreatment remain a debated issue (Wicks-Nelson & Israel, 2000).

2.4.2 Definitions of abuse and neglect

Four types of abuse are described in the literature: sexual abuse, physical abuse, emotional abuse and neglect (Wicks-Nelson & Israel, 2000, p.435).

> *1. Physical abuse: an act of commission by a caregiver that results or is likely to result in physical harm, including death of a child. Examples of physical abuse acts include kicking, biting, shaking, stabbing, or punching a child. Spanking a child is usually considered disciplinary action, although it can be classified as abusive if the child is bruised and injured.*
>
> *2. Sexual abuse: an act of commission, including intrusion or penetration, molestation with genital contact, or other forms of sexual acts in which children are used to provide sexual gratification from the perpetrator. This type of abuse also includes acts such as sexual exploitation and child pornography.*
>
> *3. Neglect: an act of omission by one parent or caregiver that involves refusal or delay in providing health care; failure to provide basic needs such as food, clothing, shelter, affection, and attention; inadequate supervision; or abandonment. This failure to act holds true for both physical and emotional neglect.*
>
> *4. Emotional abuse: an act of commission or omission that includes rejecting, isolating, terrorizing, ignoring or corrupting a child. Examples of emotional abuse are confinement; verbal abuse withholding sleep, food, or shelter; exposing a child to domestic violence; allowing a child to engage in substance abuse or criminal activity; refusing to provide psychological care; and other inattention that results in harm or potential harm to the child. An important component of emotional or psychological abuse is that it must be sustained and repetitive.*

A brief synopsis of empirical research involving both orientations outlined above are given forthwith. As there are many related aspects to the study of the effects of childhood maltreatment on adolescent and adult outcomes, areas have been chosen by the discretion of this author according to their relevance to this study which examines the possibility of identifiable personality dysfunction in adolescence of girls who experiences different forms of abuse in childhood.

2.4.3. Short- term effects of childhood maltreatment

Most of the research on the effects of abuse in early childhood focuses on the short-term effects rather than the long- term effects. Both long and short-term effects seem to be related to the age at which abuse was experienced amongst other mediating factors to be discussed later. Short-term effects in school-going children (early and young childhood) include perceptual-motor deficits, poor school performance, externalising behaviours, mainly aggression towards peers, and internalising problems manifest as depression, low self-esteem and helplessness (Conoway & Hansen, 1989). Behavioural problems may involve fighting with peers, or conformist behaviour designed to please others' expectations (Briere & Elliot,1994). Hopelessness, powerlessness and guilt, are characteristic descriptions of sexually abused children's feelings and understandings of who they are in their world. This internalised self-loathing may explain why so many cases of child sexual abuse remain secret. Moral confusion and the inability to make moral comparisons expected in early childhood is found to be a short-term outcome of sexual abuse. As a result of the innate contradiction, for the child, of learning and trying to discern what is right from wrong, while struggling to incorporate her own negative experiences most often born by her role-models, a pervasive sense of moral inferiority is experienced (Crowley, 2000).

Martin (1980) reviewed a large body of literature examining the effects of sexual and physical abuse on behaviour in childhood and adolescence finding that there are two opposite sets of behaviour manifest in abused children. The one set constitutes excessively aggressive, provocative and disorganised behaviour and thinking, these children tending to become school dropouts, delinquents and criminals and later abusive parents themselves. The other group constitutes children who are excessively shy, inhibited, suspicious towards others, anxious and fearful. It appears from this that both externalising and internalising behaviours emerge from similar experiences.

Children who have experienced physical abuse tend to show more externalizing behaviors than children who have not, and that these constitute both aggressive and non-aggressive conduct disorders and non-compliance, (Kashani, Shekim, Burk, & Beck, 1987; Conaway & Hansen, 1989). Perhaps most salient is the tendency to display an inability to regulate emotions, and insecure attachment to care givers. The abused child does not learn want a secure interpersonal attachment is and they experience interpersonal relationships as things in which they must either withdraw from of be hypervigilant about in order to protect themselves (Wolfe, 1999). Abused children struggle to achieve a consistent reciprocal

relationship with caregivers and establish *insecure-disorganized attachment* characterised by a combination of anxiety, helplessness and withdrawal (Carlson, Cichetti, Barnett & Braunwald, 1989).

Dysregulation of emotions is evident in most children who have been physically abused and neglected. These children are unable to modulate or control the intensity of their emotions or to express their intense feelings and impulses in an adaptive way (Cichetti, Ganiban & Barnett, 1990). They are therefore compromised in their adaptive learning to understand their world as their natural internal guidance systems and internal monitoring of their world, generated by their emotions is impaired. As emotions generate and motivate behaviour, the lack of good internal monitoring leads them to respond inappropriately to the emotions of others and their own. Interpersonal anger modulation is a problem for these children and results in consistent interpersonal conflict and a tendency to withdraw, remaining negative and resistant or displaying compulsive compliance (Crittenden & Ainsworth, 1989). Difficulty in inferring emotional responses as well as behaviour and intention of others affects interaction with peers, which thus become maladaptive (Rogosch, Cicchetti & Aber, 1995). These children having not learned about care find it difficult to identify distress in others and display deficits in social sensitivity and awareness (Straker & Jacobson, 1981; Birns, Cascardi & Meyer, 1990). A study of school-age children, by Parker and Herrera (1996), examining interactions of abused versus non-abused children with their peers found that abused children's interactions with peers were characterised by less intimacy, and more conflicts than the non-abused subjects. These findings also demonstrated the tendency for abused children to react aggressively in a range of situations, and an aversion to distress in others, reflective of the parenting behaviour they experience and learn themselves.

From a developmental perspective, sexual abuse occurring in the pre-school years, and subsequently impacting on and constricting the child's developing sense of autonomy, agency and appropriate egocentrism, may explain the symptoms of social withdrawal, depression, acting-out behaviours and dissociation that are evident amongst these children (Crowley, 2000).

Most incidents of childhood abuse remain invisible and their victims silent, which for some is the only option for survival, and although there is research indicating specific short-term effects, it seems from qualitative research that abuse in childhood, because of the cognitive limitations of different developmental stages at which this abuse occurs, produces effects that are not easily identifiable. They find intricate ways of weaving themselves into the fabric

of the self-concept through feelings and later thoughts and attributions, their tracks invisible to self and others. The complexity of the process of the evolution of the self-concept many renders the direct implications of early abuse invisible and mysterious. Some argue that defence mechanisms remove their impact, others argue that there is always a cellular memory beyond consciousness, this is a much debated topic and deserving of a larger study on it's own, beyond the scope of this dissertation. The effects of very early abuse become intertwined in patterns of thought and emotion and action in the developmental process.

2.4.4 Long-term effects of childhood maltreatment

The focus of long-term research has been the observation and measurement of the characteristics of people having been abused as children, not on the causal relations or the possible aetiology of presenting psychological problems and clinical pictures. Prospective research with children who have suffered abuse are in motion but are also very scarce, those of which are being carried out have more information on short-term effects than long term effects as yet. Most research looks at sexual and physical abuse and there has been little research on the effects of neglect despite neglect being more prevalent than either sexual or physical abuse (National Center on Child Abuse and Neglect, 1985; Straus, Kinrad & Williams, 1995).

Joel Paris (1997) stresses the importance of clearly distinguishing between risk factors and etiological explanations when examining research on long-term effects of childhood abuse. There is too often, in his opinion the incorrect interpretation of correlation as possible causation or the interpretation of research results as supportive of assumptions. While there are many community studies examining the long-term effects of physical and sexual childhood abuse, (Browne & Finkelhor, 1986; Malinosky-Rummell & Hansen, 1993), trauma, and consequent lists of symptoms related to childhood trauma, Paris argues that there is no predictable abuse victim " profile". Supporting Paris's view is that of Miller and Porter (1980), who advance the opinion that the nature of life events as well as how they are processed and integrated over time by an individual influences causal attributions of those life events and reactions to them. Long-term sequelae are dependent on multiple mediating factors.

There is a large body of research, which documents the prevalence of childhood sexual abuse as a predisposing factor for later psychopathology and personality dysfunction. Some of the factors, which are highly correlated with childhood maltreatment of various kinds, are as follows:

2.4.4.1. Depression

Clinical literature reporting adults with a history of childhood abuse implicate depression and suicide attempts. Suicide attempts and depression in childhood and adolescence is evidenced in a small body of research (Widom, 1994).

According to Browne and Finkelhor (1986), empirical studies support that women who have been sexually abused as children most commonly report depression. Bagley and Ramsay (1985), conducted a community health study using a random (non-clinical) sample of 387 women and found that adult women with child sexual abuse histories scored more depressed on the Center for Environmental Studies Depression Scale (CES-D) and on the Middlesex Hospital Questionnaire's measure for depression. A study, also using a random (non-clinical) sample of 119 women, by Peters (1984), revealed that women who had experienced sexual abuse with physical contact recorded a higher incidence of hospitalization for depression and a greater number of depressive episodes than women who had not been sexually abused. Furthermore, in multiple regression including family background and sexual abuse factors, child sexual abuse made an independent contribution to depression. Research illustrates a significant link between depression and childhood sexual abuse (Kendall-Tackett, Williams, & Finkelhor, 1993; Kendler et al., 2000); Briere, & Runtz, 1985 and Sedney & Brooks, 1984).

Differences in depression between childhood abuse victims and non-victims are not as prevalent or clear in studies using clinical samples (Browne & Finkelhor, 1986).

2.4.4.2. Self-destructiveness

A range of self-destructive behaviors and cognitions are associated with childhood abuse, ranging from subjective feelings about self that are negative and self-reinforcing, through to self-mutilation, unwanted pregnancies, revictimization, eating disorders and so forth. A cluster of adolescent behaviors including substance abuse, delinquency, and precocious sexual activity are considered elements of a deviant adolescent lifestyle (Jessor & Jessor, 1977). This behavior in adolescence is generally regarded as functional since it may have positive value in assisting adolescents achieve important goals for this stage of development such as helping them access a peer group etc. (Jessor, 1984). Persistence in this behavior in late adolescence and early adulthood can result in maladaptive patterns when more

positive means for achieving goals are not found. How one identifies the " normal deviance " from the more severe permanent indicators is therefore difficult, behaviors seemingly severe in adolescence have known to abate after the " turbulent" years are outgrown, however for some they simply change form or become entrenched in personality dysfunction difficult to change.

2.4.4.3 Substance abuse

Research shows that substance abuse is increasing in significant proportions in early adolescence (Johnston, O'Malley, & Bauchman, 1992). Research on survivors of childhood abuse reveals significant correlation between childhood abuse and later substance abuse (Felitti, et al., 1998). The summary of the literature indicates a high prevalence of the problem in male subjects. Few female studies are witness to the prevalence for women. Brown and Anderson (1991) suggest that the use of abusive substances in adults who were victims of abuse as children have something to do with the abuse-related feelings and cognition in these children. The perception of parental love and acceptance is regarded as crucial to drug related behavior since the teenager is more likely to resist drug use if she/ he perceives this support (Stein, Newcomb & Bentler, 1987).

Low self-esteem and low conventionality (lack of conformity) are associated with adolescent drug use. (Necomb, Maddahian & Bentler, 1987). A study on the relationship between identity development and drinking patterns in university students by Le Couteur, Reid and Byrd (2001), reveals that adolescents who were experiencing identity uncertainty i.e., were identity diffused or foreclosed, had both internal and external motivations for drinking and experienced alcohol related problems. Thus a sense of a lack of control over their lives and confused self-images correlated significantly with alcohol related behavior problems. Family risk factors include parental modeling of abuse behavior and inadequate child-rearing practices (Coombs & Paulson, 1988). A physiological vulnerability evident in sensation seeking and poor impulse control are amongst the individual and interpersonal factors seen to be influencing adolescent drug abuse severity (Hawkins, Catalano, & Miller, 1992). Amongst clinical samples there is a high discrepancy between sexually abused women and alcoholism and drug addiction and the non-abused subjects. Non –clinical samples do not reveal great differences. Herman (1981) found that a majority of women in her clinical sample who had incestuous fathers abused drugs and alcohol (Vs 5% of women with seductive fathers).

2.4.4.4. Self-inflicted physical harm

Self-destructiveness is more prevalent in women with sexual abuse histories than those without, as is evidenced in both non-clinical and clinical studies. Self-destructiveness takes various forms; self-inflicted physical abuse as well as suicide attempts are recorded. The study by Sedney and Brooks (1984) found that 39% of college students who had been sexually assaulted in childhood as opposed to 16% in the non-abused sample expressed thoughts of hurting themselves. Briere (1984) discovered that 51% of sexual abused victims had a history of suicide attempts, which was 16% higher than non-abused subjects were, in a clinical sample. High incidence of suicide attempts in child sexual abuse victims has been found by several other researches (Harrison, Lumry & Claypatch, 1984).

One study, which looks systematically at the relationship between childhood abuse and neglect on self-destructive behavior, is that of van der Kolk, Perry, and Herman (1991). In this study, which used historical and prospective data for 74 subjects with personality disorders and Bipolar 11 disorders, it was found that histories of childhood trauma, specifically sexual abuse and neglect were significantly related to self-injurious behavior, specifically chronic suicide attempts and self-cutting. Furthermore physically self-injurious behavior was significantly associated only with the subjects with Borderline Personality Disorder (BPD). Chronic cutting was associated with childhood neglect, as were chronic suicide attempts with sexual abuse. The findings may reflect then that physically self-destructive behavior may be specifically related to persons with BPD and that the form it takes is qualitatively related to the type of abuse suffered.

Dubo, Zanarini, Lewis and Williams, (1997) in their study of 42 inpatients with BPD and 17 with other personality disorder diagnosis, found affirmation for the findings that chronic self-destructive behavior is strongly associated with sexual abuse and neglect in childhood, for BPD patients, and that the onset for self-harm is early childhood. These self-destructive behaviors were found to be chronic and repetitive.

That there is a strong correlation between self-destructive behavior and sexual abuse and neglect is clear, what role the latter plays in the etiology of the former is not so clear.

Ciccetti (1989) suggests that childhood abuse and neglect may directly affect the child's natural developing capacity for modulating affect and that the lack of early parental

responsiveness and protection may affect the normal development of affective modulation. Linehan and Heard (1992) propose the possibility that the self-destructive behavior may be a maladaptive attempt to regulate strongly negative affect. Biological abnormalities such as low levels of serotonin may influence this behavior; however, whether these abnormalities are results of the trauma or innate vulnerabilities remains uncertain (Coccaro et al., 1989).

What is relevant perhaps is the interpretation of this reality by some theorists concerned with the impact of abuse on self-concept (Crowley, 2000). For self-mutilating victims the body itself becomes the tortured and tormented arena, and it seems that strong negative feeling towards the self may be characterized by harmful action towards one's own body for these youngsters, indicating a perception of self as betrayer of self and the internalizing of a bad object her context does not protect her from. She experiences her body as the source of her fear and her power. It generates both unwanted feelings and experiences and is a means by which she elicits responses from others, all be they unwanted.

2.4.4.5 Sexual dysfunction and maladjustment/ promiscuity

The correlation between prostitution and early sexual abuse is high. There seems to be a relationship between early age of sexual abuse and the outcome of prostitution (Fields, 1981).

Many studies examining the effects of childhood abuse on long-term sexual functioning illustrate the high correlation between childhood abuse and later sexual problems which include feeling sexually anxious, and feeling sexual guilt as well as dissatisfaction with sexual relationships; (Langmade, 1983) an inability to enjoy sexual experience, avoidance and abstinence of sexual activity and or extreme compulsive desire for sex; (Courtois, 1979), low sexual self-esteem, (Finkelhor, 1979) and promiscuity (Tsai, Feldman-Summers & Edgar, 1979). These studies involved both clinical and non-clinical samples.

Although promiscuity among victims has received a lot of attention in research which shows strong correlations, Fromuth, (1983) in her non-clinical study of 482 college female students found that girls that had been sexually abused would describe themselves as " promiscuous" even though they did not necessarily have several sexual partners, which may indicates that promiscuity is more a function of negative self-attribution rather than indicative of actual sexual behavior (Browne & Finkelhor, 1986). Perhaps these finding points to the evidenced difficulty survivors of sexual abuse have in establishing a sexual identity (White and Strange, 1993). It seems that the latter is very difficult for these women. In the face of having to give

meaning to their actions and lives, the need to assume some or other plausible identity may mean they choose between two socially prescribed and recognized options and scripts, that of either the “saint” or the “ whore” in attempts to disguise the invisibility a lack of identity generates, remaining masked to some extent. This confusion in identity Crowley (2000) hypothesizes in her developmental orientation to understanding the expressions of her teenage subjects, she believes, are a result primarily of the schism between mind and body generated by sexual abuse of the young child, and later the split between mind and voice in the adolescent who cannot break the silence of her predicament and remains caught in the disparity of two separated worlds and identities, her inner and her outer, which the need to remain silent generates. The less than common awareness expressed and presented by Gilligan (1988) in her qualitative research on adolescent girls, of the need for young adolescent girls to resolve issues of relatedness in identity formation and individuation in adolescence is further complicated by the dynamics of sexual abuse, where intimacy means loss of autonomy, and carries destructive emotions along with it, making the quest for autonomous intimacy even more difficult. From this perspective the findings of Fromuth’s (1983) study may well illustrate attempts at defining self as the whore in the face of identity confusion and invisibility. The predicament of knowing the differences between their private reality and gender norms and their alienation in their ability to “ fit in” does not preclude sexually abused children and young women assuming the roles of the conforming child Crowley (2000), describes in adolescence as the “Madonna” or in adolescence the “ whore”; the grown-up rebellious child.

A study by Aiosa-Karpas, Karpas, Pelcovitz and Kaplan (1991) addressing issues surrounding identity formation and sexual abuse in adolescence using a notably diverse sample of American girls, revealed that “ adolescent victims of interfamilial sexual abuse experience difficulties in the formation and consolidation of a stable female identity “ (p.270). The authors speak of what they speculate to be an adeptness in reading social environmental cues in these girls and an increasing awareness of the disconnection between their private lives and social expectations. Whether the abuse continues from childhood into adolescence is significant for adolescent outcomes, however early childhood maltreatment that is discontinuous may carry it’s flavor insidiously even if it never finds a voice in adolescence or a meaning in adolescent thought, particularly if the abuse occurs at the preverbal stage of development.

Herman (1981) observed that a repertoire of sexually stylized behavior was identifiable amongst her subjects. This she believes is a means whereby these girls/women elicit affection and attention.

Crowley (2000) researching the effects of sexual abuse on the development of self-concept emphasizes the significance of the inextricable link between positive physical development in the early years; the emergent acquisition of physical accomplishments and the development of a sense of a healthy self in early childhood development. She hypothesizes that, should sexual abuse occur in these early years, the child's experience of pleasure in new found physical abilities can be marred by the awareness of the same body attracting unwanted feelings and experiences. This she refers to as the body-mind split. The young child thus may experience both pleasure and pain resulting in confusion and fear so that she struggles to separate pleasure from what Crowley (p. 23) describes as a " vague sense of uncertainty and dread". The impact could understandably be, then, an inability to explore and enjoy sexual pleasures she should normally experience. This may be what is reflected in the range of feelings expressed by survivors of childhood sexual abuse, experiencing various sexual dysfunction ranging from frigidity to promiscuity (Briere & Elliot, 1994).

Lessons of manipulation taught by sexual abuse, engendering the young girl in particular with a sense " power" in being physically attractive to males in her adult world could be seen as a viable formula for learning to use her body to get what she wants from others, that being primarily attention and affirmation (Russell, 1995).

2.4.4.6 Interpersonal relationship difficulty and inability to trust others

Difficulty in trusting others, manifest in feelings of fear, hostility, and a sense of betrayal are common amongst women who have been sexually abused as children (Browne & Finkelhor, 1986). Incest victims are most likely to experience difficulty in close relationships in later life (Meiselman, 1978). Briere (1984) notes that incest victims have particular difficulty in close relationships. A high percentage of women with these histories experience great difficulty relating to men. Herman (1981) notes that rage is directed largely towards the victim's mother, and that all other women are regarded with contempt including the victims themselves. Early sexual abuse seems to be related then to interpersonal difficulties with both men and women. When closeness and affection is imbued with sexual meaning, as is the experience of many of these women, parenting becomes problematic as mothers experiencing this difficulty maintain emotional and physical distance from their children thus

running the risk for perpetuating the cycle of abuse (Browne & Finkelhor, 1986).

Perpetuation of the abusive cycle is found to be a long - term effect of early abuse, and a high percentage of women find themselves in abusive marital relationships in later life (Briere, 1984).

Research by German, Habenicht and Futcher (1990) looking for a psychological profile for teenage incest survivors, found that the girls were socially shy and withdrawn but also that some were best described as " cool" in their interactions, having fewer friendships. Combined with seemingly contradictory findings of dominance, expediency and ego-strength, the authors interpret their results as evidence of distrust in adolescent girls, of others, and a tendency to view their social world from a position of detachment, appearing calm and mature to others in dealing with their world. They also scored much lower than the norm group on self-concept.

Scott and Stone (1986) conducted a cross-sectional study comparing symptom profiles of teenage girls and adult women who had been sexually abused in childhood. Their research findings revealed a similar tendency amongst both groups of women of a persistent feeling and inner experience of alienation in social interactions and personal relationships.

2.4.4.7 Antisocial behaviour

Several findings claim that early childhood abuse has long-term effects and produces antisocial behavior in adolescents and adulthood (e.g., Ireland and Widom, 1994; Kakar, 1996; Smith and Thornberry, 1995). These assumptions are questionable as they do not denote specifically developmental age of abuse, and apply to abuse occurring any time between birth and 12 years of age, and so the mediating factors of frequency and age of abuse and duration obscure the meaning of these studies.

Malinosky- Rummel and Hansen, (1993) find that the majority of studies on the long-term effects of physical abuse focuses on aggressive and violent behaviors in adolescents and adults. Most studies focus on male subjects, and it seems violence towards others is more predominant with men. It may be that aggression is displayed differently in girls as research indicates that girls tend to internalize rather than externalize especially as they grow older as social expectations of gender roles is different for girls from boys. Rogeness, Amrung, Macedo, Harris & Fisher, (1986) support the idea that aggressive behavior being more

prevalent in boys who have been physically abused, may not necessarily apply to girls.

The findings of Ireland, Smith & Thornberry (2002) investigating influences of childhood-limited maltreatment on early and later adolescent antisocial behavior and substance abuse reveals that childhood- limited maltreatment does increase the risk for violent crime in early adolescence but not in late adolescence. Besides this finding, these authors find no significant relationship between childhood limited maltreatment and other different negative behavioral outcomes in early and late adolescence. It seems then that if childhood adverse experiences are not continuous, persisting into adolescence, minimal risk for adolescent delinquency and drug abuse results, contrary to previous studies indicating otherwise. There is evidence of short-term negative sequelae (Cicchetti & Rogosch, 1997; Dodge, Bates & Pettit, 1990). It seems therefore, children find resources to cope and display resilience enabling them to progress without permanent impairment otherwise possible engendered by ongoing experiences of this kind.

2.4.4.8 Subjective emotional reactions

Symptoms of anxiety and tension, including anxiety attacks, nightmares, and difficulty sleeping were found top be markedly higher in victims of childhood sexual violence (Briere, 1984). Herman (1981), Courtois (1979) and Briere (1984), all found that sexually abused subjects suffered moderate to very high degrees of feeling isolated, stigmatized and alienated. Although some victims scored high on self-esteem in Bagley and Ramsay's (1985) study, using the Coopersmith Self-esteem Inventory, triple the number scored very low, with markedly lower frequency than the control group. Herman found that 60% of incest victims were reported to have an innate negative self-image compared with 10% on the comparison group who had seductive fathers. Guilt, self-loathing and low-self esteem are amongst some reactions already addressed.

2.4.4.9 Delayed reactions

The literature indicates that there can be significant delay in the onset of sequelae of childhood sexual abuse, so that while sexual difficulties may not appear evident in late adolescence, they can surface later in adulthood (Fromuth, 1983). Similarly childhood symptoms that appear to be developmentally specific sometimes can manifest differently in adulthood or assume a different picture in later years (Browne & Finkelhor, 1986).

Johnson, Cohen, Brown, Smailes and Bernstein (1999) are of the opinion that there is no longer any doubt that abuse, particularly in early childhood has profound effects on psychological functioning, and that it plays a critical role in the development of personality disorders as well as more extreme development of psychiatric disorders.

2.4.4.10. Psychiatric disorders

Childhood sexual and physical abuse has been found to be extremely prevalent in adults with psychiatric disorders. These aversive experiences have been found also to be correlated with the severity of symptoms and the nature of disturbance. Studies of adult psychiatric patients such as that conducted by Bryer, Nelson, Miller and Krol (1987), indicate that the more severely disturbed patients were more likely to have experienced either sexual or physical abuse in childhood. Adult female inpatients who have a history of abuse tend to have both more psychotic and features as well as disturbances of character, (Axis 11 Disorders/ personality disorders) than others, (Bryer, Nelson, Miller & Krol, 1987). Furthermore these authors find that, psychiatric disorders are found to be more prevalent with women who have experienced more than one kind of abuse, and these authors call attention to the additive effects of different forms of abuse.

2.4.4.11. Personality disorders

Bernstein et al. (1993) support the view that adolescence is a risk period for personality disorders. Focus in the literature has been on the Anti-social Personality Disorder (APD) on which there has been extensive research, however little is known of the childhood antecedents of adolescent personality disorders. Borderline Personality Disorder (BPD) has also received much attention.

It seems that the effects of childhood maltreatment on the development of personality disorders can take indirect paths. Mc Guffin & Thapar (1992) reveal the lack of research supporting or showing that categorically defined personality disorders are heritable. Heretability is consistently found to be correlated with personality traits however (Nigg & Goldsmith, 1994). Paris (1997) proposes that the presentation or form of a personality disorder may be influenced by temperamental characteristics and are not however determinants of whether or not personality disorder develops. It remains unclear whether the same environmental influences are at work in the manifestation and evolution of personality disorders. Paris points the findings that environmental influences on personality are not

similar which presents a challenge for research on etiology of personality disorders which bends towards more traditional theorists who emphasize the weight of environmental factors, namely the intra-familial context and social learning theories for personality influence and development.

Childhood abuse is such an environmental factor, however while it is acknowledged throughout the literature that these play a part in the development of personality, it may be that psychological factors are more significant in determining the correlation between these and developing personality disorder, influencing pathways between traits and personality disorders. There are many other environmental variables that also play a part such as parental psychopathology, and social disintegration as well as traumatic events (Paris, 1996).

The relatively high number of avoidant and paranoid personality disorders among abused subjects found in the study by Stanley and Raznek (1992), investigating the association between young males who have a history of childhood abuse and personality pathology, brings these authors to view significant, their results as indicators that abused children later develop traits of low-self-esteem, shyness, extreme inhibition and sensitivity to rejection as well as a tendency to suicidal behavior and mistrust and suspiciousness towards others (paranoid).

Numerous studies have investigated the relationship between early abuse and personality, particularly BPD, in adults, less in adolescence. Research by Gibb, Wheeler, Alloy, and Abramson (2001) which investigates emotional, physical and sexual maltreatment in childhood versus adolescence, and personality dysfunction in young adulthood, marks one of two studies found that differentiates between different forms of abuse and personality dysfunction. This research suggests that levels of childhood sexual maltreatment be related directly to significantly high manifestations of Paranoid, Borderline, Histrionic, Narcissistic, Dependant and Passive-Aggressive personality disorders. Furthermore emotional and physical maltreatment in childhood was not found to be uniquely related to any specific personality dimensional scales. The study indicates that childhood sexual maltreatment and personality dysfunction are not correlated in a specific way as childhood sexual maltreatment was correlated with 6 out of 11 personality disorders. The authors therefore conclude that childhood maltreatment is related to generalized personality dysfunction in adulthood. Only a few subjects displayed significant criteria to render a diagnosis of a personality disorder.

Elevated personality disordered symptom levels for anti-social, borderline, passive aggressive, and schizoid personality disorders were found amongst young adults who suffered from sexual abuse in childhood (Johnson, Cohen, Brown, Smailes & Berenstein, 1999).

Documented neglect is found to be associated with elevated symptoms of anti-social, paranoid, passive aggressive, schizotypal and total personality disorders, after controlling for age of offspring, parental education and parental psychiatric disorders (Johnson, et al. 1999). A related study which looks at the associations between four types of childhood neglect and personality disorder (PD) symptoms during adolescence and early adulthood, in a longitudinal community-based study, by Johnson, et al. (2000), reveal that childhood emotional, physical and supervision neglect are associated with increased risk for personality disorders with elevated symptom levels during adolescence and young adulthood, after age, sex and physical or sexual abuse and occurring personality disorder symptoms were controlled statistically. Childhood emotional neglect was found to be associated with increased risk for Avoidant PD and Paranoid PD and physical neglect was associated with elevated Schizotypal symptom levels. Supervision neglect was associated with Borderline, Paranoid, and Passive-aggressive PD symptom levels. This suggests that there may be purpose to investigate etiological models for each of the different types of personality disorders. In this study "supervision neglect" pertained to aspects of parental guidance and setting of boundaries and limits to behavior. Of significance is the stark presence of distinct behavioral tendencies as early as adolescence, which already resemble adult patterns of personality dysfunction. Interestingly Anti-social PD symptoms were also investigated and there was no correlation found with any forms of neglect investigated, in adolescence and early adulthood.

Stanley and Racznek (1992) conducted a study on young male subjects, their finding that severe sexual abuse in childhood is associated with development of pathological personality traits. Significant personality pathology and characteristics from the " dramatic cluster", namely Anti-social, Borderline, Histrionic, and Narcissistic personalities, supporting the notion that physical and sexual abuse early in life lead to the development of personality characteristics such as aggression, impulsiveness, emotional instability, difficulty in interpersonal relationships, antisocial behavior, and the tendency to self-destructive behavior such as suicidality and substance abuse. These findings support female studies of this nature.

Numerous studies have investigated the relationship between early abuse and personality disorders, particularly BPD in adults. This may be because BPD is the most thoroughly investigated of all personality disorders included on Axis 11 of the American psychiatric association (APA) multi-axial diagnostic system (APA, 1987) (Laporte & Guttman, 1996). There is however limited knowledge about the comparisons of the background histories of people diagnosed with BPD and persons with other personality disorders. Those studies, which exist, are primarily based on small samples from single clinical settings (Laporte & Guttmann (1996).

These authors speak with certainty of their findings that people with BPD report greater histories of childhood abuse than other psychiatric patients, as is also supported by Goldman, D'Angelo, DeMaso, Mezzacappa, (1992); Herman, Perry, and van der Kolk, (1989); Zanarini et al., (1997); amongst others. Having said that it is also interesting to note that contrary to these findings, in this study, the subjects with BPD were not found to have experienced more childhood abuse and neglect than subjects with other personality disorders. Although this could be due to the use of a control group comprising largely subjects from the dramatic cluster, and Anti-social Personality Disorders, the finding may suggest that other factors are at play, namely possibly; that the interaction of certain childhood and/or their additive affect may be important for the development of BPD, or that persons with BPD respond to life circumstances differently from others because of constitutional factors, or have certain characteristic ways of interpreting and processing experiences, that is different from others. It seems that most literature examining the personalities of adults with a history of abuse point to characteristics found in the personality disorders of the "Dramatic Cluster" with the focus on BPD characteristics.

Shearer, Peters and Quaytman, (1990) in their article concluded that a suspected complex partial seizure disorder, eating disorders, and drug abuse disorder were over-represented among the female borderline patients who reported a history of sexual abuse whereas antisocial personality disorders was found to be more prevalent amongst those who reported past physical abuse. Although Stanley and Racznek (1992) conducted a study on military male subjects their finding that a sexual abuse in childhood is associated with significant personality pathology and characteristics from the anti-social dramatic cluster, namely anti-social, borderline, histrionic, and narcissistic personalities, supports the notion that physical and sexual abuse in early life lead to the development of personality characteristics such as aggression, impulsiveness, emotional instability, difficulty in interpersonal relationships,

antisocial behavior, and the tendency to self-destructive behavior such as suicidality and substance abuse. These findings support female studies of a similar nature.

Little research has been conducted with the purpose of examining the relationship between self-destructive behavior e.g.: mutilation and reported histories of childhood sexual abuse in patients with borderline personality disorder. van der Kolk, Perry and Herman (1991) found in their study of 74 subjects with personality disorders, that histories of sexual abuse, (in particular) and childhood emotional neglect were high predictors of chronic suicidality, cutting and other self-injurious behavior. The authors report that suicidality and suicide attempts were most strongly correlated with sexual abuse and that emotionally neglected children were most likely to involve themselves in chronic cutting (1997). Self-mutilation was found to be a discriminating symptom for borderline personality disorder, and suicidality

Controlled empirical studies reveal that women with BPD report histories etched with loss and trauma, early separation from significant others and inadequate and inconsistent parenting, (Links, Steiner, Offord & Eppel, 1988; Soloff & Millward, 1983). Research by Nig et al. (1991) indicates that the severity of pathology experienced by persons with BPD is positively related to sexual abuse, indicating possible indirect paths to dysfunction. Herman, Perry, and van der Kolk (1989) found that 80% of adults with borderline personality disorders had experienced significant trauma in childhood, namely physical and sexual abuse as well as the witnessing of domestic violence. Contrary findings by Trull (2001) who conducted research on a non-clinical sample using self-report measures indicate no significant correlation between youth with childhood sexual abuse histories and BPD however it was reported that incidents of childhood abuse were few in the sample. Although a moderated effect occurring through the combination of clinical and non-clinical samples in this study and the lack of control for gender, may account for the low base rate for sexual abuse, a meta-analysis of research examining the relationship between childhood sexual abuse and borderline personality disorder, by Fossati, Madeddu, and Maffeii (1999) indicates only a moderate relationship in spite of ninety percent of the studies reviewed using clinical samples. The authors recognize this as a sign that sexual abuse in childhood is not a major risk factor for the development of BPD.

Both witnessing and direct experience of sexual, physical or verbal abuse within the family context, has been found to be frequent amongst women who are seen to suffer from borderline personality disorder (Herman, Perry, & van der Kolk, 1989; Nigg et al., (1991); Stone, 1990; Ogata, Silk, & Goodrich, 1990; Western, Ludolph, Misle, Ruffins, & Block,

(1990). Severity of the pathology experienced by persons with BPD is positively related with sexual abuse (Nig et al., 1991). The implications of these findings are that trauma rather than distil experiences of actually being directly involved in abuse have equal impact on developmental trajectories.

The comparative studies of early histories of differing personality disorders are few and it is therefore difficult to ascertain whether there are differences between the types of trauma experienced by persons with borderline personality disorder and those experiencing other personality disorders (Laporte & Guttmann, 1996). Save for the study by Gibb , Wheeler, Alloy & Abramson (2001), which has been discussed already.

According to Johnson et al. (1999), who conducted a longitudinal community study documented physical abuse was found to be associated with elevated symptom levels of anti-social, borderline, dependent, depressive, passive aggressive, schizoid and total personality disorders after controlling for age of offspring, parental education and parental psychiatric disorders statistically. Anti-social and depressive personality symptoms remained significantly associated with documented physical abuse after symptoms of other personality disorders were controlled statistically.

2.4.5. Mediating factors

Mediators explain how external physical events take on psychological significance (Baron and Kenny, 1986). The role of mediating factors in the effects of abuse on personality functioning and the aetiology of psychopathology is a debated topic. Research findings indicate it is worth further investigation.

Wolfe and Mosk (1983) find that there is similarity between the behaviours of children who have experienced physical abuse and those who have witnessed domestic violence and those from non-abusive conflicting families. What this suggests is that it is essential that we recognise and start to incorporate in our studies the idea that it is the perception of the child's own experience, rather than the quantified experience itself that determines to what extent the child is affected by that experience.

Cognitive aspects of the child, such as differing perceptions of abuse and schema may account for the differing effects of similar circumstances on outcome (Finkelhor, 1988). How a child processes what is happening to them or what they are experiencing is central to

resilience. Research suggests that a person's cognitive appraisal of her experiences largely affect her response to them and thus the effects of them on her life (Lazarus & Launier, 1978). How processing differs depends on developmental stage, relationships with significant others, reactions of significant others, and personality factors such as hardiness.

Wyatt and Newcomb (1990) voice the uncommon view that various mediating processes influence the impact of childhood sexual victimisation, which, these authors regarded as a major stressor from which other psychological, sexual and relationship problems can develop. The view is considered uncommon in so far as childhood sexual abuse events are absent from major life events scales or measures of daily stressors (Hammen, Marks, Mayo, & Demayo, 1985; Kanner, Koyne, Schaefer, & Lazarus, 1981). Examination of internal coping strategies and external mediators can assist in understanding the impact of abuse as major stressors on an individual (Drauker, 1989, Harter, Alexander & Neimeyer 1988). To what extent there is predisposing psychopathology will affect how easily abuse can trigger inflexibility and malfunction (Finkelhor, 1988).

2.4.5.1 Internal and external mediators

External mediators or circumstantial mediators may include the responses of other people to the abuse, affecting to what extent the child feels safe or unprotected. Internal mediators can include the child's attributions to victimisation, and to what extent she blames herself or has a realistic appraisal of her experience (Wyatt & Newcomb, 1990).

Research by Wyatt and Newcomb (1990) examined mediational and direct effects of child sexual abuse on adult functioning. Their findings indicate that two circumstantial variables had direct effects on adult negative outcomes, namely severity of abuse and proximity of abuse, which had both direct and mediated influences on outcomes. Internal mediator variables found to have significant effect on adult functioning were immediate negative response to abuse and internal attributions. The latter variables were important in that they explained the impact of duration of abuse and coercion on negative outcomes.

Negative self-attributions including self-blame and guilt have much to do with the nature of the relationship between perpetrator and victim. Betrayal and fear vary according to the nature of the relationship between perpetrator and victim. Girls who experienced continuous sexual abuse from a close family member and particularly a father figure are less likely to disclose and often do not, sometimes for years, as the abuse is shrouded in secrecy (Russell, 1983; Finkelhor, 1979). When psychological coercion accompanied abuse, which is

often the case with incest, victims are more likely to blame themselves, and this internal mediator of immediate negative response and negative attribution was found to directly affect later negative outcomes. Wyatt and Newcomb (1990) found surprisingly, that adult survivors of sexual abuse by a stranger had experienced direct effect and mediated influence of these experiences on later functioning through immediate negative responses and self-blame. Recurrent incestual abuse without disclosure and support will create negative responses like self-blame as the child attributes the inability to control her environment to herself (Finkelhor & Brown, 1985).

Continuous abuse that is severe and long-standing, conducted by a family member is known to produce the greatest number of sequelae. Even so, high-risk types of abuse do not necessarily result in major psychopathology (Paris, 1997).

Perceived social support plays an important role as a positive buffer to the effects of abuse. Victimisation, which is enduring and concealed, prevents supportive intervention, and realistic appraisal, perpetuating negative self- attribution and producing a perceived loss of control of one's life and environment and consequently learned helplessness (Seligman 1975). Negative evaluations of sexual abuse can perpetuate abuse and revictimization by increasing fear and vulnerability as well as acceptance of the fate of victim (Wortman & Brem, 1975; Russell, 1986).

2.4.5.2 Resilience and biological heritable factors

Paris (1997), critically examines the relationship between adverse experiences in childhood and personality disorders in adulthood, arguing that it is problematic to attribute adult pathology to environmental factors and presents a strong argument for the influence of heritable personality traits, in the bigger picture of developing psychopathology. He draws attention to the less considered fact that the majority of persons with personality disorders do not report childhood trauma and abuse as well as the restrictions and limitations of retrospective designs, upon which most of the relevant research is based.

From the biopsychosocial perspective it can be argued that a predisposition, something heritable, in terms of personality traits such as resilience, hardiness etc or lack thereof provides the terrain in which experiences are processed, acted upon reacted to and or not integrated, thus providing a context psychologically and biologically for the catalysts of development, (living experience and interaction with the world). So it may be that a hardy

individual may deal with abusive treatment in early childhood healthily and a less hardy personality may be sensitive to more and reactive to less than the hardy personality, casing her therefore to find healthy adjustment more difficult.

Psychological factors such as resilience are shown to reduce the impact of trauma and abuse on the developing personality and research shows that trauma does not necessarily lead to psychopathology (Paris, 1997). Furthermore resilience is now regarded as the rule rather than the exception, and one must not lose sight of the fact that many people who experience abuse in childhood do not develop personality disorders and that most of the research is conducted from clinical samples. He claims that research shows that one cannot assume that early traumatic experiences are directly responsible for psychopathology in adulthood and that resilience is more prevalent than we think. Browne and Finkelhor (1986) who state that many children with severe forms of abuse never develop major pathology support this. But resilience is not a social construct devoid of environmental influence, as we know one of the most crucial elements of the resilient child is the presence of one positive significant other in that child's life all be it someone with whom the child has contact and who supports the child (Conte & Schuerman, 1988). Another important issue when addressing Paris's position, is the issue of perception of abuse. While the child grows up in an environment in which she wishes to please and secure significant others for her survival, very often what is regarded as abusive to some may remain viewed as loving by others.

Temperament, although difficult to assess, (Bates, 1989), may also play a role as a mediator as research showing that children with differing temperaments may elicit different parental responses (Bates, 1989). Some research supports the idea that children with difficult temperaments are singled out for abuse (Herrenkohl & Herenkohl, 1981). There are contradictory research findings concerning this notion.

Higher intelligence in so far as it encourages and attracts bonding between teachers and children, may be an indirect buffer for victims of child abuse, in it's ability to secure a supportive interpersonal relationship with a significant other (Widom, 1994).

2.4.5.3 Family environment

It appears, from various sources, that most abuse of young children happens within the home environment. It has been found that sexually abused patients come from more chaotic

home environments than those who have not been abused do, (Zanarini et al., 1997). It is Zanarini's (1997), opinion that it is not necessarily sexual abuse alone that is the identifiable predisposer for borderline personality disorder but rather the chaos of the family environment that exists, within which the sexual abuse occurs, that creates the context of neglect along side the sexual abuse.

Problems manifested as a result of abuse can take indirect paths leading to the development of confusing symptoms because of the need for both adult and child victims to deny their subjective realities due to the early contexts of secrecy and dependency within the family context. Extreme emotion and trauma need to be denied in some way in order for the child to secure their source of primary care giving. Positive mediators in the family include the support of other family members (Gomes-Schwartz, Horowitz & Cardarelli, 1990). The extent to which other conflictual relationships in the family are reduced, either between parents and siblings, also affects the child's ability to cope with her predicament (Widom, 1994).

There seems to be a link between parental substance abuse and abused children. Cavaiola and Schiff (1988) discovered in their retrospective review of 500 adolescents that had been admitted to a treatment program, that there was a very high rate of parental substance abuse in these families.

Parenting style obviously affects the impact of abuse. In essence the research on self-destructive behavior and childhood abuse and neglect reflects the importance of parental validation of feelings and experiences in childhood for the development of affective-self regulation. It is difficult to make any linear causal conclusions and it should be accepted therefore, that, and according to the biopsychosocial model, the etiology of self-destructive behavior is multifactorial.

One can only speculate to what extent most of the individual characteristics such as temperament, intelligence, cognitive appraisal buffer the effects of abuse in childhood. External and internal mediators are difficult to control in studies and difficult to identify, so the extent of their impact on developmental trajectories of abused children remains unclear, but never the less highly significant for understanding various vulnerabilities of children suffering victimization.

2.4.6 Possible connections between childhood abuse and adolescent dysfunction

There may be multiple pathways linking the wide range of adolescent problem behavior and childhood victimization. Several possible mechanisms whereby childhood victimization and dysfunctional behavior in adolescence are suggested, with the primary assistance of the research of Rutter (1989). Some links have already been mentioned in the previous discussion of long and short-term effects, where they were best understood in the context of research findings summarized already. There are four possible mechanisms concerned with developments within the child and one concerning external influences. Problem behavior may be indirect by-products of early adversity.

2.4.6.1 Immediate effects which are non-reversible.

Childhood abuse can create immediate effects which remain fixed and stable influences on later development (Widom, 1994). Brain injury can be incurred from shaking and other physical abuse without outwardly visible signs. Severe neglect affecting cognitive functioning through dehydration and failure to thrive can have severe if not permanent effects on development such as developmental retardation. Mal-nourished children suffer attention deficits and poor social skills, and less emotional stability (Galler, Ramsey, Solimano & Lowell, 1983).

3.4.1.1 Physiological changes

Victimization can generate physiological changes that affect a child's vulnerability to certain adolescent behaviors (Widom, 1994). The repeated exposure to stress and physical attacks can desensitize the child to future similar experiences. In " shutting-down" the child may become less receptive to the emotional needs of others, or may facilitate denial, which could result in the internalization of negative feelings. To what extent denial protects or disadvantages the child remains speculation at this stage.

Abnormal brain chemistry resulting from stress at certain critical developmental stages may contribute towards aggressive behavior later in life (Eichelman, 1990). Research on non-human primates indicates that rearing experiences affect changes in the central nervous system neurotransmitter activity in norepinephrine and serotonin monamine systems (Eichelman, 1990). Research indicates that levels of these neurotransmitters are affected by

reactivity, which seems linked to rearing patterns. To what extent this research can be applied to humans remains unknown.

2.4.6.3 Coping styles

Some children may develop impulsive behavioral styles in response to abuse, which can disadvantage them in school performance and the learning of social skills. Dissociative reactions some children may have to abuse might lead these children to generalize these to other relationships inappropriately (Herman & Hirschman, 1977). The functionality of defense mechanisms such as this, in protecting the child from harmful experiences may rob them also of other positive or normal beneficial experiences, causing them to be more detached, alienated and socially poorly adjusted in their inability to make friends and sustain interpersonal relationships that are developmentally appropriate. Learned adaptation that may be functional in early years may lie dormant for a long time and when triggered later in life be dysfunctional and inappropriate preventing the adolescent or adult from benefiting from responding to a changed environment in later years (Srouf & Rutter, 1984).

2.4.6.4. Self-concept

As has already been discussed the self-concept of the abused child is significantly affected generating low self-esteem and negative self-appraisals. These color most other interactions and experiences in her world. Running away from perceived stressful situations and interactions can become a pattern affecting social competency and fostering isolation. Low self-esteem can result indirectly from abuse as a result of lowered cognitive functioning, lack of competence, and poor social skills (Widom, 1994). Research by Dodge, Bates and Pettit (1990) indicates that young children (4 years of age) experiencing physical abuse showed deviant social processing patterns at age 5, which were related to displays of aggression, implying that physical abuse affects information processing of socially provocative situations. These children seemed to have learned deviant patterns of information processing and were less likely than their non-abused fellow subjects to offer competent responses to personal problems.

2.4.6.5. Change in family context.

Research indicates that adolescents develop difficulties related to changes in their family

structure after abuse has occurred. These changes can involve being removed from siblings and parental figures and placed in foster care which can carry difficulties of their own, for these adolescents to cope with (Bohman & Sivardsson, 1980; Canning, 1974). While for some the adjustment is a much-needed window and safety, for others, some positive relationship in their families is forfeited, or abuse continues within the new context.

Long-term therapy with girls from the foster home used in this study revealed to this author, a myriad of new fears connected with their transitions from home, trauma connected with having been found-out and having to one-day leave the " safe-haven" of their foster home to re-visit the perpetrators often family members requiring pay-back for their " betrayal " and severing of close bonds between siblings were particularly pertinent for these girls. For many teenage girls in low-economic communities in which at least one parent is absent or a drug abuser, and the other forced to work, child rearing of younger siblings becomes their role and responsibility, forcing them to lose the developmental stage of adolescence in any normal way at all. This was particularly evident in the lives of many young women attending therapy with this author in the Bosmont community of Johannesburg, at the Coronation Hospital Clinic.

Factors linked with childhood abuse such as poverty, unemployment, stress, alcohol abuse and teenage parenting of younger siblings when both parents are unable to attend to the needs of younger children, are amongst the sociological influences traditional theories of child development and identity such as that of Erik Erikson acknowledge but do not address or comprehensively incorporate in their theories.

2.4.7. Limitations of retrospective studies

The less than thorough and compromised research in the domain of short and long term effects of abuse on children and the developing adult have been regarded as due to several factors. Firstly the retrospective self-report studies lend themselves to the limitations and distortions of subjective memory over time. The self-report retrospective design is most frequently used in the study of the long-term effects of childhood abuse (Russell, 1983; Wyatt, 1985). Secondly, very few studies differentiate between different types of abuse, namely, sexual, physical emotional, and neglect, and very often these forms of abuse co-exist (Conaway & Hansen, (1989). Thirdly, gender differences are not considered or researched sufficiently in the literature (Malinosky–Rummel, & Hansen, 1993). Many studies do not give a vision of the cumulative affects of repeated abuse.

The general feeling amongst researches of the topic, is that research is restricted also by the intrinsic nature of abuse itself, which in its traumatic, invasive, and humiliating attack on integrity, and the stronghold of the self, builds fortresses of defense, shame, fear, guilt and repression against disclosure, intrusion, publicity, transparency and exposure, none-the-less from inquiring minds non-the–less clinical therapists. Many victims prefer not to remember, some do not remember, many regard their situation as normal, in the end the ghosts of experiences shadow many an outward design, deceiving, concealing from and forgetting the delineation's and codes of our measuring instruments, classifications and perceptions. Perhaps the tragedy of such incidents is the lack of exposure, and the belief that ones situation is unique, rather than a statistic of a socio-cultural predicament.

Few studies examine the complex of relationships between various factors that affect the severity of impact of abuse on the individual. There are mediating factors which can minimize or exacerbate the effects of abuse which have to do with coping mechanisms, intervening processes, attribution, and the perception of the home and extended social context as supportive or not (Harter, Alexander & Neimeyer, 1988; Draucker, 1989). The long-term impact and mediating factors and processes of abuse relies on time for their harvesting and hence bring a myriad of complications, making assessment of the context and outcome of the abuse difficult (Wyatt & Newcomb, 1990).

2.4.8. Conclusion

It is evident from the littrature reviewed that the effects of childhood adversity on later functioning are multifaceted and that there are multiple pathways involving the complex interplay of many factors other than the events of abuse themselves in producing outcomes (Crowley, 2000; Baron & Kenny, 1986; Wolfe, 1999). It seems therefore, that predictable long-term outcomes are difficult if not impossible to identify and that there is no such thing as an "abuse profile" as Paris (1997) argues, however researchers on the topic challenge this and motivate for studies to attempt to identify commonalties and differences in early adolescent outcomes of various forms of abuse and the qualitative differences between different forms of abuse and their respective impact on later functioning (Johnson et al., 2000). Very little research has been done on the latter and virtually none investigate the adolescent picture of children growing up from abusive contexts (Widom, 1999). There exits a gap in the literature on the early picture/s of personality dysfunction as seen in early adolescence. Research by Bernstein, Cohen, Skodol, Bezirganian and Brook (1996) marks

one of very few studies indicating otherwise and these researches claim that adolescent personality disorders can be identified ten years earlier in the form of emotional and behavioral problems in childhood and that predictive relationships with specific personality clusters were found for these. While traditional child developmental theories such as that of Erik Erikson and theories of personality development such as Theodore Millon (the two theories chosen for this study) offer useful conceptualizations of developmental processes and trajectories as well as how personality is born and sustained, the integration of these theories and their application to the subject of childhood abuse and adolescent functioning remains to be conceptualized.

The task of attempting to understand and identify similarities and differences in adolescent outcomes of childhood abuse and the qualitative differences in these outcomes for various forms of abuse is called for in much of the literature (Widom, 1999). This requires a conceptualization of an integrated developmental model of personality development which takes into account all of the variables at play in the life course development of abused children. This paper presents an attempt to formulate such a model, (all be it rudimentary) within the limitations of two theorists only, with the purpose of identifying the early presentations of adolescent girls who have experienced different kinds of abuse, in order to attempt to understand the developmental process for abused children so that constructive interventions for such victims can be created.

Several important factors, which arise from the literature as pertinent to outcomes of childhood abuse and neglect on adolescents need to be integrated into such a model. These are summarized as follows:

1. The need to distinguish between different kinds of abuse, namely sexual, emotional and physical abuse and neglect, and their differing and similar effects on the development of self and personality functioning (Johnson et al., 2000). Of significance is the difficulty in controlling for these in studies and the prevalence of studies in which subjects experience combinations of different forms of abuse.

2. Mediating factors which either buffer the effects of abuse or contribute towards the increased negative effects of abuse, of which there are several. The significant mediating factors evident form the literature are amongst others, severity of abuse and duration (Monroe & Simmonds, 1991). It seems that ongoing abuse that is continuous will have the most detrimental outcomes on functioning (Ireland, Smith & Thornberry, 2002). This is because

buffering effects such as familial support, the presence of a significant other intervening in the abused child's life, resilience and limited exposure allowing for integration of experiences are minimized when abuse is continuous.

3. The age of the child when the incident occurs seems pertinent to the extent to which negative outcomes occur, as different cognitive, social and emotional abilities are influential in the process by which a child understands what is happening to her, is able to integrate these experiences and is able to overcome them or not (Cicchetti & Toth, 1993). Some researchers believe that to what extent adverse experiences affect all spheres of functioning and attributions of the child depends on what stage of development that child is at as this determines the processing of his or her experience, and to what extent appropriate developmental tasks are arrested by the abuse experience (Crowley, 2000). Furthermore early adolescence brings with it normative turbulence physiologically, emotionally and psychologically as change on all these levels is intense and developmentally appropriate, making the identification of normal and abnormal patterns of dysfunction difficult to identify.

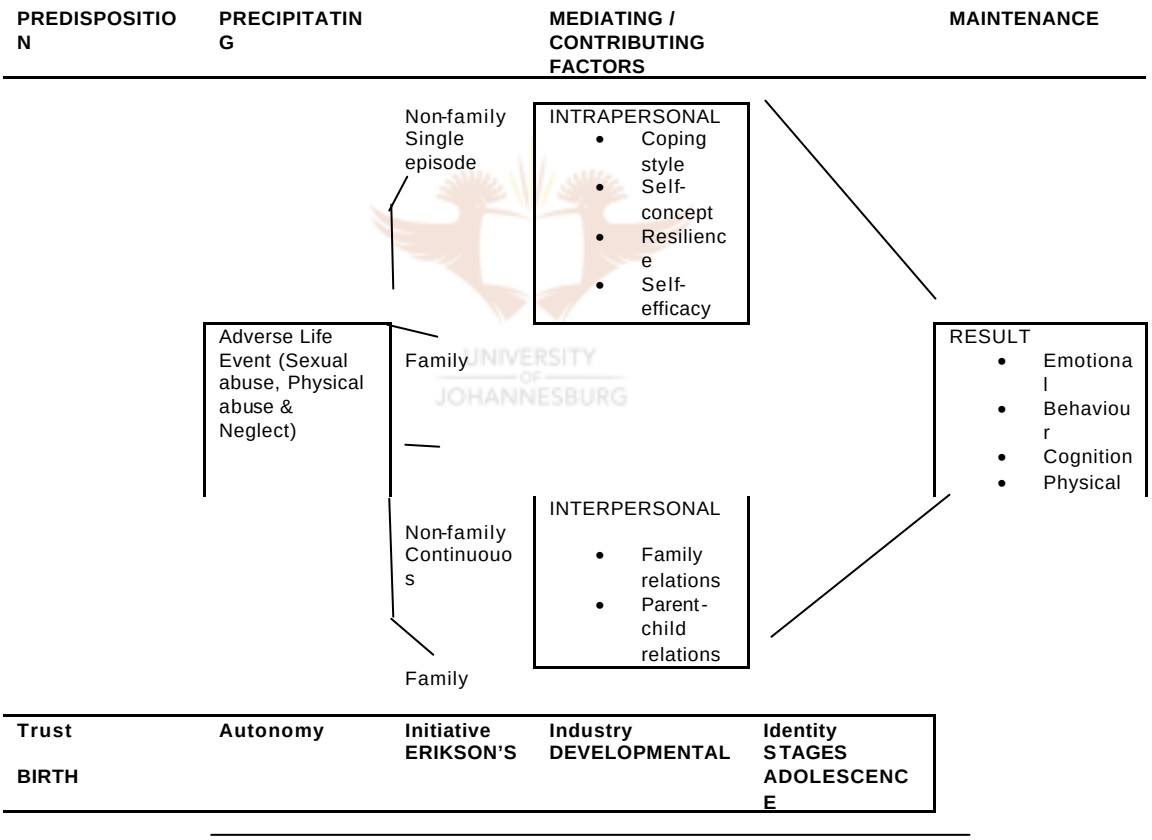
4. Interpersonal and intrapersonal mediating factors are significant in determining outcomes. Interpersonal mediators include: family context and social support, parent-child relationship and involvement, and relationship to abuser are significant in determining outcomes (Gomes-Schwartz, Horowitz & Cardarelli, 1990; Drauker, 1989, Harter, Alexander & Neimeyer, 1988; Wyatt & Newcomb, 1990). Intrapersonal mediators include coping style, self-concept, cognitive schemata and resilience (Finkelhor, 1988; Lazarus & Launier, 1978).

5. Maintenance factors in the adolescent's and child's environment which sustain outcomes and personality functioning include family context and relationship with abuser, social perceptions of abuse and female roles, and interpersonal reinforces which are proposed by Millon in his theory of personality development to perform the role of sustaining personality styles and interpersonal functioning (Millon, 1969; Crowley, 2000).

An interplay of all of these factors will effect the emotional level of the adolescent, her behavior, self concept and physical self-attributions, presenting a particular personality style which is sustained by her interpersonal environment and context. These factors can be conceptualized in the following model which attempts graphically to illustrate their possible integration in a fluid picture so that given the combination of all variables, different results will emerge in adolescence. While the model depicts a linear progression through time, the interplay of variables is to be viewed as non-linear and movement backwards and forwards

within the structure is accommodated as is the possibility of stagnation at any point for any length of time. as well as the possibility of delayed effects noted by Fromuth (1983) which may emerge later having been invisible through some earlier stages of development. Erikson's hypothesis that there can be spontaneous recovery of past losses in ego development from past stages and that opportunities at each developmental stage arise for learning, is also accommodated in this model, as there can be new stimulus or external interventions at any stage in the time line which have qualitatively non-linear impact on the child. As a rudimentary framework the model expressed in the following diagram presents all the variables which can interact to from multiple outcomes.

Figure 2.1: Summary of factors and processes in childhood abuse



The model presents the stages of development according to Erik Erikson, significant to age of onset of abuse, from birth to adolescence, along the horizontal base of the diagram. At what stage in childhood development the abuse occurs as illustrated by any point along this

axis, may influence the extent to which the child is able resolve developmental crises along that pathway and to what extent ego-strengths appropriate to each stage, according to Erikson, are mastered and attained. To what extent healthy development runs it's course finding the ability to enjoy an integrated if not resolved sense of self and identity in late adolescence, or the strength and opportunity to explore that pathway (deemed necessary for healthy identity resolution) in early adolescence will be affected by arrests in earlier stages of development, and excesses of negative stressors such as those inflicted on the abused child to varying degrees at any stage in the sequential progression Erikson's model presents.

Illustrated in the diagram along the top horizontal in a linear fashion is the conceptualization of cause and effect represented by the presence of a precipitator or event of abuse combined with predisposition (heritable) on the extreme left, mediating factors influencing the outcomes of that effect in the middle and outcomes in adolescence on the right. Together with the latter exist maintenance factors which sustain behavior and personality style and functioning. The model is a biopsychosocial one in that it represents the multiple factors that intertwine, both internal and external, interpersonal and intrapersonal both individual and social, biological and social, that weave various developmental trajectories in a complex manner.

The diagram specifies single and multiple abusive events as this distinction seems of primary significance in determining pathways through to adolescent functioning and the extent to which mediating factors have impact at all. Millon proposed that if a child experiences excessive negative circumstances in which her natural style of personality is not effective in protecting her from adversity, she may resort to employ behavior that is not congruent with her natural tendencies. This may result in maladaptive behavioral styles and pathology in becoming inflexible and unable to adjust herself appropriately at times by being able to utilize egodystonic mechanisms when they are best required for normal adaptation. The severity of abuse represented in this model at the level of precipitator, pertains to such hypothesis by Millon, who's personality research and theory explains the evolution of dysfunctionality and inflexible personality styles as responses to extreme anxiety evident in pathology. The model clarifies the complexity of all intersecting variables making vulnerabilities for the child and possible intervention processes that can be constructive more easily identifiable. It must be reiterated that the model is intended to assist in the conceptualization and understanding of negative as well as positive outcomes and that it is not assumed that all children experiencing abuse will have pathological outcomes in adolescence or later in life. It is intended to conceptualize both the emergence of pathology and healthy adjustment, and

should be used to conceptualize and understand why so many children who have experienced aversive developmental contexts find recovery and are able to sustain wellbeing in spite of their adversity (Paris, 1997).

Several hypotheses as to the adolescent outcomes of girls that have experienced different forms of abuse emerge from this model and the literature informing it as well as the literature dealing with the long-term and short-term effects of childhood abuse.There may be similarities in personality style and dysfunction outcomes in adolescent girls having experienced different forms of abuse in childhood as the literature indicates that all abuse that is severe generates common problems for victims namely (Gibb, Wheeler, Alloy, Abramson, 2001; Aiosa-Karpas, Karpas, Pelcovitz & Kaplan 1991; Cavailo & Schiff 1988; Daley, Hammen, Davila & Burge, (1998); German, Habernicht & Futcher, 1990; Gomes-Schwartz, Horowitz & Cardarelli, 1990; Wolfe1999):

- negative self-attribution and low self-esteem
- negative affect including anxiety, guilt, anger,
- suspiciousness, and an inability to trust others
- heightened sensitivity to rejection
- anxiety in interpersonal interactions emotional and moral immaturity
- social withdrawal
- poor social adjustment , withdrawn socially or conflicting social relationships, insecure attachments
- impulsivity
- difficulty with sexual identity formation
- identity confusion or foreclosure
- poor self-concept
- aggression and conduct problems
- depression
- poor attention and distractibility
- dysregulation of emotions
- poor relational representations
- deficits in social awareness and peer acceptance

The latter evidenced emotions and behavior seem to provide a general description of the view of self and the world for early adolescent girls having experienced different forms of

abuse. Viewed as a whole, all features described above are indicative of an essentially negative and unstable sense of self. They form the bedrock of a general orientation towards life and self from which the young adolescent begins attempting to negotiate her world on the path to adulthood. While not full-blown personality disorders, these qualities present a picture and base from which particular types of personality dysfunction evolve, depending on numerous factors involved in the maintenance of different behaviors.

In so far as child abuse generates emotional (depression, anxiety/fear), and conduct problems and immaturity in childhood it can be indirectly linked to adolescent personality disorders and dysfunction which emerge in different forms in adolescence than are apparent in childhood when the presentation of many underlying emotional difficulties may at earlier stages appear less complex presenting as mainly conduct problems (Bernstein et al., 1996).

Similar personality dysfunction between physical, sexually and emotionally abused and neglected girls would include mainly personality styles of the dramatic type which describe in various ways connection and disconnection with others.

Correlated personality disorders for young adults women (long-term effects) who have been sexually, physically and emotionally abused and neglected in childhood are (Stanley & Raznek, 1992; Gibb, Wheeler, Aloy & Abramson, 2000; Johnson, Smailes, Cohen, Brown & Berenstein, 2000; Johnson, Cohen, Brown, Smailes & Berenstein, 1999):

- Paranoid
- Borderline
- Histrionic
- Dependant
- Passive-Aggressive
- Anti-social
- Narcissistic
- Depressive
- Avoidant

There seems then to be a non-specific relationship between early abuse and later personality dysfunction. Salient emotional, behavioral and interpersonal correlates with all kinds of abuse for adult women having experienced childhood abuse include (Scott & Stone, 1986; Herman, 1981; Briere, 1984; Browne & Finkelhor, 1986; Meiselman, 1978; Browne &

Finkelhor, 1986; Bagley & Ramsay, 1985; Briere & Runtz, 1985; Kendall-Tackett, Williams & Finkelhor, 1993; Kendler et al., 2000; Stanley & Raznek, 1992; Dubo, Zanarini, Lewis & Williams, 1997; Tsai, Feldman-Summers & Edgar, 1979; Aiosa-Karpas, Karpas, Pelcovitz & Kaplan, 1991; Crowley, 2000; Fields, 1981) :

- Interpersonal detachment
- Alienation in social settings
- Interpersonal difficulties
- Depression
- Anti-social behavior
- Self-destructive behavior, self mutilation, suicidality and substance abuse
- Aggression, emotional instability and impulsiveness

In addition of particular prevalence for sexually abused women and some adolescent girls who have been sexually abused, behavior would be marked by the following characteristics:

- Compulsive desire for or avoidance of sexual experiences
- Difficulties with gender identity resolution
- Sexual promiscuity
- Manipulative interpersonal behavior
- Revictimization

There may be qualitative differences in the manifestation of dysfunctional behavior in adolescence and personality style in adolescent girls having experienced different kinds of abuse. These differences may be best generalized into personality styles that result from an internalized pattern versus externalized pattern as it is apparent from short term consequences of abuse that children tend to either respond with internalizing tendencies (becoming withdrawn, shy, distrustful and anxious) or with externalizing behavior (becoming aggressive, socially demanding, outwardly attention seeking, defiant and rebellious, seeking attention and affirmation interpersonally) and these may persist in determining the nature of personality dysfunction and style in adolescence along similar lines (Gjone & Stevenson, 1997). These differences will largely be determined by what behavior is reinforced by the adolescent's environment ie: the interpersonal relationships which reinforce her behavior, as she develops her personality style according to her ability to behave in such a way that she can minimize anxiety and pain, which is largely determined by the responses of those around her.

CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

Child abuse and neglect occur in girls and boys of all ages, in all ethnic groups, and at all socio-economic levels. Abuse and neglect occur at alarmingly high rates and are associated with a wide range of emotional problems and psychiatric symptoms. Children who are beaten or burned, repeatedly sexually assaulted, or deprived of food, clothing, and shelter may perish or survive to struggle with the consequences. In most cases of persistent incest, sexually abused children are threatened with further abuse or abandonment if they disclose the family secrets, leaving them in the irreconcilable position of silently enduring continued abuse or risking the total loss of their families.

Children who have been physically or sexually abused present with a multitude of psychiatric disturbances, including anxiety, aggressive behaviour, paranoid ideation, posttraumatic stress disorder, depressive disorders, and an increased risk of suicidal behaviour. Abuse appears to increase the risk of psychiatric disturbances in already vulnerable children. Abused children of parents with psychopathology are more likely to experience a mental disorder than are non abused children of psychiatrically disturbed parents. Children who have been sexually abused reportedly have an increased frequency of poor self-esteem, depression dissociative disorders, and substance abuse. Chronic maltreatment appears to promote aggressive and violent behaviour in vulnerable children.

When one investigates the abuse of neglect of a child, it is imperative to distinguish between the following categories (Wicks-Nelson & Israel, 2000):

- **Physical Abuse of Child:** This category should be used when the focus of clinical attention is physical abuse of a child.

- **Sexual Abuse of Child:** This category should be used when the focus of clinical attention is sexual abuse of a child.

- **Neglect of Child:** This category should be used when the focus of clinical attention is child neglect.

The literature indicates that there is a link between childhood physical and sexual abuse and

personality disorders in adulthood. The aim of this study was to investigate:

- Whether the different forms of abuse and neglect precipitate different personality disorders.
- Whether it is possible to identify the potential to develop a personality disorder during adolescence.

The hypotheses for the study were as follows:

- There will be significant differences in the mean scores of the MCMI scales between sexually abused, physically abused and neglected children.
- There will be significant differences in the mean scores of the FES scales between sexually abused, physically abused and neglected children.
- There will be significant differences in the mean scores of the RCMAS scales between sexually abused, physically abused and neglected children.
- There will be significant differences in the mean scores of the CDI between sexually abused, physically abused and neglected children

3.2 SAMPLE

In this study a convenience sampling method was used. In order to test the hypotheses a sample of adolescent girls in a children's home were assessed. These girls had all been removed from their parents' care. The sample was divided into three groups, i.e:

- Group 1: Sexually abused (n=10)
- Group 2: Physically abused (n=10)
- Group 3: Neglect (n=10)

The average age of Group 1 was 14.6, Group 2 was 14.3 and Group 3 was 14.5. All the girls had been in the home for a period of 3 to 6 months.

3.3 MEASUREMENT INSTRUMENTS

The variables that were identified that would be important for a study of this nature were:

- Anxiety
- Depression
- Interpersonal style

- Personality disorders
- Family environment

In order to measure these variables, the following instruments were used:

3.3.1 THE MOOS FAMILY ENVIRONMENT SCALE (FES) 3RD EDITION (FORM R)

This test is based on the premise that people's perceptions of their environment will have an influence on the way that they will behave in it, (Moos, 1987). There are three forms of the FES:

- The Real Form (Form R) measures people's perceptions of their current family environment.
- The Ideal Form (Form I) measures people's preferences about an ideal family environment.
- The Expectations Form (Form E) measures people's expectations about family settings.

This study used the Real Form (Form R). According to Moos and Moos (1994) form R helps people to describe their current family as they perceive it. The t est is a useful instrument in that enables the researcher to; understand individuals' perceptions of their nuclear families; formulate clinical case descriptions and understand the impact of the family on adaptation; describe and compare family climates and contrast partners' perceptions or parents' and children's perceptions; and to understand the impact of the family on children and adolescents. The FES has 90 items of a true/false response format organised into 10 sub-scales that measure the actual social environment of families. The 10 FES sub-scales assess three underlying sets of dimensions: relationship dimensions, personal growth (or goal orientation) dimensions, and system maintenance dimensions. The relationship and system maintenance dimensions primarily reflect internal family functioning, whereas the personal growth dimensions primarily reflect the linkages between the family and the larger social context (Moos & Moos, 1994). The dimensions can be described as follows:

(1) Relationship dimension

- ***Cohesion*:** the degree of commitment, help, and support family members provide for each other.

- ***Expressiveness*:** the extent to which family members are encouraged to express their feelings directly.
- ***Conflict*:** the amount of openly expressed anger and conflict among family members.

(2) Personal growth dimension

- ***Independence*:** the extent to which family members are assertive, self-sufficient, and make their own decisions.
- ***Achievement*** *orientation*: how much activities (such as school work) are cast into an achievement-oriented or competitive framework.
- ***Intellectual-cultural orientation*:** the level of interest in intellectual, cultural and political activities.
- ***Active-recreational orientation*:** the amount of participation in social and recreational activities.
- ***Moral-religious emphasis*:** the emphasis on ethical and religious issues and values.

(3) System maintenance dimensions

- ***Organisation*:** the degree of importance of clear organisation and structure in planning family activities and responsibilities.
- ***Control*:** how much set rules and procedures are used to run family life.

Moos and Moos (1994) report that the internal consistencies are all in an acceptable range and vary from moderate for independence and achievement orientation to substantial for cohesion, organisation, intellectual-cultural orientation, and moral-religious emphasis. The Cronbach alpha (KR-20) reliability coefficients of the FES are 0,67-0,78. The test-retest reliability coefficients are 0,68-0,86 for a two-month period. Professionals and family members of various aspects of their family relations have established the concurrent and construct reliability of the FES using test scores of other family relations tests and ratings.

Loveland-Cherry, Youngblut, & Kline Leidy, (1989) conducted a psychometric analysis of the FES and their findings of the FES internal consistency did not support the reported figures stated above by Moos and Moos (1994). Loveland-Cherry et al. (1989) reported KR-20 scores that ranged from .24 to .75 in their study. Moos (1990) and other research (Slee, 1996) have argued these findings and reported scores that are similar to that of Moos and Moos (1994). These researchers found there to be stable scores over time, as well as a high

content and face validity. Moos and Moos (1994) recommend that the testing conditions are quiet, comfortable, well lit, and of sufficient room. They advise for the instructions to be read aloud and that the tester should be close at hand to be of assistance.

3.3.2 MILLON CLINICAL MULTI-AXIAL INVENTORY

This test was designed to provide a personality profile in terms of the following dimensions:

- Interpersonal style
- Severe Personality Disorders
- Clinical disorders

It is a 175 True-False Questionnaire and the raw scores are converted to Gender based base rate scores. A score of 75 or higher is indicative of problems/pathology in a particular area of personality functioning.

Reliability and validity studies on the MCMI indicate that it is generally a well-constructed psychometric instrument. Measures of internal consistency have been particularly strong. For the MCMI-III, alpha coefficients exeed.80 for 20 of the 26scales, with a high of .90 for Depression and a low of .66 for Compulsive (Millon, 1994). Similarly, high is .96 for Somatoform and the low is .82 for Debasement). These are excellent test-retest reliabilities, but the interval ranged only between 5 and 14 days (Millon, 1994). Given the theoretically long-term stability of personality styles, it would be desirable to test this out by developing test-retest reliabilities over a longer interval. Although this has as not yet been done for the MCMI-III, the original MCMI was found to have test-retest reliabilities, over an average of a 379-day interval of a mean of .69for the personality scales and a mean of .67 for the clinical scales (Overholser, 1989). These results suggest a moderate level of long-term stability.

One consideration is that, because the personality scales theoretically represent enduring, ingrained characteristics, they should have greater stability than the clinical scales, which are based on more changeable symptomatic patterns. In some cases, this has been found to be true; in others, little difference has been found. Studies on the MCMI-I have indicated the theoretically expected higher stability for the personality scales as opposed to the clinical scales (Milllon, 1985, Piersma, 1986). In contrast, the previously cited Overholser (1989) study found very little difference between the mean personality and clinical scales, despite an extended retesting interval. Similarly, the MCMI- III manual reported a mean of .89 for the clinical scales. This suggests that the original MCMI may have had the theoretically higher temporal stability for the personality scales versus the clinical scales, but later versions have

roughly equivalent temporal stability's between the two categories of scales.

One central issue, when evaluating the validity of the MCMI, is the extent to which validity studies on previous versions can be generalized to the newer versions. With appropriate caution, some transferability is probable because the correlation between the MCMI-II and MCMI-III scales is moderately high. Specifically, the correlation's range from a high of .94 for Debasement to a low of .59 for Dependent, with 12 of the 25 scale comparisons being above.70.

Factor analysis of the MCMI-II has generally supported the organization of the scales. The most extensive published factor analysis involved 769 cases and resulted in an 8 factor solution (Millon, 1987). The largest factor accounted for 31% of the variance, was related to general Maladjustment, and involved depressed affect, impaired interpersonal relationships, low self-esteem, and unusual cognition and self-behaviour. The next two largest factors were Acting Out/Self-Indulgent (13% of the variance) and Anxious and Depressed Somatization (8% of the variance). The final factors listed according to progressively decreasing proportions of the variance, were Compulsively defended/Delusional Paranoid, Submissive/Aggressive Sadistic, Addictive Disorders, Psychoticism, and Self and Other Conflictual /Erratic Emotionality. Over 17 factor analytic studies have been performed on the various MCMI versions, and these have generally supported the keying of the items (Retzlaff, Lorr & Hyer, 1989) as well as the clustering of the factors around Millon's conceptualization of psychopathology (see Choca, Shanley, & Van Denburg, 1992; Mc Cann, 1991). However most of the latter factor-analytic studies have been somewhat limited because of significantly lower sample sizes.

A variety of correlations have been made between the MCMI and various related instruments, including the Beck Depression Inventory, General Behaviour Inventory, Michigan Alcoholism Screening Test, State-Traits Anxiety Inventory, Symptom Checklist-90, and the MMPI (Millon, 1994). These are reported in detail in the MCMI-III manual. Representative findings include expected correlations between the Beck Depression Inventory and the MCMI-III Major Depression (.74) and Dysthymia (.71) scales. Similarly high correlations were found between the MMPI-2 Depression scale and the MCMI-III Depression (7.1) and Dysthymia (.68) scales. As would be expected, negative correlations were found between the Beck Depression Inventory and MCMI-III scales, related to denying pathology (Histrionic, -49; Narcissistic, and Compulsive, - .30). An additional representative finding was

a.55 correlation between the MCMI-III Somatoform scale and the Symptom Checklist-90 Revised scale for Somatization. One puzzling finding was a low correlation of .29 between the MCMI-III Paranoid scale for Selftween the MMPI-2 psychopathic deviate scale and the MCMI-III scales for Self-Defeating (45). Schizotypal 43) and external criterion instruments have been in the expected direction.

Table 3.1: Interpersonal and Severe Personality Disorder MCMI scale categories, number of items and reliabilities (Groth-Marnat, 1997, p.302)

Scale Category/Name	No. of Items	Alpha
Modifying Indices		
Disclosure	Na	na
Desirability	21	.85
Debasement	33	.95
Validity	4	Na
Clinical Personality Patterns		
Schizoid	16	.81
Avoidant	16	.89
Depressive	15	.89
Dependent	16	.85
Histrionic	17	.81
Narcissistic	24	.67
Antisocial	17	.77
Aggressive (Sadistic)	20	.79
Compulsive	17	.66
Passive -Aggressive (Negativistic)	16	.83
Self-Defeating	15	.87
Severe Personality Pathology		
Schizotypal	16	.85
Borderline	16	.85
Paranoid	17	.84

One of the important and relatively unique contributions of the MCMI has been the

development and availability of data on its diagnostic efficiency. This is usually calculated by designating Base Rate scale scores of 75 and/or 85 as test positives and comparing these with clinician ratings of whether the characteristics predicted by the scale scores actually matched these clinician ratings. Based on the above procedure, calculations were made on the percentage of agreement (or hit rate) between the test prediction and clinician ratings (Millon, 1994). The MCMI-III cut off score of 75 produced hit rates with a high of 90.4% for Aggressive (Sadistic) and a low of 61.3% for Avoidant Somewhat greater hit rates were reported using the more stringent cutoff of 85. A high of 97.8%. (Aggressive; Sadistic) and a low of 74.8% (Dependent).

The above data on hit rates are provided in the MCMI-III manual, but there may be situations where the prevalence of a disorder is substantially different from the sample used to determine hit rates in the manual. In these settings, the hit rates will not be as useful an index of diagnostic accuracy. For example, forensic and/or substance abuse treatment facilities usually have high numbers of persons with antisocial personality styles. In these cases, calculation of the positive power of the MCMI for the particular setting is recommended. Essentially, positive predictive power is a calculation of the probability that a test score accurately indicates the presence of a characteristic or diagnosis based on some other measure such as clinical ratings. Such a calculation involves a formula (Gilbertini, Brandenberg, & Retzlaff, 1986; see Millon, 1994, pp. 41-43) in which prevalence rates must be inserted (derived from knowledge regarding a specific client population) along sensitivity; and specificity data (available in extend to which the instrument performs above and beyond merely base rate levels. For predictive power of the MCMI is .76, then the difference (.76 - .25) of .56 indicated that the incremental validity of the instrument is .56 above merely base rate (prevalence) or chance predictions. This emphasis on levels of certainty, with its implications for actual clinical decision-making is one of the strong features on the MCMI.

Calculations of the positive predictive power of the MCMI-II indicated impressive predictive power ranging between .30 and .80. (Millon, 1987). Although the calculations of positive predictive powers for the MCMI-III were encouraged in the manual, these were not actually provided. When these were calculated by Retzlaff (in press), they were only half as high as those reported for the MCMI-II. Predictive powers for the personality disorders only ranged between .0 and .30. with the Sadistic scale having no predictive power at all. It is unlikely that this is due to poor MCMI-III test development. These has been theoretical continuity in the development of all versions; moderately high correlations exits between the MCMI-III scales; scale reliabilities themselves are quite high; and traditional methods of validity (criterion

measures with other tests) are good. Based on this description, Retzlaff (in press) argues that the reason for the low predictive power of the MCMI-III was the poor MCMI-III diagnostic validity studies. Specifically clinicians making the diagnoses in the study were probably not sufficiently familiar with the DSM-IV diagnostic criteria, did not have extensive knowledge of the clients themselves, were provided with minimal criteria for diagnoses, and conducted no inter-rater reliability checks on single clinicians' diagnoses. Further studies need to be performed in this area of validity and will no doubt be forthcoming.

3.3.3 Reynolds Children's Depression scale

The RCDS is a brief, easily administered, self-report measure designed to assess depressive symptomatology in children in grades 3 through 6 (ages 8 through 12). The RCDS is designed as a measure of clinically relevant levels of depressive symptomatology in individual children, a screening measure to identify depressed children in school-based and clinical populations, a tool for use in research on depression and related constructs, and an instrument to evaluate treatment outcomes. The RCDS can be administered individually or in a group (e.g. in a classroom situation with a teacher as administrator). The RCDS is administered orally to children under the age of 10 years (grades 3 and 4) and to children with learning disabilities or other handicapping conditions.

The RCDS consists of 30 items, 29 or which use a 4 Bpoint Likert-type response format and one which uses a response format consisting of five faces depicting emotions ranging from happy to sad. The child is asked to endorse whether the symptom Brelated item has occurred. *Almost never, Sometimes, A lot of the time, or All the time.* Children endorse the response that best indicates how they have been feeling for the past two weeks. Items are worded in the present tense to elicit current symptoms status. The response format assesses the frequency of symptoms that are positive psychopathological signs of depressive disorders. There are seven items that are reverse-scored. Examples of reverse scored items include:

1. I feel happy
10. I feel like playing with other kids
23. I feel like talking to other kids

The inclusion of reverse-scored items requires respondents to pay more attention to each

individual item and its associated response format. Reverse-scored items also provide a check for response sets and inconsistent responding. Responses on the 29 Likert-type items are weighted from 1-to 4 points. The response to the items is weighted 1 to 5 points. The total score on RCDS can range from 30 to 121.

Several items overlap in their general symptom domain but differ in the specificity with which they assess the symptom. For example, items 3 and 6 indicate deficits in social skills or a decrease in social skills or a decrease in socially reinforcing activities and therefore overlap to some extend. However, while item 3 (*I feel lonely*) reports the lack of social interaction, item 6 (*I feel like hiding from people*) indicates an avoidance of such activity. The distinct overlap between item 1 (*I feel happy*) and item 7 (*I feel sad*) is purposeful. These items deal with the general symptom of dysphoric mood, which is a cardinal symptom of depression. The importance of dysphoric mood to depression justifies the greater weight provided by having two items reflecting this content. This conceptualization also applies to anhedonia (items 10 and 25). Both of these symptoms are incorporated as primary inclusion criteria in DSM-III-R for major depression and Dysthymia. Similarly, Weinberg Criteria specify the presence of both dysphoric mood and self-deprecatory ideation, the latter of which is repeated across several items on the RCDS.

Items were written to require a second-grade reading level and to be consistent with the developmental experiences of children in the 8-to 12-year age range. The majority of RCDS items overlap multiple diagnostic and clinical sources of childhood depression. The initial field-testing of the RCDS took place in the spring of 1981 at two elementary schools in different cities in the Midwest. The initial version of the RCDS consisted of 33 items. Three items were subsequently dropped because of low item-total scare correlations. Items dropped from the initial field test version dealt with anger toward parents, appetite disturbance, and social isolation. While these items represent symptoms found in depressed adults and to some extend in children, item endorsement rates and item-total scale correlations were quite low. Thus, item analyses produced a final form, consisting of 30 items, which was examined in normative, reliability and validity analyses.

Both internal consistency reliability using Cronbach's (1951) coefficient alpha, and test-retest reliability studies of the RCDS have been conducted. Test-retest reliability studies of the RCDS have been conducted. Test-retest reliability was examined using intervals of 2 weeks

and 4 weeks. In addition, the standard error of measurement for the RCDS has been computed and reported. Reliability estimates are provided for the total standardization sample, by subgroups of boys and girls, and by grade and ethnic group membership. Item characteristics in the form of item-total score correlations are also reported and discussed. Reliability estimates for the RCDS found in investigations by the author and other researchers are reported.

Validity studies of the RCDS have been ongoing since the initial field-testing in 1981. Validity has been examined from a number of perspectives: correlations with another self Breport measure of depression correlation with a clinical interview for depression, using the Children's Depression Rating Scale revised, correlations with related constructs, such as anxiety and self-esteem and multivariate investigations that include factor analytic procedures. Specific procedures for the validation of the RCDS cutoff score are also reported.

The development of the RCDS also included examination of its use in a number of clinical applications. For example, the RCDS has been used as a treatment outcome measure in a study examining treatment of depressed children (Stark, Reynolds, & Kaslow, 1987). It has also been used as a screening measure for the identification of depressed children in school settings.

The studies to which a test or scale represents an accurate evaluation of the characteristic in question is an important attribute of a measure. Reliability information also needs to be documented for the various groupings for which norms are provided in addition to the overall sample. Reliability information is provided in several forms, including internal consistency test-retest, and estimates for the standard error of measurement.

The internal consistency reliability of the RCDS across development samples and for various sub samples by age and gender, was computed using Cronbach's (1951) alpha coefficient7 Because of the statistical rigor of the alpha coefficient (roughly equivalent to the mean of all possible split halves), it is the most appropriate estimate of internal consistency for a measure such as the RCDS, where item content focuses on a specific domain of interest.

Alpha reliability coefficients for the standardization sample and various sub samples by grade and gender shows that reliability coefficients by grade were uniformly high and ranged from 87 in grade 3 to 90 in grades 4,5,and 6. The total sample alpha reliability coefficient was .90. The coefficients range from .87 for boys and girls in grade 3 to .91 for girls in grades 4 and 6. Overall the internal consistency was high for both boys (r =.89) and girls (r =.90).

The internal consistency was reasonable high for all groups, ranging from .85 for Asian children to .91 for White children. The small sample size for some of the gender groupings suggests caution in the interpretation of the resultant reliability coefficients.

The standardization sample contained a group of 32 children specifically identified as learning disabled by their schools. These children were from a cross-section of schools and grades. The alpha reliability coefficient computed separately on this group of learning disabled children was .89.

In addition to the computation of alpha reliability coefficients, split-half reliability was computed using odd-even item forms and corrected for scale length with the Spearman Brown correction formula (Nunnaly, 1987). For the total standardization sample the split-half reliability coefficient was .89. Overall these reliability estimates are consistently high, ranging from .88 to .92. Lopez (1985), in her cross-cultural study of depression in children in the United States and Puerto Rico, used a Spanish language translation of the RCDS in her study with children in Puerto Rico. This Spanish Blanguage version of the RCDS should still considered experimental at this time. In total these data indicate that the RCDS is a reliable and internally consistent measure of depression.

Further evidence for homogeneity of item content can be obtained by examining item-total scale correlations. The item-total scale correlations are moderately high, with 23 of 30 items demonstrating coefficients between .40 and .62 for the total sample.

The determination of stability or replicability of measurement is complex with state (versus trait) constructs such as depressive symptoms. Some symptoms of depression particularly mood-related symptoms such as dysphoria or sadness, may demonstrates a moderate level of fluctuation over short periods of time as a function of external factors such as peer

arguments, family disagreements, school events or even mild illness. Even after relatively short intervals (e.g. four weeks), depression scores may be expected to show some change. Some individuals may change from a depressed to a no depressed level, because of remission, treatment or other reasons while others will become depressed. For some individuals, depressive mood may be a temporary or transient reaction to a particular stressor or situation. Such situations may in their natural course resolve or worsen over time. Because of this normal variability, high test-retest coefficients are not typically expected for depression measures, as they might be for trait constructs such as generalized anxiety level. However, a moderate degree of stability is expected over short periods.

Two studies have examined the test-retest reliability of the RCDS. The first study was conducted as part of a larger investigation by Breen (1987) and involved a two-week test retest of 24 fifth grade children from four elementary school classrooms in the Midwest. In this study, a relatively high test- retest reliability coefficient of .82 was obtained. There was also minimal score change over the test-retest interval between the two assessments. Overall, the change in RCDS mean scores over the two-week period was approximately 1 point.

The second test-retest study reported here was conducted by Reynolds and Grave (1990) with an ethnically diverse sample of 220 children from grades 3 through 6, drawn from a school in a large metropolitan school district. The sample for his study was 50.9% female and 49.1% male with 24.1% white 33.8% black 15.3% Asian, 19.0% Hispanic and 7.9% other ethnic group membership. There were 55 3rd, 93 4th, 54th,and 18 6th grade students, with a mean age of 10.43 years (SD=. 99)

In this investigation, a four-week test-retest time interval was used, with children retested between 32 weeks and 42 weeks after the initial assessment with the RCDS was group administered to children in their classrooms. For the total sample of 220 children, the mean difference between RCDS scores on the two testing was less than 2 points. Computed separately for boys and girls the test-retest the reliability was .83 for boys (mean raw score test retest difference = 1.10 points) and 86 (mean raw score test-retest difference = 2.40 points) for girls. In addition to test-retest reliability, alpha reliability coefficients of 88 and 90 were found for the first and second administrations.

The results of these studies are consistent in supporting the reliability of the RSCS as a measure of depression in children. It appears that children are consistent across time in reporting depressive symptomatology, at least as operationalized on the RCDS. In addition, the relatively stable scores across time suggest that for most children. RCDS scores are not significantly affected by transient mood fluctuation.

The standard errors of measurements (SEM) are approximately 3 to 4 raw score points. Alpha reliability coefficients were used in the computation of the standard errors. The standard error of measurement values can be interpreted as indicating that across many observations or testing of the same youngster, approximately two thirds of the scores should fall within 3 to 4 points (above or below) of the child's theoretical true score. Cases in which the standard error of measurement should be considered in decision-making would include those children who score at or near the cutoff score. Given that some error exists in our measurement of depression on any scale, care should be taken with those children who score just above or below the cutoff score. For these youngsters the professional should carefully weight other available evidence before making a final decision regarding a child's status.

The results of the reliability studies reported above support the RCDS as a reliable measure. In particular, the results of the test-retest reliability studies indicate that the RCDS is a stable measure of children's self-reported depression over brief periods. Likewise, the internal consistency reliable findings are quite good for the standardization sample as well as for samples tested in other investigations. The standard error of measurement computed to be between 3 and 4 points on the total RCDS scale, lends support to the clinical utilization of this measure. Because adequate reliability is a prerequisite for validity, the findings to date provide a foundation for the examination of the validity of the RCDS.

3.3.4 The Revised Children's Manifest Anxiety Scale (R-CMAS)

Since the development of the original children's form of the manifest anxiety scale by Castameda, Mccandless and Palermo in 1956, the scale has been used in numerous studies. Reynolds and Richmond revised the scale in 1978 and they omitted certain items, introduced new items and rearranged the order of the items in order to improve the psychometric properties of the scale.

According to Reynolds and Paget (1981), the questionnaire assesses three areas of anxiety, i.e.:

- **Physiological:** This factor is measured by means of 10 items, i.e.: 1, 5, 9,13,17,19, 21, 25, 29,and 33.

- **Worry / Oversensitivity:** Seven items make up this factor, i.e. 2, 6, 7, 10, 14,18, 22, 26, 30, 34 and 37.

- **Concentration:** This scale is composed of the remaining 7 Anxiety scale items, i.e. 3, 11, 15, 23, 27, 31 and 35.

The reliability of the scale varies between .83 (Reynolds & Richmond, 1978) and .88 Allison (1970). While direct evi dence of validity is lacking, several indirect as well as rational indicators of validity are available (Reynolds & Richmond, 1978).

According to Reynolds and Richmond (1978) the scale appears to be useful for children in grades 1 to 12 and is useful in studies of anxiety as well as assisting a clinician in the understanding of individual children.

Table.3.2: Items and item statistics for the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1978, p.274)

Item number	*Item Type*	*Item*	*P*	*r*
1	A	I have trouble making up my mind	.69	.46
2	A	I get nervous when things do not go the right way for me	.61	.47
3	A	Others seem to do things easier than I can	.60	.41
4	L	I like everyone I know	.55	.18
5	A	Often I have trouble getting my breath	.33	.47
6	A	I worry a lot of the time	.45	.50
7	A	I am afraid of a lot of things	.44	.52
8	L	I am always kind	.35	.10
9	A	I get mad easily	.45	.50
10	A	I worry about what my parents will say to me	.63	.47
11	A	I feel that others do not like the way I do things	.50	.43
12	L	I always have good manners	.43	.09
13	A	It is hard for me to sleep at night	.48	.50
14	A	I worry about what other people think about me	.52	.45
15	A	I feel alone even when there are people with me	.30	.43
16	L	I am always good	.28	.15
17	A	Often I feel sick in my stomach	.67	.52
18	A	My feelings get hurt easily	.46	.60
19	A	My hands feel sweaty	.44	.42
20	L	I am always nice to everyone	.34	.21
21	A	I am tired a lot	.55	.57
22	A	I worry about what is going to happen	.70	.56
23	A	Other children are happier than I am	.39	.44
24	L	I tell the truth every single time	.23	.19
25	A	I have bad dreams	.50	.61
26	A	My feelings get hurt easily when I am fussed at	.64	.47
27	A	I feel someone will tell me I do things the wrong way	.50	.49
28	L	I never get angry	.55	.25
29	A	I wake up scared some of the time	.39	.53
30	A	I worry when I go to bed at night	.35	.61
31	A	It is hard for me to keep my mind on my schoolwork	.38	.52
32	L	I never say things I shouldn't	.44	.24
33	A	I wiggle in my seat a lot	.51	.40
34	A	I am nervous	.36	.50
35	A	A lot of people are against me	.33	.42
36	L	I never lie	.40	.13
37	A	I often worry about something bad happening to me	.67	.59

5.4 Research Method

The research method that was used was quasi-experimental as 3 groups were tested, however, due to the fact that there were too many extraneous variables that could not be controlled for, the method does not comply with the stringent criteria for an experimental research design. The sample was tested in a group in a once off testing. Precautions were taken to ensure that they could not influence each others' responses in any way.

3.5 Statistical Procedures

Given the fact that this study aims to investigate differences between three groups, the ***Mann-Whitney -U test*** will be done to test for significant differences in the mean scores of the different variables. Siegel (1956) states that this test may be used in cases where the sample has not be drawn from a normally distributed population and where the sample size is small. In the case of this study it is estimated that there will not be more than 25 participants per group. Siegel (1956) states that this is the useful alternative to the parametric *t-test* and that this is one of the most powerful statistical tests.

In addition to the ***Mann- Whitney-U test*** descriptive statistical procedures, such as frequency distribution, mean and standard deviations will be calculated and reported.

CHAPTER 4: RESULTS

4.1 INTRODUCTION

The literature review indicated that childhood abuse, sexual abuse and neglect play an important role in the onset of some Personality disorders in adulthood. The findings demonstrate the importance of early childhood victimization experiences for the development of personality disorders, leaving many unanswered questions regarding how they predispose children to further pathology, what different types of abuse and neglect place children at risk for which types of disorders, and what mechanisms are involved in the process of developing maladaptive behaviour and functioning in children who have been victimized (Widom, 1999). An examination of the internal mechanisms of the developing child and the external environmental influences may assist in understanding how victimization pre-disposes later pathology.

This study investigates the latter concerns in attempts to understand emotional and behavioural conditions in pre-adult girls, and in order to examine what personality patterns are present in these girls. It attempts to investigate whether or not there are patterns of personality functioning and behaviour developing from different forms of abuse and whether or not these can be differentiated or have qualitative differences in terms of personality dysfunction. It hopes to find better ways to intervene in the lives of abused and neglected children and to prevent the further development of psychiatric disorders in adulthood and adolescence.

The hypotheses for the study are as follows:

- There will be significant differences in the mean scores of the MCMI scales between sexually abused, physically abused and neglected children.
- There will be significant differences in the mean scores of the FES scales between sexually abused, physically abused and neglected children.
- There will be significant differences in the mean scores of the RCMAS scales between sexually abused, physically abused and neglected children.
- There will be significant differences in the mean scores of the CDI between sexually abused, physically abused and neglected children

4.2 DESCRIPTIVE STATISTICS

In order to gain a general picture of the data, descriptive statistics, i.e. mean scores and standard deviations, was done for all the variables for the three different groups.

4.2.1 Anxiety and Depression

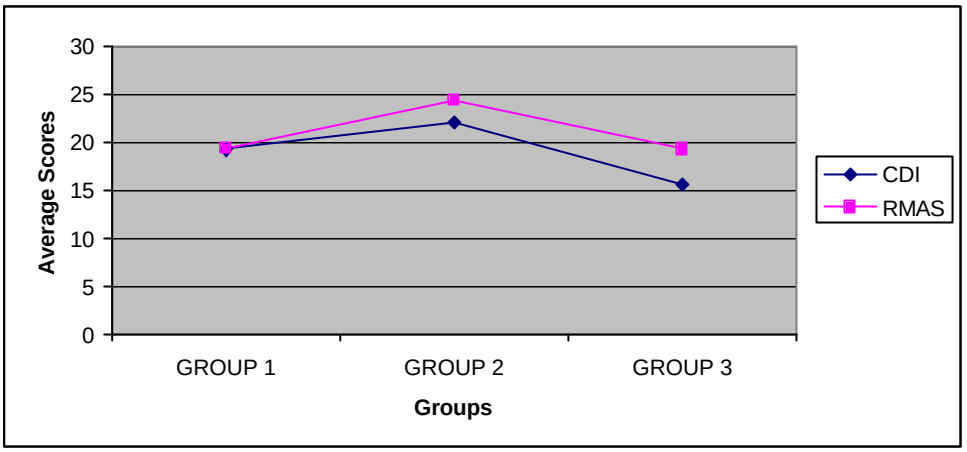
Anxiety was measured by means of the Revised Manifest Anxiety Scale (RMAS), and depression by means of the Children's Depression Inventory (CDI). The mean scores and standard deviations of the scores of these instruments are reflected in Table 4.1.

Table 4.1: Mean and standard deviation scores of Depression and Anxiety for the 3 groups

	GROUP 1		*GROUP 2*		*GROUP 3*	
	Mean	**Std. Deviation**	**Mean**	**Std. Deviation**	**Mean**	**Std. Deviation**
CDI	19.300	15.151	22.100	6.919	15.700	8.381
RMAS	19.400	3.307	24.400	3.718	19.300	4.138

The results of Table 4.1 reflect that the sexually abused children had a higher anxiety score (X = 24.4) than the physically abused (X = 19.4) and emotionally neglected (X = 19.3) children. The sexually abused children also had a higher depression (X = 22.1) score than the physically abused (X = 19.3) and emotionally neglected (X = 15.7) children. These results are graphically illustrated in figure 4.1.

Figure 4.1: Comparison of Depression and Anxiety between the 3 Groups



4.2.2 Family Environment

In order to gain information on the children's perception of their families, the Moos Family Environment Scale was done. The mean scores and standard deviations for the different sub-scales are reflected in Table 4.2 and illustrated in Figure 4.2.

Table 4.2: Mean and Standard deviation scores the Family Environment Scale for the 3 Groups.

	GROUP 1		*GROUP 2*		*GROUP 3*	
	Mean	*Std. Deviation*	*Mean*	*Std. Deviation*	*Mean*	*Std. Deviation*
FESARO	55.100	6.724	42.400	10.679	60.500	5.759
FESAO	55.700	8.957	55.100	10.236	46.900	14.012
FESC	49.300	10.275	36.700	19.928	44.100	19.330
FESCON	47.600	6.022	55.300	8.744	56.900	12.494
FESEX	41.200	11.564	37.700	6.075	39.900	13.287
FESICO	51.000	7.789	47.800	9.187	47.800	13.497
FESIND	40.200	13.172	27.000	8.273	36.500	22.839
FESMRE	57.500	7.472	53.500	7.169	50.500	8.644
FESORG	57.700	9.534	46.900	14.776	58.700	9.799
FESCTL	54.500	8.209	60.500	10.845	59.400	9.155

Table 4.2 reflects that the physically abused children had higher scores on the following sub-scales than the other groups:

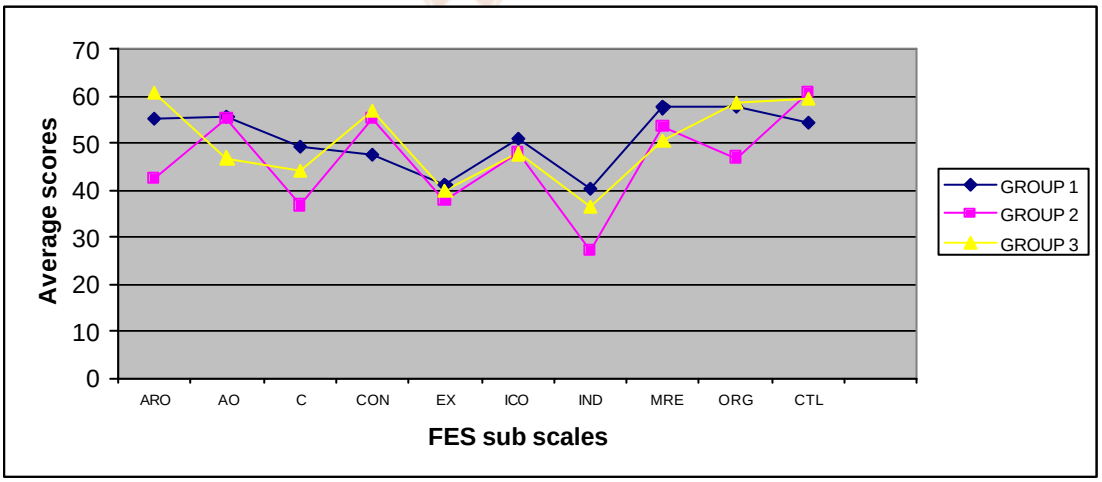
- Cohesion (X=49.3)
- Expressiveness (X=41.2)
- Intellectual - Cultural orientation (X= 51.0)
- Independence (X= 40.2)
- Moral - religious emphasis (X=57.5)

The emotionally neglected children had higher scores than the other two groups on the following sub-scales:

- Active - recreational orientation (X= 60.5)
- Conflict (X=56.9)
- Organization (X= 58.7)

The sexually abused group only measured higher on the Control sub-scale (X= 60.5), than the other two groups.

Figure 4.2: Comparison of the FES scores for the 3 groups



4.2.2 Millon Clinical Multi-axial Inventory (MCMI)

As discussed in Chapter 3, the MCMI consists of 22 sub-scales that are categorised as follows:

- Interpersonal styles
- Severe personality disorders
- Clinical syndromes

The mean and standard deviation scores, of the sub-scales, of the MCMI for the three groups will be discussed under the abovementioned headings. Furthermore, as per Millon's definition of a pathological baseline score (scores higher than 82), are also highlighted in the respective tables.

(1) Interpersonal styles

Table 4.3 reflects the mean and standard deviation scores for the sub-scales that are classified as interpersonal styles, i.e.:

- Scale 1: Schizoid
- Scale 2: Avoidant
- Scale 3: Dependent
- Scale 4: Histrionic
- Scale 5: Narcissistic
- Scale 6A: Anti-social
- Scale 6B:Aggressive
- Scales 7: Compulsive
- Scale 8A: Passive-aggressive
- Scale 8B: Self-defeating

Table 4.3: Mean and Standard deviation scores for the Interpersonal Style scores for the 3 groups.

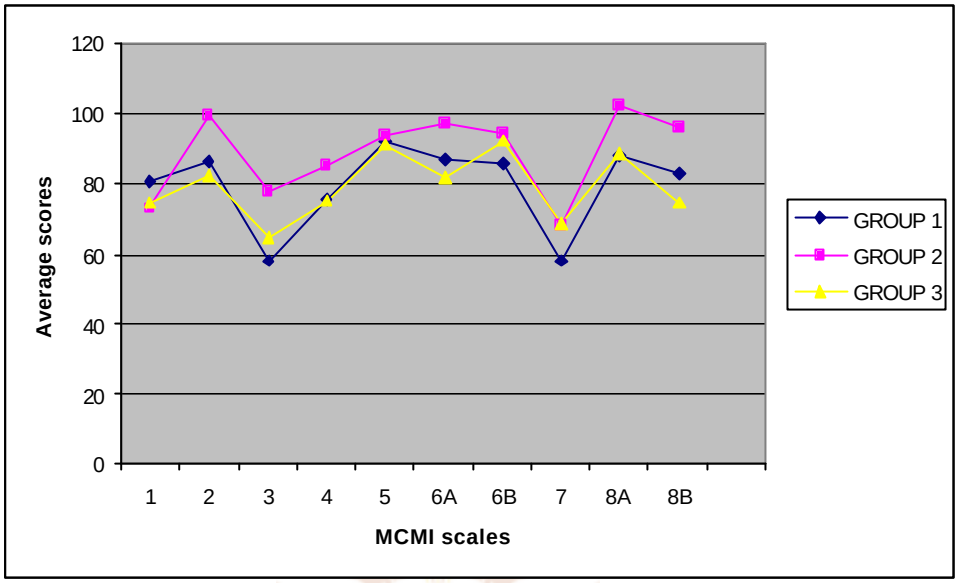
	GROUP 1		*GROUP 2*		*GROUP 3*	
	Mean	*Std. Deviation*	*Mean*	*Std. Deviation*	*Mean*	*Std. Deviation*
MCMI1	80.800	20.247	73.000	10.812	74.500	11.424
MCMI2	**86.000**	21.003	**99.700**	14.728	**82.500**	23.708
MCMI3	57.800	42.190	78.100	15.308	64.700	28.441
MCMI4	75.700	31.238	**84.900**	20.819	75.300	16.640
MCMI5	**92.100**	34.758	**93.800**	20.938	**91.300**	17.557
MCMI6A	**86.600**	34.590	**97.400**	20.544	**82.100**	20.030
MCMI6B	**85.700**	33.869	**94.500**	16.119	**92.200**	15.303
MCMI7	58.100	31.114	67.800	28.650	68.400	22.495
MCMI 8A	**88.200**	22.636	**102.400**	20.956	**88.400**	25.417
MCMI8B	**82.700**	25.069	**96.000**	16.145	74.400	24.318

From Table 4.3 it can be deduced that all three groups had significantly higher scores on the following variables:

- Avoidant
- Narcissistic
- Anti-social
- Aggressive
- Passive-aggressive

The sexually abused group also had elevated scores on the Histrionic and Self-defeating scales.

Figure 4.3: Comparison of the mean scores of the interpersonal style scales of the MCMI for the 3 groups.



(2) Severe Personality Disorders

The following sub-scales are categorised as severe personality scales:

- Scale S: Schizotypal
- Scale C: Borderline
- Scale P: Paranoid

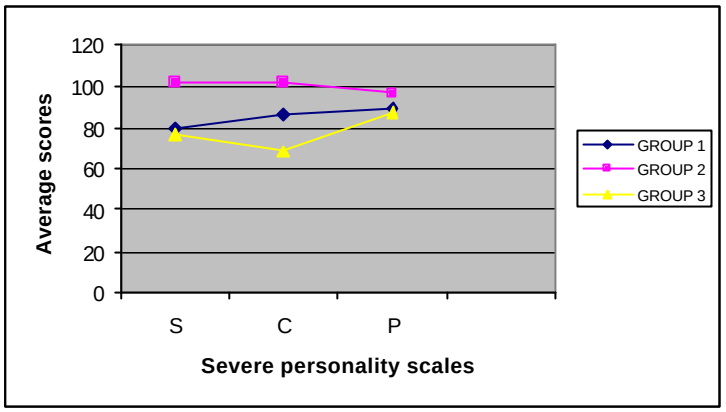
The mean and standard deviation scores for these scales are reported in Table 4.4.

Table 4.4: Mean and Standard deviation scores for the Severe Personality Disorder scores for the 3 groups.

	GROUP 1		*GROUP 2*		*GROUP 3*	
	Mean	*Std. Deviation*	*Mean*	*Std. Deviation*	*Mean*	*Std. Deviation*
MCMIS	79.500	26.320	**102.400**	18.863	76.600	22.795
MCMIC	**85.900**	23.163	**102.100**	19.644	68.900	23.235
MCMIP	**88.800**	25.063	**96.500**	18.380	**87.100**	16.455

This table reflects that all three groups had elevated scores on the Paranoid scale. The physically and sexually abused groups had elevated scores on the Borderline Scale and the sexually abused group also had elevated scores on the Schizotypal scale (see figure 4.4).

Figure 4.4: Comparison of Severe Personality Scales for the 3 Groups



4.3 Differences in Mean scores

In the previous section the descriptive statistics were discussed and certain trends were identified. It is however important to test whether the differences in mean scores between the three groups are statistically significant. Due to the small sample size which implies that there is not a representative distribution of scores, non-parametric procedures had to be used. It was decided to use the Mann-Whitney U Test was done. The Mann-Whitney test is the counterpart of the T- Test for independent samples. It is applied to two separate and uncorrelated groups which might or might not be of the same size.

(1) Differences between Groups 1 (Physical Abuse) and 2 (Sexual Abuse)

Table 4.6 and reflect the mean rank scores and the Z scores that summarise the differences between groups 1 and 2, for the variables, Depression and Anxiety.

Table 4.5: Mean Rank scores for Anxiety and Depression for Group 1 (n=10) and Group 2 (n=10)

	GROUP	*Mean Rank*	*Sum of Ranks*	Mann-Whitney U	Z	*p*
CDI	1.0	9.55	95.50	40.500	-.719	.472
	2.0	11.45	114.50			
RMAS	1.0	7.00	70.00	15.000	-2.658	**.007**
	2.0	14.00	140.00			

Although Group 2 had a higher mean score for depression than group 1 (see Table 4.1), Table 4.5 reflects that this difference was not statistically significant. The difference in the mean Anxiety scores between the two groups was, however, significant (p< .01) with the sexually abused group having higher anxiety than the physically abused group.

Table 4.6: Mean Rank scores for Family Environment Scale for Group 1 (n= 10) and Group 2 (n=10)

	GROUP	*Mean Rank*	*Sum of Ranks*	*Mann-Whitney U*	*Z*	*p*
FESARO	1.0	13.75	137.50	17.5	-2.491	**0.011**
	2.0	7.25	72.50			
FESAO	1.0	10.75	107.50	47.5	-0.193	0.853
	2.0	10.25	102.50			
FESC	1.0	12.70	127.00	28.0	-1.712	0.105
	2.0	8.30	83.00			
FESCON	1.0	7.85	78.50	23.5	-2.038	**0.043**
	2.0	13.15	131.50			
FESEX	1.0	11.90	119.00	36.0	-1.118	0.315
	2.0	9.10	91.00			
FESICO	1.0	11.45	114.50	40.5	-0.758	0.481
	2.0	9.55	95.50			
FESIND	1.0	13.70	137.00	18.0	-2.464	**0.015**
	2.0	7.30	73.00			
FESMRE	1.0	12.15	121.50	33.5	-1.278	0.218
	2.0	8.85	88.50			
FESORG	1.0	12.35	123.50	31.5	-1.436	0.165
	2.0	8.65	86.50			
FESCTL	1.0	8.95	89.50	34.5	-1.187	0.247
	2.0	12.05	120.50			

The physically abused children had significantly higher mean scores on the active-recreational orientation (X = 55.1) than the sexually abused children (X= 42.4). They also had significantly higher scores on the Independence (X= 40.2) dimension than the

sexually abused group (X= 27.0). The sexually abused children had a significantly higher score on the Conflict (X= 55.3) than the physically abused children (X= 47.6).

Table 4.7: Mean Rank scores for Interpersonal Styles for Group 1 (n=10) and Group 2 (n=10)

	GROUP	*Mean Rank*	*Sum of Ranks*	*Mann-Whitney U*	*Z*	*P*
MCMI1	1.0	10.90	109.00	46.0	-0.303	0.796
	2.0	10.10	101.00			
MCMI2	1.0	8.45	84.50	29.5	-1.551	0.123
	2.0	12.55	125.50			
MCMI3	1.0	9.70	97.00	42.0	-0.607	0.579
	2.0	11.30	113.00			
MCMI4	1.0	9.70	97.00	42.0	-0.606	0.579
	2.0	11.30	113.00			
MCMI5	1.0	11.35	113.50	41.5	-0.645	0.529
	2.0	9.65	96.50			
MCMI6A	1.0	9.65	96.50	41.5	-0.646	0.529
	2.0	11.35	113.50			
MCMI6B	1.0	10.25	102.50	47.5	-0.189	0.853
	2.0	10.75	107.50			
MCMI7	1.0	9.70	97.00	42.0	-0.605	0.579
	2.0	11.30	113.00			
MCMI 8A	1.0	8.55	85.50	30.5	-1.486	0.143
	2.0	12.45	124.50			
MCMI8B	1.0	9.25	92.50	37.5	-0.946	0.353
	2.0	11.75	117.50			

Although Table 4.3 reflected differences in mean scores between the two groups for the interpersonal style scores, these differences were not statistically significant.

Table 4.8: Mean Rank scores for Severe Personality Disorders Group 1 (n=10) and Group 2 (n=10).

	GROUP	*Mean Rank*	*Sum of Ranks*	*Mann - Whitney U*	*Z*	*P*
MCMIS	1.0	8.10	81.00	26.0	-1.818	0.075
	2.0	12.90	129.00			
MCMIC	1.0	8.15	81.50	26.5	-1.785	0.075
	2.0	12.85	128.50			
MCMIP	1.0	9.30	93.00	38.0	-0.908	0.393
	2.0	11.70	117.00			

The two groups did not differ significantly on any of the Severe Personality Syndrome scales, although Table 4.4 reflected that the sexually abused children had higher mean scores on all these scales than the physically abused children.

(2) Differences between Group 2 (Sexual Abuse) and Group 3 (Emotional Neglect)

Table 4.9 reflects that Group 2 has higher scores for both Depression (X=12.8) and Anxiety (X=13.85) than Group 3 (Depression: X=8.2; Anxiety: X=7.15). The table does, however, reflect that the difference between the two groups was only significant with regards to anxiety (p=0.05).

Table 4.9: Mean Rank scores for Depression and Anxiety for Group 2 (n=10) and Group 3 (n=10).

	GROUP	*N*	*Mean Rank*	*Sum of Ranks*	*Mann-Whitney U*	*Z*	*p*
CDI	2.0	10	12.80	128.00			
	3.0	10	8.20	82.00	27.000	-1.741	.082
	Total	20					
RMAS	2.0	10	13.85	138.50			
	3.0	10	7.15	71.50	16.500	-2.554	**.011***
	Total	20					

In terms of their Family Environment, Table 4.10 reflects that the two groups differed significantly only in their families' Active-recreational orientation (ARO).

Table 4.10: Mean Rank scores for the Family Environment Scale for Group 2 (n=10) and Group 3 (n=10).

	GROUP	*N*	*Mean Rank*	*Sum of Ranks*	*Mann-Whitney U*	*Z*	
FESARO	2.0	10	6.25	62.50			
	3.0	10	14.75	147.50	7.500	-3.232	**.000*** **
FESAO	2.0	10	12.50	125.00			
	3.0	10	8.50	85.00	30.000	-1.520	.143
FESC	2.0	10	9.75	97.50			
	3.0	10	11.25	112.50	42.500	-.575	.579
FESCON	2.0	10	10.65	106.50			
	3.0	10	10.35	103.50	48.5000	-.115	.912
FESEX	2.0	10	10.50	105.00			
	3.0	10	10.50	105.00	50.000	.000	1.000
FESICO	2.0	10	10.50	105.00			
	3.0	10	10.50	105.00	50.000	.000	1.000
FESIND	2.0	10	9.25	92.50			
	3.0	10	11.75	117.50	37.5000	-.961	.353
FESMRE	2.0	10	11.70	117.00			
	3.0	10	9.30	93.00	38.000	-.947	.393
FESORG	2.0	10	8.10	81.00			
	3.0	10	12.90	129.00	26.000	-1.837	.075
FESCTL	2.0	10	10.90	109.00			
	3.0	10	10.10	101.00	46.000	-.310	.796

Table 4.11: Mean rank scores for Interpersonal Styles for Group 2 (n=10) and Group 3 (n=10)

	GROUP	*N*	*Mean Rank*	*Sum of Ranks*	*Mann-Whitney U*	*Z*	*p*
MCMI1	2.0	10	10.20	102.00			
	3.0	10	10.80	108.00	47.00	-.227	.853
MCMI2	2.0	10	12.75	127.50			
	3.0	10	8.25	82.50	27.500	-1.705	.089
MCMI3	2.0	10	11.75	117.50			
	3.0	10	9.25	92.50	37.500	-.947	.353
MCMI4	2.0	10	12.15	121.50			
	3.0	10	8.85	88.50	33.500	-1.250	.218
MCMI5	2.0	10	10.75	107.50			
	3.0	10	10.25	102.50	47.500	-.189	.853
MCMI6A	2.0	10	12.70	127.00			
	3.0	10	8.30	83.00	28.000	-1.668	.105
MCMI6B	2.0	10	10.50	105.00			
	3.0	10	10.50	105.00	50.000	.000	1.000
MCMI7	2.0	10	10.75	107.50			
	3.0	10	10.25	102.50	47.500	-.189	.853
MCMI 8A	2.0	10	12.50	125.00			
	3.0	10	8.50	85.00	30.000	-1.519	.143
MCMI8B	2.0	10	13.20	132.00			
	3.0	10	7.80	78.00	23.000	-2.044	**.043***
	Total	20					

Table 4.11 reflects that the Sexually abused group (Group 2) scored significantly higher on the self-defeating scale (Scale 8B) than the neglected group on the MCMI (P<0.05). Furthermore, the two groups also differed significantly on two of the Sever Personality Disorder scales i.e., Schizotypal (p<0.05) and Borderline (p<0.01). In both instances the Sexually abused group had significantly higher scores than the Neglected group.

Table 4.12: Mean rank scores for Severe Personality Disorders for Group 2 (n=10) and Group3 (n=10)

	GROUP	*N*	*Mean Rank*	*Sum of Ranks*	*Mann-Whitney U*	*Z*	*P*
MCMIS	2.0	10	13.40	134.00			
	3.0	10	7.60	76.00	21.000	-2.202	**.029***
MCMIC	2.0	10	14.50	145.00			
	3.0	10	6.50	65.00	10.000	-3.032	**.002***
MCMIP	2.0	10	12.00	120.00			
	3.0	10	9.00	90.00	35.000	-1.137	.280

(2) Differences between Group 1 (Physical abuse) and Group 3 (Emotional Neglect)

Tables 4.12 to 4.15 reflect that the Physically Abused group (Group 1) did not differ significantly from the Emotionally Neglected group (Group 3) on any of the variables that were measured.

Table 4.13: Mean rank scores for Depression and Anxiety for Group 1 (n=10) and Group 3 (n=10)

	GROUP	*N*	*Mean Rank*	*Sum of Ranks*	*Mann-Whitney U*	*Z*	*p*
CDI	1.0	10	10.85	108.50			
	3.0	10	10.15	101.50	46.500	-.265	.796
RMAS	1.0	10	10.10	101.00			
	3.0	10	10.90	109.00	46.000	-.304	.796

Table 4.14: Mean Rank scores for the Family Environment Scale for Group 1 (n=10) and Group 3 (n=10).

	GROUP	*N*	*Mean Rank*	*Sum of Ranks*	*Mann-Whitney U*	*Z*	*p*
FESARO	1.0	10	8.75	87.50			
	3.0	10	12.25	122.50	32.500	-1.389	.190
FESAO	1.0	10	12.60	126.00			
	3.0	10	8.40	84.00	29.000	-1.600	.123
FESC	1.0	10	11.15	111.50			
	3.0	10	9.85	98.50	43.500	-.499	.631
FESCON	1.0	10	7.90	79.00			
	3.0	10	13.10	131.00	24.000	-2.007	.052
FESEX	1.0	10	10.85	108.50			
	3.0	10	10.15	101.50	46.500	-.271	.796
FESICO	1.0	10	11.30	113.00	42.000	-.617	.579
	3.0	10	9.70	97.00			
FESIND	1.0	10	11.00	110.00			
	3.0	10	10.00	100.00	45.000	-.383	.739
FESMRE	1.0	10	12.40	124.00			
	3.0	10	8.60	86.00	31.000	-1.487	.165
FESORG	1.0	10	10.20	102.00			
	3.0	10	10.80	108.00	47.000	-.231	.853
FESCTL	1.0	10	9.30	93.00			
	3.0	10	11.70	117.00	38.000	-.925	.393

Table 4.15: Mean rank scores for Interpersonal Styles for Group 1 (n=10) and Group 3 (n=10)

	GROUP	N	Mean Rank	Sum of Ranks	Mann-Whitney U	Z	P
MCMI1	1.0	10	11.10	111.00			
	3.0	10	9.90	99.00	44.000	-.458	.684
MCMI2	1.0	10	10.90	109.00			
	3.0	10	10.10	101.00	46.000	.762	.796
MCMI3	1.0	10	10.55	105.50			
	3.0	10	10.45	104.50	49.500	-.038	.971
MCMI4	1.0	10	11.20	112.00			
	3.0	10	9.80	98.00	43.000	-.531	.631
MCMI5	1.0	10	11.60	116.00			
	3.0	10	9.40	94.00	39.000	-.832	.436
MCMI6A	1.0	10	11.25	112.50			
	3.0	10	9.75	97.50	42.500	-.571	.579
MCMI6B	1.0	10	10.50	105.00			
	3.0	10	10.50	105.00	50.000	.000	1.000
MCMI7	1.0	10	9.50	95.00			
	3.0	10	11.50	115.00	40.000	.449	.481
MCMI 8A	1.0	10	10.30	103.00			
	3.0	10	10.70	107.00	48.000	-.152	.912
MCMI8B	1.0	10	10.95	109.50			
	3.0	10	10.05	100.50	45.500	-.341	.739

Table 4.16: Mean rank scores for Severe Personality Disorders for Group 1 (n=10) and Group 3 (n=10)

	GROUP	N	Mean Rank	Sum of Ranks	Mann-Whitney U	Z	P
MCMIS	1.0	10	10.80	108.00			
	3.0	10	10.20	102.00	47.000	-.227	.853
MCMIC	1.0	10	12.15	121.50			
	3.0	10	8.85	88.50	33.500	-1.251	.218
MCMIP	1.0	10	10.90	109.00			
	3.0	10	10.10	101.00	46.000	-.303	.796

CHAPTER 5: DISCUSSION

5.1 INTRODUCTION

The aim of this study was to investigate the personality styles of young girls in early adolescence who have been sexually, physically and emotionally abused and neglected, with the purpose of attempting to:

- identify some picture at this early stage of developing personality dysfunction,
- so that a better understanding of the effects of abuse on personality functioning can inform future intervention and prevention of adult pathology.

The study has attempted to discern whether or not there are qualitatively different developmental pathways for girls experiencing different kinds of abuse. A developmental model combining precipitators, predisposition, mediating factors and maintenance factors is given which utilizes the developmental stage theory of Erik Erikson and the systemic personality theory of Theodore Millon in conceptualising a structure within which development through time between birth and adolescence can be interpreted and mapped (see Figure 2.1).

The model is intended to incorporate both theoretical orientations to the study of aetiology of pathology represented in the literature, those being the life-course orientation and traditional developmental theory. It does so by presenting a multifactor conceptualisation of developmental pathways in which non-linear movement between all factors relevant to outcomes is recognized within a sequential cause and effect time line.

Research on the short and long-term effects of aversive developmental contexts (various forms of abuse) on behaviour and functioning reveals that predicting behavioural outcomes from such events in childhood is difficult as opportunities for recovery and the buffering effects of mediating factors are difficult to gauge. What is consistent in the research is that abuse which is continuous and severe is most detrimental to the development of balanced, healthy functioning, as these circumstances minimize opportunities for relearning healthy functioning, integrating destructive experiences and facilitating spontaneous recovery. It seems from the literature that psychological processes such as attribution and processing

are intricately linked to the impact of abuse on victims. Research on adult and adolescent outcomes evidences several behavioural, emotional and psychological patterns for abused girls. These include in summary, poor self-concept characterized by difficulty in forming an integrated identity, interpersonal difficulties and social immaturity, difficulty in regulating emotions and emotional liability and impulsiveness, deep-seated mistrust of others and sensitivity to rejection, negative self-attributions and low self-esteem, as well as the prevalence of persistent, strong feelings of anger, anxiety, guilt and resentment. In terms of personality dysfunction, Borderline Personality Disorder and Antisocial Personality Disorders are correlated with abuse. Mood disorders Substance Abuse Disorders and Depression are also associated with survivors of abuse. Very little research addresses the difference between the impact and outcomes of various forms of abuse on interpersonal functioning. In the following section the results of this study will be discussed in more detail and an attempt will be made at integrating the results of this study with previously done studies.

5.2 DESCRIPTIVES

The first step in the data analysis was to perform certain descriptive statistical procedures in order to group the data and to gain a general picture of the characteristics of each group. The mean scores and standard deviation for each group and for every variable are reflected in Tables 4.1 to 4.4. Descriptives for the results of all three groups (Sexually abused, Physically abused and Neglected) are provided.

In terms of ***Depression*** (see table 4.1) it would seem as if the Physically abused group had a higher mean score than the other two groups**.** The same applies to the results obtained for ***Anxiety*** (see Table 4.1)**.** Possible explanations for these results will be discussed in the following section**.**

In terms of family functioning, the ***Family Environment Scale (FES)*** was used to provide some quantitative measurement of the family functioning of the three different groups. The different dimensions measured by the Family environment scale are:

(1) Relationship dimension

- ***Cohesion (C)*****:** the degree of commitment, help, and support family members provide for each other.

- ***Expressiveness (EX)*****:** the extent to which family members are encouraged to express their feelings directly.
- ***Conflict (CON)*****:** the amount of openly expressed anger and conflict among family members.

(2) Personal growth dimension

- ***Independence (IND)*****:** the extent to which family members are assertive, self-sufficient, and make their own decisions.
- ***Achievement orientation (AO)*** **:** how much activities (such as school work) are cast into an achievement-oriented or competitive framework.
- ***Intellectual-cultural orientation (ICO)*** **:** the level of interest in intellectual, cultural and political activities.
- ***Active-recreational orientation (ARO)*****:** the amount of participation in social and recreational activities.
- ***Moral-religious emphasis (MRE)*****:** the emphasis on ethical and religious issues and values.

(3) System maintenance dimensions

- ***Organisation (ORG)*****:** the degree of importance of clear organisation and structure in planning family activities and responsibilities.
- ***Control (CON)*****:** how much set rules and procedures are used to run family life.

The results (reflected in Table 4.2) on this scale yielded some interesting patterns:

In terms of the **relationship dimension** the Sexually abused group, against all expectations, revealed that their family was supportive, experienced a great deal of emotional support and low levels of conflict. Interestingly, it was the Neglected group that reported high levels of conflict in the family, and not the Physically or Sexually abused group. The answer to these results may lie in the results on the other dimension of this scale, however it may also be true that the families of the sexually abused group do have lower levels of conflict. One must accept, that in the case of the physically abused children, that aggression and conflict is expressed in a physical way, and conflict may be more covert in the families of sexually abused children.

- The **personal growth dimension,** as well as the **system maintenance dimension**, results also reflected that the Sexually abused group generally reported their families in a more positive light than the other groups.

Moos and Moos (1994, p.39-40) state that :

> *"Compared with nonabusive families, families that have a history of physical or sexual abuse tend to be less supportive, socially integrated, and organized. Some of these families may also be relatively low on independence and high on control …Some abusive parents promote a highly structured and socially isolated lifestyle for themselves and their children."*

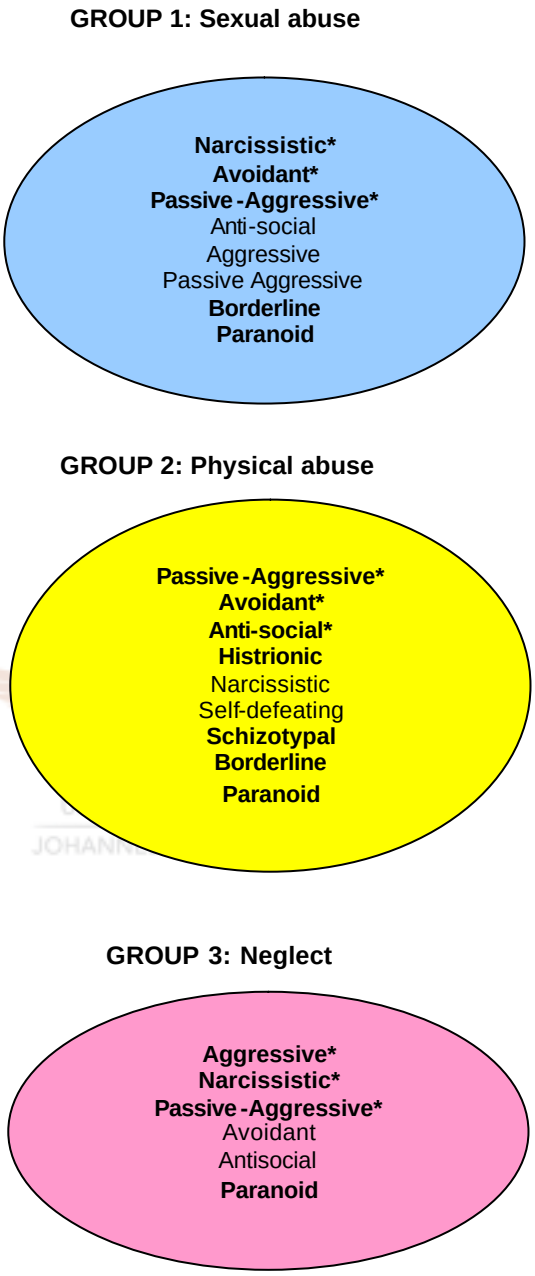
The findings of this study are therefore in direct contradiction to that of Moos and Moos (1994). A few possible explanations can be offered in this regard, i.e.:

- The Family Environment Scale was standardized on an American population and there are no existing norms for a South African population. It could therefore be possible that the results that were obtained are not reliable because of the psychometric properties of the scale.
- The research design did not include a "control group" of non-abusive families and it is therefore difficult to deduce whether the scores for the abused and neglected group are in any way higher or lower than in "normal" families.
- Only one family member, i.e. the victim, was asked to complete the questionnaire, therefore we only have the perception of one and not multiple family members. In essence therefore one is dealing with only one perception of the family which may therefore not reflect the reality of the family.
- One must also keep the context of the participants in mind. These participants were all in a Children's home at the time of the testing. It is therefore possible that, because of their exposure to the adverse environment of the institution that they, idealized their family and completed the questionnaire from this position. Idealization of the attachment figures and family serves as a means of securing the attachment figures in the face of otherwise loss of protection.

The MCMI was included in the study in order to ascertain to what extent abnormal interpersonal and personality styles could be identified at an early stage. Although the MCMI measures 3 dimensions, i.e. Interpersonal style, Severe Personality Disorders and Clinical Disorders, the Clinical Disorder scale scores were not interpreted in this study as it fell outside the scope of this research. In terms of interpreting the MCMI, Choca, Shanley and VanDenburg (1992) states that although one can interpret the profile one scale at a time and describe what that elevation indicates, it would be adequate but also the least sophisticated method of interpretation. He suggests that a more integrative view of the elevated scales that would imply an interpretation of the cluster of elevated scores. In this study both these approaches were used.

The highest three profiles on the MCMI for each group are described as well as their combined cluster description. Thereafter, the severe scales are described as pertaining to each group.

Figure 5.1: Illustration of the cluster of significant MCMI scores for the 3 groups



5.2.1 Sexual abuse group (SA)

The girls who were sexually abused obtained their highest elevations for Narcissistic Style (Scale 5), followed by a second highest score for Avoidant (Scale 2A) and thirdly Passive-Aggressive (Scale 8A). Passive –Aggressive falls within the Negativistic Style.

(1) Individual Scales

- **Narcissistic (Scale 5):** A high elevation on this scale indicates an exaggerated sense of self-importance characterized by a belief that one is better than others, more special and therefore deserving of special favours from others. Narcissist personalities appear intelligent, humorous, arrogant, aloof charming and sophisticated to others. The live with double standards believing that the rules of life apply only to others and that their exclusivity exempts them from normal responsibilities and social rules. They feign tranquillity with an apparent confidence, and a cool optimistic outward orientation. Interpersonally they struggle to enjoy reciprocal relationships of give and take, content to only receive things from others they believe is their right. They show very little self-insight, demonstrate little if any perception of the needs of others and are deficient in empathy as they are unable to compromise. Others experience them as exploitative, autocratic, and insensitive not to mention selfish. They have an ability to draw attention to themselves and make a good initial impression as they prioritise making the best impression on others, appearing superior and highly attractive in their polished interpersonal and politically astute behaviour. Their proud, independent and confident exterior masks an insecurity their extreme self-centeredness necessitates. If they cannot sustain their outward show, the can become depressed or resort to substance dependence to cope with their subsequent anxiety.

- **Avoidant (scale 2):** People scoring high on this scale are characterized essentially as withdrawn socially, often living an isolated and solitary existence, however undesirably so, as they are actually outwardly orientated, and wish to have friends. A consistent sense of anxiety and disease in social situations and interactions, generated by the combination of feeling inferior to others and inadequate, and a great fear of rejection. They tend thus to be hypervigilant with regards the social cues for acceptance and rejection in social situations and can overreact to small things. They become preoccupied with intrusive and disruptive thoughts that are generally fearful, and feel

alone and empty. This leads them to rather remain isolated and to maintain social distance. They thus rely upon their inner world for gratification of needs for affection and rarely develop strong relationships with others.

- **Passive-Aggressive (scale 8a):** Most salient for persons with elevations on the Passive-Aggressive scale, is the tendency to vacillate between being agreeable and compliant, and being resentful, oppositional and hostile. They are essentially internally conflicted and attempt to secure nurturance and acceptance, as they are never satisfied with what the world delivers to them. They tend to act out on these polarities impulsively and unpredictably, in an intense emotional manner. They believe life has been unfair to them and have a pessimistic outlook. They feel resentment and anger because of this fundamental belief and struggle to accept these feelings, which they regard as unacceptable. Because of this they tend to express their anger and resentment indirectly through passive means such as; procrastination, caustic comments, sarcasm, and complaints that nothing is ever right or good enough. They defend their chronic unhappiness by blaming others and lack of insight into their impact on others creates a self-fulfilling cycle of rejection from others. They feel the same way about relationships, anticipate them to be unfulfilling and are cynical about them. They display much affect, being moody and complaining a lot, however then feeling guilty, becoming apologetic. Their internal conflicted style is projected onto interpersonal relationships. Internally conflicted also from the position of desperately needing acceptance from others and fearing rejection, they most often remain at a distance from others, refraining from interpersonal engagement, in attempt to secure themselves and protect themselves from hurt. They appear as a result independent and self-sufficient, however this is superficial.

(2) Cluster: Narcissistic-Avoidant-Passive-aggressive

As a cluster, the combination of these three groups of tendencies can be best described as follows (Choca, 1992, p.94):

> *The combination of all three styles with Narcissistic traits being dominant will manifest in a conflicted social outlook and interpersonal style. They attempt to obtain admiration from others, believing they are superior and deserving while at the same time are aware of their limitations. They wish to be seen as agreeable, and can be cooperative on the one hand and hypersensitive resentful and angry on the other,*

should they not feel the responses of those around them affirm their self-image of superiority. They try to put their best foot forward in social situations, however they also feel anxious self-conscious and tense in these situations. They wish to relate well socially however their discomfort and fear of rejection tends to make them withdraw from interaction. They fear criticism and exploitation by others and thus tend to be guarded, resentful and reserved. These inner conflicts related to interpersonal interaction and the need for affirmation either manifest in a general negative outlook on life or in frequent mood changes. They may therefore never be satisfied with what they receive from life, blaming others defensively for their discomfort, and do so passively as their strong feelings of anger and resentment are not regarded as socially acceptable and are a threat to their mage they wish to convey to the world in order to elicit admiration. Generally they would tend to withdraw from interaction, as relationships are potentially damaging and dangerous as rejection would negate their self-image they believe they need in order to be comfortable. They can become cynical and despising of relationships, as this is the context in which they feel threatened but upon which they rely.

(3) Severe Personality Scales

The girls who were sexually abused scored significantly high on ***Borderline Scale (Scale C)*** as well as well as the ***Paranoid Scale (Scale P)***.

- **Borderline:** High scores on this scale are indicative of instability and unpredictable mood and behaviour. Moods are extreme and include a wide range, from anger and irritability through to euphoria and despair. These seem all-consuming and can change quickly. Behaviour appears to be internally generated by strong affect rather than reactive to external events. Depression, anxiety and interpersonal aggression seem to dominate the nature of these moods. Borderline personalities are characterized by self-destructiveness, which can include self-mutilation. Their intense moods negatively affect their interpersonal functioning eliciting rejection. They experience unstable and dissatisfying interpersonal relationships because of their inner conflict between desperately needing and seeking secure attachments in which they can find support and extreme fear of rejection that they experience as devastating abandonment. They live in ambivalence between need for relationship and withdrawal from relationship with others as the extent to which they feel secure

in establishing attachment marks the extent to which they also fear loss of that attachment which results in a constant attached-detached interpersonal style. They deal with this dance in destructive and damaging ways for themselves and others. They tend to idealize significant others in attempts to secure their love then react with hostility, severe criticism and cruel aggression in order to avoid their unreliable sense of dependency on them. This pattern is riddled with self-remorse, guilt, self-doubt and intense self-dislike. A poor sense of identity seems to be at the core of their behaviour, and feelings of emptiness accompanied at times by disorganized thoughts. The symptoms of the Borderline profile are diverse generating slight differences in orientation depending on the specific scale elevations. In this case elevations of Narcissistic, Avoidant and Passive aggressive scales would tend to present an intensely conflictual nature to their behaviour as has already been described in the vacillation between the extremes of dependency and ambivalence which generates resentment and anger displayed passively because these feelings are regarded as unacceptable to the borderline personality.

- **Paranoid:** The central issue for persons with elevations on this scale is suspiciousness and defensiveness, combined with a feeling of superiority. They are constantly vigilant because they feel others will criticise or deceive them. Innocuous events will be perceived as insults or as workings of a world in which others are trying to control or harm them. They will distort their world by interpreting events to fit their idiosyncratic views. Because they feel in constant danger, they will be abrasive, touchy, hostile and irritable. They are likely to feel bitter toward people who have been successful and to believe that their success has been achieved through dishonesty and possibly illegal activities. This process will involve denying their own shortcomings and attributing them to others. Although quick to notice and expand on minor faults of others, they will be ignorant of these same faults in themselves. These dynamics will be used as a means of establishing their own superiority in relation to others. People react negatively to their being mistrustful and even hostile, which provides evidence that indeed the world is a dangerous, insecure place.

The combination of Borderline and Paranoid tendencies as in the case with the SA group, presents also a marked distrust and resentment of authority, a fear of losing control and autonomy and a tendency to be moralistic, perfectionist and short-tempered. This personality picture combines the mistrustful nature of the paranoid with the need to feel superior as is evident in the narcissistic style

5.2.2 Physically abused group

(1) Individual Scales

The highest elevations obtained for this group were ***Passive-Aggressive***, followed by ***Avoidant*** and then ***Antisocial***.

- **Passive-aggressive (Scale 8a):** High scores on the Passive-Aggressive Style as an individual scale have already been described under 5.2.1 and apply equally to this group.

- **Avoidant (Scale 2):** Elevations on this scale have also been described already, as an individual scale, in the sexually abused group descriptions and apply equally to this group.

- **Antisocial (Scale 3):** The central tendencies of the Antisocial personality style are impulsive acting-out behaviour, competitiveness and antisocial affect or emotions. Persons with an elevated Antisocial scale display behavioural characteristics of reactivity to situations without much thought that are short-sighted in doing so, unconcerned about the impact of their actions on others or their consequences for both themselves and others. Their behaviour is often irresponsible and violates the rights of others in all social contexts, both personal and public. They have no regard for the norms and rules of society, sometimes antisocial behaviour remains within legal boundaries and involves substance abuse, unreliable work practice and irresponsible sexual behaviour however it can also involve criminal activity. Pleasure is derived from seeing themselves as free and flexible and a law unto themselves devoid of responsibilities and obligations that makes them appear to some as interesting and exciting rather than dangerous. The world is viewed as a competitive field in which personal gain is the prize at any cost. They would then tend not to accept support from others but rather fight to meet their needs. They do sometimes depend on others for practical and financial support, which they usually get through devious means. They can be callously competitive which

they defend by pointing out the faults of others. They are mistrustful as they view everything from a competitive stance and so anticipate others are like themselves and are out to exploit them. They are thus suspicious of others and guarded in social interactions. While they tend to be hedonistic they are reserved and maintain distance in interpersonal relationships. Being challenged can cause them to be impulsive, aggressive, vindictive, resentful and vengeful. Generally they maintain superficial interpersonal relationships.

(2) Cluster: Passive - Aggressive - Avoidant - Antisocial

The combination of these scales manifests in a personality style that is essentially conflicted between a tendency to avoid people and interactions and engage in competitive interactions. This produces ambivalence in interpersonal relationships, which persons experience as uncomfortable and anxiety provoking as they fear judgment form others and loss of connection to others resulting in the maintenance of interpersonal distance through superficial relationships or avoidance of them. The combination of high Passive-Aggressive and antisocial scales tends to bring out a desire for closeness and warmth as well as anger and resentment for others. Persons with this style do tend to cast aside their needs for attention from others by becoming tough-minded and superficial in relationships. They can either tend to become obstructionist and negativistic in a distant way not dealing with problems of dissatisfaction by becoming resentful of others and passively aggressive or they deal with their ambivalence by becoming moody, displaying uncontrollable rage or agreeableness, moving from hostility to friendliness after impulsive outbursts. They frequently assign blame to others, and despise those they view as " weak". Intimacy is threatening and they always need to keep interpersonal distance.

(3) Severe Personality Scales

The physically abused group share elevations on the ***Borderline (Scale C)*** scale *and* ***Paranoid (Scale P)*** scale. They also obtained high scores on the ***Schizoid Scale (Scale S)***.

- **Borderline (Scale C):** Already described under 5.2.1, this turbulent picture applies to this group as well.
- **Paranoid (Scale P):** Already described under 5.2.1, this description would equally apply to this group.
- **Schizotypal (Scale S):** Obtaining high Schizotypal scores would indicate a strong tendency to be socially isolated, eccentric and disorganized, however combined with elevations on the Avoidant scale, they may desire more interpersonal acceptance and their interpersonal detachment is not desirable to them. They feel more anxious and apprehensive however in relationship and will protect themselves by cutting off from others. This profile is characterized by a preference to be alone, very little interest or energy for interpersonal relationships, in which they only feel discomfort and in which they maintain distance. Lacking meaningfulness and experiencing a deep sense of emptiness they tend to resort disorganized magical thought, and rituals where reality and fantasy fuse, in order to cope with their predicament, rather than become emotionally orientated. They tend to dissociate and experience depersonalisations and cope with anxiety in this fashion. Affect can become markedly reduced and/or blunted. Those with a Schizotypal personality type live in an inner world and their neglect of their physical self evident in the poor outward appearance echoes the deterioration of Schizophrenia. They appear to be eccentric in their dress and behaviour. When both Schizotypal and Paranoid personality types coexist, these persons may be more organized in their thinking because the content of paranoid thought is coherent, but never the less remain tangential in their thinking. Their style of interaction includes personal irrelevancies, which are often inappropriate, as are the magical thoughts they express.

Borderline is combined with elevations on the Passive- Aggressive scale which generates inner conflict around feeling intense anger and resentment yet feeling this is unacceptable, and dependency on others while feeling anxiety in relationship, unable to trust the motives of others, being suspicious of others. The combination of Borderline with Antisocial elevations may generate more impulsivity, greater tendency towards dangerous self-destructive behaviour and indulgences that can have serious consequences for others as well as themselves.

5.2.3 Neglected Group

(1) Individual Scales

The ***Aggressive (Sadistic) (Scale 6B)*** was the highest elevation for this group. Second highest was ***Narcissistic (Scale 5)*** third highest was ***Passive-Aggressive (Scale 8A)***.

- ***Aggressive (Sadistic):*** Characteristics of people scoring high on this scale include aggressiveness, competitiveness, authoritarian, energetic and social intolerant. Similar to the antisocial profile they are not affected by pain or punishment, are not concerned about the effects of their actions on others, can be caustic and prejudiced in social settings, can enjoy humiliating others and inflicting emotional and physical abuse. They can be vicious, explosive, violent and brutal towards others with no sense of shame or guilt, sentimentality or internal confusion. Other people are seen as objects to manipulate for personal gain, and relationships as opportunities for competitive gain. To the sadist life is about winning and losing and they are determined to win at whatever cost to whomever. Some are able to channel their authoritarian tendencies into appropriate social roles such as military service. They need to always feel in control and able to exert this control as they require. They are resilient, successful in certain competitive contexts, can overcome enormous obstacles with what others perceive as courage. They are goal orientated and receive affirmation in Western culture for their achievements.

- ***Narcissistic:*** This scale has been described under 5.2.2 and applies equally here.

- ***Passive-Aggressive:*** The Passive-Aggressive scale, common to all the groups, is described under 5.2.1 and applies equally to the neglected group.

(2) Cluster: Aggressive-Narcissistic- Passive -Aggressive

The combinations of these scales would create a personality style similar to the Antisocial-Passive -Aggressive picture of the PA. group. The world is viewed as a competitive arena in which only the toughest survive and in which winning at all costs is justified and honourable. These persons would tend to feel they must achieve on their own, are suspicious of others and mistrustful and therefore cannot lean on others. They perceive themselves as better than others do more capable, assertive and strong which expresses their self-image as tough survivors. They do not care about their effects on others as their task is always to win and so any sentiment or guilt is regarded as possible obstacles to achieving their goals. They wish to be seen by others as tough and can display aggression intimidation, maliciousness, and abusiveness towards others. They appear guarded reserved and can be very bitter and resentful. If they are crossed they can become vindictive and vengeful, displaying enormous rage. They have an inflated self-image, believing they are more worthwhile than others are, and give the appearance of independence and confidence.

(3) Severe Personality Scale

The Neglected group only had an elevation on the ***Paranoid scale***. For a description of this scale, refer to paragraph 5.2.1 (3).

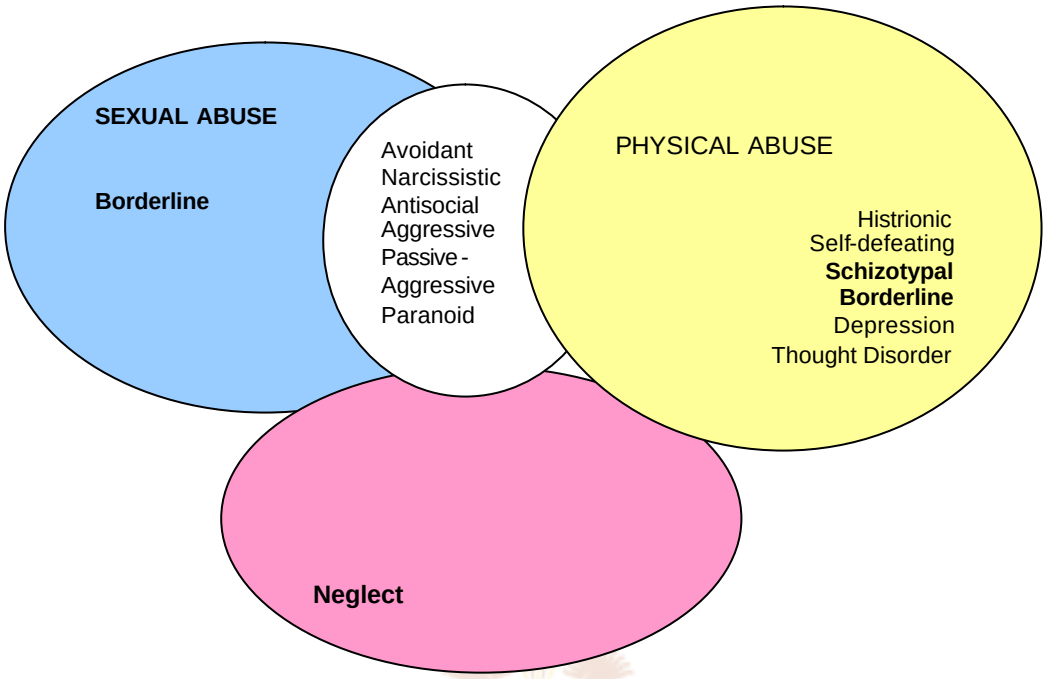
5.3 Interpretation of the similarities between The Sexually, Physically Abused And Neglected Groups.

Although the descriptives described the three most elevated individual scales and severe personality scales for all three groups, all groups shared significantly high scores for the following scales of the MCMI: ***avoidant, narcissistic, antisocial, aggressive, passive aggressive*** and ***paranoid scales*** (see Figure 5.2). These findings support those of Gibb et al. (2001) who found correlations between women who were sexually abused as children and elevations on the following personality disorder scales: paranoid, borderline, narcissistic, passive-and aggressive. Our findings differ from the latter in that the latter study also found

dependant and histrionic elevations for sexually abused victims. Research by Johnson et al. (2000) on the effects of neglect on adolescents revealing neglect to be positively correlated with avoidant, paranoid and passive-aggressive personality elevations is substantiated also by the findings of this study. Certainly what the results indicate, is that adolescence is a risk period for personality disorders, as advanced by Berenstein et al. (1993) as young adolescent girls enter this turbulent period of their lives from an insecure and compromised position characterized by maladaptive functioning and significant deficits in various areas of functioning, emotional, cognitive and behavioural, as a result of "compromised development". Compromised development seems to result from the common experience of abuse for these girls who share subjective experiences, emotions and cognitions about themselves and others that are directly affected by and linked to their abusive realities. While quantitative research only picks up descriptive aspects of their experiences, this contributes to an understanding of the effects of abuse on these girls and offers avenues for the exploration of qualitative research such as that by Crowley (2000) to illuminate the intrapsychic processes whereby the circumstances of maltreated persons manifest in dysfunction. This discussion looks at the commonalities in self-perception, interpersonal difficulties and behaviour as presented by this study, according to the author, and offers possible understandings of why and how these manifest as the result of the impact of adverse contexts on these girls. The manifestation of significant high scores on so many scales at this early stage of adolescence is significant as the maladaptation indicated thereby cannot be assumed to be reflective of the normal turbulence of adolescence as these girls are still young and have not fully entered full-blown adolescence. It is meaningful to observe from these results that young girls from abusive contexts may have to negotiate adolescence with significant difficulties in personality functioning. Therapeutic intervention at this early stage of adolescence is therefore not without meaning or purpose given the inadequacies these young girls take with them into the developmental stage of adolescence.

That all three groups share elevations in a range of personality dysfunction indicates that these girls all experience intrapsychic and interspychic anxiety to the extent that they manifest unhealthy interpersonal behaviour and deficits in their self-concepts. This interpretation attempts to offer explanations for these outcomes from the theoretical base of Millon's personality theory and Erikson's developmental theory.

Figure 5.2: Illustration of the similarities of the MCMI scores for the 3 groups



All these girls experienced abuse in their families severe enough to warrant their removal from their families. It is therefore most likely that the abusive family context is largely implicated in their subsequent personality dysfunction represented by elevations on the found scales. Having said that, the understanding of descriptives and dysfunction must arise from an examination of the contexts within which they have evolved, namely the abusive relationships that occurred with significant others in the family upon whom these girls had come to depend and from whom they have learned their first experiences of self and self in relation to others. The nature of these relationships with significant others are fundamental to their developing sense of self and form the context in which their emerging identities are reinforced in such a way as to find them experiencing at the age of fourteen, their world as; something to survive rather than enjoy, life as something to be endured rather than explored and themselves as someone to be avoided rather than accepted.

Millon states that pathology manifests as a result of the dynamic interaction between the environmental demands placed on a child and his or her ability to cope with those demands. According to Millon (1969) in the non-permissible environment or abusive context, the goodness of fit between natural disposition and behaviour is disrupted, and personality

dysfunction arises from the adaptive process involving reinforces in the social context. Personality dysfunction is directly related to the extent to which the child experiences inability to cope with negative experiences in interaction with others and the ability to employ effective coping styles which are congruent for her. Inability to do the latter, determins to what extent she is forced to employ maladaptive styles of coping resulting in inflexibility, lack of autonomy and an inability to adaptively change behaviour as a context requires her to. This discussion must address therefore the imposition of the abusive context on these girls to which they attempt to adapt including the social reinforces that sustain her behaviour in such a way as these girls manifests certain common traits, self-perceptions and interpersonal difficulties as evident in the shared elevations on the MCMI. It seems from the perspective of Millon's theory, that these girls manifest behavioural and personality dysfunction as a result of difficulty adapting to adverse interpersonal contexts within their relationships with significant others who have been abusive and that because of these contexts they have come to demonstrate inflexibility and maladaptive coping mechanisms. The dynamics of these relationships reveal how these girls' behaviour comes to be sustained by reinforcement of it in a context in which needs of adults prioritized.

Erikson speaks of the necessity to develop ego strengths in order to achieve healthy identity formation in adolescence and integration of the self in adult life so as to facilitate the enjoyment of what Crowley (2000) terms autonomous intimacy in adulthood. The dynamics of the abusive parental context affects the disruption of self-concept so fundamentally that the hope of a normal exploratory process in adolescence culminating in some authentic experience of selfhood, and a commitment to vocation for these girls is hard to imagine and seemingly impossible for them to attain. Understanding the manifestations of diffused identity status and negative identity status (according to Marcia and Friedman, 1970) as realities for these girls, in terms of failure to achieve positive ego strengths in their developmental process, Eriksonian stage theory is helpful in framing the process of struggle for these girls.

A closer look then at the impact of the abusive or neglectful parent-child relationship illustrates how context and reinforcement elicit and sustain personality dysfunction as evident in these girls. The author writes from a social-learning perspective as embraced in the theory of Theodore Millon. Parents have been the primary attachment figures throughout childhood and primary role models for learning what love looks like, how it is given and what behaviour is likely to generate it. Furthermore it is within these parental –child relationships that these adolescent girls have experienced an evolution of a disrupted self-concept and maladaptive interactional relations fundamentally rocked by deprivation of their emotional and physical

needs. They have been robbed of healthy role models for adaptive functioning. These relationships have become their adverse contexts they have needed to survive rather than the haven from which they move off into the less protected explorative world of adolescence where egocentricity is, according to Erikson (1968) developmentally adaptive and healthy.

Fundamental to development of self-concept, is the need to secure attachment to their primary source of care, usually their parents (Erikson, 1965). In the abusive parent-child relationship this attachment is ambivalent or negative, certainly threatened, in so far as any demands placed on the relationship by the child elicit negative reactions from the parent. It would seem to the author, that the child's needs for care and affirmation are not consistently or adequately met, and the child receives punitive negative responses from her parents or the abusive caregiver, either in the form of neglect, physical and verbal assault or sexual abuse. Her source of care is unpredictable and she feels insecure because she cannot control it. These girls have learned that expression of their needs is not desirable and that they result in rejection, physical hurt and blame. Her response manifests in strong negative emotions such as fear, anger, guilt, and insecurity. She is reactive to these and can act with further aggression or withdrawal but ultimately in a way that best ensures more contact with the parent upon whom she depends. Her own internal responses vary in intensity and frequency, for some they are more predictable than for others. Sometimes infliction of abuse comes without warning, rendering the child constantly fearful, vigilant and anxious in attempts to gain some control over her environment in self-defence. Because the context is so severe and uncontrollable, her emotional reaction is equally extreme. She either learns to cope maladaptively or hardly at all rendering her helpless, withdrawn and depressed. These mechanisms are discussed later.

It would appear to the author that relationships therefore become understood, as territory in which these girls can be exploited for the needs of powerful adults, not exciting arenas for self-discovery and sharing. The dynamics of abuse involve then the infliction of harm upon a defenceless victim who must secure the continuation of that relationship while at the same time attempt to minimise the negative impact upon herself, and protect herself. Trying to do this is very difficult as pleasing her parents may mean depriving herself, and pleasing herself may generate further rejection that she then tries to avoid. She becomes caught up in a conflicted relationship with her significant others in which she both tries to gain attention and love and tries to protect herself from negative internal emotions and inflictions from those caregivers. This sets her up in an essentially conflicted internal position in which she trades

off safety, for love or intimacy so that she lives at the intersection of attachment and detachment. The latter characteristic of the profiles of the Passive-Aggressive personality style that is elevated in the results of this research. She learns maladaptive coping mechanisms for her survival.

It is the opinion of the author that this dynamic which exists externally in her behaviour towards her abusive parents, because of her inability to trust them, then would generate internalised negative affect and negative self attributions which might make her feel inferior and unlikeable. She learns self-rejection from rejecting behaviour she receives, and a fundamental distrust of others forcing her to develop protective mechanisms that both alienate her from others . These are expressed in the elevated Paranoid and Antisocial scales in the results. This alienation from others in her peer group, diminishes the opportunity for her to benefit from more positive new relationships in her extended world beyond the family environment (Wolfe, 1999).

As all pathology is essentially adaptive, (according to Millon) the behaviour of these adolescent girls expresses their attempts at self-protection and preservation. This is manifest in a variety of ways as evident in the descriptives. All of these girls employ a degree of emotional and physical withdrawal from interaction as evidenced in elevations of Anti-social, Paranoid and Avoidant scales. The abused girl responds in different ways in attempts to secure attachment and protect herself from harm. The dilemma of the need for connection-disconnection generates internal conflict, fears of being consumed dangerously by others and fears of being cut-off and rejected. She invariably may find herself later in adolescence withdrawing into a *cul de sac* of disconnection altogether reminiscent of a Shizoid Style. Some adopt a stance of compulsive compliance in order to minimise conflict with a controlling, hostile and punitive parent (Crittenden & Ainsworth1989). In this stance they try to please others, at great cost to their suppressed personal needs, they may even idealize their abusers choosing to assume responsibility for their pain and hurt (Price, 1994). They internalise the bad object, blame themselves and tend to reserve anger for another adult upon whom their pain is projected. This seems to be less threatening than assigning blame to the source of their pain. Too often the abuse is shrouded in secrecy that protects the abuser and abused. As Crowley (2002) emphasizes, the implication of the latter, is that it is too dangerous to tell or speak or reveal one's experience and so the abused child keeps her inner and outer world bravely separate. Sometimes children are simply made to feel they are to blame as they are naughty and deserving of punishment. The author is of the

opinion that in some instances the ability to receive abuse is perceived by these girls as their only worthy quality, as it is what determines any relationship at all. In the case of sexual abuse, they may be praised and rewarded for giving their abuser pleasure, which leads them to develop a one-dimensional self concept in which they only perceive their sexuality or bodies as their only asset (Wolfe, 1999). It would seem, to the author, that what follows for these girls then is the belief that the only worthwhile relationships for them are those which affirm this aspect of themselves (the ability to be abused) and the inevitable re-victimization pattern is established (Crowley, 2000). The negative attention parents give these children reinforces their behaviour which may at times be extreme in order to illicit reactions from parents. Their behaviour is sustained by parental response all be it negative.

The uncontrollable nature of their abuse generates strong distrust of others, vigilance and a heightened awareness of social cues, which may assist her anticipation of abuse, in attempts to gain some sense of personal control over what is happening to her (Widom, 1994). Distrust of others becomes a primary sense, as these young adolescents learn that they are not in control of their bodies, emotions and experiences, and that they cannot determine their experiences, which are controlled by more powerful adults. The high scores on the paranoid scale reflect the severity of this distrust, which can extend far beyond normal expectationsso that these girls find themselves anticipating deception and responding to innocuous events as if they were insults and attacks on their self-esteem and self-worth, or devious plans to do them harm (Herman & Hirschman, 1977). According to the view of the author it would reasonable to expect that the sense of constantly being in danger can generate a behavioural picture of hostility, abrasiveness and irritability. If they feel anyone is trying to control them they become interpersonally humiliating and attacking generating rejection from others. They enter a self-fulfilling cycle in which they generate exactly what they fear, rejection in a dangerous world, and become more insular, more detached and more rigid in their thinking as reflected in the personality style of Borderline and Paranoid profiles (Millon, 1981). Their behaviour is thus sustained by their own perceptions and the interpersonal world it generates of it's own accord.

It would seem to the author that fro these girls, Interpersonal conflict is traumatic as the abused girl learns she is to blame for it and responsible for it. She may later project this negative self attribution onto others or further onto herself driving her to manifest controlling behaviour in the form of destructive acts towards herself, her body and or others in her acting out behaviour. Because of a fundamental distrust in her primary relationships with others and herself she learns to either avoid interpersonal connection with those she most desires it, as

in the case with the avoidant personality style, or turn towards herself in a narcissistic fashion as she has learned that she cannot rely on any external source for self nurturance, affirmation or self-preservation, which would generate the style of narcissism, essentially alienating. The narcissistic personality style can be viewed as the outcome of the failure to attain the ego strength of trust versus mistrust in early development as described by Erikson.

Their intrinsically conflicted predicament results in these girls employing a passive-aggressive stance to relationships. Abused girls will find indirect ways of manipulating others in order to secure their love and support as direct expression of needs are rejected and experienced as eliciting painful emotions. She cannot express her aggression outwardly as this would generate more punitive reactions from caregivers and so her strong emotions of anger at experiencing her source of care as depriving must be redirected. Sadly these attempts at securing attachment and having their dependent needs met fail, as the fear and guilt generated by attachment, if achieved, must be abated by further detachment. The tendency to idealize the object of care and then denigrate or insult and humiliate that same person creates an endless cycle of guilt and apology on the one hand and hostility and anger on the other (Price, 1994). The result often is a general negativity towards relationships, as they prove eternally frustrating and dissatisfying, constantly generating anxiety. The passive-aggressive behaviour is reinforced by the parents who do not respond in positive ways to the child's needs forcing her to employ such means. This behaviour is dysfunctional as it sets her up for rejection from others she cannot tolerate causing a vicious cycle of emotional turmoil ,fear and alienation she is trying to avoid.

The lack of trust fundamental to the experience of abused children affects the developmental tasks of early and late childhood so that ego strengths required for later identity attainment in adolescence are compromised. Because she cannot trust, she experiences less autonomy and struggles to enter fully the developmental experience of exploring her world and developing a sense of agency. Her world is controlled by abusive adults and she learns that power exists outside herself rendering her incapable of developing a healthy sense generativity in her own life. This lack, according to Erikson, compromises further her sense of competence in her self and her place in her world in which she begins to feel inferior to her peers. The attainment of a sense of competence and self-confidence in generating and initiating action in her world, is significant to the fourth stage of development, according to Erikson, particularly in her social world of peers. Inadequacy at this stage of development lays a poor foundation for the task of positive identity formation in adolescence where

confidence in her ability to do something well fuels her commitment to a vocation. In the face of a disrupted self-concept and a lack of confidence to explore her world which she experiences as too threatening she may choose to identify with a set of values that she takes on or assumes from others without integrating them in any authentic way. Marcia describes this as the foreclosed identity. Another alternative is her assuming a negative identity in the face of a desperate need to define herself as something, causing her to view herself then as the promiscuous whore or rebel and align herself with a negative self-description. The result of this study echoes the findings in the literature that sexually abused girls have difficulty establishing an integrated female identity (Crowley, 2002; Meiselman, 1978).

The inability to remain in secure attachment generated by the fear of loss of self in the other, creates a schism between her inner and outer self (Crowley, 2002). This schism begins with the dislocation of mind and body evolving from the child's negative experiences inflicted upon her physically in the case of physical and sexual abuse at a young age. It appears to the author that her sense of self, becomes fundamentally disrupted at the core, her first real experiences of self-hood being rooted in her body, affirmation of her physical self as something positive and good. She may, according to the author, become to experience herself as split in that her body generates unwanted feelings which are frightening and dangerous. At the age of fourteen a private self and social self are separate, both generating anxiety. Diffused identity can predominate and this has been seen to be common amongst Narcisistic profiles as are found in this study (Muus & Porton, 1998).

Unable to trust others for reinforcement, they rely more and more on their own internal processes for stimulation and reinforcement. This presents a variety of compounding problems as they are unable to accurately identify their emotions or depend on them as accurate guides for identifying good and bad experiences or accurate interpretations of others responses to them (Wolfe, 1999). Adolescent girls suffering from diffused identity (as explained by Marcia and Erikson) are according to Wilkinson, Ryan and Western (2000) have difficulty discriminating between their own and others' feelings. The prevalence of the inability to regulate emotions in abused girls is evidenced in early, middle and late childhood and is evident also in adolescence in the intensity of mood expressed with unpredictable and extreme expressions of aggression and mood, as is evident in the elevations of the passive-aggressive, aggressive and antisocial scales. Abused girls suffer from emotional dysregulation because of their experience of extreme emotional turbulence without models to

teach them to modulate and control the intensity and expression of feelings (Cicchetti, Ganiban & Barnett, 1990). They do not thus learn to understand or correctly identify their feelings or develop the ability to regulate their internal states. They are thus susceptible to extreme and inappropriate behaviours generated by strong emotions, sometimes inaccurately signalling danger or fear. It is noted in the research that abused children live in chaotic home environments where emotional turmoil and extremes are everyday realities. Thus these contexts constantly sustain the maladaptive inability to control emotions. They greatly affect the young girl's peer relationships.

Moral inferiority may develop as a result of her being unable to understand good from bad, destructive behaviour from constructive behaviour, appropriate from inappropriate behaviour, having been exposed to poor relational presentations. She does not learn reciprocity and becomes consumed with protecting herself, which can create difficulty in her adolescent peer relationships which may tend to become superficial as a result. Developmental deficits are varied and weave their way to compounded social interactional problems (Srouf & Rutter, 1984). The impact of the context of high emotional lability desensitizes these girls to emotions, as they do not learn the meaning of punishment, being punished for no reason, and observation of aggressive role models breeds insensitivity to the needs of others. They thus lack compassion for others and are compromised in their ability to understand the impact of their behaviour on others and are so unmotivated to adjust to more pro-social interpersonal behaviour rendering them unpleasant to be with, and harmful towards others. This is reflected in the antisocial characteristics of their interactions, and their aggressive tendencies evident in the elevations of the aggressive scale.

Given the importance of the peer approval in adolescence for the development of a sense of social adequacy in adolescence, it is the opinion of the author that a positive identity both personal and social becomes difficult to attain. It seems possible that what was an internal state of distrust becomes a very loud external circumstance of separateness from her peers which she tries to overcome perhaps by pretending. This could be seen as illustrative of how the cumulative effects of failure to learn ego-strengths according to Erikson impact on a child's development affecting subsequent stages of development.

Given the picture of an insecure, fearful and dislocated sense of self presented in the elevations on the MCMI scales, it may be that these girls are likely to become driven by

needs of safety in separation where they construct masks of self-assuredness in adolescence in order to keep others away (Crowley 2000). Thes e facades hide the inner self, the social-self becoming a superficial arena of appearances, relationships remaining shallow danger zones, a far cry from the arenas of positive self-exploration they should enjoy and experience in adolescence. A coherent sense of social identity becomes difficult to achieve as the lessons learnt at each stage of development prior to adolescence may have become subverted by the experience of abuse, leaving these girls without resources with which to move through the stages of identity diffusion and moratorium successfully, on their path to positive identity formation (Erikson, 1968).

Compulsive compliance fosters the self-denial of personal needs as the needs of the authority figure are given priority, so as to avoid external conflict, and is evident in rote answers and lack of cognitive flexibility. Extended to late adolescence this could manifest in a foreclosed identity and the perpetuation of the abusive cycle in choosing to place oneself unquestioningly in the same position in subsequent sexual relationships causing revicitimization.

In the author's opinion, with respect to the theory of Erikson, the development of a healthy identity requires the adolescent explore and disconnect from her parental attachments to a large extent and form strong attachments to peers.abused young girls, unable to sustain either consistently, have little opportunity for successfully negotiating adolescence. They may remain diffused and resort to substance abuse at a later stage to cope with internal anxiety, or they may assume foreclosed identities not necessarily compatible or healthy for them such as an early traditional role of wife and mother which would be motivated by a need to secure attachment (Marcia & Friedman, 1970).

5.4 Differences between the sexually, physically abused and neglected groups

The descriptive results of this study were discussed earlier which showed that there were differences in the average scores of the different variables. One has to, however, determine whether these differences were in any way significant. To this effect the following hypotheses were formulated:

- There will be significant differences in the mean scores of the MCMI scales between sexually abused, physically abused and neglected children.
- There will be significant differences in the mean scores of the FES scales between

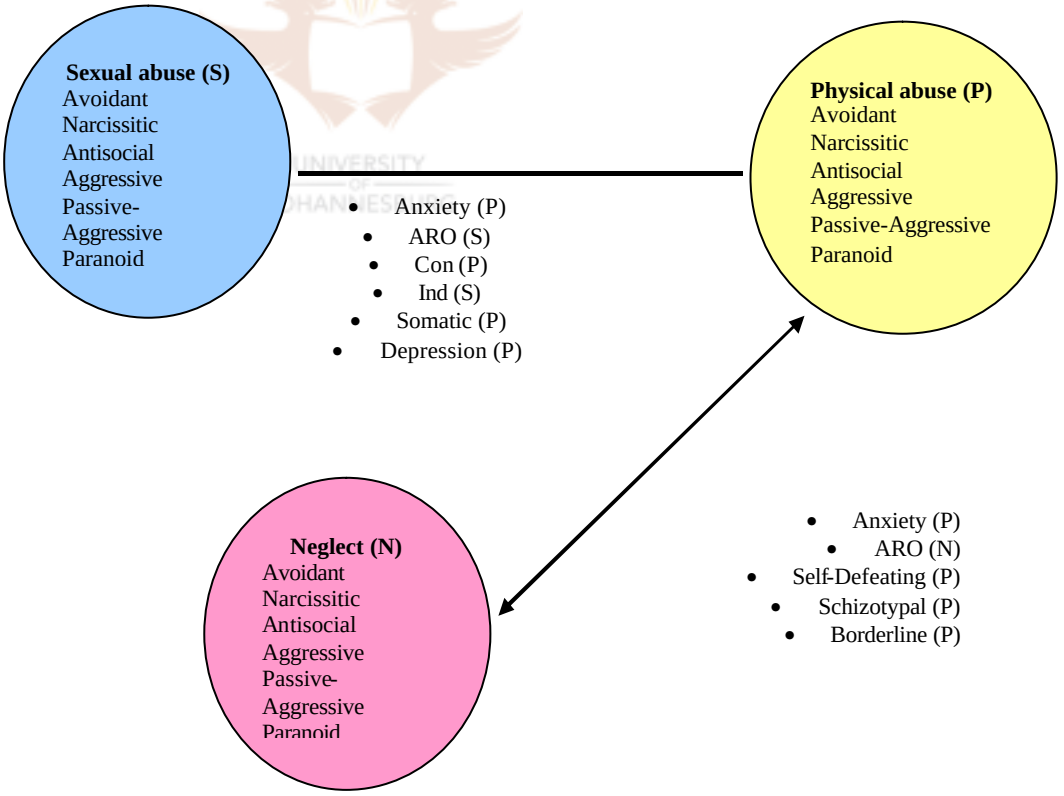
sexually abused, physically abused and neglected children.

- There will be significant differences in the mean scores of the RCMAS scales between sexually abused, physically abused and neglected children.
- There will be significant differences in the mean scores of the CDI between sexually abused, physically abused and neglected children

In order to test these hypotheses the ***Mann-Whitney-U test*** was done in order to determine whether the differences were in any way significant. These results were reported in Tables 4.5 to 4.15 in Chapter 4 and are illustrated in Figure 5.3.

Figure 5.2 illustrates the elevated scores for the respective groups as well as the inter-group differences. The most salient, and also interesting finding of this study, is that there were no significant differences between the Sexual abuse and Neglected groups. Both these groups differed significantly from the Physically abused on various factors.

Figure 5.3: Illustration of the differences between the groups



(***Where the symbol in brackets indicates which group had the higher average score).***

The differences in elevated scales between the groups reflect a presence of borderline personality style for both Physically- and Sexually abused groups where this does not appear to be the case for the Neglected group. This is in line with findings that these forms of abuse serve as precursors for severe personality disorders in adulthood (Johnson, Cohen, Brown, Smailes & Berenstein, 1999). However, not only that, but the findings seem to suggests that the pathological pathways start developing at a young age. Furthermore, the Sexually abused group obtained elevations on the self-defeating, histrionic, depression, thought-disordered and schizotypal scale unlike either of the other groups. In this respect it would therefore seem as if of all the different types of abuse, Sexual abuse does precipitate more extreme forms of pathology.

That borderline personality style appears for both groups that involved some form of physical abuse (Sexual and/or Physical) and not for the Neglected group indicates possibly that borderline tendencies are related to the impact of abuse on the physical self or body. Girls experiencing physical abuse experience negative emotions linked to physiological touch. They come to associate their rejection with their bodies from which they cannot separate. Strong negative self-affect thus is linked to their feelings about their bodies, as their bodies both generate attention from their abusers, positive affect as well as attract harm and negative emotions. Pleasurable physical experiences may always be associated with inner dread and self rejection on a physical level, so they may become rejecting of their physical self in concrete ways, blaming their bodies for the hurt they experience. Destructive self-inflicted harm in the form of cutting and self-mutilation, may result as an overt expression of physical self-rejection as evidenced in the literature (Van der Kolk, Perry & Herman, 1991). These are characteristics of the borderline personality tendency. Preoccupation with their own bodies to a greater extent than for the neglected girls, evidences the emphasis of their bodies as the site of their trauma. These girls struggle to express their identity physically, as is evident in the numerous changes of appearances in borderline females.

The greater tendency to be sexually promiscuous and struggles around forming a female sexual identity is more prevalent therefore for girls who have experienced abuse involving physical contact. The nature of the abuse directly impacts on the physical self and binds these girls more physically to the relationship with the abuser so that it becomes difficult for her to escape her turmoil which is inextricably linked to her body, resulting in desires to control it or escape it perhaps through suicide. Her body has become a source of attention

and she may tend to use it more to illicit negative attention from those she wishes to be attached to.

The elevation of the Schizotypal Scale only for the Sexually abused group indicates a greater tendency to withdraw from interaction as much as possible as this type of abuse is experienced as severely traumatic and threatening. Elevation of the self-defeating scales for Sexually abused group possibly indicates an extreme internalisation of the bad object, a tendency to take responsibility for her predicament and assign self-blame, as she has no safe context in which to do otherwise. Unable to distinguish her needs from those of her abuser, and a tendency to put the emotional needs of her abuser before her own is known to be paramount in such dynamics (Jacobs, 1993). She focuses her abuse inwardly as self-loathing, and self-abasement evident in self-defeating patterns of behaviour. The oppressive nature of sexual abuse generating an unhealthy relationship with the father or significant male, prevents the child from establishing a clear sense of her own autonomy. The relationship with the abuser becomes her primary model for a bonding relationship and she will be unlikely to ever establish positive intimate relationships with others in adulthood. The dynamics of the sexual abuse relationship are such that the victim is reinforced for her pleasing of her abuser and may even receive praise and warmth within this context. Wishing to secure this she may find self-attribution the only avenue for negative emotions as secrecy prevents her from giving voice to her painful feelings she cannot afford to assign to her abuser for fear of rejection, harm and guilt. Physical abuse and neglect do not necessarily involve to such an extent mixed affect and close interpersonal confusion about which she never receives or obtains a frame of reference in reality.

The findings also seem to suggest that the "physically abused" groups (i.e. Sexual and Physical) suffered greater emotional consequences than the neglected group as reflected in the higher scores on **Anxiety** and **Depression**. Interestingly enough is that, in this respect, the Physically abused group was significantly more depressed and anxious than the Sexually abused group. This may be due to the fact that the physical abuse probably occurs on a more frequent basis than sexual abuse which in turn may lead to greater unpredictability in their lives. This is an aspect that requires further research.

A disappointing finding in this study was that there were few, if any, differences in terms of the participants' perception of their families. The reasons for this were discussed earlier.

5.5 Conclusion and recommendations

The aim of this study was primarily to compare three groups of children who have been removed from their parents care because of gross abuse and neglect. These three groups consisted of sexually abused, physically abused and neglected children. The variables that were examined included interpersonal style, personality disorders, anxiety, depression and family relations. The goal was to determine whether there are differences in the psychological sequalae to different forms of abuse and whether it is able to identify early signs of a process that may culminate in adulthood pathology.

To this effect the study was able to point out that indeed different forms of abuse do culminate in different forms of pathology and that intervention the early stage of adolescence is important and that one should not assume that difficulties at this stage of development are simply normative. It would seem as if, any physical component to the abuse, has a greater impact on development than mere neglect. Furthermore, this study pointed out that it is possible to, at a relatively young age, identify abnormal patterns and that the early signs of adulthood pathology can be identified in adolescence. This is also where the major contribution of this study lies. Abused young adolescent girls require intervention to assist them with the otherwise significantly impossible task of healthy identity formation in adolescence.

There were, however, definite problems with the research design and methodology, these include, *inter alia*:

- The sampling method that was used and the small sample limits the generalisability of the results of this study. In order to overcome this problem, future studies should aspire to draw a random sample that would include girls from various cultural, family and socio-economic backgrounds. Furthermore, it would add to the value of the study if a control group of “normal” girls is included.
- The use of the MCMI is problematic in that it was designed primarily for adults. It is recommended that for follow-up studies, the Adolescent version of the MCMI be used.

- A further recommendation is that one assess more than one family member's perception of the family system. This would prevent the possibility of skewed results in terms of family functioning.
- In future studies on this topic an attempt should also be made to exercise greater control over extraneous variables such as the frequency of the abuse, the relationship between perpetrator and victim, length of institutionalisation, etc.

Although this study is fraught with certain methodological problems, it has contributed to a better understanding of the negative impact that abuse may have on development.

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