

CHAPTER 1: INTRODUCTION

**“Speak roughly to your little boy,
And beat him when he sneezes:
He only does it to annoy,
Because he knows it teases.”**

**“I speak severely to my boy,
I beat him when he sneezes;
For he can thoroughly enjoy
The pepper when he pleases!”**
*-The Duchess, Alice in Wonderland,
(Lewis Carroll, 1963, p. 56-7).*

This response to her baby by the Duchess in Lewis Carroll’s classic is clearly both unempathic and abusive. The role of empathy, or a lack thereof, in promoting abusive or maltreating parenting is the focus of the current thesis. More specifically, the primary objectives of this thesis were to develop an operational model of parental empathy and, based on the model, a measure of parental empathy which would be relevant in the investigation of child maltreatment. Although the concept of empathy is not without semantic difficulties, it is generally considered to represent an altruistic understanding of another’s state or being (Davis, 1994; Feshbach, 1989). Child abuse and neglect, also known by the encompassing term of child maltreatment, refers to acts of omission or commission that assault or ill-treat or expose or psychologically harm a child (NSW Children’s Care & Protection Act, 1987). Reliable and valid assessment of parents’

capacity to be empathic towards their children would allow for more informed decision making, and potentially more effective intervention, in the management of families at risk of child maltreatment.

Effective intervention in families at risk of child maltreatment requires accurate assessment of the context in which the individual parenting difficulties have developed. Traditionally, child protection agencies have been hampered in their ability to address either reliably or effectively the context in which child maltreatment occurs, primarily because these agencies focus on the identified acts of commission or omission (Tomison & Tucci, 1997). In order to ensure that intervention is comprehensive, active and effective, it is essential to have a cognitive framework that explains the underlying processes which resulted in the abusive or neglecting parenting behaviours. Lack of parental empathy has recently attracted attention as a possible aetiological factor accounting for all types of child maltreatment (Jones, 1995; Pithers, 1999; Rosenstein, 1995; Wiehe, 1985; Wiehe, 1997).

Attempts to confirm this premise empirically have, however, been largely disappointing (Brems & Sohl, 1995; Feshbach, 1989; Milner, Halsey, & Fultz, 1995; Rosenstein, 1995). One probable cause for these disappointing results is the semantic difficulties that continue to surround the construct of empathy (Davis, 1994; Pithers, 1999; Riggio, Tucker, & Coffaro, 1989). Traditionally, empathy research and theory have been dominated by two opposing conceptualisations of the construct. Under an affective approach, empathy is defined as a vicarious sharing of another's emotion (Batson, 1991; Eisenberg & Strayer, 1987; Hoffman, 1984). A cognitive perspective-taking approach, on the other hand, conceives empathy as the ability to understand the others' thoughts and

motives (e.g., Hogan, 1969). More recent theorists have attempted to incorporate both theories into the one model (Davis, 1980; Feshbach, 1989; Marshall, Hudson, Jones, & Fernandez, 1995). However, as vicarious emotional sharing has failed to demonstrate a positive relationship with either cognitive empathy or altruistic behaviour (e.g., Davis, 1994; Feshbach, 1989; Riggio, et al., 1989) these conceptual frameworks have been problematic.

A majority of studies that examined the link between parental empathy and child maltreatment have relied upon tests of generalised empathy rather than specifically parental empathy (e.g., Letourneau, 1981; Milner, et al., 1995; Wiehe, 1985). Others have used instruments purported to assess levels of parental empathy but these measures showed little success in discriminating between maltreating parents and non-maltreating parents (e.g., Brems & Sohl, 1995; Feshbach, 1989; Rosenstein, 1995). As such, the validity of these instruments is therefore open to challenge. Thus, a psychometrically sound instrument of parental empathy as yet awaits development.

Another problematic issue in this area of research concerns the nature of psychological maltreatment. Psychological maltreatment has been posited to be the unifying concept underlying all forms of child maltreatment (e.g., Brassard, Hart, & Hardy, 1993; Garbarino, 1990; Grusec & Walters, 1991; Iwaniec, 1995; Navarre, 1987). Further, with the exception of permanent injury or death, psychological maltreatment is argued to encapsulate the most profound issues associated with the devastating impact of maltreatment on the child victims (Claussen & Crittenden, 1991; Egeland & Erickson, 1987; Garbarino & Vondra, 1987; Tomison & Tucci, 1997). As yet, however,

psychological maltreatment has attracted little attention within policy and legal arenas of child protection (Corby, 1996; Egeland & Erickson, 1987; Giovannoni, 1991; Oates, 1996) due largely to the lack of consensus on an operational definition of the concept (Brassard, et al., 1993; Giovannoni, 1991; McGee & Wolfe, 1991a; Tomison & Tucci, 1997).

Recent attempts to define psychological maltreatment have concentrated on categorising parent behaviours that lead to psychological harm in children (e.g., Garbarino, Guttman, & Seeley, 1986; Garbarino & Vondra, 1987; Grusec & Walters, 1991; Hart, Brassard, & Karlson, 1996; Hart, Germán, & Brassard, 1987). However, a definition that incorporates the underlying processes of psychological maltreatment has yet to be established. It is feasible that a deficit in parental empathy could provide an explanation of the underlying processes of psychological maltreatment. To achieve this definition, the semantic and assessment difficulties that currently surround the concept of parental empathy must first be resolved.

Thus, the primary objectives of the present study were the conceptual clarification of the construct, parental empathy, and on the basis of this analysis, the development of a clinically useful tool to assess parental empathy. The procedures by which these objectives were met are outlined below.

Outline of Study

To meet the objectives stated above, a comprehensive examination of the literature in regard to child maltreatment, psychological maltreatment, empathy, and parental empathy was initially undertaken. On the basis of this literature a model of parental empathy was formulated (see Chapter 2: Literature Review). Under this model of parental

empathy, an instrument to assess levels of parental empathy was then developed. In order to maximise clinical utility, this instrument, the Parental Empathy Measure (PEM), was designed as a semi-structured interview to allow for both quantitative and qualitative assessment. The process of the development and initial pilot studies of the PEM are detailed in Chapter 3: Evolution of the Parental Empathy Measure (PEM).

In order to test the model and to develop the instrument, a sample of registered physically abusive and neglecting parents were recruited and compared with samples of demographically matched distressed and control parents. The testing of the PEM was undertaken in a number of phases or studies. The initial study was an assessment of the instrument's inter-rater and internal consistency reliabilities. The second study examined the instrument's construct and concurrent validity. The Child Abuse Potential Inventory (CAPI; Milner, 1986) was selected to assess the PEM's construct validity due to its reputation as a well-validated screening tool for child maltreatment (Miller & Hauser, 1989).

The third study was specifically designed to assess the coherence of the PEM's four-stage model of parental empathy. To this end, path analyses were undertaken to test the relationships between the four variables incorporated within the model, that is, the ability to attend to the child's signals, the ability to make realistic attributions about the child's behaviour, the ability to respond in an emotionally positive, child focussed manner and, the ability to respond behaviourally in a child-focussed, helpful manner.

The fourth study was a test of the premise that a lack of parental empathy is the core risk factor of child maltreatment. Set correlation analysis was conducted to determine

the potential of the first three empathy variables as mediators of the relationships of parental insight, parental usage of drugs and alcohol, parents' own childhood history of abuse and parental beliefs about children collectively, and the dependent variable, parenting behavioural responsiveness.

The fifth study was conducted in consideration of the claim that the PEM is also able to provide clinically useful qualitative information to aid risk assessment and decision making. Two case studies were undertaken to illustrate this function. In both of these case studies predictions of further abuse of the children were made on the basis of the quantitative and qualitative information generated by the PEM. In both cases, these predictions were substantiated. Additionally, three other variables which were identified by qualitative analysis and then subjected to quantitative analysis are presented in this section. The identification of these variables illustrated the power of the PEM to provide information to generate further hypotheses.

Finally, the implications of the present study are discussed in terms of empathy research and theory, child maltreatment research and theory, psychological maltreatment research and theory, and clinical practice and policies.

CHAPTER 2: LITERATURE REVIEW

In this chapter the relevance of parental empathy to child maltreatment risk is examined. In particular, the role of deficits of parental empathy as the underlying processes of psychological maltreatment is explored, as is the role of psychological maltreatment as the core issue in child maltreatment typology. To achieve this end, reference is made to the child maltreatment research history, with a particular focus on psychological maltreatment. Additionally, the historical basis of the semantic difficulties of the concept of empathy are reviewed. Following an examination of the limited literature on parental empathy and child maltreatment, a four-stage model of parental empathy is proposed and justified. Definitions of psychological maltreatment, empathy and parental empathy are considered within their respective sections.

Trends in Child Maltreatment Research History

Child protection, either in terms of protection from abuse and neglect or protection from moral danger, has been a social issue for over a hundred years (Lynch, 1985; Swift, 1995). Empirical interest in child maltreatment, however, has a relatively recent but nevertheless prolific history. Within this history it is possible to identify a developmental progression of empirical and clinical interest. In order to place psychological maltreatment and, as argued in this study, deficits in parental empathy, within the context of child maltreatment research, a brief historical review of the empirical study of child maltreatment is presented.

It was not until the 1960s and the seminal work by Kempe and colleagues on 'the battered child syndrome' (Kempe, Silverman, Steele, & Droegemueller., 1962; Kempe & Kempe, 1978) that child maltreatment first became an area of interest for researchers. Addressing only the more extreme levels of physical abuse, these early studies had a relatively narrow focus and concentrated on raising awareness and increasing the medical professions' competency of diagnosis of child maltreatment. These studies also had a strong impact upon community awareness, placing physical abuse of children on the social agenda to such an extent that within weeks of the publication of Kempe et al.'s (1962) first paper, media attention around the world was focussed upon the issue (Goddard, 1996).

In the late 1970s and early 1980s, child abuse research changed from being primarily a medical domain to that of a multiple of disciplines, most notably social work and psychology (Giovannoni, 1991). At the same time, a second wave of public and research interest was generated by the 'discovery' of child sexual assault (e.g., Burgess, Holmstrom, Groth, & Sgroi, 1978; Finkelhor, 1979). Fuelled by the feminist movement, it was largely as a result of the heightened awareness of this form of child maltreatment and the entry of other disciplines into the empirical study of child maltreatment, that the focus shifted from the child's physical injuries to the emotional and psychological impact of abuse on the child victims (Finkelhor, 1996; Giovannoni, 1991; O'Hagan, 1993). Although there are isolated exceptions (e.g., Elmer & Gregg, 1967), it was not until the psychological consequences of sexual abuse were firmly established that the emotional and psychological impact of physical abuse became an active area of empirical study (Garbarino & Vondra, 1987).

In many ways neglect was the earliest child protection issue identified at least in terms of social concerns (Lynch, 1985; Swift, 1995). However, in research it is perhaps the poor cousin, prompting some researchers to comment on the 'neglect of neglect' within both the empirical and clinical spheres (Daro, 1988; Killen, 1994; Minty & Pattinson, 1994; Tomison, 1995; Wolock & Horowitz, 1984). More recently, with the increased focus on psychological injuries from child maltreatment, a number of commentators have sought to raise awareness of the prevalence of child neglect and the level of its detrimental impact on child development (e.g., Drozdar, 1992; Erickson & Egeland, 1996; Killen, 1994; Oates, 1986; Tomison, 1995). In addition to the physical impact issues such as non-organic failure to thrive and impaired health, studies of the psychological impact of neglect, particularly in regard to attachment and overall child development, have increasingly raised public and professional concern (Crittenden, 1985; Crittenden & Ainsworth, 1989; Erickson, Egeland, & Pianta, 1989).

Other studies have challenged the notion that different types of child abuse 'stand alone', that is, that a child may be subjected to only one type of abusive parenting. Instead, it is now widely recognised that most cases of children at risk involve a variety of different types of maltreatment (Claussen & Crittenden, 1991; Farmer & Owen, 1995; Mash & Wolfe, 1991; Ney, Fung, & Wickett, 1994; Pianta, Egeland, & Erickson, 1989; Tomison, 1994). These findings question both clinical and research practices of assessing and cataloguing cases only on the basis of the more evident or immediately presenting maltreatment concern.

More recently still, research that has highlighted the psychological impact upon children of witnessing domestic violence has resulted in 'living in domestic violence' becoming defined as a child maltreatment issue (Kilpatrick & Williams, 1997; Parkinson & Humphreys, 1998). Of note is that, in New South Wales, Australia, the majority of emotional abuse cases registered with the Department of Community Services (DOCS) are children who are indirect victims of domestic violence (NSW Child Protection Council, 1997).

Additionally, emotional or psychological abuse of children has begun to receive attention in its own right (e.g., Brassard, et al., 1993; Grusec & Walters, 1991; McGee & Wolfe, 1991a). Attention to psychological maltreatment has been argued as the marker of the coming of age of the clinical and research communities' understanding of children at risk (Garbarino, 1990). Further, psychological maltreatment has been proposed to be the most prevalent form of child maltreatment (e.g., Grusec & Walters, 1991; Iwaniec, 1995) and the core element of all other forms of child maltreatment (Egeland, 1991; Garbarino, 1990; Grusec & Walters, 1991; Hart, et al., 1996; Navarre, 1987; Tomison & Tucci, 1997). It is argued in this thesis that psychological maltreatment is at the core of all child maltreatment. Furthermore, it is argued that the core issue of psychological maltreatment is a deficit of parental empathy. Before embarking on the justification of this claim, however, an examination of previous theories and research findings on the aetiology of child maltreatment is warranted.

Aetiological Explanations of Child Maltreatment

An understanding of the factors that cause parents to maltreat their children has continued to be a focus of researchers and clinicians since child abuse and neglect were first discovered (Corby, 1996; Goddard, 1996).

Partly as a result of the highly skewed and extreme sample of cases of 'battered children' that then constituted the focus of child abuse research, early papers that attempted to identify the aetiology of child maltreatment focussed upon extreme parental psychopathology (Green, 1978; Spinetta & Rigler, 1972). Although extreme parental psychopathology does play a role in an estimated 10% of abuse cases, this approach to identifying abuse potential in parents has largely been found to be of limited value (Factor & Wolfe, 1990; Knutson & Schartz, 1997). As a consequence, theorists began to adopt a broader perspective and an ecological model which encompasses a variety of causative factors such as parent attributes, child attributes and environmental or contextual events was proposed to explain child maltreatment (Belsky, 1984; Cicchetti & Olsen, 1990).

One element of the ecological model of child maltreatment is societal-cultural contextual factors, such as belief systems about children and parenting (e.g., 'spare the rod and spoil the child' and that 'children should be seen and not heard'; Belsky, 1980; 1993; Belsky & Vondra, 1989). Such cognitive belief systems are said to promote and justify abusive parenting practices. Other social factors that have been found to be strongly associated with child maltreatment include poverty and social isolation. It is argued that social tension created by these social conditions may result in stress in the parent-child relationship (Belsky, 1980; 1993; Belsky & Vondra, 1989).

It is also evident, however, that many families under the social stress of poverty and isolation are not characterised by child maltreatment (Crittenden, 1996; Farber & Egeland, 1987). For example, in a study of abusive mothers and matched controls, Letourneau (1981) found that the factor of stress was not a significant predictor of child abuse; rather, the mother's level of cognitive empathy, accounting for 80% of the variance, was the primary predictor. Other authors have argued that lack of social support, isolation, and even poverty may well be a function of the behaviour and psychological functioning of the parents and that the latter variables are more fundamental to an understanding of child maltreatment (e.g., Polansky, Gaudin, Ammons, & Davis, 1985; Trickett & Susman, 1988).

In addition to social stresses and mores, the ecological model of parenting also attempts to incorporate research findings that suggest that children play a causal role in their own child abuse (Belsky & Vondra, 1989; Wolfe, 1985). The argument that maltreated children may have a role in heightening their risk of abuse is based on premises that not all children within any given family are equally likely to suffer abuse (e.g., Kadushin & Martin, 1981), that parent-child relationships are bidirectional (Cerezo, 1997; Herrenkohl & Herrenkohl, 1979) and that particular qualities in children, such as low birth-weight, prematurity and 'difficult temperament', have been found to be significant predictors of child abuse risk (Frodi, 1981; Klein & Stern, 1971; Martin, Conway, Beezley, & Kempe, 1974). Empirical results offered in support of these premises nevertheless are open to criticism.

Evidence that not all children within a family are likely to be equally abused is problematic, given that the methods of establishing abuse histories are far from objective

and the types of abuse assessed may be very narrow (Rosenberg, 1987). Commonly, researchers have relied upon the reports of case-workers from child protection agencies to determine abuse history. This method has been found to be flawed: several studies have found that maltreated children often fail to come to the attention of child protection agencies (Barnett, Manly, & Cicchetti, 1991; Egeland, Sroufe, & Erickson, 1983; Hart & Brassard, 1991; McGee & Wolfe, 1991b). Thus, it may be that reports that only one child in a family has been abused may well reflect lack of detection of abuse of the other children rather than lack of abuse.

Further, although parent-child relationships are unarguably bidirectional, the existence of a power imbalance between the two players, particularly during infancy and early childhood, is also indisputable. As argued by Maccoby and Martin (1983), the parent enters the relationship with many resources, capabilities, and skills. In contrast, the child has minimal skills or capabilities, very limited resources, and is physically, emotionally and psychologically dependent. As such, it is the parent or other care-givers' responses to the child's emotional signals and needs, including signals and needs for comfort and nurturance, that will predominantly dictate the nature of the child's early development (Crittenden, 1985).

Of concern regarding the research findings of increased abuse-proneness of premature and low-birthweight babies is the assumption of causality based on essentially correlational studies (Frodi, 1981; Herrenkohl & Herrenkohl, 1979). An alternative explanation is that parents who are at risk of child maltreatment may be more likely to have babies who are premature or of low birthweight. For example, babies born to drug-

using mothers are more prone to low birthweights and prematurity (e.g., Carson, 1993; Dore, Doris, & Wright, 1995; Kelley-Buchanan, 1988; Verp, 1993). Maternal drug abuse has been strongly linked to child maltreatment (Chaffin, Kelleher, & Hollenberg, 1996; Famularo, Kinscherff, & Fenton, 1992; Ieventhal, Garber, & Brady, 1989).

The purported link between dysfunctional life-styles resulting in low-birthweight and premature babies and dysfunctional at-risk parenting is supported by a large study of infants taken into care on the basis of risk status compared to a control group of infants. Needell and Barth (1998) found that infants judged to be at risk and taken into care did have lower birthweights than control infants. However, the largest difference between the at-risk group and the community control group of infants was an eightfold increased likelihood for mothers of infants in care to have had no prenatal care. Other discriminating factors included being born into large families and to single, impoverished mothers. An earlier study provides further support to the link between low birthweight and co-occurring at risk factors. Halpern (1997) found that impoverished mothers were far more likely to have problematic health histories, receive inadequate prenatal care, experience high levels of stress and engage in harmful behaviour such as drug abuse during pregnancy.

Studies have reported that children with 'difficult temperaments' are more likely to be abused, but these studies frequently measured the child's temperament via parental report (Knutson & Schartz, 1997). Obvious biases are evident in such methodology. Parents who have been labelled as abusive may exaggerate their child's 'difficultness' as a way to justify their use of abusive actions. Alternatively, empirical evidence is increasingly supporting the contention that growing up in an abusive environment is the causal factor in

the development of 'difficult temperaments' and developmental delays in children (Crittenden, 1985; Dukewich, Borkowski, & Whitman, 1999; Erickson, et al., 1989). Finally, it may well be that abusive parents hold distorted cognitions regarding their children, so that relatively normal behaviours are attributed more negatively than is appropriate (Grusec & Walters, 1991; Iarrance & Twentyman, 1983). Thus, reports that children who have 'difficult' temperaments are more prone to be abused, may more accurately reflect perceptual deficits in parents who are more likely to maltreat their children.

Despite the lack of evidence that severe psychopathology is the causal factor for physical child abuse, researchers have continued to identify parental characteristics that appear to be robustly associated with abuse-proneness. These 'softer' deficits or abnormalities in abusive parents reportedly include: higher levels of aggression, insensitivity, emotional lability, depression, anxiety, immaturity, and low self-esteem (Azar & Rohrbeck, 1986; Frodi & Lamb, 1980; Killen-Heap, 1991; Newberger & White, 1989; Oates, 1982; Zuravin, 1988). Of relevance to the debate regarding children's contribution to their abuse-proneness are studies that have found that these characteristics have been established within abusive parents prenatally (e.g., Brunquell, Crichton, & Egeland, 1981). Other studies have demonstrated robust findings between the parent's own childhood maltreatment history and likelihood of abusive parenting (e.g., Egeland, Jacobvitz, & Papatola, 1987; Whipple & Webster Stratton, 1991)

In summary, child maltreatment is clearly a phenomenon that is influenced by a complexity of factors including social pressures and characteristics of the child victim,

although causal relationships between the child's characteristics and the parent's abuse potential remains equivocal. In contrast, the role of parent characteristics in the causation of child maltreatment remains the primary aetiological issue of empirical and clinical interest (Belsky, 1993; Cerezo, 1997). Evidence is mounting to suggest that parental characteristics such as insensitivity, immaturity and aggression are robust predictors of child maltreatment risk. It would seem most likely, then, that social and cultural pressures and characteristics of the child victim primarily serve to mediate between existing dysfunctional parent characteristics and child maltreatment potential.

Frequent co-occurrence of physical abuse and neglect, in conjunction with the view that psychological maltreatment is the core of all forms of child maltreatment, suggests the possibility of a common aetiological factor. It is argued in this thesis that the common aetiological factor that discriminates between competent 'good-enough' parenting and child maltreatment is adequate parental empathy. Further, it is argued that parental empathy mediates the impact of contextual factors of social and cultural stress upon parenting competency. That is, that factors that have been identified as being associated with increased child abuse potential will also be associated with impaired parental empathy.

A discussion of psychological maltreatment and the arguments which claim that it is the core of all forms of child maltreatment follows.

Psychological Maltreatment

Psychological maltreatment is the most recent form of child abuse and neglect to attract the attention of both researchers and practitioners although a consensus regarding

the concepts involved remains elusive (Brassard, et al., 1993; Grusec & Walters, 1991; McGee & Wolfe, 1991a; 1991b).

The ongoing nature of the debate regarding psychological maltreatment is particularly highlighted by the number of different but clearly related terms used to describe the associated issues, for example; emotional neglect, emotional abuse, psychological abuse, psychological neglect, mental cruelty, psychological battering, coercive family processes, and power assertive parenting (Navarre, 1987; Tomison & Tucci, 1997). All of these terms presumably refer to similar if not the same concepts and indeed, some authors appear to use them interchangeably (e.g., Barnett, et al., 1991; Burnett, 1993). Thus, the plethora of terms and confusion of usage clearly demonstrates that the "continuing debate is still far from resolving the thorny question of definition" (Iwaniec, 1995, p.3).

Despite this confusion, two particular terms appear to be approaching dominance in the empirical literature: 'psychological maltreatment' and 'emotional abuse' (Tomison & Tucci, 1997). O'Hagan (1995) has argued that emotional abuse and psychological maltreatment are different entities on the basis that the term 'psychological' equates with cognition only. This would appear to be a moot point, as few would argue that the science of psychology was restricted merely to the study of cognition and did not include emotional development as well.

The term 'emotional abuse' itself is beset with problems. If, as implied and argued by O'Hagan (1995), emotional abuse refers to the impact on the child victim's emotional development only, then there is a danger of ignoring a range of other impact issues relating

to the child's social, cognitive, socio-cognitive (e.g., self-esteem) and physical development (e.g., failure to thrive and psycho-social dwarfism). Additionally, the term 'abuse' tends to be associated with acts of commission whilst neglect is associated with acts of omission (Tomison, 1995). Thus, the second word of the term 'emotional abuse' would also appear to be inapt in that it fails to emphasise the importance and potentially profoundly damaging aspects of neglectful parenting.

Authors such as McGee and Wolfe (1991a) and Hart, Brassard and colleagues (e.g., Brassard & Gelardo, 1987; Hart, et al., 1996) have argued strongly that the term 'psychological maltreatment' is the preferable option in that it represents all of the range of possible psychological harms and both acts of commission and omission of inappropriate parenting of children. This is a cogent argument and consequently, this thesis shall also utilise the term psychological maltreatment.

Mere consensus over the appropriate term nevertheless does not alleviate the confusion regarding this issue. As stated above, more so than any other category of child maltreatment, the definition of what constitutes psychological maltreatment is a matter of continuing debate (McGee & Wolfe, 1991b).

The dissension regarding an acceptable operational definition of psychological maltreatment is touted as one of the primary reasons why legislators and policy makers have as yet paid little attention to the issue. For example, Tomison and Tucci (Tomison & Tucci, 1997, p. 13) state: "although it is recognised for the severity of its impact, emotional abuse remains on the margins of child abuse. It is contended that until emotional abuse is clearly defined and identifiable the effective prevention of this 'hidden' form of

abuse and its associated long-term consequences will remain a highly difficult task". Consequently, compared to other forms of child maltreatment, psychological maltreatment remains less visible and less likely to be considered alone as worthy of intervention by child protection agencies (Corby, 1996; Daro, 1988; Erickson & Egeland, 1987; Giovannoni, 1991; Oates, 1996).

One major difficulty in constructing an operational definition of psychological maltreatment has been the problem of whether 'psychological' refers to the impact upon the child or to the behaviours of the parent (e.g., McGee & Wolfe, 1991a; Tomison & Tucci, 1997). McGee and Wolfe (1991a) have argued that the term 'psychological maltreatment' should not be defined solely on the basis of putative psychological damage to the child, as to do so creates a tautology that prohibits effective research. That is, to be useful in research, operational definitions must maintain a distinction between independent variables (that is, parent behaviour) and dependent variables (that is, psychological harm impacted upon the child).

McGee and Wolfe (1991a) attempted to solve this difficulty by defining psychological maltreatment as non-physical behaviours of the parent, that is, communications, which have the potential to harm the child. Several authors have criticised this definition as conflating the parent behaviour and child outcome, thereby falling vulnerable to the same fallibility McGee and Wolfe's paper warned about (e.g., Barnett, et al., 1991; Belsky, 1991). Nevertheless, it would seem most reasonable for the term 'psychological' in this context to refer to impact upon the child for to do otherwise would

be meaningless. Clearly what is of interest is the psychological harm done to children by parental acts.

Related to the above argument is the debate as to whether psychological maltreatment should be defined as a discrete form of parenting behaviour separate to other forms of child maltreatment. For example, McGee & Wolfe, (1991a, 1991b) argued that psychological maltreatment must be considered a separate category to physical and sexual maltreatment and 'psychological' in nature, (thus presumably the act of threatening a child with physical assault remains psychological maltreatment until the blow is delivered whereupon it becomes physical maltreatment). Other authors argue that it is the psychological impact of various forms of maltreatment, rather than the physical outcomes, that constitute the real damage to a child victim of physical or sexual abuse (Brassard, et al., 1993; Claussen & Crittenden, 1991; Grusec & Walters, 1991). Attempts to separate physical from psychological conditions has been argued to result in an unrealistic oversimplification (Hart & Brassard, 1991).

The small number of research studies that have addressed the comorbidity of psychological maltreatment with other forms of child abuse and neglect consistently support this claim. For example, it was noted in a study of Child Protection Service records that "episodes of psychological maltreatment typically co-occur with other forms of maltreatment and statistically partialling the shared variance among subtypes does not eliminate this type of overlap" (Barnett, et al., 1991, p.27). Likewise in their investigations of abusive parents, Brassard et al. (1993) found that in all but one of their participants who had substantiated physical abuse and neglect charges, emotional maltreatment was also

present. In contrast, Claussen and Crittenden (1991) in a large sample study of physically abused and neglected children, clinic referred children and 'controls' found that although psychological maltreatment can occur alone, rarely does physical abuse exist without psychological maltreatment.

Increasingly, current researchers have taken the comorbidity of psychological maltreatment and other types of child maltreatment a step further and argued that psychological maltreatment is the core factor in all child maltreatment (e.g., Egeland, 1991; Garbarino, 1990; Grusec & Walters, 1991; Hart, et al., 1996; Navarre, 1987; Tomison & Tucci, 1997). For example, Brassard et al. (1993, p. 715) stated that psychological maltreatment is "the concept that unifies and connects the cognitive, affective and interpersonal problems that are related to sexual abuse, physical abuse, and all forms of neglect."

Thus, although psychological abuse presumably can occur without concurrent physical abuse, sexual abuse and neglect, from a conceptual and an empirical basis, it would seem unlikely that other forms of child abuse could occur without the involvement of psychological maltreatment (Claussen & Crittenden, 1991). Taking this argument a further step, others have proposed that physical abuse would be classified more accurately as a subset of the broad category of psychological abuse (Shaver, Goodman, Rosenberg, & Orcutt, 1991).

However, the potential physical outcomes of physical abuse, including the potentially life-threatening nature of severe physical abuse, cannot be discounted. It would seem, therefore, more appropriate to identify both the physical and psychological impact

upon a child of any given abuse. Consistent with this viewpoint, Hart et al. (1996) have proposed that there are in effect only two types of child abuse and neglect: physical and psychological, and that all other categories of abuse, including sexual abuse, are simply combinations of these two types.

It has also been argued that psychological maltreatment must be clearly distinct from 'normal' parenting. For example, Barnett et al. (1991, p. 23) comment, "One concern is that poor quality parenting becomes indistinguishable from maltreatment, since both have been associated with child deviance." This is a surprising criticism. If the outcome of a particular form of 'poor quality parenting' is established as damaging to a child's psychological well-being, then such parenting behaviour arguably constitutes psychological maltreatment.

It is recognised that all parents, will, at times, act towards their children in a way that may be considered psychologically abusive. However, one point of substantial consensus is that the essence of psychological maltreatment are parental behaviours that are chronic in nature and cumulative in their negative impact on the child's psychological well-being (Barnett, et al., 1991; Branson, et al., 1993; Claussen & Crittenden, 1991; O'Hagan, 1993). Concern and intervention is appropriate when these parental behaviours are frequent and consistent.

Thus parental acts should be defined as psychological maltreatment if frequent, and consistent and robustly established to be causal factors in psychological damage to children. Prior to empirical support, variously defined specific parental qualities and behaviours may logically only be proposed to be potentially psychological maltreatment

factors. Nevertheless, the process of empirical examination can be time-consuming and clinical judgement should not be lightly dismissed. Some parental behaviours are so intrinsically and widely acknowledged to be psychologically damaging to children that intervention is justified without waiting for the time consuming process of empirical examination. For example, serious threats of violence towards a child or to the child's loved ones and/or a parenting style which is typically hostile and denigrating, are clearly and inherently psychologically harmful to children.

Attempts have been made to create a comprehensive classification of parental behaviours that from both clinical and empirical knowledge cause psychological harm to children. For example five parental behaviour types have been classified as psychological maltreatment: rejecting, isolating, terrorising, ignoring, and corrupting (Garbarino, et al., 1986). These classifications were subsequently expanded to include the denial of emotional responsiveness and acts or behaviours which degrade children (Hart, et al., 1987). Further expansion of these categories was proposed by Garbarino and Vondra (1987), who included four additional categories: stimulus deprivation, influence by negative or inhibiting role models, forcing children to live in dangerous and unstable environments, and the sexual exploitation of children as a result of inadequate care from parents under the influence of drugs and alcohol.

More recently, Grusec and Walters (1991) propose a series of categories of psychological maltreatment which encompasses all of the above categorisations and also physical abuse, sexual abuse and neglect. These categories include: harmful disciplinary practices, lack of responsiveness, warmth and acceptance, exposure to deviant models,

extreme overprotection, and exploitation. In Grusec and Walters' model, harmful disciplinary practices include not only reliance on power-assertive interventions (including physical abuse), but also withdrawal of love and approval (that is, rejection and denial of emotional responsiveness), threats of abandonment (that is, isolation), and humiliation. Exposure to deviant models includes exposure of the child to such extreme but unfortunately common issues as domestic violence, drug and alcohol addictions and other anti-social and criminal acts. Extreme overprotection is defined by Grusec and Walters as a form of deviant parenting which has received little attention and yet may result in learned helplessness and depression in the victim. Exploitation can include sexual exploitation and role-reversal whereby the child becomes the primary care-taker of the parent. Another form of exploitation not mentioned by Grusec and Walters, but familiar to child therapists involved in separation, divorce and custody battles, is the use of the child to punish the other parent. The category of 'lack of responsiveness, warmth and acceptance' clearly relates to such parental problems as psychologically unavailable parenting, rejection and neglect.

From an empirical perspective, a difficulty of all these attempts of classification is that any one parental behaviour may fall in more than one category (McGee & Wolfe, 1991). However, Grusec and Walters' (1991) model appears less vulnerable to this criticism than others, and it has the additional benefit of incorporating the other forms of categorisation. Another criticism of the categories is that any one of the nominated parental behaviours listed may vary in their likely impact with the child's age and developmental phase (Claussen & Crittenden, 1991; Garbarino, et al., 1986). For example, psychologically unavailable parenting, that is parenting characterised by a lack of warmth and

responsiveness, directed towards a baby or toddler is likely to have more catastrophic consequences in terms of insecure attachments (e.g., Ainsworth, Bell, & Stayton, 1974; Baumrind, 1991) than it would if directed towards an adolescent child. This line of criticism has some merit. At the same time, any attempt at categorisation that is not structured in terms of age and developmental phase is vulnerable to this criticism, and it could be argued that to define each potentially psychologically maltreating act on the basis of age and developmental phase would be cumbersome and potentially unworkable.

As is evident from the above debate, research into psychological maltreatment is still within its infancy. Nevertheless, as is documented in the next section, empirical evidence is mounting that the psychological impact of parental abusive and neglectful behaviours is both profound and pervasive.

Impact of Psychological Maltreatment

A number of researchers have proposed that, with the exception of physical abuse or neglect resulting in death or permanent injury, psychological maltreatment is the most destructive form of child maltreatment (e.g., Garbarino & Vondra, 1987; O'Hagan, 1993; Tomison & Tucci, 1997). Clinical experts on psychological maltreatment of children have listed a number of negative child outcomes from psychological maltreatment including attachment disorders, acting out behaviours, academic underachievement, peer group problems, depression, failure to thrive, suicide, aggression, enuresis and encopresis (Corby, 1996; Crittenden & Ainsworth, 1989; Fart, et al., 1996).

Victims of multiple abuses consistently report that it is the psychological rather than the physical consequences that are the most difficult to deal with at the time of the

abuse, and harder to recover from in the long-term. For example, in an extensive survey of 150 sexually and physically maltreated adolescents, McGee and Wolfe (1991b) reported that the adolescents stated that the most distressing and persistent traumas were not the physical outcomes but rather the psychological factors of the abuse suffered. Of note is that in their study of the overlap of psychological and physical maltreatment, Claussen and Crittenden (1991) found that the primary factor that accounted for most of the negative child outcomes was the non-physically abusive but psychologically damaging maltreatment suffered, for example, unreasonable expectations, ostracism, lack of attention, absence of affection, and isolation.

One particularly robust, empirically tested relationship that demonstrates the impact of psychological maltreatment on children is that between psychologically unavailable parenting, that is parenting characterised by a lack of warmth and responsiveness, and insecure attachments in children (e.g., Ainsworth, et al., 1974; Baumrind, 1991; Isabella, 1993). Longitudinal studies following mothers and children from pre-birth to primary school age also demonstrate the pervasive and profound impact of psychologically unavailable parenting (e.g., Erickson & Egeland, 1987; Erickson, et al., 1989; Killen-Heap, 1991). Thus, psychologically unavailable parenting has been found to be a particularly destructive form of child maltreatment resulting in insecure attachments, increasing levels of cognitive impairment, developmental delays, negativistic non-compliance, behavioural problems, poor self-esteem, impoverished social skills, self-harming behaviours, aggression and dependency in the child victims (e.g., Egeland & Sroufe, 1981a; 1981b; Egeland, et al., 1983; Erickson & Egeland, 1987; Iwaniec, 1995). Physical

consequences of psychological maltreatment can include poor weight, height, and head circumference, eating disorders and increased vulnerability to health problems (Erickson & Egeland, 1987; Iwaniec, 1995). These results have prompted Egeland and Erickson (1987, p. 115) to claim that “emotional unresponsiveness is devastating to young children this pattern of parenting must be a major component in any definition of abuse and neglect.”

Parental rejection and hostility has also been found to result in such negative outcomes for children as impoverished self-esteem, emotional instability, excessive deficits in empathy, and aggression (e.g., Main & Goldwyn, 1984; Rohner & Rohner, 1980). In Main and Goldwyn's (1984) study children in both the identified physically abused and non-abused samples who had suffered maternal hostility and rejection were found to have inappropriate responses to others, aggression, and self-isolating tendencies regardless of their physical abuse status. In another study using a large, nationally (USA) representative sample, verbally hostile parents were found to have children who were more likely to be delinquent and physically aggressive and to have poor interpersonal skills (Vissing, Straus, Gelles, & Harrop, 1991). As in the studies of Main and Goldwyn (1984) and Claussen and Crittenden (1991), physical abuse of the child by parents was not found to be predictive of these problematic child behaviours.

Thus, psychological maltreatment, despite its relative invisibility compared to other forms of child maltreatment, is increasingly considered to be the most prevalent form of child maltreatment, and also to have profoundly and pervasively negative consequences for children. One aspect that has yet to attract theoretical and empirical attention, however,

is the identification of the underlying processes that lead parents to psychologically maltreat their children.

Underlying Processes of Psychological Maltreatment

Categorisation of parent behaviours believed to be psychologically damaging to children has allowed for empirical examination of these constructs and their relationships to child outcomes and other child maltreating acts. These categorisations, useful as they may be as descriptors, have been criticised as not really definitions so much as they are catalogues of parental behaviours (Giovannoni, 1991). A number of authors have argued that an understanding of the underlying processes in the parent that trigger a specific behavioural action or lack of action is of critical interest from both a clinical perspective and a research perspective (e.g., Critenden, 1993; Egeland, 1991; Giovannoni, 1991; Maccoby & Martin, 1983; McGee & Wolfe, 1991a). Further, Egeland (1991) has argued that a successful definition of psychological maltreatment must have relevance to both clinicians and researchers.

In terms of clinical perspectives, it is only through an understanding of the underlying parental processes that intervention decisions can be tailored to optimise positive change. From a research perspective, an examination of the underlying processes allows for an understanding of the phenomenon of child maltreatment from a causal rather than simply a descriptive perspective. Thus, an operational definition of psychological maltreatment that incorporates the parent's underlying psychological processes would be relevant for both researchers and clinicians, and would also meet Egeland's (1991) criteria for a successful definition.

It is proposed in this study that a key underlying process that leads to a parent's psychological maltreatment of a child is the lack of parental empathy. Although parental empathy has been a subject of recent attention in the child abuse and neglect research arena, it is argued that the current definitions of parental empathy to date are problematic in a number of respects. Before undertaking a discussion of parental empathy, however, it is appropriate to examine the historical background of the current difficulties inherent in the general concept of empathy.

Historical Overview of Empathy Research and Conceptualisations

The concept of empathy is a relatively recent topic of interest and one still plagued with definitional difficulties. For example, Davis comments, “there is one central, recurrent, and seemingly intractable problem: the term empathy is routinely used to refer to two distinctly separate phenomena, cognitive role-taking and affective reactivity to others” (Davis, 1994, p. 9). Highlighting this disparity is the fact that very little correlation has been found between the various measures of empathy currently available within the research literature (Riggio, et al., 1989).

The word empathy originated from the term ‘Einfühlung’ which roughly means the ability of the observer to project him or herself into an observed object of beauty (Davis, 1994). Later the term was translated into the English word ‘Empathy’ and was used to describe the rather general process of knowing other people (Davis, 1994).

The semantic difficulties that have plagued the concept of empathy revolve around the problem of whether the ‘knowing’ is a process of sharing of the other’s emotional state (affective reactivity) or a cognitive exercise in recognising the internal processes of the other whilst still remaining at an objective distance (cognitive role-taking). Historically, the debate has alternated between these two lines of thought. For example, the earliest theorists such as Lipps (1903; 1905; cited in Davis, 1994) argued that empathy was an inner imitation of another’s emotional state which produced similar though weaker emotional reactions in the observer.

In the 1920s, empathy was redefined as a cognitive understanding of another rather than sharing another’s feelings (e.g., Kohler, 1929; cited in Davis, 1994). As such, the

process was defined as the ability to imagine or infer another's thoughts, motives and emotions without the component of sharing these states in the observer (Davis, 1994).

The interpretation of empathy in terms of cognitive role-taking focus was enhanced by the work of Mead (1934) and Piaget (1948). These influential cognitive theorists of child development highlighted the developmental challenge of the ability to recognise and understand another's perspective, that is, to decentre or differentiate between the experiences of oneself and those of others. Thus, cognitive or perspective-taking empathy theoretically requires a higher level of development than that of affective reactivity. Mead argued further that the ability of role-taking to suppress egocentricity is the key variable in social and moral development (Mead, 1934).

Later, Hogan (1969) became a prominent advocate of the role-taking definition of empathy. Hogan broadened the concept of empathy to include a behavioural aspect. In Hogan's conceptualisation, empathy was considered not only to include an ability and willingness to apprehend the other's condition or state of mind, but as a consequence, to modify one's behaviour to reflect that understanding.

The construction of empathy as a cognitive role-taking ability and its role in the accuracy of perception of the other (also known as social acuity) predominated for some years. However, intense criticism of the serious methodological difficulties in the techniques employed at that time (equivalent response biases between subject and 'target' resulted in artificially high 'accuracy' scores) subsequently discredited this approach in the 1950s to the point that research into the cognitive-role-taking definition of empathy was effectively abandoned for twenty years (Davis, 1994). The study of empathy, therefore,

began to re-emphasise the affective-sharing theories of empathy. This definition of empathy has since dominated until relatively recent times (e.g., Batson, 1991; Eisenberg & Strayer, 1987; Hoffman, 1984).

More recently, however, some of the more prominent empathy theorists have attempted to achieve a compromise position and incorporate both affective and cognitive definitions of empathy into a single model (e.g., Davis, 1980; Feshbach, 1989; Marshall, et al., 1995). While Feshbach (1989) and Marshall et al. (1995) included within their models of empathy the traditional concept of emotion sharing, Davis (1980; 1994) added an additional concept of affective empathy. Termed 'empathic concern', this concept was defined by Davis as other-orientated feelings of concern, sympathy, and compassion.

In terms of the commonly held perception of an empathy/altruism link, there are problems with the conceptualisation of emotional replication or affective reactivity (that is, sharing of emotion between observer and target) as empathic. When attempting to illustrate how emotional reactivity operates as an altruism-enhancing process, affective reactivity theorists typically refer to the emotions of distress or happiness (e.g., Davis, 1994; Feshbach, 1989; Marshall, et al., 1995). The spectrum of human emotions are nevertheless much richer than these two emotions alone. Anger, for example, is a common human emotion. Sharing of the emotion of anger is rarely conceptualised as empathy or altruism and in terms of social adaptation this could be considered a negative rather than positive process. Sharing of such extreme emotions as rage, overwhelming depression, or intense fear are also unlikely to be considered empathic or to result in altruistic behaviour.

In terms of the focus issue of this thesis, sharing of a child's rage-filled temper tantrum or fear-ridden anxiety is also unlikely to be considered empathic or even appropriate parenting. As such 'emotional contagion' is a more appropriate term of description for this visceral emotional reaction than 'affective empathy'.

Thus, the cognitive role-taking view of empathy would appear to hold more promise in terms of altruism in general and empathic parenting in particular. In contrast to affective reactivity, cognitive perspective-taking has been found to be associated with altruistic behaviour in several research studies. For example, in a comprehensive comparison of a number of empathy measuring instruments, Brems (1989) found that cognitive empathy was positively correlated with better socialisation and coping skills ($r = .33, p < .001$ & $r = .25, p < .01$, respectively). In contrast, affective empathy (defined as emotional reactivity) was found to have a negative association between the level of affective reactivity and levels of socialisation and coping skills. This finding prompted Brems to conclude that affective empathy is both egocentric and indicative of a lower developmental level.

Another study by Davis (1983) lends further weight to this supposition. Davis found that levels of affective reactivity were positively associated with higher levels of social dysfunction and lower levels of social competence and self-esteem. Further, affective reactivity was also positively associated with stronger emotionality (fearfulness, uncertainty and vulnerability) and unrelated to other-orientated concern and sensitivity. Perspective-taking, by contrast, was positively correlated with lower levels of social dysfunction, higher social competence and self-esteem plus a considerate and effective

interpersonal style. In contrast with affective reactivity, cognitive perspective-taking was also associated with less self-reported nervousness, anxiety and insecurity and less self-centredness.

Additionally, Davis (1983) found that cognitive perspective-taking was significantly and positively correlated with levels of sympathy and concern for others (i.e., Empathic Concern; $r = .33$ & $r = .30$, $p < .01$, for men and women, respectively). Interestingly, cognitive perspective-taking was also found to be consistently and negatively associated with levels of affective reactivity ($r = -.16$ & $r = .29$, $p < .01$, for men and women, respectively) in this study. Empathic concern in Davis' study was found to be positively associated with more considerate social style ($r = .32$ & $r = .46$, $p < .01$, for men and women, respectively) and negatively associated with a more undesirable interpersonal style characterised by boastfulness and egotism ($r = -.30$ & $r = -.35$, $p < .01$, for men and women, respectively). Cognitive perspective-taking has also been found to be associated with a California Personality Inventory factor characterised by such socially adaptive responses as tolerance, flexibility and independence ($r = .38$, $p < .01$; Greif & Hogan, 1973).

Beyond the debate over affective reactivity versus cognitive perspective-taking, further confusion exists regarding the semantic distinction between the terms 'sympathy' and empathy. Some researchers emphasise that sympathy rather than empathy is the factor associated with altruistic behaviour (e.g., Gruen & Mendelsohn, 1986). However, other researchers use the two terms interchangeably (e.g., Davis, 1983) while some go so far as to define empathy as including 'sympathy, compassion, tenderness, and the like'

(Batson, Polycarpou, Harmonjones, Inhoff, Mitchener, Bednar, et al., 1997, p. 105).

Sympathy, compassion, and tenderness are emotional factors and as such Batson's et al. definition supports the existence of an affective aspect of altruism and empathy, but these other-orientated emotions are qualitatively different from the notions of affective reactivity or emotional contagion discussed earlier. Additionally, such other-orientated emotions are logically linked with cognitive perspective-taking in that before one can have sympathy for another person one must first develop an awareness of the other person's state.

More recently still, the processes involved in cognitive perspective-taking have undergone examination. The ability to discriminate the affective cues of the other person as a prerequisite to the cognitive perspective-taking process has come under scrutiny by some theorists (e.g., Feshbach, 1989; Marshall, et al., 1995). However both the Feshbach and Marshall et al. models continue to include affective reactivity as subsequent to perspective-taking

The link between attributions and empathy as defined as the emotional equivalent of sympathy has also been investigated. Gruen and Mendelsohn (Gruen & Mendelsohn, 1986) argued that the strength of an empathic and/or sympathetic response would depend on the observer's cognitive appraisal of the other's behaviour. An earlier study by Hoffman (1978) provided some evidence for the link between causal attributions and emotion in children. Hoffman's study found that children change their response from one of affective reactivity to one of derogation of the victim on the basis of whether the victim is perceived to be responsible for his or her own plight. Gruen and Mendelsohn (1986) also

found a relationship between causal attributions and the elicitation of sympathetic responding in a sample of undergraduate psychology students.

Betancourt (1990) also investigated the relationship between attributions and empathy as defined by both perspective-taking and empathic emotions such as sympathy, concern and pity. Betancourt argued that common processes underlie both attributions of causality, and empathic perspective-taking, and further, that the same empathic emotions are aroused by perspective-taking and non-blaming causal attributions. As evidence for this commonality, Betancourt's study of empathic perspective-taking, attributions of causality and helping behaviours found that empathic emotions partially mediated the relationship between both perspective-taking and helping behaviours and between causal attributions and helping behaviours. Further, Betancourt found a strong relationship between induced perspective-taking and non-blaming causal attributions, that is, participants who were induced to take on the perspective of the subject of the scenario responded with non-blaming causal attributions. Additionally, both non-blaming attributions and induced perspective-taking were found to be associated with empathic emotions. In summarising these results, Betancourt recommended that the two areas of study, that is, empathy and attribution, are more appropriately integrated as a single domain. As will be argued in more detail below, it is one of the assertions of this thesis that attributions are, in fact, an essential aspect of the empathy process. In the next section of this thesis those studies that have directly attempted to examine the role of parental empathy and risk of child maltreatment will be examined.

Parental Empathy and Child Maltreatment Research

Although some child maltreatment researchers have argued that psychological maltreatment is the core issue of all child abuse, others have posited that a lack of parental empathy is the primary factor (e.g., Feshbach, 1995; Jones, 1995; Rosenstein, 1995; Wiehe, 1997). As in psychological maltreatment, the definition of parental empathy is not without controversy. The small number of studies in this area have used highly diverse definitions and measures of parental empathy. Before discussing these studies it is relevant to survey past research on concepts that intuitively appear to be strongly related, if not identical, to parental empathy, and relationships found between these constructs and child well-being.

The impact of psychologically unavailable parenting on children has already been discussed in an earlier section (see Impact of Psychological Maltreatment). Psychological unavailability in mothers, defined as detached, emotionally uninvolved, and uninterested parenting, has been strongly and robustly associated with disturbed (in particular, anxious) attachments in infants. In later childhood, children of psychologically unavailable parents, or at least, mothers, reportedly manifest more aggression, non-compliance, and attention and impulse control problems (e.g., Egeland & Sroufe, 1981a; Egeland & Sroufe, 1981b; Egeland, et al., 1983).

Another construct that appears to be clearly related to parental empathy is 'parental responsiveness'. Parental responsiveness has been defined as the ability of parents to perceive accurately and respond appropriately to their child's needs (Steinhauer, 1983).

Lack of parental responsiveness has been identified as a major factor in predicting insecure attachment in children (e.g., Fonagy, Steele, Steele, Moran, & Higgitt, 1991).

Parental sensitivity has also been linked to secure attachments. Parental sensitivity has been described as including the ability to read and understand the child's signals, possession of effective caregiving strategies, and recognition of the child as an individual who needs care (George & Solomon, 1987). The quality of the child's attachment has been shown to be significantly related to the mother's sensitivity to her child's feelings and needs in terms of ability to identify infant cues (e.g., Ainsworth, et al., 1974). Parental (or maternal) sensitivity has been defined as a combination of responsiveness, positive affect, mutuality, and appropriate communication style (Crittenden & Bonvillian, 1984). Parental insensitivity has also been strongly associated with child abuse and neglect in mothers (Crittenden & Bonvillian, 1984).

'Parental awareness', usually defined as the ability to understand the child's perspective was proposed by (Newberger, 1980) as being the primary predictive factor in the nature of parent/child relationships. Newberger noted that in especially troubled parent-child relationships, including abusive relationships, parents were unable to see their children as having needs and rights of their own. In a later paper, Newberger and White (1989) more specifically articulate these deficits in parental perceptions of their children as a characteristic similar to that of early childhood cognitive development described by Piaget and Kohlberg. Social-cognitive development in childhood begins with an egocentric phase in which children do not differentiate their own perspectives as separate from that of others, and progresses to an increasingly complex and comprehensive awareness of the

perspectives of others. Newberger and White hypothesised that parents' awareness of their children is equally identifiable as phases of progression in social-cognitive development. Some parents, the more dysfunctional and abusive, remain in the highly egocentric phase and are thus unable to perceive their children except in terms of their own needs. Although Newberger does not use the term 'empathy' as such, the analogy with child development clearly implies the concept.

Killen-Heap (1991) did identify the link between parental immaturity as proposed by Newberger and lack of parental empathy. In a series of 17 consecutive case studies of children and their families admitted to hospital on the grounds of suspected physical abuse and/or neglect, Killen-Heap found that both continuing maltreatment and highly impoverished outcomes for the children concerned were predicted by primary levels of immaturity, defined as child-like behaviour including: demanding and dependent behaviours, low impulse control, inability to postpone satisfaction of needs, inability to link actions and consequences, and lack of empathy.

As stated earlier, the general concept of empathy as yet lacks consensual definition. However, from an intuitive perspective, a definition of parental empathy must include an understanding by the parent of the child's developmental and individual needs. As such, the concepts and terms discussed above, that is, psychological unavailability or lack of parental sensitivity, responsiveness or awareness, would appear to be akin to deficits in parental empathy. Nevertheless, the various measures of empathy available and the limited correlational relationship between them (Riggio, et al., 1989) serve to illustrate the current nature of the difficulties surrounding the concept. These difficulties in defining and

measuring empathy per se are inevitably reflected in the study of parental empathy; the few studies undertaken to date have used substantially different definitions of the concept and different measures of parental empathy.

Letourneau (1981), in perhaps the seminal empirical study of parental empathy and child abuse potential used both the Hogan Empathy Test (Hogan, 1969) and the Mehrabin and Epstein Measure of Emotional Empathy (Mehrabin & Epstein, 1972) to assess levels of empathy in the subject parents. Neither the Hogan Empathy Test nor the Mehrabin and Epstein Measure of Emotional Empathy (both self-report, Likert-scale response-type questionnaires) are designed to assess levels of empathy towards children. Further, each test is designed on the basis of a different definition of empathy. The Hogan Empathy Test is based on a definition of empathy as cognitive role-taking ability, and the Mehrabin and Epstein Measure is based on a definition of empathy as a vicarious emotional response to perceived emotional experiences of others.

As predicted by Letourneau (1981), both empathy measures were found to be predictive of the parent's abuse status, although the perspective-taking scale (the Hogan Empathy Test) was found to be a much stronger predictor than the emotional empathy measure. Both scales were also inversely correlated with negative (that is, punitive, rigid, restrictive) response styles to child behaviours in a series of role-plays. The Hogan scale with its focus on perspective-taking was found to have a strong negative correlation ($r = -0.73, p < 0.001$) with mothers' level of aggressive responsivity, compared to a weak negative relationship between emotional responsivity as measured by the Mehrabin and Epstein measure and mothers' level of aggressive responsivity ($r = -0.30, p < 0.009$). Of

note is that Letourneau found only a small correlation ($r = 0.31$) between the two empathy questionnaires. This finding was interpreted by Letourneau as evidence that the two scales measured different aspects of the global concept of empathy. An alternative explanation is that the two scales measure different concepts altogether, namely, perspective-taking and vicarious emotional reactivity.

Following Letourneau's (1981) report, other researchers also examined the role of parental empathy in child abuse potential. Studies on this issue have been undertaken by Wiehe (1985), Feshbach (1989), Brems and Sohl (1995), and Milner et al. (1995). Each of these studies will now be described in turn, with specific attention given to the associated definitions and measures of parental empathy.

Endorsing the perspective-taking definition of empathy, Wiehe (1985) used the Hogan Empathy Test in a comparison of abusive versus non-abusive mothers. Consistent with Letourneau's findings, abusive mothers were found to obtain significantly lower empathy scores than non-abusive mothers ($F(1,62) = 10.62, p < .01$). Cognitive perspective-taking empathy was also found to demonstrate a strong to moderate inverse relationships with locus of control across groups ($r = -.76, p < .01$ for abusive parents and $r = -.46, p < .01$ for controls).

Unlike the two studies cited above, Feshbach (1987; 1989) did not use a general empathy measure to assess parental empathy. Instead Feshbach developed both a model and a measure of parental empathy. The model of parental empathy proposed by Feshbach incorporated both shared emotional responsivity and cognitive perspective-taking. As such, Feshbach defined parental empathy as a shared emotional response

between parent and child that is contingent upon the cognitive factors of the ability to discriminate affective cues in others and to assume the perspective of others.

Some confusion appears evident in Feshbach's (1987) model. The importance of parents sharing vicariously their children's pain and distress in Feshbach's conceptualisation is emphasised in the statement that such responses "should inhibit abusive behaviour in the parent since the abuse, by virtue of empathy, pains the parent as well as the child" (Feshbach, 1987, p. 276). In the following paragraph Feshbach warns that "Empathy can also have deleterious effects if it reflects lack of differentiation between the child and parent. If a parent's emotional reactions are essentially self-centred rather than child-centred, the process may not be empathy but symbiosis" (Feshbach, 1987, pp. 276-7). These two statements appear to be contradictory and indeed, despite Feshbach's warnings about the distinction between 'narcissistic' versus 'true' empathy, her model of empathy as described, at least in terms of emotional responsivity, must be considered primarily narcissistic. Parental warmth or caring towards the child is defined by Feshbach as not a defining criterion of empathy but rather, a quality that is likely to be a co-occurring factor with empathic parenting.

Feshbach (1987) developed a paper and pencil Likert-response measure of parental and partner empathy, the Parent/Partner Empathy Measure, based upon the three component conceptual model (that is, ability to discriminate affective cues in others, to assume the perspective of others, and to share the emotional response). Feshbach reports that factor analysis of the 40 items or statements of the Parent/Partner Empathy Measure revealed four factors: a spouse/partner empathy variable; an affect expression which

assessed the participant's own emotional expressiveness and attitude to other's expression of emotions; a cognitive-role-taking measure; and 'empathic distress', "reflecting shared reactions to distress and discomfort in others" (Feshbach, 1987, p. 283).

In a study using the Parent/Partner Empathy Measure, Feshbach reported that qualities of empathy discriminated between physically abusive ($n = 26$), and non-abusive parents ($n = 66$; $t = 4.17$, $p < .01$), and between control and clinic parents ($t = 3.46$, $p < .01$), although not between physically abusive and 'clinic' parents ($n = 25$; Feshbach, 1989). Feshbach's methodology, however, is problematic. The samples were poorly matched as the non-abusive control group differed significantly from abusive mothers and clinical mothers in terms of years of schooling, age of the children (younger with controls), and incidence of divorce and separation. Further, other socio-economic factors such as income and employment status were not controlled for (Feshbach, 1989). The sample sizes of abusive and 'clinical' comparison mothers were also small.

Nevertheless, the non-clinical control groups were found by Feshbach (1989) to have small but significantly higher levels of total empathy than either the clinical mothers or the abusive mothers. Feshbach also reported that the four subscales showed small but significant differences between the non-abusive and other two samples but not between the clinical and abusive samples. Given the difficulties identified in Feshbach's methodology these results must be considered with caution.

Bavolek (1984) developed a measure of parenting ability including parental empathy. The Adult-Adolescent Parenting Inventory (AAPI) is a self-report, paper and pencil instrument, eight items of which are designed to assess levels of parental empathy.

Parental empathy as defined by Bavolek is akin to perspective-taking, in that the items are purported to assess the parent's awareness of the child's needs, that is, the ability of the parent to understand the child's experiences without actually experiencing the feelings of the child. The eight items include statements such as "Young children who feel secure often grow up expecting too much" and "Parents who encourage communication with their children only end up listening to complaints". Responses are made on a 5-point Likert scale indicating level of agreement. Empathy scores are computed as the sum of responses on the 8 items.

The AAPI was utilised in a study by Brems and Sohl (1995) which attempted to examine the role of empathy in relationship to choice of parenting strategies. Additionally, Brems and Sohl included, as an independent variable, a vignette incorporating a good child/difficult child attribution. Brems and Sohl's sample consisted of undergraduate students.

Contrary to Brems and Sohl's (1995) expectations, the empathy score in combination with the attributional history of the child presented in the vignette as measured by the AAPI (Bavolek, 1984) was only marginally useful in predicting the choice of parenting strategy. Indeed, the strongest predictor found in this study was the attributional variable (always good versus always difficult). The empathy variable alone was found to predict less than 5% of the variance found in choice of parenting strategy. In the scenario featuring the difficult child, the empathy variable failed to gain significance at all.

This study is vulnerable to criticism in that the sample chosen consisted of undergraduate students, a decision which has been strongly criticised in other studies of parental attitudes or behaviours (Holden & Edwards, 1989). Nonetheless, the fact that the attribution score was the strongest predictor is noteworthy. As discussed in a later chapter, the model proposed in this thesis includes attributions made as a factor in the definition of empathy. Thus, Brems and Sohl's (1995) results, while not providing support for the role of empathy as defined and measured by the AAPI, would appear to provide some support for a model of empathy that encompasses attributional processes.

Rosenstein (1995) also used the AAPI with a small sample of alleged perpetrators of child maltreatment and a sample of non-abusive parents. In this study the Adult-Adolescent Parenting Inventory also failed to predict the documented abuse status of parents. Rosenstein explained this failure in terms of the small size of the samples (20 abusive and 9 non-abusive). However, a low to moderate negative correlation was found between the empathy variable and the level of stress in the parent-child relationship. Rosenstein also reported that, on a case by case analysis, lack of parental empathy as measured by the AAPI was evident in the majority of the abusive parents. In summary, although Rosenstein's study highlighted the challenge of undertaking empirical studies of abusive parents, it provided at best only circumstantial support for the role of parental empathy in child abuse as measured by the AAPI.

Milner et al. (1995) avoided the difficulties in accessing documented abusive parents by using the Child Abuse Potential Inventory (CAPI; Milner, 1986) to identify mothers at high risk ($n = 10$) and low risk ($n = 10$) of physical child abuse. Milner et al.

used two measures of empathy to survey their samples: The Davis Interpersonal Reactivity Index (IRI; Davis, 1980) and the authors' own scale, Emotional Reactions Questionnaire. The Davis IRI is a 28 item self-report, Likert response style questionnaire designed to assess Davis's multi-dimensional model of empathy that incorporated both the emotional and cognitive definitions of empathy. The IRI comprises four 7 item subscales: 1) Personal Distress; 2) Perspective-Taking; 3) Empathic Concern; and 4) Fantasy Proneness.

Milner et al. (1995) describe the Emotional Reactions Questionnaire, which had been designed by the authors for this study, as a 7-point Likert response style list of emotional adjectives which comprised 6 subscales. One of these subscales, termed empathy, included the following adjectives: sympathetic, touched, soft-hearted, and compassionate. Thus, both the IRI and the Emotional Reactions Questionnaire envisage emotional responses of warmth, compassion and sympathy as emotional empathy. In addition to the two scales, Milner et al. exposed the participants to a video showing a series of an infant first smiling and cooing (that is, happy), then quiet but alert (quiet), and finally crying loudly (distressed).

Milner et al. (1995) found that the IRI failed to discriminate between high and low risk-of-abuse mothers generally or in terms of the individual subscales of perspective-taking and empathic concern. However, evidence of significant difference between the two groups was provided by the scale, Personal Distress. This scale, which reportedly measures the degree of distress experienced by the participant when observing another's distress, is akin to the concept of emotional contagion discussed earlier. Supporting the

contention that emotional contagion is a risk factor as opposed to empathy, Miner et al. found that high risk mothers scored significantly higher on personal distress than low risk mothers.

The Emotional Responses Questionnaire also failed to discriminate between the two groups of high and low risk mothers. In the video task, however, a degree of difference in reported empathic emotions between the base-line and crying infant stimuli was found to vary between the two groups. In contrast to the high-risk mothers, the low risk mothers demonstrated an increase in reported empathic emotions. Milner et al. found no differences in empathic emotions with the high risk mothers at baseline, but compared with the low risk mothers, high risk mothers demonstrated an increase in distress and hostility from base-line to the crying infant stimuli.

Overall, Milner et al's (1995) results, although not supporting the role of empathy as measured by the IRI in child abuse proneness, are supportive of the contention that emotional contagion, as distinct from emotional concern, is an important factor in high risk of child abuse. This study does support a negative relationship risk of child abuse and emotional concern, or the empathic, other-orientated emotions of sympathy and compassion.

In summary of the research findings to date, empirical study of the relationship between parental empathy and child maltreatment has yielded at best disappointing results. These results may be due in part to the ongoing semantic debate regarding the definition of parental empathy. From the research reviewed, the Hogan Empathy Test used by Letourneau (1981) showed the most promising results in predicting parental

competency. However, this cognitively based general empathy measure is not designed to assess levels of empathy towards one's children.

An additional explanation for the disappointing results is that the purported measures of parental empathy, all paper and pencil self-report surveys, may be ineffective. Such questionnaires have received extensive criticism for having items that are too generalised and ambiguous to be useful, being vulnerable to response sets, and using vague probability terms as descriptors on the Likert scales (Holden & Edwards, 1989). Additionally, none of the questionnaires designed to date to measure parental empathy have included a lie or social desirability scale. This would appear to be a naive and serious oversight given the proposed role of parental empathy in child-abuse proneness and the high likelihood of 'faking good' responses from parents identified as being abusive towards their children.

Despite these difficulties, the concept of parental empathy has continued to be advocated as a crucial factor in the assessment of risk status in a parent-child relationship (e.g., Rosenstein, 1995; Wiehe, 1997) and a core issue of redress in the training of abusive and neglectful parents (e.g., Martin, 1984; Webster-Stratton & Herbert, 1993; Wiehe, 1997). Thus, parental empathy continues to hold significant theoretical and applied interest as the core issue in child abuse.

In conclusion, although parental empathy is intrinsically and theoretically recognised as an important, and possibly the most important, factor underlying child maltreatment potential, the lack of clear, operationally useful definitions and assessment tools has marred empirical attempts to establish the purported relationship. In the next

section a definitional model of empathy is proposed that redresses these problems. Further, a new instrument designed to assess parental empathy, as defined by the model of parental empathy proposed, is developed and assessed.

A Model of Empathy Devised for the Construction of an Empathy

Measure

A clear and uncontroversial model of empathy awaits formulation. Previous research, nonetheless, does provide some indications as to the factors that must be taken under consideration in providing such a model of empathy.

Unlike earlier theorists, affective reactivity is rejected as an aspect of the proposed model of empathy. The evidence discussed above discounts a link between this factor, more appropriately termed emotional contagion, and other-orientated altruistic behaviours. As the focus of this study is empathic parenting, a definition of empathy in this context must, therefore, be consistent with the necessity for parents to be other-orientated, that is, to be responsive to the needs of their children.

On the other hand, the developmentally mature cognitive skill of perspective-taking is consistent with this necessity of 'good enough' parenting. As has been argued, however, a prerequisite of cognitive perspective-taking is the ability to notice and read the emotional cues and signals of the other person. Thus, the first factor of empathic responding is deemed to be the ability to attend to another's cues and signals.

Gaining an understanding of another's perspective also implies making decisions and judgements not only about what the other is experiencing (that is, attending and

accurately reading the cues) but also about the source or cause of that experience or expression. The latter process is equivalent to that of making attributions about the other. Researchers such as Betancourt (1990) have argued that cognitive perspective-taking and attributions share underlying processes and similarly these processes influence empathic emotions and helping behaviours. It is the assertion of this thesis that the commonality between the processes is best explained by the proposition that attributions, in conjunction with attentiveness to cues or signals, define cognitive perspective-taking. Thus, the second factor of empathic responding is posited to be the accuracy of attributions made about the other person's signals.

Although affective reactivity is rejected from inclusion in the current model of empathy, emotions as part of the empathic process cannot so easily be dismissed. As noted above, other-orientated emotions such as compassion, sympathy, and pity are frequently designated as empathic emotions and considered an essential aspect of empathic responding. Further, previous research (e.g., Betancourt, 1990) has demonstrated that such emotions play a mediational role between attributions and helping behaviours. Hence, the third factor of empathic responding is nominated to be that of other-orientated emotional responsiveness.

Finally, to be efficacious, particularly in terms of parenting, empathy must be implemented in action or behaviour. Thus, the fourth factor in the proposed model of empathy is that of other-orientated helpful behaviour. Note, however, that the absence of action, in terms of the inhibition of an inappropriate response (e.g., criticism), may also be considered as a positive instance of empathic behaviour. Additionally, disciplinary

behaviour designed to assist the child in learning appropriate skills need not, in itself, be unempathic.

In summary, the model of empathy that is proposed in this study comprises four successive stages: (1) Attention to the other's signals; (2) Accuracy of attributions made regarding the other's state; (3) Other orientated emotional responsivity; and (4) Helpful behavioural responsivity. It is further proposed that each subsequent stage is dependent upon successful completion of the preceding factor(s). Thus, if the first stage is not successfully completed, that is, the other's signals are not attended to, then the process of empathic responding will necessarily be aborted at this point. Figure 1 provides a depiction of the empathy model as described.

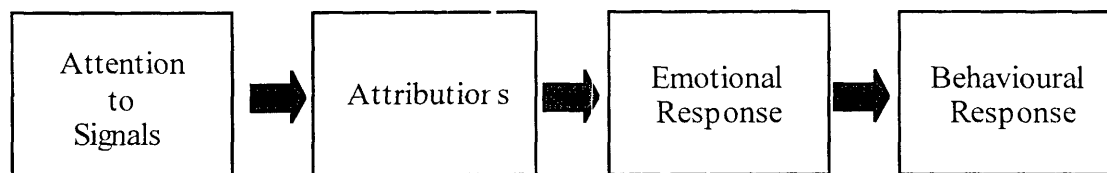


Figure 1: Proposed model of empathy

Social information processing model of child abuse and neglect.

As is evident from the rationale above, the current model of parenting was developed from the literature of empathy research. However, the proposed model of parental empathy also bears a striking similarity to a model of parenting that is derived from the information processing literature. Although as yet empirically untested, information processing models have been independently formulated to explain child neglect (Crittenden, 1993) and child physical abuse (Milner, 1993). The information processing

models of parenting as described by Crittenden (1993) and by Milner (1993) also include four successive stages: perception of the child's signal; interpretation of the child's signal; selection of a response to the child; and implementation of a behavioural response.

A comparison between the information processing model and the parental empathy model reveals that three of the stages of each model are essentially the same. The first stage in both is perception of the child's signals. The second stage, although labelled 'Interpretation' in the social information processing model and 'Attributions' in the current model refer to the same process. This is also the case for the final stage of both models, that is the implementation of a behavioural response. Thus, the fundamental difference between the two models is in the component of emotional responsiveness to the child. As described in the social information model, the third stage of selecting a response of parenting implies a rational, unemotional decision making process. In the parental empathy model, selection of a behavioural response is encompassed by the final stage of behaviour. Thus, the clear difference between the information processing model and the parental empathy model is the latter's explicit incorporation of a component representing parents' emotional responses to their children.

Both Milner (1993) and Crittenden (1993) acknowledged that parental affect, specifically that identified in affective disorders such as depression and anxiety, may play a role in information processing. However, emotional responses are not an explicit part of the Social Information Model. Milner stated that there was a "need to explore the role of affect in social information processing" (Milner, 1993, p. 288). Crittenden (1993), however, suggested that parental affect, at least in terms of depression, may act as an

antecedent variable to information processing by impeding parents' ability to perceive or attend their children's signals. It is conceded in the present study that pre-existing emotional states (e.g., depression and anxiety) may impact upon parents' ability to attend to their children's cues. Nevertheless, it is argued that parental emotion plays a specific role as a context-particular response triggered by the nature of the attributions made by parents.

Evidence that supports a link between attributions and emotional responses, and between emotional responses and behaviour is discussed in detail below. The other purported factors (variables) of the model of parental empathy, attention to the child's signals and behavioural responsiveness are also considered in the light of previous empirical findings. Finally, evidence that links each of the four variables under consideration with parental child abuse potential is described.

Relevance of the Four Proposed Empathy Variables to Child Abuse

Research

If, as argued in this research project, the model of parental empathy is relevant in predicting and understanding child abuse, the individual variables which comprise the model must also have established relationships with child maltreatment. In this section of the literature review, the relationships between the individual variables and child abuse potential will be documented. Each variable will be addressed in order.

Attention to Children's Signals

The importance of a parent being able to perceive and accurately attend to the child's emotional cues and signals has previously been stressed in the attachment literature (e.g., Ainsworth, et al., 1978). In that context, attention to the child's signals, termed 'maternal sensitivity', is considered a crucial determinant of parent-child bonding, providing for either security or insecurity of attachment in the infant.

In their longitudinal study of the effects of psychologically unavailable parenting, Egeland and Erickson (1987) comment that maltreating mothers were often unable to interpret the child's behaviour except in terms of their own needs and feelings. Thus, in describing their child, at-risk mothers would frequently refer to the child's impact upon themselves rather than perceiving the child as an autonomous and separate individual with his or her own needs and qualities. Egeland and Erickson's observations of children and their parents from pre-birth to pre-school document the increasingly pervasive nature of psychological disabilities that are a consequence of parenting that fails to attend to (and respond to) the child's signals and cues for comfort and assistance. Egeland and Erickson found that the children subjected to psychologically unavailable parenting showed indications of the most dramatic and devastating impact upon their development of all the child abuse victims. This impact included deficits at all levels of competency including school performance, social skills, behaviour problems, poor self-esteem, impulse control, coping skills, and overall development. Additionally, Egeland and Erickson observed that many of the children at the age of 42 months had begun to display a number of behaviours, such as nervous signs and self-abusive behaviours, considered to be reliable indicators of

psychopathology. Further, the relationship between subsequent insecure attachments and psychologically unavailable parenting was so robust that Egeland and Erickson found no securely attached children in the sample defined by psychologically unavailable parenting.

Studies that have examined the ability of abusive and non-abusive parents to discriminate emotional states in children lend further support to the assertion that failure to perceive and attend to the child's signals is an important indicator of child abuse potential. Frodi and Lamb (1980) examined abusive and non-abusive parents' responses to video-taped crying and smiling infants. The researchers found that abusive parents had a relatively impaired ability, to discriminate between distress and happiness in crying and smiling video-taped infants. Kropp and Haynes (1987), using slides of baby faces depicting a broader range of emotions (distress/pain, surprise, sadness, joy, interest, fear and anger), found that abusive mothers demonstrated less ability to correctly identify the cues for each emotion and were more likely to incorrectly identify negative emotions as positive than low-risk mothers.

Another study by Crittenden and Bonvillian (1984), using mother-child dyads in an observational study, compared both abusive and neglectful mothers with mothers from various other risk groups (e.g., low socio-economic, deaf, mentally retarded) and with middle-class, low-risk mothers. Crittenden and Bonvillian found significant impairment in the ability of abusive and neglectful mothers to attend to and read their children's cues, thus providing further support for the contention that insensitivity to the child's cues plays a role in child abuse and neglect. This study also found that, although neglectful mothers and abusive mothers were equivalent in their level of insensitivity, the expression

of that insensitivity differed between the two groups. Neglectful mothers were reported to be withdrawn and to offer less interaction overall with their children. Abusive mothers, on the other hand, attempted interactions which were not only out of step with the child's cues, but were also intrusive and at times hostile. This finding suggests that the distinction between abusive parents and neglectful parents may not be at the point of attending to the child's signals, as was suggested by Crittenden (1993), but rather, in the behavioural expression of that inattention (namely, passive withdrawal versus intrusive and hostile interference).

Attributions

The role of unrealistic expectations of children has long been of interest in the child maltreatment research area (e.g., Gaines, Sandgrund, Green, & Power, 1978; Spinetta & Rigler, 1972; Steele & Pollock, 1974). When children fail to meet these unrealistic expectations, parents may develop faulty explanations or attributions to account for these failures. For example, Oates (1982) found that mothers of infants with non-organic failure to thrive had highly unrealistic expectations of their babies' capabilities and frequently explained the infants inability to meet these expectations in terms of the babies being deliberately difficult in order to annoy them. Of note in this context is the fact that many parent training programmes that specifically target maltreating parents attempt to increase parental empathy by challenging negative attributions of children's behaviour and to reframe these in terms of normal developmental needs (e.g., Webster-Stratton & Herbert, 1993).

Much of the earlier research in the child maltreatment area was concentrated on the broader, more abstract concept of parental expectations rather than parental attributions per se. For example, in the earliest writings on child maltreatment (e.g., Spinetta & Rigler, 1972; Steele & Pollock, 1974), clinical observations confirmed that parents' unrealistic expectations of their children are common variables in abusive and neglectful parenting. However, early empirical studies attempting to examine the existence of unrealistic expectations in abusive parents have been harshly criticised for the abstract and unreliable nature of the methodologies used (Holden & Edwards, 1989; Maccoby & Martin, 1983). Usually, the instruments used in the studies required subjective, retrospective estimates of the ages their children reached various developmental milestones (e.g., Field, Widmayer, Stringer & Ignatoff, 1980, cited in Holden & Edwards, 1989; Twentyman & Plotkin, 1982).

More recently, researchers have developed procedures that attempt to examine parents' explanations or attributions of children's behaviours during common, 'everyday' experiences (e.g., Azar, Robinson, Hekimian, & Twentyman, 1984; Azar & Rohrbeck, 1986; Grusec & Walters, 1991). For example, a study by Rosenberg and Repucci (1983) used a combination of scenarios based on common stressful interactions with children and reports of parents experiences with their own children. These researchers failed to find a significant relationship between abuse status and parental attributions in a small sample of abusive mothers and mothers reporting parenting difficulties. Both abusive and 'distressed' groups were found to have a high proportion of negative attributions of intent and disposition towards their children. This finding prompted Rosenberg and Repucci (1983,

p. 680) to conclude that such negativity of attribution may be common among low-income women who are experiencing difficulty with their children.

An alternative explanation of Rosenberg and Repucci's (1983) findings pertains to their reliance upon case-worker reports of child maltreatment risk status. This method of determining risk status may not have included a comprehensive assessment of the 'distressed' comparison group. It may be that the comparison group in this study had a number of risk features similar to the abusive group of mothers, but these had escaped detection. Support for this possibility is provided by research in which children of psychologically maltreating parents often are found to fail to come to the attention of Child Protection Agencies, despite the pervasive and intense negative child outcomes associated with this form of parenting deficit (Barnett, et al., 1991; Egeland, et al., 1983; Hart & Brassard, 1991; McGee & Wolfe, 1991b).

Support for the similarity between the attributions made by abusive parents and those made by parents suffering parenting difficulties is offered by Aragona and Eyberg (1981). Aragona and Eyberg report that distressed mothers (e.g., those with children identified as having behaviour problems) and neglectful mothers demonstrated an equivalent level of negativity in their attributions and interactions with their children. Both the neglectful and distressed groups were significantly more negative in their attributions and interactions than a control group. However, psychological maltreatment was not a variable indexed by Aragona and Eyberg. The level of negativity and criticism evident in both experimental groups of mothers may indicate equal levels of psychological maltreatment by the neglectful mothers and the mothers of children assessed as having

behavioural problems. Additionally, it is not clear from Aragona and Eyberg's report whether the children concerned were diagnosed as having behavioural problems independently or solely on the basis of maternal reports.

More recent studies that have specifically examined parental attributions have found that perceptions of the child's competency and responsibility for acts of considered misconduct (that is, the child chose to misbehave) are strongly associated with more intense, coercive disciplinary tactics in non-abusive parents (Dix, Ruble, & Zambarano, 1989; Geller & Johnston, 1995; MacKinnon-Lewis, Lamb, Arbuckle, Baradaran, & Volling, 1992) and increased negative emotional reactivity (Dix, et al., 1989). Additionally, other studies have found an over-reliance on punitive, physical, coercive strategies has been associated with distorted, exaggerated, and/or inaccurate beliefs about children in abusive parents (e.g., Ammerman & Boerger, 1998, August).

Explanations or attributions of the child's perceived misconduct in terms that the child is 'bad' or 'spoilt' (dispositional), or is deliberately attempting to irritate or 'get at' the parent (malicious intent) are proposed to provide a context that optimises the likelihood of child abuse (Ammerman & Boerger, 1998, August; Feshbach, 1995). Belsky and Vondra (1989) and Grusec and Walters (1991) take this proposition a step further and argue that inaccurate belief systems in the form of inappropriate attributions for the child's behaviour are the basis of psychological maltreatment.

Lending support to the central role of inappropriate attributions and child maltreatment is Larrance and Twentyman's (1983) study of attributions in abusive, neglectful and control mothers. Larrance and Twentyman found that abusive and neglectful

mothers' negative attributions (stable and global: e.g., 'the child is bad') of their children are more of a function of cognitive distortions than of the child's behaviours. In this study they found that abusive and neglectful mothers made more negative and stable attributions about their own children than they did about stranger children, yet the situational contexts were identical. Their attributions about their own children also were much more negative than the control group of mothers. Another study by Burgess and Conger (1978) similarly found little difference in abused or non-abused children in terms of their behaviour, although mothers of abused children were found to be more negative and less involved with their children than control mothers. Finally, another study (Reid, Kavanagh, & Baldwin, 1987) found that abusive parents reported significantly higher rates of child conduct problems, aggression, and hyperactivity than a matched comparison group, yet independent observers of unstructured family interactions at home found no differences between abused and non-abused children in terms of aversive or difficult behaviours. Overall these findings lend strong support to the proposition that abusive and neglectful parents have distorted cognitions about their children's behaviours and capabilities.

The strength of the positive findings that attributions play in predicting child abuse potential has particular significance for studies that have relied upon maternal descriptions of children to assess the role of child behaviour problems in contributing to child abuse risk. As Knutson and Schartz (1997) note, much of the research that has assessed behavioural characteristics of abused and neglected children that increases their risk of abuse has relied on descriptions by abusing parents. Evidence for distorted perceptions amidst maltreating parents challenges the accuracy of these reported descriptions of

deviant behaviours in abused children (e.g., Ammerman & Patz, 1996; Herrenkohl & Herrenkohl, 1979). Thus, parental reports of deviance and difficulty in maltreated children may more truly reflect distorted cognitive perceptions in the parent than an accurate assessment of the child's behaviours. As such, these reports may well be more an assessment of parent characteristics than of child characteristics.

Some evidence exists that provides support for the view that overly negative perceptions of children are more related to parental characteristics than to actual child behaviours. Milner (1993, cited in Milner, et al., 1995) found that abusive parents tend to make more negative evaluations of their children's behaviour than non-abusive parents. A study by Bates, Freeland and Lounsbury (1979) also found that maternal personality characteristics rather than baby behaviours predicted maternal descriptions of their babies as 'easy' as opposed to 'difficult'. Independent observers ratings of the babies in terms of their 'soothability' and fussiness/difficultness was found to be a less powerful predictor of mothers' descriptions of their babies than mothers' personality type (extroverted/introverted). Extroverted mothers who reported feeling in control reported that their babies were 'easy', despite the fact that correlations between mother's ratings and home observation of soothability and crying were low.

In summary, empirical evidence is mounting that distorted parental cognitions of child attributions are a predisposing factor in child abuse and neglect. How these distorted cognitions proceed to the situation where a child is maltreated will be explored in the subsequent sections of the model.

Emotional Responsiveness

The links between cognitions or attributions and emotion, and between emotion and behaviour are well established to the point that effective therapeutic interventions have been developed based upon such links (e.g., Rational Emotive Therapy). Indeed, a recent paper (Verduyn & Calam, 1999) advocates for therapeutic interventions with abused children to target distorted cognitions in order to mediate disturbed emotional and behavioural responses.

The role of emotion in parenting behaviours has been an area of particular research interest within both the domain of child abuse and the more general domain of parenting since the beginnings of study in these topics (Darling & Steinberg, 1993; Maccoby & Martin, 1983). The importance of emotion in parenting has been particularly highlighted by Dix (1991, p. 4) who commented that “perhaps more than any other single variable, parents’ emotions reflect the health of parent-child relationships. They are barometers for the quality of parenting, the developmental outcomes that are likely for children, and the impact that environmental stresses and support are having on the family.”

Other research studies have focussed on the impact of depression on parenting style and child outcomes. Depression and the consequent lack of parental emotional involvement have been shown to have a substantial deleterious impact upon child development (e.g., Killen-Heap, 1991; Radke-Yarrow, Cummings, Kuczynski, & Chapman, 1985; Zuravin, 1988).

A particularly robust finding across a number of studies is the importance of parental qualities of warmth (that is, affection, loving, compassion) on the well-being and

positive outcomes of children (e.g., Brody & Shaffer, 1982; Isabella, 1993; Kurdek & Fine, 1994; Tomison & Tucci, 1997). Alternately, parental qualities of hostility (anger, dislike, rejection) have been associated with such detrimental child outcomes as impaired social, cognitive, and motor development, and insecure attachments in a substantial number of studies (e.g., Ainsworth, et al., 1978; Baumrind, 1991; Isabella, 1993; Lyons Ruth, et al., 1989).

In the parenting literature, parental emotions have been generally categorised into two opposing variables: parental hostility, typifying the negative emotions of anger, rage, dislike and rejection; and parental warmth typifying the positive emotions such as affection, compassion, enjoyment, and love. The negative emotion set of hostility has been associated with abusive and coercive parenting in a number of studies (e.g., Bousha & Twentyman, 1984; Egeland & Sroufe, 1981a; Killen-Heap, 1991).

Abusive parents have also been demonstrated to show more intense levels of emotion, and more emotional contagion with the child, than do non-abusive parents. For example, Frodi and Lamb (1980) compared the emotional responses of child abusers with a matched sample of non-abusers while the participants observed video-taped crying and smiling infants. Marked physiological differences were detected: abusive parents showed greater skin conductance responses and greater increments in heart rate than did non-abusers. Frodi and Lamb found that on average, abusive parents showed more anger and less sympathy than the control subjects

A more recent study (Milner, et al., 1995) provided further support for Frodi and Lamb's findings that abusive parents demonstrated heightened emotional reactivity. Also

using video-taped stimuli of infants in different emotional states, Milner et al. found that high-risk mothers exhibited increased emotional lability in terms of distress and hostility in response to the crying infant. Low-risk mothers, on the other hand, reported an increase in emotions such as sympathy, compassion and 'soft-heartedness'. These emotions, labelled 'empathy' by Milner et al., are clearly other-orientated as opposed to self-orientated and the failure of high-risk mothers to show these responses is not unexpected. As concluded by Milner et al., the high-risk mothers' emotional response is more congruent with emotional contagion than with empathic concern.

Thus, compared to non-abusive parents, abusive and at-risk parents generally appear to demonstrate greater prevalence of negative emotions towards their children and increased emotional lability.

More recently, a few researchers have begun to focus on the link between the attributions parents make about their children and their emotional responsiveness to the child. For example, Geller and Johnston (1995) have speculated that parental attributions of greater internality (the problem is chronic) and controllability (the child did it on purpose) are likely to be predictive of anger responses during a perceived problem. Ammerman and Boerger (1998, August) found that controllability or 'intent' was found to be positively correlated with proneness to anger, higher abuse potential, and increased use of physically punitive behaviour. In a series of studies, Dix et al. (1989) found that attributions of knowing wrongful behaviour (that is, the children knew what they did was wrong and did it anyway) were related to more intense feelings of upset and more punitive disciplinary responses in mothers.

In a comprehensive review of the role of emotion in parenting, Dix (1994) gives particular emphasis to the role emotion plays in behavioural responsiveness. According to Dix, emotions induce 'action readiness', with different emotional sets priming parents to respond behaviourally towards their children in different ways. For example, positive emotions of affection and concern for the child normally will prompt parents to approach with nurturing and comforting behaviours. Similarly, negative emotions of anger and frustration are likely to result in behavioural responses characterised by hostility, rejection and punishment. Likewise, emotional responses that are characterised by depression and affective 'close-down' are more likely to prompt rejecting, punitive, or neglectful behavioural responses. The nature of appropriate empathic behavioural responses and their converse of inappropriate, unempathic behavioural responses to children will be discussed in relation to the next section of the four-stage model of parental empathy.

Behavioural Responsiveness

Behaviour, or the absence of behaviour, is the mechanism by which parents give expression to their attentiveness, attributions about, and emotional responses to the child. It is clearly through behavioural expression, wherever it be on the continuum of subtlety, that the parent influences the child's behaviour, development, and psychological well-being.

Parenting behaviour, in terms of parenting style, has attracted considerable research interest. In particular, distinctions between authoritarian, authoritative and permissive parenting styles and their respective impact on children's well-being has been a focus of research attention (Darling & Steinberg 1993; Maccoby & Martin, 1983). Authoritative

parenting style, which is characterised by warmth, involvement, firm rational guidelines, and open bi-directional communication with the child, has consistently been found to be the most conducive to raising children to be academically and socially successful, confident, and emotionally balanced (Baumrind, 1989). By comparison, authoritarian parenting which is characterised by detachment, rigid rules, and a lack of accommodation to the individual child's needs, has been found to be related to anxiety, poor social skills, and above average levels of aggression in children (e.g., Baumrind, 1978; Feshbach, 1974; Patterson, 1982). Permissive parenting is primarily characterised by minimal demands upon the child in terms of rule-setting or meeting parental socialisation goals and standards. Both permissive and authoritarian parents have been found to be ineffective communicators towards their children, and to be relatively less nurturant and more detached than authoritative parents (Darling & Steinberg, 1993). Permissive parenting has been found to be associated with child outcomes of relative immaturity in terms of impulse control, social responsibility, independence, and cognitive ability (Baumrind, 1978).

If reframed in terms of the dimensions of demandingness and responsiveness, authoritative parents are defined as high in both responsiveness and demandingness (Maccoby & Martin, 1983). In contrast, authoritarian parents are high in demandingness but low in responsiveness, and permissive parents may be either high in responsiveness and low in demandingness, or low in both responsiveness and demandingness. Maccoby and Martin (1983) draw parallels between neglectful parenting and permissive parenting which is deficient in both responsiveness and demandingness. The link between empathic parenting and parenting responsiveness has already been discussed. It would seem a small

conceptual leap to construe parenting that is low in responsiveness as also being low in parental empathy. Further, the configuration of high demandingness and low responsiveness would conceptually be equivalent to low parental empathy and parenting at risk of abuse (either psychological and physical abuse or psychological abuse alone). Indeed, other researchers have demonstrated links between authoritarian parenting style and abusive parenting (Olsen, 1976; Trickett & Kuczynski, 1986; Trickett & Susman, 1988).

As with authoritarian parenting styles, permissive uninvolved parenting has been shown to be associated with negative child outcomes such as aggression, impaired social skills, poor academic performance, and antisocial behaviours (e.g., Eckenrode, Laird, & Doris, 1993; Miller, Cowan, Cowan, Hetherington, & Clingempeel, 1993; Patterson, DeBaryshe, & Ramsey, 1989). It would seem from these models of parenting styles that permissive parenting may be most akin to child neglect, while authoritarian parenting is more likely to result in physical abuse of the child.

However, even in the most empathic and responsive parents, a broad range of both empathic and unempathic behavioural responses will be evident in the parenting of their children. Although some extreme acts of child abuse are clearly beyond the realm of 'normal' parenting (e.g., acts of sadism, sexual abuse, or child homicide), the majority of parents have at times acted in a way that, taken in isolation, could be considered abusive (Jackson, Thompson, Christiansen, Colman, Wyatt, Buckendahl, et al., 1999). Thus, although it is more likely to be relatively isolated incidences of extreme abuse or neglect that brings parents to the notice of authorities and leads to their labelling as maltreating

parents, it is the pervasiveness of unresponsive or unempathic parenting behaviours that is likely to be the true discriminator of abusive versus good-enough parents.

Empirical evidence does support the view that abusive parents differ from good-enough parents on the frequency of inappropriate parenting behaviours. Consistent with the parenting style literature, a low level of parental involvement with the child has been demonstrated to be a strong predictor of child abuse and neglect (e.g., Brown, Cohen, Johnson, & Salzinger, 1998).

A number of studies have found that maltreating parents, most usually mothers, have lower rates of interaction with their children and communicate less with their children (e.g., Bousha & Twentyman, 1984; Burgess & Conger, 1978). Further, the interactions that are initiated by maltreating parents are consistently more negative than those of matched controls (e.g., Bousha & Twentyman, 1984; Burgess & Conger, 1978; Reid, et al., 1987) and characterised by more frequent and severe aversive disciplinary techniques (e.g., Bousha & Twentyman, 1984; Cerezo, Docon, & Dolz, 1996; Susman, Trickett, Iannotti, Hollenbeck, & Zahn-Waxler, 1985). Indeed, maltreating mothers have been found to be less discriminating and respond with aversive disciplinary techniques even when the child was being compliant and to extend these aversive interactions over several interactions (Lorber, Felton, & Reid, 1984; Oldershaw, Walters, & Hall, 1986). Additionally, maltreating mothers generally have a much more impoverished repertoire of parenting strategies than non-maltreating parents (Trickett & Kuczynski, 1986). Maltreating mothers have also demonstrated consistently higher levels of both verbal and physical aggression towards their children (e.g., Brassard, et al., 1993; Burgess & Conger, 1978). Finally, abusive and

neglectful mothers have been identified as more psychologically abusive of their children in terms of spurning (rejection and hostile degradation), terrorising (threatening to hurt or abandon the child or leaving the child under threatening circumstances), corrupting (antisocial comments or modelling antisocial or deviant behaviours), and denying emotional responses such as ignoring a child's attempts to interact with them (Brassard, et al., 1993).

In summary these findings are strongly consistent with the view that regardless of the abusive acts that brought maltreating parents to the attention of the child-protection authorities, maltreating parents are distinguishable through their day-to-day dominant patterns of aversive interactions with their children. It is the contention of this study that these aversive interactions in maltreating parents are the result of deficits of parental empathy.

To reiterate briefly, the model of parental empathy proposed in this thesis incorporates four successive stages: attention to the other's signals, accuracy of attributions made regarding the other's state, other orientated emotional responsivity, and helpful behavioural responsivity. Further the successful completion of each subsequent stage is dependent upon the successful completion of the preceding stage(s). That is, if the first stage is not successfully completed, that is, the other's signals are not attended to, then the process of empathic responding, necessarily will be aborted. The model of parental empathy as described formed the framework for the development of parental empathy.