

Victim-victimizer relational dynamics as maintained by representational, defensive, and neurobiological functioning

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Cognitive-affective, defensive, and neurobiological aspects of victim-victimizer relational dynamics are illustrated. Observations of a 26-year-old mother and her 9-year-old son during a semistructured play task and projective and objective assessment data provide the sources of inference regarding how the parent and child's thematic structures are relationally expressed, maintain their psychopathology, and foster a victim-victimizer interactional cycle. By way of complementary interpersonal, psychological, and neurobiological processes, a victim-victimizer relational dynamic is maintained and intergenerationally transmitted. (Bulletin of the Menninger Clinic, 68[3], 197-212)

The victim-victimizer relationship is a dialectical process that is maintained by cognitive, affective, and neurobiological aspects of the dyadic relationship (Twemlow, 1995). In a parent and child, this dysfunctional object relationship is a factor that contributes to the intergenerational transmission of child maltreatment (e.g., Green, 1998) and that plays an important role in understanding the etiology and expression of bor-

Presented at the November meeting of the Indiana Society for Psychoanalytic Thought, Indianapolis, Indiana, November 10, 2003. This research was funded by a University of Indianapolis Summer Research Grant to the first author. Dr. William Essman, Dr. Patricia Kaminski, Ms. Dina Varano, and Dr. Jacqueline Wall provided helpful commentaries on a draft of this article.

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derline disorders (e.g., Kernberg, 1994; van der Kolk, Hostetler, Herron, & Fidler, 1994).

Dysfunctional relationships are rarely conceptualized themselves as disorders, with the exceptions of the Relationship Disorders in the infant nosological system (i.e., Diagnostic Classification: 0-3, Zero to Three, 1994) or several disorders in the *Diagnostic and Statistical Manual of Mental Disorders Text Revision (DSM-IV-TR; 2000)* such as Reactive Attachment Disorder of Infancy of Early Childhood or the Relational Problem “V” codes. The *DSM* system construes disorders as occurring in an individual, although the manual offers multiple examples of how disorders are expressed within relationships (Sroufe, Duggal, Weinfield, & Carlson, 2000).

In this article, we conceptualize the victim-victimizer relationship as a disorder and examine how the relationship is maintained and expressed in the individual psychopathology of both participants. Demographic and objective test data on a mother and her 9-year-old son are presented, as well as several of the child’s responses from the Thematic Apperception Test (TAT; Murray, 1943). Next, a videotape of the parent and child is described as they complete a semistructured play task, the Parent-Child Interaction Assessment-II (PCIA-II; Holigrocki, Kaminski, & Frieswyk, 2002). The case highlights the relational disorder and how the parent-child interactions assist in drawing inferences regarding the representations and defenses of both participants as well as their individual psychopathologies.

Method

Data were collected in a midwestern city as part of a larger study on the relationship between children’s representations and behaviors. All study participants completed a battery of psychological tests and were filmed as they played together. Therapeutic interventions were not part of the research protocol.

Ms. T was self-referred to the study. She responded to a flier recruiting community subjects and was paid \$25.00 for her participation. Ms. T gave consent and her son John (both names are pseudonyms) gave assent to participate. The parent and child were videotaped in a child studies laboratory while completing the PCIA-II (Holigrocki et al., 2002; see also Holigrocki, Kaminski, & Frieswyk, 1999). During the PCIA-II, the parent and child use toy people, animals, and blocks to co-construct stories in response to a standardized set of story stems based on the theme of a visit to the zoo. Next, Ms. T completed a demographic information form, the Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon, 1994), Beck Depression Inventory-Second Edition

(BDI-II; Beck, Steer, & Brown, 1996), Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998), Child Abuse Potential Inventory (CAP; Milner, 1986), Adult-Adolescent Parenting Inventory-2 (AAPI-2; Bavolek & Keene, 2001), Parenting Stress Index (PSI; Abidin, 1995), Child Behavior Checklist (CBCL/6-18; Achenbach & Rescorla, 2001), and the ADHD-IV Rating Scale (ADHD-IV-RS; DuPaul, Power, Anastopoulos, & Reid, 1998). The child completed the Kaufman Brief Intelligence Test (K-BIT; Kaufman & Kaufman, 1993) and was administered the following TAT cards: 1, 3BM, 4, 13MF, 15, 2, 6GF, 14, 10, 18GF, 6BM, and 12M.

A few words should be said about the use of the TAT with children. Although the TAT is most often used in adult assessment, during the past decade this projective measure has gained increasing acceptance as a tool for assessing the social cognitions, object relations, and defenses of children. For example, Drew Westen's (1991) and Phebe Cramer's (1991) scoring systems for the TAT have been shown to demonstrate sound reliability and validity for the assessment of children's social cognitions, object relations (e.g., Freedefeld, Ornduff, & Kelsey, 1995; Westen et al., 1991), and defenses (e.g., Porcerelli, Thomas, Hibbard, & Cogan, 1998).

We reviewed the case material, the parent-child interaction videotape, and transcriptions of the videotape. Inferences were generated that served to explain the verbalizations and behaviors of the parent and child by way of the fewest possible themes. Themes were then clustered into meaningful sets that assisted in explaining the interactions. Stolorow and Atwood (1984, pp. 95-96) use the term "structural analysis" to describe a similar method of inquiry that involves explicating the underlying order or coherency in a system that on first glance appears in a state of disarray (see Holigrocki & Kaminski, 2002, for another application of this method). Next, videotapes and transcripts were reviewed to track the nature and timing of affective states in the parent and child, and the affective data were mapped onto the thematic material. Objective and projective tests were revisited from the standpoint of the cognitive-affective themes inferred from the videotaped interaction. What follows is a description of Ms. T's responses to a demographic questionnaire, the results of the personality, parenting, and projective tests, and analyzed excerpts of the videotapes.

Case Description

Parent

Ms. T is a 26-year-old, single, Caucasian woman employed part time in a service industry with two children at home. She has a 12th-grade edu-

cation and reports her income as between \$10,000 and \$20,000 per year before taxes. She has a prior diagnosis of Generalized Anxiety Disorder and a history of panic attacks. Ms. T reported having received counseling for panic attacks and being the victim of spousal abuse.

On the basis of Ms. T's MCMI-III (Millon, 1994) elevations, we concluded that she has a critical view of herself, seeing herself as vulnerable, weak, and inadequate. She perceives others as mistreating her, longs to be taken care of, and fears that she will be abandoned. Ms. T exhibits intense anger and irritability and is currently experiencing significant anxiety and depression. She may hypervigilantly scan the environment and overreact to innocuous situations in her misperception that they are threatening (Severe Personality Disorder Scales: Borderline = 80; Clinical Personality Patterns: Depressive = 87, Negativistic = 77, Sadistic (Aggressive) = 76; Clinical Syndromes: Anxiety = 103, PTSD = 80, Somatiform = 80). Her BDI-II (Beck et al., 1996) was elevated, also indicating moderate symptoms of depression. She responded to the CTQ (Bernstein & Fink, 1998) in a manner consistent with someone who has experienced a history of severe childhood emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect.

On the parenting inventories, Ms. T scored above the cutoff on the Abuse scale of the CAP (Milner, 1986), indicating that her parenting attitudes and behaviors are similar to those of known physical child abusers. A similar finding is apparent in her scores on the AAPI-2 (Bavolek and Keene, 2001), which endorse a strong belief in the value of corporal punishment. On the PSI (Abidin, 1995), Ms. T's results indicate that she is experiencing significant levels of stress related to parenting, and that she experiences difficulty managing her child's behavior and eliciting his cooperation.

Child

John is a 9-year-old Caucasian boy. By parent report, he repeated kindergarten, is currently in the 3rd grade, and is functioning academically at a 1st-grade level. He has a history of disruptive behavior and was suspended in kindergarten for fighting. John was diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) when he was 5 years old. He is currently unmedicated and receives counseling to assist with his ADHD. John is also receiving services in the school for a learning disability, although the specifics of the disability were not reported.

John's CBCL/6-18 (Achenbach & Rescorla, 2001), as completed by his mother, was consistent with his ADHD diagnosis and suggested an Oppositional Defiant Disorder. These findings were indicated by elevations on Attention Problems (T = 79), Social Problems (T = 65), and Aggressive Behavior (T = 66). As well, he showed an elevation on the

Externalizing scale (T = 64). His DSM-oriented scales were elevated on ADHD Problems (T = 77) and Oppositional Defiant Problems (T = 66). His ADHD-IV-RS (DuPaul et al., 1998) scores put him in the 99th percentile for inattention and hyperactivity/impulsiveness. John's intellectual functioning, as assessed by the K-BIT (Kaufman & Kaufman, 1993), is in the Well Below Average to Lower Extreme range (Verbal IQ = 73, Matrices IQ = 69, and Composite IQ = 68).

The child's TAT responses revealed themes pertaining to power and weakness. His conceptions of self and other were replete with themes of victim-victimizer dynamics. The powerful figures tended to engage in forceful, aggressive, or sexually intrusive activities, whereas the weak were left frightened, submissive, and violated. Such themes were often expressed on the TAT in depictions of rape and entrapment. The following examples of the child's stories are introduced with Murray's (1943, pp. 19-20) descriptions of each card in italics:

Card 4 (*A woman is clutching the shoulders of a man whose face and body are averted as if he were trying to pull away from her*): A girl trying to get the guy to get naked so they can have sex. The guy is trying to get away, but the girl won't let him, so I guess she's gonna do it. She's gonna make the guy do it to her. The girl is happy and the boy is mad. The guy got away and she hardly got herself naked. She already had him naked, and then he got out of the door. Actually, the girl chained him down and did it to him.

Card 12M (*A young man is lying on a couch with his eyes closed. Leaning over him is the gaunt form of an elderly man, his hand stretched out above the face of the reclining figure*): An old guy and the girl is asleep. The guy is going to feel her head and see if she is really asleep, and I guess the guy is going to rape her because his feet is close to her legs. He rapes her when she's asleep. He chained her and shot her with a thing that puts her to sleep and then he rapes her.

13MF (*A young man is standing with downcast head buried in his arm. Behind him is the figure of a woman lying in bed*): He's crying because his wife is dead. Those are boobs (Child points to the woman's breasts on the card). Crying because his wife died while he was raping her. Actually, some other guy did it and she died because he did it hard. Guys can really rape hard. If I do it, I'll do it soft. (End?) The guy got arrested that did it.

In his responses to cards 4 and 12M, John says the victim is chained down and sexually assaulted. Of note is the projection in Card 12M whereby the man's feet being close to the woman's legs is seen as a sign that the man will rape her as well, the projection of a female character onto the male TAT character who is assaulted. On the basis of a Defense Mechanism Manual (Cramer, 1987, 1991) analysis of the TAT

cards, we concluded that the child predominantly utilizes projective defenses whereby he attributes to others hostile intent. His projections are violent and sexual, and sometimes involve themes of entrapment. As interpreted through Westen's (1991) Social Cognition and Object Relations Affect Tone scale, the child's internal representations of self and other are hostile, empty, capricious, and profoundly malevolent. The preponderance of malevolent representations has been described as a salient characteristic of the stories of abuse victims (Ornduff, 1997).

Parent-child interaction

Two sets of cognitive-affective themes organize the various behaviors and verbalizations of the videotaped parent-child interactions (see Table 1). Most of the activities of the dyad can be understood based on the following set of themes: aggressing, resisting control, abandoning, winning, denying nurturance, and receiving affection. This set of themes is referred to as *strength* because they connote power and invulnerability; and affectively they are associated with joy and happiness. A second set of themes existing in opposition to the *strength* set are themes of *weakness*. The *weakness* themes accompany interactions involving being a victim of aggression, controlling, complying, being abandoned and fearful, losing, requesting nurturance, and providing nurturance. Affectively, the weakness themes are associated with fear and anger. The relationship between the thematic sets of *strength* and *weakness* is complementary. The parent and child both attempt to maintain the strong position, which involves having the other enter the weak position.

Six PCIA-II scenarios are summarized to illustrate how the parent and child jockey for the strong position. Each paragraph begins with a PCIA-II story stem in italics. Comments in parentheses indicate whether the child (c.) or parent (p.) is in a position of power (strength) or vulnerability (weakness), which thematic structure from Table 1 is active, and whether the observed affect of the parent or child is positive (+), negative (-), or neutral (0). All positive states connote joy, happiness, and laughter; negative states connote anger, firmness of tone, or fearfulness. For example, the parent saying to the child, "Put them back there now!" is coded as (*p. weak, controlling, -*), which refers to a communication by the parent that is thematically organized by the *weak* position involving an attempt to maintain control, and her affective state is angry. If the affective state is neutral, the code would be (*p. weak, controlling, 0*). If the parent was commenting on the child's behaviors, such as making a statement that the child was cheating and the child's affect was positive, the code would be (*p.'s perception of c. as rule breaking, +*).

Victim-victimizer relational dynamics

Table 1. *Sets and Thematic Structures Organizing Parent and Child Behaviors on the PCIA-II*

Cognitive-affective sets and themes	Parent (mother)	Child (son)
Strong/Powerful(Joy, Happiness)		
Aggressing	Scolding, name calling, threatening to harm or punish, sarcasm, mockery (e.g., "I'll throw you in with the tigers," calling child "bad," "bratty," "freak", "psycho," etc.)	Animals killing, animals escaping from pens, reprimanding (e.g., "Now there's going to be evil. Pretty soon the lions are going to escape to kill the hippos.")
Resisting control and rule breaking	Negating the other's ideas, suggestions, initiatives, cheating during the race to the tree/rule breaking	Defiance, oppositionality, refusing to comply with parent's suggestions and rules
Abandoning	I'm going to leave you at the zoo	Walking away from parent
Winning	Winning at the race. One-upmanship (e.g., "I had Pepsi, ha ha ha.")	Winning at the race. One-upmanship (e.g., "Soda isn't good for you, it gives you bad teeth.")
Denying nurturance or receiving affection	Power through denying nurturance (e.g., parent dismisses child's distress by calling him a "weenie" and sarcastically saying "I think you're going to live.")	Receiving of affection. (e.g., "winner gets a kiss")
Weak/Vulnerable (Anger, Fear, Frustration)		
Victim of aggression		Attacked by hippo, tripped by child
Controlling	Rule setting, telling the child what to do	
Complying		Going along with parent's suggestions
Being abandoned and fear	Discomfort with being alone (e.g., "I wanted someone to hold my hand at least and you took off.")	
Losing	Losing the race	Losing the race (e.g., [loser gets a] "kick in the butt")
Requesting or providing nurturance	Asking child for help, handholding; spending money/feeding (e.g., buying ice cream), taking child to the doctor	Kisses parent to deflect parent's anger, loser must kiss the winner

Note. The table depicts the core cognitive-affective domains that organize the parent's and 9-year-old child's behaviors on the Parent Child Interaction Assessment-II (Holigrocki, Kaminski, & Frieswyk, 2002). Parent and child both attempt to maintain the strong/powerful position and have the other assume the weak/vulnerable position. If the weak/vulnerable position is assumed, then efforts become directed at reestablishing power.

Arrival. *Mom and John have just arrived at the zoo. John wants to look at the tigers and Mom wants to look at the hippos. Play out what happens together.* The child begins by having the animals kill other animals (c. strong, aggressing, +). The parent tries to control the child's behaviors (p. weak, controlling, -), but he does not comply (c. strong, resist, +). The child has the hippo attack his figure (c. weak, victim, -). The parent suggests that they look at the tigers, and she says, "Next time, I'll throw you in with the tigers" (p. strong, aggressing, 0) and the child has the tiger attack other animals (c. strong, aggressing, 0). He comments that he is going to make a scary movie (c. weak, controlling, +).

Race. *There is a contest to see who can run the fastest. This is where Mom and John start. The two of you are to race to the tree and back. Play out what happens together.* The child wins the race (c. strong, winning, +) and the parent accuses the child of cheating (p.'s perception of c. as strong, negating, rule breaking, +). The child says that the winner gets a kiss (c. strong, receiving affection, +) and the loser gets "a kick in the butt" (c. strong, aggression and he believes he has won, +). A rematch is held and the parent acknowledges that the child won (p. weak, losing, 0). She suggests he kiss the zebras (c. weak, showing affection, 0) and also suggests another race. Ms. T wins the next race by running to a tree that is closer to her figure than the tree established as the goal (p. strong, winning, rule breaking, +).

Tunnel. *This is the entrance to a scary tunnel. You are both entering the tunnel. Play out what happens together.* The parent refuses to enter the tunnel (p. strong, resisting, controlling, -) and is angered by her child, who is not holding her hand (p. weak, abandoned, -). The parent calls the child "mean" and a "bad kid" (p. strong, verbally aggressing, -). The child offers to hold her hand (c. weak, complying and providing nurturance, 0) but his mother refuses (p. strong, resisting, -). She says, "First you took off and left me to go visit the tigers (p. weak, abandoned, -). Then you kept cheating during the race (p.'s perception of c. as strong, rule breaking and winning)." The child responds by kissing her (c. weak, giving affection, 0). Ms. T says, "I think my son's a brat and I am going home" (p. strong, verbally aggressing and abandoning, +). The child asks for her permission to have his figure stand on a toy block, and he says that the figure is going to sleep (c. weak, asking for permission, 0).

Feeding the Giraffes. *John is feeding the giraffes. What is Mom doing? Play out what happens together.* The parent begins by telling the child not to leave the giraffes (p. weak, controlling, -). He asks, "What happens if I do?" (c. strong, resisting, +); and she replies, "I'll bust your butt because you're being a smart aleck" (p. strong, verbally aggressing,

0). An exchange continues involving her telling him what to do (p. weak, controlling, -) and him opposing her suggestions (c. strong, resisting, 0).

Hurt Arm. *John has fallen and hurt his arm. Play out what happens together.* The parent asks to see his hurt arm, but the child refuses (c. strong, resisting, 0). He claims it is broken and she takes him to the doctor (p. weak, providing nurturance, -) while calling him “baby” (p. strong, name calling, 0). The parent says that the doctor has called the child a “big weenie” (p. strong, verbally aggressing and denying nurturance, 0) and that the arm is sprained. She says, “So now I guess I have to go buy you ice cream now for your broken arm” (p. weak, spending money and providing nurturance, -). She asks how it happened, and the child claims he was tripped by another child (c. weak, victimized, -). Ms. T tells John that his arm seems to be okay, but hurting; the child claims the arm is broken. Ms. T responds sarcastically, “Awww, I think you’re going to live” (p. strong, verbally aggressing, +). The child lifts up his figure to begin petting the giraffe (c. weak, providing affection, 0) and the parent tells him to get down because “that’s probably how you messed up your arm the last time” (p. strong, verbally aggressing and denying nurturance, -).

Lunch. *Mom and John are eating their lunch at the zoo. Play out what happens together.* The parent begins by talking about what she is eating. The child says, “I gotta go buy my lunch;” and the parent tells him not to move (p. weak, controlling, -). He pretends to eat and then says that he is done. She asks him what he had to drink, and he begins to move his figure across the zoo (c. strong, oppositional, abandoning, 0). She firmly states his first and last name (p. weak, controlling, +), and he promptly returns his figure to the lunch table and starts to respond to her question (c. weak, complying, 0). The parent interrupts him and says, “Just so you know, I’m about done with this day at the zoo because you’re not listening at all, at all (p.’s perception of c. as strong, resisting). I spent money (p. weak, providing, -), you keep messing with the animals, you’re running around acting crazy and psycho (p.’s perception of c. as weak, out of control; p. strong, verbally aggressing, -), you leave me alone by myself (p. weak, abandoned, -). I didn’t come here to hang out by myself, got it?” The child interrupts her and says, “I had some orange juice to drink” (c. weak, complying by answering her earlier question, 0). The parent says, “Really? I had Pepsi, ha ha ha ha ha ha. You could’ve had a soda, too” (p. strong, winning, +). The child replies, “Soda isn’t good for you, it gives you bad teeth. Orange juice and milk and good drinks are good for you” (c. strong, winning, 0). The parent offers a compromise in which they share half of their food with the other (p. not clearly strong or weak, 0), and the child agrees (c.

weak, complying, +). The parent says that she is not sure if the two foods would taste good together. She says, "How about we have ice cream after lunch" (p. weak, providing food, 0) and the child agrees (c. weak, complying, 0). When the child goes to purchase the two ice creams, the parent says "Awwwww" with an intonation that sounds sarcastic (p. strong, verbally aggressing/mockng, +).

When we pull together the information from these scenarios, what emerges is a cycle of interaction that is surprisingly devoid of the play that one may expect to occur. Anger and projection set the tone for the activities. The parent is very serious, verbally aggressive, and controlling; and the child is oppositional and aggressive in his play with the toys. What at first appears to be a role reversal may be better described as an absence of the parenting function. Ms. T and John seem more akin to a pair of aggressive children playing rather than a mother and son who have exchanged roles.

Similar to the findings of Fraiberg, Adelson, and Shapiro (1975), the mother's past abuser may be a "ghost" in this interaction. Fraiberg observed how infants in some families are influenced by the traumatic and oppressive past of parents who often repeat the tragedy of their own childhoods. The ghost of the past abuser and the past victim-victimizer relational paradigm take possession of the parent. In other words, the parent comes to know and experience her relational world in terms of the cognitive-affective thematic structures she has internalized. Ms. T relates to her child in a manner suggesting that she alternates between identifying with her past victimizer and with the role of the victim; in so doing, she relates to her child as if he is in the complementary role.

Ms. T's affect throughout these scenarios is generally that of anger, fluctuating with neutral affect and brief moments of joy. Her anger is most apparent when she believes that her son is resisting her efforts to control him and when she is attempting to have him abide by her wishes. She is also angry at him when she accuses him of abandoning her. She expresses positive affect when mocking, disparaging, threatening to abandon, and winning. The child's affect is more neutral throughout, but he shows positive affect when he is acting defiantly or when the animals under his control are aggressing or escaping. He expresses distress when he describes that he has been tripped by another child or when he was attacked by a hippo, both examples of the victim theme. The correspondence of the affect to the themes described in Table 1 is not perfect. However, a cognitive-affective thematic pattern of positive affect accompanied by *strong* themes and negative affect accompanied by *weak* themes seems apparent.

When the child's TAT responses are viewed through the thematic structure identified in the parent-child interaction sequences, the TAT

stories indicate how the parent-child interaction dynamics have been internalized by the child (see Table 2). The female characters engage in behaviors that are homologous to his mother's PCIA-II behaviors, and the male characters behave in concert with his behaviors on the PCIA-II. The child depicts aggressive behaviors by both male and female characters, as well as attempts to control the other and resist being controlled. The weak position is illustrated by violation, attempts at escape, and loss. Of note is the child's inclusion of sexually aggressive behavior on the TAT that was not evident in the PCIA-II findings. These extremely unusual TAT responses may stand for the child's experiences of a hostile and intrusive parent-child relationship and could be an indication of his having been sexually abused or a witness to such maltreatment.

The parent's and child's objective test results also fit with many of the cognitive-affective themes that organize the parent-child interactions (see Table 2). In particular, the parent's corporal punishment strategies may serve to keep her in a powerful position, whereas the child's oppositionality and aggression may serve a similar purpose for him. Furthermore, the parent's MCMI-III scores and history of childhood trauma both fit with the weak and vulnerable position, from which she tries to distance herself.

Discussion

The parent reports a history of physical abuse, sexual abuse, and neglect, and the themes that organize her behaviors are efforts to maintain strength and power. She is insulting, threatening, and concerned with control. The defense of identification with the aggressor, whereby she enacts the power of a past abuser, may be her primary way of warding off the anxiety of feeling vulnerable. She also uses splitting, whereby the other is viewed as all bad or all good, and usually all bad. Denial is employed when she denies the seriousness of the child's distress and injury when he hurts his arm. Finally, through projection and projective identification, she has a hand in creating the hostile other that she fears (cf., Sandler, 1976).

The child's behavior is oppositional, inattentive, and aggressive. Oppositionality, in the context of this dyadic relationship, provides him with strength and power. Compliance, as a part of the weak position, is likely associated with being victimized and abandoned. A history of parent-child interactions that have been structured by his mother's dynamics related to power and weakness has likely become his primary method of organizing his experiences and relatedness. The primitivity of the child's representations and behaviors cannot be explained by his age. Although younger children may hold primitive social cognitions or

Table 2. *Sets and Thematic Structures Organizing Projective and Objective Assessment Findings*

Sets and themes	Female characters on child's TAT and objective test data about Ms. T	Male characters on child's TAT and objective test data about John
Strong/Powerful (Joy, Happiness)		
Aggressing	Child's TAT Card 4: "girl is happy", "the girl chained him down and did it to him." CAP: Parental child abuse AAPI-2: Parental use of corporal punishment	Child's TAT Card 12 M: "He chained her and shot her with a thing that puts her to sleep and then he rapes her." Card 13 MF: "If I do it [rape], I'll do it soft." CBCL: Child's aggressive behavior
Resisting control		Child's TAT Card 4: "he got out of the door." CBCL: Child's inattention and oppositionality ADHD-IV Home: child's inattention and hyperactivity
Weak/Vulnerable (Anger, Fear, Frustration)		
Victim of aggression	Child's TAT Card 13 MF: "His wife died while he was raping her" MCMI-III: Parent perceives others as mistreating her. Hypervigilant, perception of world as threatening, sees self as vulnerable, weak and inadequate CTQ: Parent's own extensive trauma history	Child's TAT Card 4: "guy is trying to get away", "boy is mad"
Controlling	Child's TAT Card 4: "girl trying to get the guy naked"	
Being abandoned and fear	MCMI-III: Parent fears abandonment	Child's TAT 13 MF: "He's crying because his wife is dead."

representations (e.g., Westen et al., 1991) or use defenses that are less sophisticated than those of older children (e.g., Porcerelli et al., 1998), the extent of his hostility and projection exceeds what is typical of a child of any age.

From the objective, projective, and relational data, signs of parent-child dysfunction at the individual and relational levels are apparent. Dysfunction at each level is recursively related to the other levels,

whereby a dysfunctional relationship exacerbates and maintains individual psychopathology, and individual psychopathology is expressed relationally. The child has internalized relational dynamics that color his representations of self and other, and through oppositional, inattentive, and aggressive behaviors he attempts to maintain power and ward off feelings of vulnerability and perhaps actual victimization. The parent's history of victimization is expressed through relational dynamics of struggling to gain the upper hand through aggression and control, but in so doing she is facilitating the child's identification with the hostile other she believes him to be.

An object relations understanding of the maintenance of dysfunctional relational patterns can be further enriched through an attention to neurobiological phenomena. Ms. T, who was herself a victim of childhood neglect, physical abuse, and sexual abuse, would have had her own development affected by her exposure to such chronic traumatic experiences. Her ability to homeostatically self-regulate may have been affected by disruptions of neurobiological systems and concomitant effects on various brain structures. Structures are disrupted by repeated activation of the neuroendocrine system (e.g., hypothalamic-pituitary-adrenal axis) through utilization of certain neurotransmitter systems (e.g., noradrenergic, dopaminergic, GABAergic, serotonergic, opioid systems). The long-term outcome of such neurobiological disruptions may lead to alterations in structures. Specific structures that have been implicated include those in the brain stem and midbrain (e.g., locus coeruleus and ventral tegmental nucleus), those involved in memory functioning (e.g., hippocampus), and areas involved in executive functioning (e.g., prefrontal cortex). Evidence suggests that these disruptions lead to impaired self-regulation (e.g., difficulties with affect regulation and impulse control), learning and memory (e.g., hypervigilance and impaired perceptions that affect learning and achievement), social functioning (e.g., difficulties with reading social cues), and health (e.g., increased range of physical illnesses, self- and other destructive behaviors) (Perry & Pollard, 1998; van der Kolk, 2003).

Such states of hyperarousal and anxiety can be expected to inhibit or impair the parenting function. One may surmise that Ms. T's general hyperarousal and anxieties regarding nurturing and abandonment would lead her to actively interfere with John's attachment and autonomy initiatives. She would also be expected to have difficulty providing a safe and protective environment—a finding that seems supported by her test findings and his dramatically aggressive play and TAT stories. Ms. T's problems of affect modulation, hypervigilance, and attunement can potentially lead to increased stress reactivity in her child. Findings

from rodent studies (see Meaney, 2001) have demonstrated the mother-to-pup nongenomic-based intergenerational transmission of stress reactivity through the quality of the relationship between mothers and offspring. Poor maternal care, as defined by either maternal separation or limited mother-pup licking/grooming behaviors, is causally related to the offspring's increased fearfulness in response to novelty and increased hypothalamic-pituitary-adrenal responses to stress. Signs of heightened stress reactivity are suggested by John's ADHD, and he is at risk for the other problems related to physiological arousal (e.g., hypervigilance, anxiety, sleep problems, posttraumatic stress disorder, conduct disorder) described by Perry and Pollard (1998), as well as later vulnerabilities to substance abuse and dependence.

Ms. T's frequent misattunement to her child and her abusive parenting style place the child at risk for chronic trauma akin to her own past experiences. The parent is overreactive to stress and hypervigilant, and both parent and child are hyperaroused and aggressive. Dysfunctional victim-victimizer relational dynamics may be synergistically maintained by their shared "fight" responses, high autonomic arousal, aggressive behaviors, borderline defenses, and cognitive-affective structures that emphasize power and weakness. Together, all of these factors impede the parent's and the child's ability to learn from experience and modify dysfunctional patterns.

The dynamic described in this article necessitates a treatment process that is directed toward improving the quality of the relational matrix. Conducting an individual and peer group psychotherapy process with the child would likely lead to an improvement in his executive functioning and a decrease in his oppositionality, aggression, and impulsivity. Yet, gains in the child's functioning would be hampered by the parent-child relational dynamics that stimulate his aggressivity and oppositionality. Successful treatment would include the parent in the treatment plan. Assisting the parent in remembering her own childhood suffering may help her to protect her child against the repetition of her painful past (e.g., Fraiberg et al., 1975). A goal for Ms. T may be to nurture within her the capacity to create a protective, predictable, positive, and safe environment for her child. Such an environment would assist John in being able to regulate physiological arousal, improve information processing, and decrease aggressivity (van der Kolk, 2003). Optimally, an individual therapy process for the child and parent would co-occur with dyadic or family therapy. The goal of this multifaceted approach would be to enhance adaptive relational, representational, and defensive styles and readjust neurobiological systems in the parent and the child to a more flexible state of equilibrium.

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