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The effect of short-term mood on self-report measures of childhood abuse, upbringing, and psychological distress

Karp, Bruce L., Ph.D.
The Ohio State University, 1990
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THE EFFECT OF SHORT-TERM MOOD ON SELF-REPORT MEASURES OF
CHILDHOOD ABUSE, UPBRINGING, AND PSYCHOLOGICAL DISTRESS

Dissertation

Presented in Partial Fulfillment of the Requirements
for the Degree Doctor of Philosophy in the Graduate
School of the Ohio State University

By

Bruce L. Karp, M.A.

. . . . .

The Ohio State University

1990

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CHAPTER 1
INTRODUCTION

Studies of the influence of mood on memory (summarized in Singer & Salovey, 1988) suggest that being in an elated mood influences subjects to remember happy memories, and that being in a depressed mood makes unhappy memories more accessible (i.e., mood-congruence). Most of these studies have focused on the effects of short-term (ST) moods, although some have compared long-term depressed patients with nondepressed controls and found similar results (Singer & Salovey, 1988). The mood and memory studies conducted so far have focused on unstructured memory tasks, or measures created by each investigator. However, it seems reasonable to suppose that ST mood might affect responses to many self-report measures, even widely used and standardized ones.

Although the extent to which ST mood affects responses to widely-used self-report measures has not been examined, Lewinsohn and Rosenbaum (1987), using a large community sample, found that whether adult subjects were currently clinically depressed or not seemed to account for a significant amount of variance
(approximately half of a standard deviation computed within groups) in their responses to a shortened version of the Children's Reports of Parental Behavior Inventory (CRPBI) (Schaefer, 1965), a widely-used self-report measure most often used to assess adults' recollections of their childhood experiences.

Even though the validity of the measures with respect to ST mood has not been investigated (Karp, 1988), a large body of literature using self-report measures of childhood experiences of sexual abuse (SA) and emotional abuse/upbringing has been widely-distributed and accepted. Further, many studies (e.g., Fromuth, 1986; Gold, 1986) and widely-quoted literature reviews (e.g., Browne & Finkelhor, 1986) have found correlations between adults' reports of childhood experiences of abuse and adults' reports of current psychological distress, and assumed that these correlations reflect a causal flow from actual childhood experiences to adult distress. Conclusions to that effect appear in a popular introductory psychology text (e.g., Benjamin, Hopkins & Nation, 1987). However, if current ST mood influences self-report measures to a significant degree, than ST mood represents a possible confounding factor in these conclusions.
The major purpose of the present study was to investigate the effects of ST mood on widely-used self-report measures of childhood SA, childhood emotional abuse/upbringing, and psychological distress. The instruments selected assess events that occurred in the distant past (childhood abuse, upbringing) as well as in the recent past (symptoms of psychological distress); objective events [sexual acts that occurred as part of sexual abuse (SA)] as well as subjective judgments (levels of parental affection, reactions to SA); and estimates of the duration (SA duration) as well as the frequency (upbringing, symptoms of psychological distress) of both current and past events. Thus, the battery of measures represent a broad test of ST mood's influence on self-report measures.

The following hypotheses were made:
1) Subjects' ST mood will affect their responses to self-report measures of childhood SA, childhood emotional abuse/upbringing, and current psychological distress in mood-congruent directions.
2) Self-reports of childhood experiences can be used to predict self-reports of current psychological distress over and above the effects of current ST mood.
3) Those who suffered less severe SA will show stronger mood-congruent changes in self-reports of SA severity than those who suffered more severe SA.

Hypothesis two assesses the possibility that current ST mood may completely account for correlations between adults' reports of childhood experiences of abuse and adults' reports of current psychological distress. Hypothesis three tests the effects of the saliency of the memory in mediating mood's effects. That is, because other studies have suggested that highly salient memories may be remembered extraordinarily clearly and consistently even after decades (e.g., Kulik & Brown, 1978), it is predicted that highly salient memories of abuse will be remembered consistently, despite the effects of mood.
CHAPTER 11

REVIEW OF THE LITERATURE

The Effect of Mood on Memory

Most people seem to be in a good mood most of the time, or, in more cognitive terms, their self-schema seems generally positive most of the time (Rholes, Riskind & Lane, 1987). Without mood manipulations to affect them, most people consistently report more positive-affect memories, and recall positive-affect experiences more quickly (Rholes et al., 1987). Rholes et al. (p. 97) suggest that having a predominantly positive mood and self-schema allows people to do more and get through life a little easier.

Mood congruence, often incorrectly called state-dependence, suggests that people are more likely to recall material that has an affectively-valenced content that is similar to the mood they are in (Blaney, 1986). For example, when subjects are in a negative mood they are more likely to recall negatively-valenced memories. Studies consistently demonstrate mood congruence effects in free recall tasks (e.g., Blaney, 1986; Bower, 1981; Fogarty & Hemsley, 1983; Natale & Hantas, 1982; Teasdale
& Fogarty, 1979). However, free recall questions require a different kind of memory than recognition-type questions (Bahrick, Bahrick & Wittlinger, 1975; Ballweg, 1969; Bulcroft & Straus, 1975; Russel, 1986; Tulving & Pearlstone, 1966), and clear evidence is lacking on the effects of mood-congruence on recognition-type questions, the type of questions most often used in self-report measures.

Snyder and White (1982) suggest that mood-congruence might influence responses to time estimates of relatively subjective, nonspecific, and low-salient events presented in a checklist format. Snyder and White (1982) used a mood-induction procedure to form groups of induced elation (N=30) and induced depression (N=30) in female undergraduates. They then gave subjects a list of 232 activities previously rated by 10 independent raters as affectively positive, such as “engaging in recreational activities”, “taking quiet walks”, and “thinking happy thoughts”, or affectively negative, such as “feeling depressed”, “moping”, and “worrying about bills”. Subjects were asked to indicate the number of hours spent in each activity.

Results showed that subjects induced to feel elation indicated more happy and fewer sad recent life experiences than subjects induced to feel depressed.
However, because Snyder and White's study evaluated only time estimates of relatively subjective, nonspecific and low-salient events assessed in a checklist format, and because the measure they used was created specifically for their study and has not been used by others, the relevance of Snyder and White's (1982) findings to other, more widely-used self-report measures is unclear. The two studies reviewed in the section below, both of them investigating the effects of depression on self-report measures of childhood upbringing, were the only studies that could be located that assessed the effect of depression or mood on widely-used self-report measures of any kind.

The Effect of Clinical Depression on Self-Report Measures of Emotional Abuse/Upbringing

In a one-year longitudinal design, Lewinsohn and Rosenbaum (1987) examined the effect of clinical depression on component-scores of a short-form of the Children's Reports of Parental Behavior Inventory (CRPBI), a widely-used measure of childhood emotional abuse/upbringing. Twenty-thousand Oregon residents were asked by mail to participate with pay in psychological research, of which 998 persons volunteered. A higher percentage than the general Oregon population of the
volunteer subjects were females (69%), college-graduates, and middle-income earners.

At the initial mailing (T1), subjects completed Raskin's 90-item version of the CRPBI (Raskin et al., 1971) and the Center for Epidemiologic Studies-Depression Scale (CES-D) (Radloff, 1977), a measure that has demonstrated reliability and validity for assessing the frequency of occurrence of depressive symptoms. Subjects were subsequently mailed the CES-D tri-monthly.

Subjects that scored as depressed on the CES-D, either at T1 or the subsequent mailings, were given the T2 interview. Because other research projects shared the subject pool, subjects were also interviewed if they changed their marital status or scored high on certain non-depression-related symptoms.

At T2, an average of 8.3 months after T1, 598 subjects were selected for a widely-used 2-hour semi-structured diagnostic interview, the Schedule for Affective Disorders and Schizophrenia (Endicott & Spitzer, 1978). Interviewers at T2 made current symptom ratings for T2, and retrospective symptom ratings for T1 and lifetime. Subjects were considered to be depressed if they met the Research Diagnostic Criteria (Spitzer, Endicott & Robins, 1978) for major, minor, or intermittent depressive disorders. Interrater
reliability for the diagnoses were acceptable.

After 188 subjects were excluded because they were diagnosed as suffering from psychiatric disorders other than unipolar depression four-hundred and ten subjects formed the final subject pool. These subjects were divided into four groups. Group 1 (N=153) consisted of persons who were never depressed (never-depressed); Group 2 (N=114), of persons not depressed during the study, but with a history of depression (not-during); Group 3 (N=85), of persons not depressed at T1 but who became depressed during the study (cases); and Group 4 (63), of persons depressed at T1 (depressed).

Earlier studies (e.g., Raskin, Boothe, Reatig, Schutterbrandt & Odle, 1971) showed that depressed persons report less parental affection than nondepressed. Therefore, Lewinsohn and Rosenbaum (1987) hypothesized that if reports of parental affection are uninfluenced by depression, those who were depressed but are now recovered (the not-during group) should report significantly less parental affection than the never-depressed group. It was also hypothesized that those with multiple past episodes of depression may report less parental affection than those with one episode. To test this, the not-during group was divided into those who had only one past episode of depression (N=73), and those who
had two or more past episodes (N=41). These two groups were compared with the never-depressed group on the three components in Raskin's (1971) version of the CRPBI, Affection (labeled Positive Involvement by Raskin), Negative Control, and Lax Discipline. Results revealed no significant differences between the three groups on any of the three components.

In another analysis, the currently depressed group was divided into those who had zero or one past episode of depression (N=31), and those who had two or more past episodes (N=32). These groups were compared with controls (the never-depressed and the not-during groups) on the three CRPBI components. The only significant main effect found in the study (p<.05) indicated that the two currently-depressed groups reported less affection than the not-currently depressed controls. Current depression seemed to influence approximately half a standard deviation in the responses to the affection component-scale. There were no differences between the two depressed groups on the other CRPBI components. In conclusion, Lewinsohn and Rosenbaum's (1987) study suggests that clinical depression exerts a strong influence on responses to the CRPBI affection component-scale.
Two caveats may be made regarding the usefulness of Lewinsohn and Rosenbaum's (1987) results. (a) Lewinsohn and Rosenbaum compared extreme groups. Because clinical depression seems to influence memory for upbringing does not mean that everyday mood shifts of the kind that would be found in most subject-pools have the same influence. (b) A weakness in Lewinsohn and Rosenbaum's study is the use of Raskin et al.'s (1971) version of the CRPBI. The 90 items in this version were selected from the larger 192-item CRPBI using a sample of only 30 depressed patients. This does not seem an acceptable number of subjects on which to base a major revision. Furthermore, clinically depressed patients were administered the full CRPBI, and the 5 items in each of the 18 subscales with the highest correlations with each other were retained. The procedure used in the revision may have selected out the five items in each subscale that are most influenced by depression. Thus, even though Lewinsohn and Rosenbaum's results are interesting, there is still a need for the present study.

Conclusions: the Effects of Mood and Depression on Self-Reports

Lewinsohn and Rosenbaum's (1987) study suggests that clinical depression exerts a strong influence on
responses to the first component in a widely-used self-report measure of upbringing, the CRPBI. Further, the agreement of the mood-congruence literature, particularly Snyder and White's (1982) results with Lewinsohn and Rosenbaum's (1987), suggest that self-report measures may be influenced more than negligibly by mood-congruence effects, even in persons who are not clinically depressed.
CHAPTER 111

METHODS

Subjects

Two hundred and forty-seven female college students served as subjects. In exchange for their participation, they were given credit in their introductory psychology course. Women were chosen as subjects because they are more likely than men to be the victims of sexual abuse (SA) (Finkelhor, 1986), and may be more responsive to mood inductions (Blaney, 1986; Clark & Teasdale, 1985).

Measures

Six instruments were used in the study: one measure of short-term (ST) mood, two measures of emotional abuse/upbringing (the Children’s Reports of Parental Behavior Inventory and the EMBU-one’s own memories of upbringing), two SA questionnaires, and one measure of psychological distress.

ST Mood Instrument

On the first instrument, subjects were instructed to respond to each scale according to how they feel “At this
moment". Subjects rated their ST mood on three 1-100 line scales, ten cm. long, on which one was labeled "I do not feel at all (miserable, happy, upset)" and 100 was labeled "I feel extremely (miserable, happy, upset)". This measure is nearly identical to those widely-used to assess the effects of mood inductions (e.g., Clark, 1983; Clark & Teasdale, 1985; Mathews & Bradley, 1983; Teasdale & Fogarty, 1979).

Emotional Abuse/Upbringing Instruments

The definition of emotional abuse is a matter of debate among researchers (Garbarino & Gilliam, 1980). For the purposes of this study, emotional abuse/upbringing will be defined as a continuum, with normal parenting or upbringing seen as occupying the middle level of a bell-curve, excellent upbringing occupying one extreme of the curve, and emotional abuse occupying the other extreme (Garbarino & Gilliam, 1980).

The dimensions of parental behavior used to assess the continuum of emotional abuse/upbringing in this study will be those defined by research in the area, which has relied primarily on factor-analytic studies (Arrindell, Emmelkamp, Brilman & Monsma, 1983; Arrindell, Emmelkamp, Monsma & Brilman, 1983; Cross, 1969; Perris, Jacobsson, Lindstrom, Knorring & Perris, 1980; Raskin, Boothe,
Reatig, Schulterbrandt & Odle, 1971; Renson, Schaefer & Levy, 1968; Ross, Campbell & Clayer, 1982; Schaefer, 1965; Schluderman & Schluderman, 1970). These studies have consistently identified two primary components of importance in the parent-child relationship, namely affection and negative control. These are the two dimensions assessed in the present study.

Parts of two instruments were used to assess subjects' parents' behavior relevant to emotional abuse/upbringing. The two instruments used were Ross, Campbell and Clayer's (1982) translation of the EMBU (one's own memories of upbringing), and Schluderman and Schluderman's (1970) version of the CRPBI. The CRPBI (Schaefer, 1965) and the EMBU (Perris, Jacobsson, Lindstrom, von Knorring, & Perris; 1980) are widely-used and show the best evidence of reliability and validity among measures designed to assess emotional abuse/upbringing (Karp, 1988). Both instruments have been found repeatedly to correlate significantly with self-report measures intended to assess theoretically-related constructs, such as adult distress (e.g., Bagley & Ramsey, 1986; Burger, Armentrout & Rapfogel, 1975).

To keep instrument length manageable, given limitations on subjects' time, reports could not be obtained on both parents. As has been done by others
in completing these instruments, subjects were asked only to report on the behavior of their female parent, guardian, or care-giver. Female care-givers were chosen because they most often have primary responsibility for raising children.

Emotional abuse/upbringing variables of interest. Previous research (Arrindell, Emmelkamp, Brilman & Monsma, 1983; Arrindell, Emmelkamp, Monsma & Brilman, 1983; Cross, 1969; Perris, Jacobsson, Lindstrom, Knorring & Perris, 1980; Raskin, Boothe, Reatig, Schulerbrandt & Odle, 1971; Renson, Schaefer & Levy, 1968; Ross, Campbell & Clayer, 1982; Schaefer, 1965; Schluderman & Schluderman, 1970) has shown that the CRPBI and EMBU each factor into two major components, Affection and Negative Control. Therefore, the subscales from each instrument that were found in this previous research to load most highly on each of these factors were selected to assess Affection and Negative Control in the present study.

Affection was assessed by two eight-item subscales, "acceptance" and "positive involvement", and a five-item subscale, "child-centered", from the CRPBI; by five-item subscales, "affectionate" and "stimulating", from the EMBU; and by a single question with a seven-point response option, "How affectionate was your mother towards you?". Later analysis indicated that all
subscales included to assess affection correlated significantly ($p < .0001$) and moderately to strongly with one another (correlation ranged from .60 to .89).

Negative control was assessed by the eight-item, "hostile control", and five-item, "instilling persistent anxiety", subscales from the CRPBI. by the seven-item, "punitive", and the five-item, "shaming", subscales from the EMBU. The eight-item, "control through guilt", subscale from the CRPBI, and a single question with a seven-point response option, "How much did your mother try to control you?", were originally included as negative control measures. However, they were found not to correlate highly with the other subscales (mean $r = .13, .21$ respectively) and were discarded. The remaining subscales correlated significantly ($p < .0001$), and moderately to strongly with one another (correlation ranged from .53 to .75).

**SA Instruments**

Many researchers (e.g., Gold, 1986) use a 3-part definition of childhood SA that includes any sexual contact (touch) 1) between someone twelve years old or less and an individual five or more years older; 2) between someone thirteen-sixteen years old and an individual ten or more years older; or 3) between someone
sixteen years old or less, and an individual of any age who uses physical force, pressure, or coercion to impose unwanted sexual contact. This definition of childhood SA will be used in the present study and was assessed by two instruments. Finkelhor's (1979) sexual abuse questionnaire is the most widely-used SA measure. It has been modified by each researcher for his or her purposes (e.g., Briere & Runtz, 1985; Finkelhor, 1979; Fromuth, 1986; Gold, 1986; Seidner & Calhoun, 1984). The Brier and Runtz (1985) version was used in the present study because of its brevity.

Many studies have found that Finkelhor's scale correlates significantly with self-report measures intended to assess theoretically-related constructs, such as adult distress (e.g., Fromuth, 1986; Gold, 1986). Typically, such correlations have not exceeded 6% of the variance in the measure.

Finkelhor's questionnaire was the only measure of childhood SA that could be located that was included in any kind of reliability or validity assessment. However, Finkelhor, himself, was never happy with the instrument, and he believes that it has been used by so many others simply because it was easily available. According to Finkelhor, problems with the instrument range from wording that is vague in places (e.g., what the word
“fondling” means is never made clear) to the lack of questions that ask about the abuse experience in enough different ways that would serve as memory cues. Russel (1986) first made this latter point (David Finkelhor, personal communication, July 14, 1987).

A 26-item retrospective questionnaire (Karp’s) was developed by the author to measure childhood SA. It was designed to avoid some of the problems that have been identified in previously-developed childhood SA measures. This instrument, which was used as a second measure of SA in this study, has been through several revisions and has benefited from helpful input from Dr. Finkelhor and other researchers.

**SA variables of interest.** Questions from both instruments (Finkelhor’s and Karp’s) were used to assess each of three variables of interest. SA severity, SA duration, and SA reactions. These have been suggested as important variables in determining the long-term effects of SA (e.g., Brier & Runtz, 1985).

SA Severity was defined as the most severe sexual act reported on either question six on Finkelhor’s scale or questions 6-15 on Karp’s. SA duration, defined as the number of days in which the abuse took place, was operationalized as a composite score of Karp’s question 22 and the single longest report on Finkelhor’s question...
10. Responses by present subjects to the two questions correlated at \( r = .72 \) (\( p < .0001 \)), and were standardized and combined. SA reactions, the subject's reactions to the abuse, was operationalized as a composite score of Karp's question 24 and the single most positive reaction on Finkelhor's question 11. The two questions correlated at \( r = .53 \) (\( p < .0002 \)), and were standardized and combined.

**Psychological Distress Instrument**

Subscales of the SCL-90 (symptom checklist-90) (Derogatis et al. 1973) were used to assess psychological distress. The SCL-90 assesses how the respondent has been feeling the last seven days, including the day of the testing. The SCL-90 has demonstrated good reliability and validity as a measure of psychological distress (Derogatis et al. 1973; Derogatis, Rickels & Rock, 1976), is among the most widely-used measures in psychology (Buros, 1983), and has repeatedly been found to correlate with measures of childhood SA and emotional abuse/upbringing (Finkelhor, 1986; Fromuth, 1986; Gold, 1986).

**Psychological distress variable of interest.**

Evidence suggests that SCL-90 subscales primarily assess a single variable, psychological distress. In a sample of college students, Gottlib (1984) factor-analyzed seven
self-report measures of depression, anxiety, psychopathology (paranoid ideation, obsessive-compulsive, etc.), dysfunctional attitudes, and assertiveness, yielding 17 different pathology subscales. All but four of the 17 subscales loaded on the first of the two resulting factors, labeled "General Psychological Distress". Other studies using clinical samples suggest a similar conclusion (e.g., Zurawski & Smith, 1987; Welsh, 1956).

The three subscales that most strongly load (loadings of .84 to .78) on the General Psychological Distress factor in Gottlib's (1984) factor analysis are the SCL-90 subscales for Interpersonal Sensitivity (9 items), Psychoticism (10 items), and Depression (13 items). These three subscales were used to assess psychological distress in the present study. These subscales show excellent reliability (Derogatis et al., 1973; Gottlib, 1984), and intercorrelate highly (Gottlib, 1984).

Psychological distress was operationalized in this study as a "positive symptom total", following Derogatis et al. (1973). The score recorded was the total number of symptoms, out of the 32 questions on all three scales, that the subject reported experiencing, at least to some degree. Each question assesses one symptom.
Procedure

Subjects were invited to participate in the study after being informed that they would serve less than one hour and earn one research credit and might be asked to serve in a second session and earn a second credit, depending on whether or not they were randomly selected for the second testing. Subjects were promised anonymity. Code numbers were used to identify answer sheets and subjects addressed envelopes to themselves so that they could be notified of the second session, if they were randomly selected to participate. At the first testing session (time one), which lasted about 30 minutes, subjects were administered measures of ST mood, emotional abuse/upbringing, childhood SA, and psychological distress.

One hundred subjects (40.5% of the original sample), selected because they reported at least low levels of SA on the SA measures, were selected for the second testing (time two), which lasted approximately 40 minutes. Taking into account SA severity, subjects were divided equally into the (A) elated or (B) depressive mood manipulation groups.

A subject's second testing session was held a minimum of two and one-half weeks and a maximum of four weeks after her first session. Subject attrition was as
follows: Three subjects could not be reached at the addresses they gave; seven subjects contacted and asked to participate in time two did not report for the session; and one subject reported but could not be scheduled for time two. In total, 89 of the 100 subjects chosen to participate in the second session completed the instruments. However, three more protocols had to be discarded, because two subjects could not be matched with their time one data; and one subject participated in both mood manipulation groups. Thus, 86 protocols were available for analysis. Of these, forty-one subjects had been assigned to the depressive mood group and forty-five had been assigned to the elated mood group.

The second, or time two, sessions began with either the depressive or elated musical mood-induction procedure (Clark, 1983; Sutherland, Newman & Rachman, 1982). This specific manipulation was chosen because studies suggest that the musical mood-induction procedure induces the expected mood change in "almost all subjects" (Clark, 1983, p. 45), whereas the commonly-used Velton mood-induction procedure (Velton, 1968) affects only 50-70% of subjects (Clark, 1983). Subjects listened to seven minutes of a piece of music that has been found to aid in inducing mood effects (Clark, 1983; Sutherland, Newman & Rachman, 1982), and were asked to use the music as a
background to their attempts to get into either a
dysphoric or elated mood.

When the music finished, subjects were given the
first ST mood measure. Consistent with Clark's (1983)
suggestions, subjects were instructed before the first
mood rating to "Please base your ratings on how you
actually feel, rather than how you think we would like
you to feel. We want to know what is actually going on".

After the first ST mood measure, subjects were given
the same measures as at time one, with the addition of
mood ratings interspersed. Specifically, subjects were
given one-item measures of parental affection, parental
negative control, and sexual molestation; the CRPBI
measure of upbringing: mood measures; the EMBU measure of
upbringing: mood measures; Finkelhor's childhood SA
scale; mood measures; Karp's childhood SA scale; mood
measures; and psychological distress measures.

In an attempt to sustain the subjects' depressed or
elated short-term moods, one and one-half minutes of the
mood induction tape was repeated at 14 minutes, 28, and
35 minutes after the start of the session. The music
played while subjects were responding the the measures.

In a further attempt to boost the subjects' elated
or depressed moods, at 21 minutes after starting the
session, subjects were asked to temporarily stop
answering the measures and to open an envelope given to them at the beginning of the session. For elation-induction subjects, the envelope contained a surprise bonus gift of $1.00. Surprise bonus gifts of lesser value have been found to affect mood and behavior for 20 minutes (Isen, Clark & Schwartz, 1976). However, because it takes a few minutes for the surprise bonus gift to affect mood (Isen, Clark & Schwartz, 1976), subjects also listened to a three-minute excerpt of the elation-induction music after receiving their bonus gift. Once again, they were asked to use the music as a background to their attempts to get into an elated mood.

The envelopes given depression-induction subjects at 21 minutes contained 12 negative self-referent statements (e.g., I am worthless) selected from Velton's (1968) 60 self-referent statements. Subjects were asked to read and concentrate on the statements while a three-minute excerpt of the depression-induction music was played. A similar list of 12 self-referent statements selected from Velton's (1968) statements has been found to be effective (Mathews & Bradley, 1983).

When subjects completed the measures, debriefing principles outlined in the literature (e.g., Frost & Green, 1982) were used. Specifically, subjects were asked to read and concentrate on a sheet containing 12
positive self-referent statements.

Data analysis

Whereas an analysis-of-variance approach might be used with the present data, recent work in the field suggests that a regression framework with time one scores partialled out is a more appropriate analytic approach (Cohen & Cohen, 1983). This approach, which involved a within-subjects design, was used. Simply put, a regression was performed in which time one scores were partialled out of the corresponding time two scores. ST mood was then regressed onto changes in reports from time one to time two.

As described earlier, seven variables were used in the analysis of the data collected. The variables were derived as follows:

ST mood. Computed over all the subjects, the three scales in the ST mood instrument correlated with the others at $r = .79$ or higher, $p < .0001$, and each differentiated in t-tests the good mood and bad mood groups significantly at $p < .0001$. Visual examination of the scatter plots of the correlations showed no evidence of non-linear associations. Therefore, the three mood items were standardized and combined into one composite score to represent overall mood at each of the five mood-
ratings during time two (the higher the number, the better the person's mood). ST mood during time two was assessed by the mean of the five time-two overall mood ratings.

**Affection.** Affection was assessed by eight-item subscales, "acceptance" and "positive involvement", and a five-item subscale, "child-centered", from the CRPBI; five-item subscales, "affectionate" and "stimulating", from the EMBU; and a single question with a seven-point response option, "How affectionate was your mother towards you?". Later analysis indicated that all subscales included to assess affection correlated significantly (p<.0001) and strongly with one another (correlation ranged from .60 to .89).

**Negative Control.** Negative control was assessed by the eight-item "hostile control" and the five-item "instilling persistent anxiety" subscales from the CRPBI, the seven-item "punitive" and the five-item "shaming" subscales from the EMBU. The "control through guilt" subscale from the CRPBI, and a single question with a seven-point response option, "How much did your mother try to control you?", were originally included as negative control measures. However, they were found not to correlate highly with the other subscales (mean r=.13, .21 respectively) and were discarded. The remaining
subscales correlated significantly ($p<.0001$) and strongly
with one another (correlation ranged from .53 to .75).

Three scores were used to assess SA, SA severity, SA
duration, and SA reactions.

**SA Severity.** Severity was defined as the most
severe sexual act reported on either question six on
Finkelhor's scale or questions 6-15 on Karp's. Each of
these scales is included in Appendix 1. Severity
judgments were based on Finkelhor's question six, as the
sexual acts in question were judged by the author to
increase in severity in one-unit increments from 6a to
6j. Sexual acts reported in Karp's questions 6-15 were
assigned severity scores equal to those given the same
acts in Finkelhor's measure.

**SA Duration.** Duration, defined as the number of
days in which the abuse took place, was operationalized
as a composite score of Karp's question 22 and the single
longest report on Finkelhor's question 10 (See Appendix
1). The responses to the two questions correlated at
$r=.72$ ($p<.0001$). They were standardized and combined.

**SA Reactions.** The subject's reactions to the abuse
was operationalized as a composite score of Karp's
question 24 and the single most positive reaction on
Finkelhor's question 11 (See Appendix 1). The responses
to the two questions correlated at $r=.53$ ($p<.0002$). They
were standardized and combined.

**Psychological Distress.** Psychological distress was operationalized as a "positive symptom total" (Derogatis et al., 1973), or the total number of symptoms, out of a possible 32, that the subject reported.
CHAPTER IV

RESULTS

Discarding outliers on mood. A mean ST mood score was obtained for each subject from the five overall mood ratings. All subjects in the good mood group had mean mood scores above 50 (on the 1-100 scale). However, many subjects in the bad mood group also had mean mood scores above 50. Others have also encountered this problem in their research (Singer & Salovey, 1988). A procedure similar to that used by Clark (1983) was followed. Four subjects reporting the highest overall mood ratings in the bad mood group were deleted because they seemed to be outliers in that, beside reporting a good mood in the bad mood group, they also showed little or no variation in their reports across the five mood ratings, suggesting that they may not have been participating in the mood-manipulation and ratings process in earnest. The procedure does not necessarily require deleting four subjects. However, four subjects were selected in the present study because their mood ratings obviously fit the pattern described above.
Means and correlations of the variables. Mean responses on all seven variables at time one for the subjects selected to participate at time two are presented in Table 1 below. Also presented are the means for mood for the two moodgroups at time two. The differences between these two indicate that the manipulation was successful. The correlations of the dependent variables at time one and time two are presented in Table 2.

Table 1: Means of the study's variables for subjects chosen to participate in time two (see appendix 1 for all instruments).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Means*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td></td>
</tr>
<tr>
<td>ST mood--good mood group</td>
<td>73.4 (1-100 scale)</td>
</tr>
<tr>
<td>ST mood--bad mood group</td>
<td>42.6 (1-100 scale)</td>
</tr>
<tr>
<td>Time 2</td>
<td></td>
</tr>
<tr>
<td>affection-CRPBI subscales</td>
<td>2.25 (options scored from 1-3)</td>
</tr>
<tr>
<td>EMBU subscales</td>
<td>2.85 (options scored from 1-4)</td>
</tr>
<tr>
<td>negative control-CRPBI subscale</td>
<td>1.6 (options scored from 1-3)</td>
</tr>
<tr>
<td>EMBU subscales</td>
<td>1.7 (options scored from 1-4)</td>
</tr>
<tr>
<td>SA severity</td>
<td>6.75 (touching sexual organs)</td>
</tr>
<tr>
<td>SA duration-Finkelhor's scale</td>
<td>385 days</td>
</tr>
<tr>
<td>SA reactions-Finkelhor's scale</td>
<td>2.7 (between shock and surprise)</td>
</tr>
<tr>
<td>psychological distress</td>
<td>19.1 (symptoms checked, out of 32).</td>
</tr>
</tbody>
</table>

* Higher scores indicate better mood, more affection, more negative control, higher SA severity, and less intense (e.g., interest vs. fear) SA reactions.
Table 2: Correlations of dependent variables at time one and time two.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td>affection</td>
<td>.95</td>
</tr>
<tr>
<td>negative control</td>
<td>.88</td>
</tr>
<tr>
<td>SA severity</td>
<td>.74</td>
</tr>
<tr>
<td>SA duration</td>
<td>.72</td>
</tr>
<tr>
<td>SA reactions</td>
<td>.79</td>
</tr>
<tr>
<td>psychological distress</td>
<td>.57</td>
</tr>
</tbody>
</table>

Hypotheses

Hypothesis 1: Subjects' ST mood will affect their responses to self-report measures of childhood SA, childhood emotional abuse/upbringing, and current psychological distress in mood-congruent directions. A separate multiple regression analysis was performed on each of the six dependent variables at time two: affection, negative control, SA severity, SA duration, SA reactions, and psychological distress. Each analysis assessed the effect of ST mood (measured as the mean overall mood rating across five mood measurements at time two) in predicting one of the dependent variables, after the effects of the variable at time one were partialled out. Thus, each analysis evaluated the main effect of ST mood on changes in reports of the variable from time one to time two.

Table 3 reports the results from hypothesis 1 that reached significance. There are two additional interaction effects, including one that explains 15% of
the variance in reports of SA duration, to be discussed below under exploratory analyses. In the present analysis, ST mood has a significant main effect on changes in reports of negative control, SA severity, SA reactions, and psychological distress. All changes in dependent variables from time one to time two were in the directions predicted by mood-congruence.

Table 3: Hypothesis 1: Variables Reaching Significance

<table>
<thead>
<tr>
<th>Variable</th>
<th>% variance accounted for (1-tail significance, N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>negative control</td>
<td>1.4% (.01, N=81)</td>
</tr>
<tr>
<td>SA severity</td>
<td>3.9% (.008, N=66)</td>
</tr>
<tr>
<td>SA reactions</td>
<td>2.8% (.01, N=66)</td>
</tr>
<tr>
<td>psychological distress</td>
<td>6.2% (.003, N=81)</td>
</tr>
</tbody>
</table>

The most mood-influenced variable was reports of psychological distress, as reflected in the SCL-90 subscales, in which ST mood accounted for 6.2% of the variance in changes in reports. The same four variables reach significance in analyses of the effects of ST mood using only the mood rating administered just before the specific dependent variable was administered.

Scores for SA duration and affection show non-significant changes in the direction predicted by the hypothesis. The fact that all six scores changed in the
predicted direction is interesting. As expected, the multiple regression indicated that there was no significant quadratic or cubic relationships between ST mood and the dependent variables.

Hypothesis 2: Self-reports of childhood experiences can be used to predict self-reports of current psychological distress over and above the effects of current ST mood. Correlations between adults' reports of childhood experiences and adults' reports of current psychological distress have been interpreted recently (e.g., Brown & Finkelhor, 1986; Fromuth, 1986) as showing evidence of a causal flow from childhood events to adult distress. However, an analysis was performed to examine the possibility that ST mood can completely account for the correlation between adults' reports of childhood experiences and adults' reports of current psychological distress.

In the present study, a correlation of .1 was found between current distress at time two and sexual abuse at time two. Previous published studies have typically reported correlations of .2 (e.g., Fromuth, 1986). Psychological distress at time two was the dependent variable in five regression analyses. After ST mood at time two was partialled out, time two affection, negative control, SA severity, SA duration, and SA reactions were
regressed onto psychological distress. None of the five childhood-report variables reached significance. Thus, it can be concluded that in the present study, ST mood completely accounted for the correlation between reports of childhood and adult psychological distress measures (see Figure 1).

![Model used in current literature](image)

![Model suggested by the present results](image)

**Figure 1**: Competing models used to explain correlations between adults' self-reports of current distress and childhood experiences

**Hypothesis 3**: Those who suffered less severe SA will show stronger mood-congruent changes in self-reports of SA severity than those who suffered more severe SA. A multiple regression analysis was performed to predict time two reports of SA severity. The main effects of SA severity at time one and ST mood at time two were
partialled out. A 1-tailed significance test on the interaction of the SA severity level reported at time one (pre-mood-induction) and ST mood at time two was conducted to assess whether ST mood’s effect on changes in reports of SA severity at time two (post-mood-induction) is different at different levels of SA severity. As shown in table four, the interaction is in the predicted direction and significant. Specifically, the effect of ST mood on changes in reports of SA severity is stronger at low levels of abuse, and the effect grows steadily smaller as the level of abuse rises. Thus, the beta weight for the interaction term at an SA severity of 1 is 1.8, an SA severity of 4.6 (-1sd) is 1.1, 6.8 (Mean) is .7, and 9.1 (+1sd) is .2.

Table 4: Interaction of SA severity and mood on changes in reports of SA severity

<table>
<thead>
<tr>
<th>Variable</th>
<th>Significance level (1-tail)</th>
<th>% of variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA severity*mood</td>
<td>.03 (N=66)</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Exploratory analyses

Three exploratory analyses were performed. The first examined the possibility that ST mood’s effects on changes in self-reports of a variable depended on the level of the variable (simple interaction), such that mood effected subjects with high and low levels of the
variable differently. The second assessed the possibility that ST mood's effects on self-reports of a variable depended on the level of the variable in a quadratic interaction, such that high and low levels may be effected in a different way than middle levels. Both of these analyses are attempts to answer the study's basic question, "Does ST mood cause significant changes in responses to self-report measures?". The third exploratory analysis examines the effect of filling out SA measures on ST mood. This is important for research on SA, both from an ethical point of view and with regard to the validity of certain conclusions drawn from the research.

The interaction of ST mood and level of the dependent variable. The five dependent variables other than SA severity (discussed above as a hypothesis) were analyzed for the interaction of the variables at time one and ST mood at time two. No significant differences were found for negative control, SA duration, SA reactions, and psychological distress. However, the interaction of parental affection and ST mood was significant in a 2-tailed test at p<.02 (N=81). It accounted for .7% of the variance in parental affection at time two.

The beta weight for the interaction term at -2sd of parental affection is +1.9, at the mean it is +.018, and
at +1 sd it is -.075. Thus, at low levels of parental affection, the weight for ST mood is most strong, and it is positive, meaning that poorer ST moods cause people to recall less parental affection, and better moods cause people to recall more affection. At high levels of parental affection, the beta weight for ST mood is smaller and negative, meaning that poorer ST moods cause people to recall more parental affection, and better moods cause people to recall less affection.

The interaction of ST mood and level of the dependent variable in a quadratic relationship. Each of the six dependent variables were analyzed for the interaction of time-two ST mood with the time-one variable squared in predicting changes in reports on the dependent variables at time two. Thus, the analysis assesses the interaction of the pre-mood-induction level of the variable with ST mood in effecting post-mood-induction changes in reports. To conduct the analysis, the main effects of the time-one variable, time-two ST mood, and the time-one variable squared, as well as the interaction of ST mood with the time-one variable (not-squared) were partialled out. The interaction of time-two ST mood with time-one SA duration squared was significant in a 2-tailed test at p<.0001 (N=66). It accounted for 15% of the variance in SA duration reported
at time two. No significant differences were found for the other five variables.

The beta weight for the interaction term of SA duration at -1 sd is .35, at the mean it is -.5, at +1 sd it is -.37, at +2 sd it is .74, at +3 sd it is 2.83, and at +4 sd it is 5.9. At low levels of SA duration, the beta weight for ST mood is slight and positive. Thus, poorer ST moods cause longer reports, and better ST moods cause shorter reports. At the mean and slightly above the mean in levels of SA duration, the weight for ST mood is slight and negative. Thus, poorer ST moods cause shorter reports, and better ST moods cause longer reports. ST mood's strongest effect in the study is on long SA duration, for which ST mood's beta weight is strong and positive. For subjects reporting long SA duration, poorer ST moods cause much longer reports, and better ST moods cause much shorter reports.

The effect of completing SA measures on ST mood. Mood was rated from 1-100, with higher numbers indicating better mood. Figure 2 illustrates the mean mood ratings for all subjects at each of the five rating-points in session two, regardless of which mood-induction was administered. As the figure shows, there is a substantial drop in mood between rating 3 and 4, and mood continues to be low at rating 5.
Figure 2: Mood ratings, all subjects.

Ratings 4 and 5 occur just after Finkelhor’s and Karp’s SA scales have been completed, respectively. The same trend is evident if the mood-induction groups are examined separately, as is illustrated in Figures 3 and 4.
<table>
<thead>
<tr>
<th>Mood</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>77-78</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75-76</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>73-74</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>71-72</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69-71</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67-68</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-66</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3: Mood ratings, good-mood group

<table>
<thead>
<tr>
<th>Mood</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>47-48</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>45-46</td>
<td></td>
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<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43-44</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>41-42</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>39-41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>37-38</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 4: Mood ratings, bad-mood group
CHAPTER V
DISCUSSION

Conclusions. Hypothesis 1 was supported. Short-term (ST) mood seemed to cause significant mood-congruent changes in responses to standardized self-report measures of childhood sexual abuse (SA), childhood emotional abuse/upbringing, and current psychological distress. Six variables were examined. ST mood had significant main effects on four and significantly effected the others in interactions with the level of those variables. These findings are specially worthy of note because the study included self-report measures that assessed a wide span of events, from events that occurred in the distant past (childhood abuse, upbringing) to events that occurred in the past week (symptoms of psychological distress); and from reports of objective events [sexual acts that occurred as part of sexual abuse (SA)] to subjective judgments (levels of parental affection, reactions to SA). The study also included time estimates (SA duration) and frequency estimates of current and past events.
The largest percent of variance accounted for by ST mood in changes in self-reports was 15%; that was in the duration of reported childhood SA. The mean percent of variance accounted for by the six variables examined was 5%, enough to account for mean correlations of $r = .22$. Thus, although the amount of mean variance accounted for by ST mood itself is weak, if the variance caused by ST mood were deleted from moderate-strength correlations, their validity would be threatened, in many cases.

Because SA severity scores showed changes that were closest to the mean in degree, they will be used to illustrate the meaning of the mood-induced changes found in the study. SA severity scores ranged from 1 to 10. The largest individual change in scores was six points. Of 66 people completing SA scales at time one and time two, 13 changed their reports by three points or more. Ten of the 13 were in the predicted direction. By way of example, for four of these ten subjects, three points meant the difference between a report of "other person touching your sex organs" and "intercourse". Thus, for many subjects in the present study, mood-induced changes in reports were not significant merely in a statistical sense, but were significant and meaningful in an experiential, or "real-world", sense as well.
As expected, hypothesis two was not supported. Current ST mood can completely account for the correlations between self-reports of childhood experiences and self-reports of current symptoms of psychological distress in all five of the childhood variables examined. Thus, the ST mood of subjects can represent a serious confounding of the interpretation often given to these correlations; that is, that they represent the long-term effects of actual childhood experiences (e.g., Browne & Finkelhor, 1986; Fromuth, 1986; Gold, 1986). To put the results in perspective, childhood experiences have typically been thought to account for 6% of the variance in adult psychological distress (e.g., Fromuth, 1986). However, the present analysis found that current ST mood accounted for 12% of the variance in reports of psychological distress.

Hypothesis three was supported. ST mood caused significantly stronger mood-congruent changes in self-reports of SA severity in those who suffered "less severe SA" in contrast to those who suffered "more severe" SA. In other words, the degree of ST mood's effects differed depending on the saliency of the memory, with highly-salient memories less influenced. In people who experienced severe SA, ST mood did not have as strong an effect as in people who experienced less severe SA.
The salience issue may have been important in another finding. ST mood caused significantly stronger mood-congruent changes in self-reports of SA duration in those who suffered SA of longer duration than those who suffered SA of shorter or moderate duration. In other words, in people who experienced shorter-duration SA, ST mood did not seem to have as strong an effect as in people who experienced longer-duration SA. In fact, this interaction accounted for the largest percent of variance in the study (15%). Explaining the finding in terms of salience, the argument would be as follows. If something unusual and jarring happened once or only a few times, its exact duration is highly salient. But if something happened over several years, the exact duration is much less salient than the nature of the event (e.g., Neisser, 1981). Thus, it may be remembered and reported as occurring one year longer, under the influence of a bad mood, or one year less, under the influence of a good mood.

The variance accounted for by ST mood. The proportion of variance accounted for by ST mood in this study may be an underestimate. More variance may have been accounted for if:

(1) the interval between test and retest had been longer, at least one month for every subject, rather than
two and one-half to four weeks. A longer interval might have better insured that a subject's memory for her answers at time one did not influence ST mood's effects on answers at time two.

(2) For each subject, ST mood was assessed at both time one and time two and the individual degree and direction of change in ST mood from time one to time two was incorporated into the analyses. The present study depended on a random distribution of ST mood at time one.

(3) A larger sample were used, and instead of using a regression analysis to analyze composite scores, the research had used covariance structure model analysis to analyze latent variables (Long, 1983). Covariance structure modeling uses only the shared, common variance in several measures of the same construct as an assessment of the latent variable common to all the measures. This approach would result in less measurement error in the analysis and more accurate results.

Agreement with other results. The present results are consistent with those of Lewinsohn and Rosenbaum (1987) and Snyder and White (1982) and suggest that mood-states influence self-report measures. However, comparing currently clinically-depressed subjects with previously depressed and never-depressed subjects, Lewinsohn and Rosenbaum found that reports of parental
affection were strongly depression-influenced, but reports of parental negative control were not. In the present study, affection is significantly mood-effected only in an interactive effect, and even then, the main effects of negative control are twice as large.

There are at least three possible explanations for the difference between the present findings and those of Lewinsohn and Rosenbaum. (a) different sources of mood fluctuations were used (induced ST mood versus naturally-occurring clinical depression). (b) different shortened versions of the CRPBI were used. (c) different levels of parental affection were considered. Lewinsohn and Rosenbaum's community sample may have been at lower levels of parental affection, where (present findings suggest) mood causes the greatest change in reports. Comparisons of means on the CRPBI in the two studies are difficult to make because different versions of the instrument were used and the scores may not be equivalent. Nevertheless, the mean raw score for affection on the CRPBI responses at time one in the present sample was 2.25 (sd=.4), whereas Lewinsohn and Rosenbaum's mean for their female not-currently depressed groups (most analogous to present subjects at time one) was 2.2.
Internal validity. Two questions about the internal validity of the study deserve examination. First, it might be suggested that the results suffered from the effects of a transparent hypothesis. That is, subjects may not have been answering the dependent measures in earnest, but may have been responding to what they thought the experimenter wanted, given their mood manipulations. However, this seems unlikely because, as suggested by Clark (1983), before the first mood rating the experimenter asked subjects to report honestly, emphasizing that the researchers wanted to know "what was really going on", not what they thought we wanted to hear. Put another way, subjects wanting to please the experimenters knew they could not do so simply by providing mood-congruent answers, no matter what they were thinking or feeling.

Second, it might be suggested that not memory but another step in the process of answering self-report questions was influenced by ST mood. To answer a closed-ended self-report question, a subject must interpret the question, scan memory, retrieve memory, determine the memory's appropriateness as an answer to the question, and determine what response option provided best reflects the memory. Also, either before or after the memory is retrieved, the subject must decide if he or she is
willing to disclose the answer to the question. Given this process, subjects may have accurately remembered but were unwilling to specify mood-incongruent answers. Further research might use interviews or other methods to try to more definitively specify the step(s) in the process of answering self-report questions that are effected by mood. However, at this point in the development of the literature, it seems most likely to conclude that, in the present study, ST mood influenced memory because evidence of the effects of ST mood on memory have been found in many other studies (summarized in Singer & Salovey, 1988).

External validity, research implications. The mood effects in the present study were found on a pretested sample. Therefore, a further study is required to assess mood effects in a sample taking the measures for the first time.

Nevertheless, the present study has implications for the validity of the great number of studies that use self-report measures and fail to take any account of subjects' moods. The broad and consistent influence of ST mood on self-report measures found in the present study suggest that ST mood may cause subjects to bias responses in mood-congruent directions to every self-report measure given them. For example, bad moods may
bias responses in favor of lower self-esteem, higher levels of irrational cognitions, lower social support, higher levels of distress, etc. Good moods may bias responses in favor of higher self-esteem, lower levels of irrational cognitions, etc.

Statistically significant correlations between self-report measures are often used as evidence to support researchers' hypotheses. The hypotheses often reflect the kinds of relationships in which negative attributes are predicted to correlate positively (e.g., low self-esteem leads to lower social support), positive attributes are predicted to correlate positively, or negative and positive attributes are predicted to correlate inversely. In many studies such as these, prudent investigators would consider whether the predicted correlations could be caused by mood.

Mood seems less likely to account for significant variance in correlations between self-report measures with decreasing implications for the subject about self, world, or future (Beck, Rush, Shaw & Emery, 1979, p. 13). For example, a self-report measure about future dating prospects would probably be more mood-influenced than a self-report measure about future choices of shampoo. Also, mood seems least likely to account for significant variance in correlations when the predicted correlation
is in a direction inconsistent with mood-congruent effects (e.g., apparently positive attributes are predicted to correlate inversely with apparently positive attributes, or positively with apparently negative attributes). Finally, mood seems least likely to account for significant variance in correlations to the degree that the self-report measures ask about highly-salient characteristics of highly-salient events in the subject's life (e.g., the acts that were involved in instances of severe SA, the duration of short-duration SA).

It might seem that the present results would not generalize to research situations in which no intentional mood manipulation has been delivered, because ST moods would not vary between subjects with as much magnitude as in the present study, or because subjects' moods would be randomly distributed. Certainly further research is needed to assess the question of generalization. However, at least three factors already present in self-report studies may cause significant mood variation in groups of subjects: (a) variation in current personally-important events. (b) variation in naturally fluctuating environmental variables: For instance, Schwarz and Clore (1983) found that daily variations in the weather had significant effects on mood; (c) The effect of completing certain self-report measures. With regard to
the last point, in both groups selected to participate in
the present study, a large drop in ST mood was found
after subjects completed the SA measures. Thus,
systematic between-subject differences in mood of the
magnitude produced in the present study may occur in
other studies, whether these studies use a mood
manipulation or not. Furthermore, ST mood's influence on
self-report correlations is statistically the same
whether any given degree of subjects' differences in ST
moods are randomly distributed between-subjects, as in
most studies, or nonrandomly distributed between-groups,
as they were in the present study to more clearly
illustrate ST mood's effects.

Returning to the point that taking a SA
questionnaire itself may be a negative mood manipulation,
of course, it is uncertain what effect completing the SA
measures might have had on subjects not chosen for the
second administration (subjects reporting no SA).
However, the present findings suggest that, for
scientific reasons, researchers in child abuse and other
kinds of abuse (e.g., rape) should be cautious about the
effects of negative mood on any measure administered
after the abuse scales in a research protocol. Further,
for ethical reasons because of the unexpected effect of
taking the SA instrument found in this study, researchers
in the area of abuse may wish to administer a good-mood manipulation, a mood measure, and an appropriate and thorough debriefing before allowing subjects to leave the experiment, even if no intentionally-designed negative mood manipulation has been administered.

Longer-duration moods. The present results also demonstrate the need for further research to examine the portion of variance in correlations between self-report measures caused by mood-variations of longer terms, which may be equally strong or stronger than that caused by ST mood. For example, as previously discussed, in a sample of college students, Gottlib (1984) factor-analyzed seven widely-used self-report measures of depression, anxiety, psychopathology (paranoid ideation, obsessive-compulsive, etc.), dysfunctional attitudes, and assertiveness, yielding 17 different pathology subscales. Thirteen of the 17 subscales loaded on the primary factor, labeled "General Psychological Distress" by Gottlib (1984). Because the first factor measures all seem to assess subjects' distress levels over the last seven days or longer, the factor could have been called Week-long Mood. Gottlib's results suggest that this single construct may account for a majority of the variance in widely-used self-report measures of various forms of pathology. Other studies (e.g., Zurawski & Smith, 1987; Welsh, 1956)
using clinical samples suggest a similar conclusion.

Four subscales, all of which seemed to assess moment-to-moment or ST mood, loaded on the second factor in Gottlib's (1984) analysis. Thus, there is some empirical support for thinking of mood variations of different durations as discreet entities, and for thinking that week-long mood may have an even more powerful influence on widely-used self-report measures than ST mood does.

Mood-variations that might be described in terms of months seem to be important as well. Lewinsohn and Rosenbaum's (1987) findings suggest that naturally-occurring clinical depression significantly influences self-report measures of upbringing. The present results, which suggest the effects of ST mood, along with Lewinsohn and Rosenbaum's results, which suggest the effects of monthly mood, clearly suggest that mood of various durations may be a confounding factor in correlations between self-report measures.

Sixteen of the 82 subjects who completed the SA measures omitted answers to SA severity, SA duration, and SA reactions, the SA variables that were analyzed in the present study. A review of the protocols reveals that for nine of these 16 subjects (six from good mood group), the same SA responses were missing from both time one and
time two protocols (nonetheless, the 16 subjects did respond with enough information at time one to indicate some form of SA, and thus to qualify for inclusion). Additionally, six subjects (four in the good mood group) filled out the SA scales fully at time one but not at time two. The fact that 20% of the subjects did not respond to many of the questions on the Brier and Runtz (1985) version of Finkelhor’s SA questionnaire and on the Karp SA questionnaire is significant, perhaps suggesting that these items are confusing or unpleasant to answer. Future researchers may wish to compare the rate of responses yielded by different versions of the Finkelhor questionnaire, or to rewrite these items. Short of that, future researchers might employ a skilled and sensitive helper to check protocols when subjects leave, to ask those not answering correctly or completely to do so. However, this approach raises problems related to invasion of privacy.

**External validity, clinical implications.** At this point in the literature in the area, and given the design of the present study, caution is necessary in applying the present research findings directly to a clinical setting. Although mood affects groups of subjects' reports of childhood abuses to a limited but statistically significant extent, therapists, working
with individuals, must not be skeptical about clients' reports of childhood abuses, for at least five reasons. First of all, the results would have to be repeated with other samples to be considered acceptably reliable. Second, as already mentioned, a further study is required to assess mood effects in a sample taking the measures for the first time.

Third, the present sample was composed primarily of college sophomores and, as a group, they may not be representative of the population, and particularly of those in treatment, because the present college sample may have been biased towards those who recovered from childhood abuses.

Fourth, the present results suggest that the higher the level of SA severity, the less likely the report is to be affected by ST mood. The median SA severity report in our sample was "other person touching your sex organs". At SA severity levels at or above the median, where one would expect to find most clinical reports, the amount of variance accounted for by ST mood is small.

Fifth, although this study demonstrates that ST mood effects the level at which abused subjects report having been abused, the study also provides some evidence that subjects may not switch from reports of abuse to reports of no abuse because of ST mood. In the present sample,
no subjects changed from reports of SA at time one to reports of no SA at time two, even in the good mood group. Thus, clients reporting abuse were likely abused in some way.

The present results have at least two useful clinical implications. First, they can help clinicians understand why some clients give different reports about abuse experiences and distress-levels at different times during assessment and treatment. Second, the present results suggest the value of an integrated clinical approach. The present results provide additional evidence for how closely mood is linked with memory. Given the present results, and many similar findings, it becomes clear that emotions, cognitions (e.g., Rholes, 1987), and memories are closely intertwined. Rather than engage in endless and unproductive polemics over which of the three should be the primary target in interventions (e.g., Lazarus, 1982 vs. Zajonc, 1980), therapists may more usefully define the target of interventions as general cognitive-affective-memory-related states of various durations, because effective interventions that produce clinically significant changes in one of the three also produce changes in the others.

For example, in the present study, current mood seemed to change many subjects' views about their past.
Similarly, for many clients, improvements in their current life situation that are important and mood-elevating to them may have the effect of ameliorating the way they feel and think about themselves, their world, and their future, and the way they remember things. Thus, many problems with long histories may be ameliorated by present-focused interventions.

On the other hand, for those subjects in the present study who experienced severe SA, current mood had no effect on memories of the severity of their abuse. Similarly, for some clients, unresolved feelings related to subjectively-salient past traumas impact powerfully on their current moods, and seem to shape their perceptions of current experiences. Thus, these past traumas may need to be specifically addressed for therapy to be effective (e.g., post-traumatic stress disorders).

Nevertheless, once the memories are adequately dealt with, one would expect to see significant changes in current affect and cognitions.

Furthermore, some clients may be better able to understand particular jargon (e.g., an affective vs. a cognitive presentation) because of stylistic preferences. However, an effective intervention that produces changes in thinking will also produce changes in affect, and vice-versa.
Thus, if one views cognitions, emotions, and memories as intertwined, many different avenues (e.g., subjectively-positive life-experiences: cognitive, affective, present-focused, past-focused interventions) may be seen as options for attempting to change essentially the same target, current cognitive-affective-memory-related states of various durations. Moreover, for many clients, it may not matter whether an approach focusing on cognitions, emotions, or memories is used, because the clients may be able to be equally comfortable with the different approaches employed, and because the end result may be the same. Therefore, starting from the premise that emotions, cognitions and memories share a great deal of overlap, it may be possible to encompass, within one theory, both the need to treat certain clients differently from others and the common effectiveness of different clinical approaches for many clients.

In conclusion, the present findings suggest that under certain conditions, college-student subjects' ST moods affect their reports on self-report measures designed to assess childhood SA, emotional abuse/upbringing, and current psychological distress. The results have clear implications for researchers in the area of child abuse, including questioning the validity of conclusions already drawn about the
relationship between childhood abuse and adult distress.
The results have implications for researchers in general, including raising the question of whether mood affects subjects' performance on other self-report measures. The results have implications for clinicians, including suggesting that subjects' self-reports of childhood abuse, upbringing, recent psychological distress, and other areas, may be affected by mood.
APPENDIX A

MEASURES AS ADMINISTERED AT TIME TWO
### Packet 1—Ratings of How You Feel at This Moment

Please place a check in one box below.

#### At This Moment

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>15</th>
<th>30</th>
<th>50</th>
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<tr>
<td>I do not</td>
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<td>feel at all</td>
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<td>miserable</td>
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#### I feel extremely miserable

#### At This Moment

<table>
<thead>
<tr>
<th></th>
<th>100</th>
<th>80</th>
<th>65</th>
<th>50</th>
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<th>15</th>
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<tr>
<td>I feel</td>
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<tr>
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<tr>
<td>happy</td>
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</table>

#### I do not feel at all happy

#### At This Moment

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<th>65</th>
<th>50</th>
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<th>15</th>
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<tr>
<td>I do not</td>
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<td>feel at all</td>
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<tr>
<td>upset</td>
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</table>

#### I feel extremely upset
Please answer the next two questionnaires on the blue answer sheet, beginning on line 1. Do not write on these pages.

**PACKET 2--TEENAGE EXPERIENCES QUESTIONNAIRE**

The first questionnaire concerns teenage experiences. Answering as you would have around the age of 16, please give the answer that most closely described the way your mother or primary female care-giver acted towards you. If no female care-giver was involved, please check here and answer about a male care-giver. **BE SURE TO MARK EACH ITEM.**

If you think the statement is **LIKE** your mother, fill in A.

If you think the statement is **SOMewhat LIKE** your mother, fill in B.

If you think the statement is **NOT LIKE** your mother, fill in C.

<table>
<thead>
<tr>
<th></th>
<th>Like</th>
<th>Somewhat Like</th>
<th>Not Like</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Makes me feel better after talking over my worries with her.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>2. Feels hurt when I don’t follow advice.</td>
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<tr>
<td>3. Is always telling me how I should behave.</td>
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<tr>
<td>4. Almost always speaks to me with a warm and friendly voice.</td>
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<td>5. Is always thinking of things that will please me.</td>
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<tr>
<td>6. Tells me how much she loves me.</td>
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<tr>
<td>7. Tells me exactly how to do my work.</td>
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<tr>
<td>8. If I break a promise, doesn’t trust me again for a long time.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>9. Gives me a lot of care and attention.</td>
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<tr>
<td>10. Doesn’t forget very quickly the things I do wrong.</td>
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<tr>
<td>11. Believes in showing her love for me.</td>
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<tr>
<td>12. Feels hurt by the things I do.</td>
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<tr>
<td>13. Says some day I’ll be punished for my behavior.</td>
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<tr>
<td>14. Smiles at me very often.</td>
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<tr>
<td>15. Is able to make me feel better when I am upset.</td>
<td></td>
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<tr>
<td>16. Always listens to my ideas and opinions.</td>
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<tr>
<td>17. Would like to be able to tell me what to do all the time.</td>
<td>A</td>
<td>B</td>
<td>C</td>
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</tr>
<tr>
<td>21.</td>
<td>Thinks and talks about my misbehavior long after its over.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>22.</td>
<td>Enjoys doing things with me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Makes me feel like the most important person in her life.</td>
<td></td>
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<tr>
<td>24.</td>
<td>Often praises me.</td>
<td></td>
<td></td>
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<tr>
<td>25.</td>
<td>Says if I loved her, I'd do what she wants me to do.</td>
<td></td>
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<tr>
<td>26.</td>
<td>Loses her temper with me when I don't help around the house.</td>
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<tr>
<td>27.</td>
<td>Cheers me up when I'm sad.</td>
<td></td>
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<tr>
<td>28.</td>
<td>Tells me of all the things she has done for me.</td>
<td></td>
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<tr>
<td>29.</td>
<td>Wants to control whatever I do.</td>
<td></td>
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<tr>
<td>30.</td>
<td>Thinks that any misbehavior is very serious and will have future consequences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Often speaks of the good things I do.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>32.</td>
<td>Makes her whole life center around her children.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>33.</td>
<td>Is happy to see me when I come home from school or play.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Hugged or kissed me goodnight when I was small.</td>
<td></td>
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<tr>
<td>35.</td>
<td>Says if I really cared for her, I would not do things that cause her to worry.</td>
<td></td>
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<tr>
<td>36.</td>
<td>Is always trying to change me.</td>
<td></td>
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<tr>
<td>37.</td>
<td>Seems proud of the things I do.</td>
<td></td>
<td></td>
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<tr>
<td>38.</td>
<td>Spends almost all of her free time with her children.</td>
<td></td>
<td></td>
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<tr>
<td>39.</td>
<td>Is very interested in what I am learning at school.</td>
<td></td>
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<tr>
<td>40.</td>
<td>Doesn't like the way I act at home.</td>
<td></td>
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<tr>
<td>41.</td>
<td>Says I make her happy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>Will talk to me again and again about anything bad I do.</td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>

Check to see that you finished on line 42 of the blue answer sheet. If not, please correct the problem.
Please place a check in one __ below.

At This Moment

100  80  65  50  30  15  1
I feel extremely happy
I do not feel at all happy

At This Moment

100  80  65  50  30  15  1
I feel extremely miserable
I do not feel at all miserable

At This Moment

1  15  30  50  65  80  100
I do not feel at all upset
I feel extremely upset
4-POINT TEENAGE EXPERIENCES QUESTIONNAIRE

This questionnaire is also about the way your mother or primary female care-giver acted towards you when you were around 16. However, it is answered on a 4-point scale.

If IT NEVER OCCURRED, fill in A.

If IT COULD OCCUR, BUT IT WAS EXCEPTIONAL, fill in B.

If IT OCCURRED QUITE FREQUENTLY, fill in C.

If IT WAS ALWAYS SO, fill in D.

43. Did your mother show with words and gestures she liked you? A  B  C  D

44. Did it happen that your mother punished you, even for small offenses?

45. If things went badly for you, did you then feel that your mother tried to comfort and encourage you?

46. Do you think that your mother was severe with you?

47. Did it happen that as a child you were beaten or scolded in the presence of others? A  B  C  D

48. Would your mother become angry if you didn’t help at home with what you were asked to do?

49. Did your mother ever describe something you said or did in front of others so that you felt ashamed?

50. Did your mother ever say you are too big to act like that or you shouldn’t act like that because it is not lady-like?

51. If you had a difficult task in front of you, did you then feel support from your mother? A  B  C  D
52. Would your mother demonstrate she was fond of you?

A  B  C  D

53. Did you feel that your mother wanted to be together with you?

54. Did your mother often say she did not approve of your behavior at home?

55. Did your mother usually criticize you and tell you how lazy and useless you were in front of others?

56. Do you think that your mother tried to make your adolescence stimulating, interesting, and instructive (for instance by giving you good books, arranging for you to go to camps, taking you to clubs)?

A  B  C  D

57. Did your mother usually praise you?

58. Was your mother usually abrupt towards you?

59. Would your mother punish you hard, even over minor matters?

60. Did you usually get beaten by your mother?

61. Did your mother usually engage herself in your interests and hobbies?

62. Did your mother treat you in such a way that you felt ashamed?

63. Did you feel that warmth and tenderness existed between you and your mother?

A  B  C  D

Check to see that you finished the last questionnaire on line 64 of the blue answer sheet. If not, please correct the problem.
Please place a check in one : below:

At This Moment

<table>
<thead>
<tr>
<th>1</th>
<th>15</th>
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<th>50</th>
<th>65</th>
<th>80</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not feel at all upset</td>
<td>I feel extremely upset</td>
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</tbody>
</table>

At This Moment

<table>
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<th>50</th>
<th>30</th>
<th>15</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel extremely happy</td>
<td>I do not feel at all happy</td>
<td></td>
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At This Moment

<table>
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<th>100</th>
<th>80</th>
<th>65</th>
<th>50</th>
<th>30</th>
<th>15</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel extremely miserable</td>
<td>I do not feel at all miserable</td>
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</tbody>
</table>
Answer the next two questionnaires on these pages.

PACKET 3--SEXUAL EXPERIENCES

It is now generally realized that most people have sexual experiences as children and while they are still growing up. Some of these are with friends and playmates and some with relatives and family members. Some are very upsetting and painful, and some are not. Some influence people's later lives and sexual experiences, and some are practically forgotten. Although these are often important events, very little is actually known about them.

We would like you to try to remember the sexual experiences you had while growing up. By "sexual", we mean a broad range of things, anything from playing "doctor" to sexual intercourse—in fact, anything that might have seemed "sexual" to you.

1) Did you have any of the following experiences before the age of 14? (Circle any that apply).

a. An invitation or request to do something sexual.
b. Kissing and hugging in a sexual way.
c. Another person showing his/her sex organs to you.
d. You showing your sex organs to another person.
e. Another person fondling you in a sexual way.
f. You fondling another person in a sexual way.
g. Another person touching your sex organs.
h. You touching another person's sex organs.
i. Attempted intercourse.
j. Intercourse.
k. Other:

Now we want to ask you to think of three sexual experiences— or however many up to three— that you had before the age of 14, with people at least five years older, such as strangers, friends, or family members like cousins, uncles, siblings, mother, or father. Pick the three most important to you and answer questions 2-17 for each experience.

If no such experience, go on to page 12 in this packet.

<table>
<thead>
<tr>
<th>Experience</th>
<th>Experience</th>
<th>Experience</th>
</tr>
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<tbody>
<tr>
<td>#1</td>
<td>#2</td>
<td>#3</td>
</tr>
</tbody>
</table>

2) About how old were you at the time?

3) About how old was the other person?

4) Was the other person male(circle 1) female(circle 2)

   1  2  1  2  1  2
5) Was the other person:
- a stranger
- a person you knew, but not a friend
- a friend of yours
- a friend of your parents
- a cousin
- an uncle or aunt
- a grandparent
- a brother
- a sister
- a stepfather
- a mother
- a stepmother

<table>
<thead>
<tr>
<th>Experience</th>
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</thead>
<tbody>
<tr>
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<td>3</td>
<td>3</td>
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6) What happened? (Circle 1 for Yes or 0 for No).
- An invitation or request to do something sexual
- Kissing and hugging in a sexual way
- Other person showing his/her sex organs to you
- You showing your sex organs to other person
- Other person fondling you in a sexual way
- You fondling other person in a sexual way
- Other person touching your sex organs
- You touching another person's sex organs
- Attempted intercourse
- Intercourse

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<td>j)</td>
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</table>

7) Who started this? 1. You
2. Other person.

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</table>

8) Did the other person threaten or force you? 1. Yes 2. A little 3. No

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<th>Experience</th>
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<th>Experience</th>
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<tbody>
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</table>

9) About how many times did you have a sexual experience with this person?

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10) Over how long a time did this go on? (Indicate number of days, months, years.)

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</table>
11) Which of these would best describe your reaction at the time of the experience?
1. Fear 2. Shock 3. Surprise
4. Interest 5. Pleasure

12) If you told your mother about this experience, how did she react? (If you did not tell mother, how do you think she would have reacted?)

13) In retrospect, would you say this experience was
1. Positive 2. Mostly positive
3. Neutral 4. Mostly negative
5. Negative
Please place a check in one :_:_ below.

At This Moment

<table>
<thead>
<tr>
<th>1</th>
<th>15</th>
<th>30</th>
<th>50</th>
<th>65</th>
<th>80</th>
<th>100</th>
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<tbody>
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<td>I do not feel at all</td>
<td>I feel extremely happy</td>
<td></td>
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At This Moment

<table>
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<tr>
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<tbody>
<tr>
<td>I do not feel at all</td>
<td>I feel extremely upset</td>
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At This Moment

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<th>30</th>
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<tbody>
<tr>
<td>I feel extremely miserable</td>
<td>I do not feel at all miserable</td>
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SEXUAL EXPERIENCES, AGE 16 OR LESS QUESTIONNAIRE

On this questionnaire, please circle an answer for each of the first 16 questions. If nothing we ask about happened to you, circle 0 each time. We need that information also.

For all the questions in this questionnaire, we will be asking about things that happened at any time up to the age of 16. In answering these questions you may describe an incident that you mentioned in the last questionnaire.

1) Did someone who had authority over you, such as a teacher, doctor, employer, minister, therapist, policeman, or camp counselor ever do something with you in a sexual way? (Circle 1 for Yes, 0 for No) 1 0

2) Did a close relative who was 5 or more years older than you, such as an uncle, brother, father, or grandfather ever do something with you in a sexual way? 1 0

3) Did a more distant relative who was 5 or more years older than you, such as a stepparent, stepbrother, in-law, or cousin ever do something with you in a sexual way? 1 0

4) Did an acquaintance, friend or stranger who was 5 or more years older than you ever do something with you in a sexual way? 1 0

5) Did anyone of any age ever force you to engage in unwanted sexual acts by physical force, spoken or implied threats, or other forms of pressure? 1 0

Did anyone five or more years older than you ever...

6) act in a seductive or sexual way, even during a seemingly non-sexual activity such as sitting on a lap? 1 0

7) hug or kiss you in a sexual way? 1 0

8) look at you naked in a sexual way? 1 0

9) touch you through clothing in a sexual way? 1 0

10) have you touch him/her through clothing in a sexual way? 1 0

11) rub his/her clothed body against yours in a sexual way? 1 0

12) touch your private parts (breasts, buttocks, or sexual organs) in a sexual way? 1 0

13) have you touch his/her private parts in a sexual way? 1 0

14) have sexual intercourse with you? 1 0

15) do sexual acts like oral sex or attempted intercourse with you? 1 0
16) When you were under 16, did someone 5 or more years older, or someone using force, do something that we haven't asked about in a sexual way?  0

17) If yes, please describe it so that we can make our questions better?

If you answered "No" to all questions, 1-17, please go on to page 16 in this packet. Otherwise, please answer the questions below.

The remaining questions in this questionnaire refer only to things done in a sexual way when you were 16 years old or less, with someone who was 5 or more years older than you or who used some kind of force.

18) Who were the other persons involved? Circle the answers that describe your relationship with each of them.

- Father, stepfather, male guardian.............. 1
- Brother or stepbrother............................ 2
- Uncle, male cousin................................. 3
- Grandfather.......................................... 4
- Male in-law.......................................... 5
- Female relative:..................................... 6
  what female relation?

- Male my family knew well.......................... 7
- Male only I knew well............................... 8
- Male I or my family knew, but not well......... 9
- Male I or my family had never met............... 10
- Female I or my family knew well................ 11
- Female neither I nor my family knew well...... 12

19) If there was more than 1 person in any one kind of relationship involved, please describe (write neatly). For example, 2 male cousins, or 3 males my family knew well.

20) How old were you the first time something was done with you in a sexual way?

21) How old were you (up to age 16) the last time that something was done with you in a sexual way?

22) What was the longest that any one person was involved in doing things with you in a sexual way? (Circle one number).

- 1 day
- 2 days-
- 3 weeks-
- 3-11
- 1-2 years
- 3-4 yrs.
- More
- 2 weeks
- 1 months
- months
23) About how old was this person the first time that he/she did something with you in a sexual way?

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<th>13-19</th>
<th>20-29</th>
<th>30-39</th>
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24) What were your feelings about what happened at the time?

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<th>Neutral</th>
<th>Positive</th>
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25) What was the reaction of the people you told about these experiences?

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26) Are there any reactions to this questionnaire that you would like to communicate to us?

__________________________________________________________
Please place a check in one : _ : below.

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LIST OF REFERENCES


Psychology, 52, 1-10.


