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**Interpersonal helplessness and the wish for nurturance among
conduct disordered black male adolescents**

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City University of New York, 1992

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Interpersonal Helplessness and the Wish for Nurturance

Among Conduct Disordered Black Male Adolescents

by

Beverly E. Martin

A dissertation submitted to the Graduate
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Abstract

Interpersonal Helplessness and the Wish for Nurturance
Among Conduct Disordered Black Male Adolescents

by

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Traditional psychoanalytic theories of acting out conduct disordered adolescents have focused on underlying issues of depression and anger. However, the fact that increasing numbers of black male adolescents in inner-city areas are being incarcerated, involved in violent destructive behaviors, and diagnosed as conduct disordered by the psychiatric community reflects the need to investigate other etiological factors that may explain the maintenance of such destructive lifestyles within this specific population. In the present study, a theoretical construct--interpersonal helplessness--was hypothesized to describe the possible subjective perceptions and unconscious wishes for nurturance as well as the cognitive style that maintains a "moving against others" interpersonal view of the world. Fifteen conduct disordered black male adolescents of low socioeconomic background and single-parent households were compared to fifteen controls on four measures: the short-form of the Children's Report of Parental Behavior Inventory, Attributional Style

Questionnaire, Blatt's Assessment of Object Representation, and seven cards from the Thematic Apperception Test series. It was hypothesized that the two groups would differ in their perceptions in three areas: (a) nurturant responses of maternal figures, (b) acknowledging nurturant interactions and behaviors when confronted by stimuli devised to elicit nurturant responses, and (c) cognitive styles of causative factors of events, i.e., internal vs. external attributions. A step-wise logistic regression analysis was used to discriminate between the respondents' perceptions and attributions. Two factors associated with perceptions of nurturance and unstable attributions were significant in differentiating between those black male adolescents who were conduct disordered and the controls. These differentiating factors are discussed as they pertain to the promotion of a psychosocial and cognitive understanding of the processes which may be relevant in devising treatment intervention programs that would address the specific needs of this targeted population.

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Chapter I

Introduction

Treatment of the acting-out or conduct disordered (CD) Black male adolescent has been a subject well documented in the literature. Psychoanalytic theory has provided some cogent explanations of the dynamics that are reflected in the depression experienced by these adolescents. Other theories, e.g., cognitive and interpersonal perspectives, also contribute to the understanding of underlying facets of depression within this population. For example, in the 1970's Cytryn and McKnew (1972) as well as Kovacs and Beck (1977) describe the maladaptive behaviors associated with conduct disorder as symptoms or presenting complaints of depression. But the focus on the depressive aspect of the conduct disorder syndrome may have overshadowed other facets which perpetuate the adolescent's anger and aggressive stance toward others. The literature reveals little about the intrapsychic dynamics of nurturance on this population. In fact, the impact of the perceptions of the conduct disordered adolescent with regard to nurturant support from his psychosocial environment are not directly addressed.

One of the primary objectives of this pilot study is to focus attention on the issue of nurturance among conduct

disordered Black male adolescents. Specifically, what will be assessed is the Black male adolescent's perception of his psychosocial environment, and the subsequent development of a defensive, interpersonal stance which blocks the conscious (manifest) and unconscious (latent) emergence of unfulfilled nurturant wishes.

When the topic of nurturance is discussed in the literature, it is often assessed "objectively" via social work or psychiatric interviews, data bases, etc. But what is deemed crucial in this present study is the subjective perception and the possible effects such perceptions have on maintaining the maladaptive interpersonal behavioral style associated with conduct disorder.

As family members, teachers and mental health professionals can attest, no matter how kind, generous and affectionate one is toward conduct disordered adolescents, they act as if enemies are everywhere. Thus, they are not responding to the psychosocial milieu of the here-and-now. It can be hypothesized that these adolescents are following a hidden agenda which may be replete with anxiety-provoking wishes and fantasies which are fiercely defended against via behavioral, interpersonal and attributional styles often associated with conduct disordered patients.

The urgency to delineate the psychosocial, cognitive, and interpersonal factors which may foster and maintain

conduct disorder and antisocial behaviors is reflected in the rising statistics of violent juvenile crime. In 1985, 7,362 felony juvenile arrests were made in the New York City area. By 1989, felony arrests for juveniles under age 16 increased to 11,651. Within the 16-20 age group arrests for felonies jumped from 27,185 in 1985 to 38,864 in 1989 (NYS Division of Criminal Justice Services, 1990). Among Black males, being placed in the diagnostic category of conduct disorder has the probable consequence of many years behind bars. A recent Criminal Justice survey suggested that one in every four Black males between the ages of 18 and 25 are incarcerated within our prison system (U.S. Justice Dept. Survey, 1990). In the urban areas throughout the nation, reports of African-American adolescents being armed and likely to be murdered reflects the need for further investigation of the etiology and factors that may maintain such destructive behaviors.

In the following chapters, the traditional psychoanalytic, and cognitive theories of depression as they pertain to the etiology of conduct disorder will be briefly reviewed. Interpersonal style as it pertains to a defensive stance associated with aggressive, antisocial behavior will also be presented. Based on a detailed review of universal helplessness theory and the interpersonal style of "moving against others," two constructs will be defined and

discussed as they relate to conduct disorder syndrome among Black male adolescents. The first construct, premature curtailment of nurturance, emphasizes the child's perception of nurturant support within the context of specific family constellations. The second construct, interpersonal helplessness, evolves from both interpersonal theory and the cognitive perspective. The proposed integration of these two theories provides a comprehensive framework for understanding factors which may perpetuate the maladaptive stance of this population.

This study was designed to promote future heuristic discussion and investigation within the fields of adolescent as well as forensic psychology. The methodology of this research study will employ both projective and objective instruments to test hypotheses about the Black male adolescent's perception of nurturance within the psychosocial environment, maternal support, and primary modes of defense.

Chapter II

Review of the Literature

Childhood depression has been cited as a significant etiological factor in understanding conduct disorder (CD). Psychoanalytic research and exposition on the subject of depression in childhood have been extensively discussed. Abraham (1927) strongly adhered to the traditional psychoanalytic concept that the superego had to be developed before guilt could be experienced. Thus, young children could not experience depression since "melancholia" was associated with hostility to a lost love object which generated guilt in the individual. Bowlby (1973) focused on the issue of loss of a significant other and the experience of depression in childhood. He designated what could be described as affective or stress-reaction stages that a child experiences when faced with a loss. For example, the first reaction would be one of shock, emotional numbness. This is followed by a stage often seen in cases diagnosed as conduct disorders, i.e., anger and affect-laden outbursts which are manifested with the aim of acquiring what was lost. The final stage is depicted as one filled with resignation, despair, and detachment when the desired object is not reintroduced into the child's interpersonal world.

According to Bowlby, depression can occur if the object so desired, e.g., mother, is unable to return due to serious illness or death.

Bowlby suggests that when the second stage of protest is prolonged the child is at risk for being kept at an emotional distance from others in his environment. On the other hand, if the stage of despair is protracted beyond a reasonable time frame, the child experiences a sense of futility, disappointment and self-reproach. Bowlby's descriptive analysis of the etiology involved in childhood depression could be significant in understanding Black male conduct disordered adolescents. This perspective suggests perceived losses of nurturance within the child's environment may be significant in the maintenance of the maladaptive interpersonal and cognitive styles associated with conduct disorder and antisocial behaviors.

The concept of "injury to infantile narcissism" also emphasizes the perception of loss as precursor to psychopathological reactions in children. Fenichel (1945) noted that loss of essential narcissistic supplies as perceived by the child can result in depressive reactions in later years:

A child of four or five experiencing a 'primal depression,' an adult person suffering from nostalgia, and any person exposed for a long time to severe

deprivations and frustrations--they all are psychologically again in a situation of a narcissistically hungry infant lacking the necessary external core. (p. 405)

Fenichel continued to elucidate the types of behaviors that may result from this experience of being narcissistically hungry:

Impulsive behavior and drug addiction can be utilized as a means of fighting off depressions because these disorders represent other means of attaining the same end: the provision of the needed narcissistic supplies. Since depressions are states that develop if these supplies are missing, addictions and impulse neuroses, in so far as they still are able to achieve their end, are suitable for evading depressions. (p. 405)

The Diagnostic Statistical Manual III (DSM III) (1980) and the revised version, DSM III-R (1987) basically categorize conduct disorder under four rubrics or subtypes. The first delineates a socialized or group orientation by the adolescent. The second subcategory, undersocialized, depicts a style that is seriously impaired in the area of interpersonal relationships. This classification can be described by a term used by the media, i.e., a loner. The last two categories describe the degree of aggressive behavior exhibited by the child.

According to Quay (1979) the diagnosis of conduct disorder is one of the most prevalent diagnostic classifications in childhood and adolescence. Males outnumber females in this diagnostic category by a ratio of three to one. The diagnosis of conduct disorder among Black male adolescents is extremely prevalent within the socioeconomic confines of inner cities. One can postulate that the reason for this phenomenon is that the criteria for the diagnosis describes many of the social problems which plague inner-city lives, e.g., substance abuse, truancy, delinquent acts.

In some cases, a conduct disordered adolescent may not be involved with the legal system. He could be labeled as unmanageable by family members. These individuals are seen in family court usually for what is known as a PINS (person-in-need-of-supervision) petition. These adolescents may be admitted to a psychiatric unit if their behavior is deemed a danger to self (e.g., drug abuse) or others (assaultive). The clinician is often confronted with the task of devising a comprehensive treatment as well as recommendations for continued treatment on an outpatient basis or within a residential setting.

In a large number of instances, conduct disorders and depressive features are found to have a positive correlation. Rutter, et al. (1981) discovered among a group

of antisocial children that 42 percent could be classified as having some degree of affective disturbance.

Puig-Antich (1982) found in a study of major depressive disorder among prepubertal males that one-third of the population fit the criteria of conduct disorder. Studies by Shaffer and Caton (1984) and Pfeffer et al. (1980) illustrate the correlation between aggressive/antisocial behavior and suicidal attempts.

The types of oppositional, provocative, delinquent and aggressive behaviors exhibited by some adolescents have been viewed as efforts by these individuals to defend against the underlying feelings of depression. Thus, the term "masked depression" has been employed to describe this prevalent phenomenon (Carlson & Antwell, 1980). An interesting study was designed by Shanok, et al. (1982) which illustrated this type of psychopathology. The researchers assessed groups of adolescents who were admitted to an inpatient unit in a municipal hospital. They divided their subjects into two groups--those who had a history of delinquent behaviors and "non-delinquents." The results indicated that both groups had equally severe psychopathology and suicidal behavior patterns. The investigators concluded that due to the delinquent group's aggressive history, health care professions focused primarily on the maladaptive social/

interpersonal patterns rather than intrapsychic dynamics that manifest as antisocial behaviors.

Paster (1986) concurred with this view expressed in the Shanok study, especially as it pertains to Black male adolescents. She noted that "the psychopathological symptomatic behavior of Black youths had been regarded by the mental health professionals as culturally appropriate or as delinquent. Neither condition was considered to warrant mental health care" (p. 627).

What may block the professional from detecting the underlying depression is frequently due to negative, countertransferential feelings. Paster emphasized the need for detailed social histories and psychological assessment "with a minimum of negative preconception [which] will reveal not only the anger but the sadness, the sense of worthlessness, hopelessness, and other symptoms of depression . . ." (p. 625).

Cognitive Perspectives

Cognitive theorists have been investigating the correlation between maladaptive behaviors and cognitive styles associated with depression. Attributional style began to dominate the literature on cognitive theories of depression (Klein, et al., 1976; Rizley, 1978; Seligman, et al., 1979; Peterson, et al., 1981; Weiner, 1972, 1974). How the life event was perceived, the manner in which he/she

attributed the causes of the situation (internal causes vs. externalization of blame) were viewed as significant factors involved in evoking the symptoms associated with depression. The following concepts of personal vs. universal helplessness, and the three primary attributional dimensions of internal-external, stable-unstable and global-specific are the foundation upon which the reformulated model of learned helplessness and depression is built. These concepts outlined by Seligman and his colleagues (1979) warrants a more detailed review as it pertains to perception/"view-of-the-world," and their effect on cognitive/interpersonal styles.

Personal vs. Universal Helplessness

Imagine a student who studies religiously, takes remedial courses in math, and yet still comes up with a failing grade in algebra. The individual in this case comes to believe that he/she is stupid, and lacks the necessary skills to pass the course. He/she also believes that others do possess the skills and intelligence to obtain a good grade. In other words, the person expects the outcome is not contingent on any response in his or her repertoire. However, he or she expects the outcome to be contingent upon a response in the repertoire of relevant others. There is a sense of hope that others in their social environment have the "right answers." They are not totally closed off,

however, to the possibility that someone might rescue them, provide help.

Universal helplessness is illustrated in a case of a child with an incurable disease. Nothing the parents do can save the child, and relevant others cannot assist in finding a cure. The parents begin to exhibit the symptoms and behavior of helplessness and depression. Their behavioral responses are due to the belief that an outcome is independent of their own responses as well as the responses of others. The interpersonal world is perceived as devoid of help to alleviate their suffering. As previously discussed, Bowlby postulated that the stage of anger and rage preceded one of depression. However, one can speculate that anger toward these "useless" objects may follow the initial responses of helplessness and depression.

Internal vs. External Attributions

Personally helpless individuals make internal attributions to explain the cause of an outcome, while universally helpless people explain the outcome by pointing to external factors. Lack of intelligence, for example, would be an internal attribution; an external attribution would be pointing to the unfairness of the test as the cause of a low grade.

Stable vs. Unstable Attributions

In 1974, Weiner extended the attribution theory to account for the consistency of these behaviors over time by adding the dimension of stable factors--long-lived and recurring, and unstable factors--short-lived and intermittent. Thus, the individual differences in responding to uncontrollable events and failure could be explained by integrating the dimensions of internal-external and stable-unstable. An internal-stable attribution would be saying you lack the intelligence to solve the problem. Internal-unstable attributions would be blaming a lack of effort on your part. An external-stable factor exists when the difficulty of the task itself is blamed, while an external-unstable factor would be identified as "luck."

Attributional Style and Conduct Disorder

In a study by Moore and Leahy (1982), the reformulated model of learned helplessness and depression was assessed in terms of depressive symptoms and attributional styles of lower-class, behaviorally disordered adolescents. Their hypothesis centered on the attributional styles of this population.

The reformulated model states that the depressed individual should demonstrate a particular pattern of attributions, attributing success to external factors and failure to internal factors. These attributions

would also be expected to vary along the stable/unstable continuum such that the depressed individual should attribute failure to the internal stable factor of ability. (p. 18)

The researchers also speculated that this population's expectation of achieving goals would be negative since "the depressive's belief that the reasons for success are determined by external factors which may vary (i.e., luck), whereas the reason for failure is internal and stable (i.e., ability)." The results of this research, which used questionnaire and attributional style inventories, did not support the position of Seligman (1979) or other researchers (Pasahow, 1980; Rizley, 1978).

Moore (1983) does not totally reject the original premise of the preceding study. She speculated that the finding that failure attributions were not related to depression may be due to the hesitancy [of those subjects, Black and Hispanic adolescents,] to blame themselves for failure, and/or the fact that attributions of success and failure were studied only in relation to academic tasks. (p. 20)

Moore also found that the population may have responded to inquiries about failures with socially desirable answers. In an extension of the Moore and Leahy (1982) study, Moore (1983) discovered that

when social desirability is controlled for (i.e., by selecting only those subjects who score low on this measure) internal attributions for failure are significantly associated with depression. Thus, it appears that individuals . . . who are not trying to present what is considered the correct or right answer demonstrate the attributional pattern for failure found in other studies. (p. 20)

Characterological factors have received attention from the cognitive theorists. For example, self-blame vs. behavioral self-blame (Janoff-Bulman, 1979; Seligman, et al., 1981) hypothesizes that depression will result from attributing bad outcomes to internal, characterological deficits which are perceived as stable rather than the type of self-blame which is more behavioral-specific and, thus, perceived as controllable. Seligman (1981) and his associates employed the Beck's Depression Inventory, an expanded Attributional Style Questionnaire and a Life Events Questionnaire which measured the number of stressful events experienced over the last year. The researchers found that depressive symptoms among their research population (undergraduate students) were correlated with an attributional style consistent with characterological blame for bad events. They reported "characterological blame increased with more negative life events during the last

year, implying that individuals who blame their character may arrive at this attributional style by a covariation analysis" (p. 253).

In terms of the Black male CD adolescent population, this type of attributional style may be more prevalent. The primary caretakers usually report that the behavior of these adolescents deteriorated over the past six months to a year. Based on the current research in attributional style and depression, it is possible that these patients have also developed a more entrenched characterological self-blame perspective and view-of-the-world due to stressors in their social environment. It can be hypothesized that such stressors may also be internalized, i.e., unconscious. These "hidden" stressors can create a characterological/cognitive style discussed in the preceding paragraphs. Racial identity may also be considered an integral stressor with serious consequences in terms of characterological self-blame, view of the world, and interactions based on these perceptions. Paster (1990) suggested that the development of a positive self-image for a Black male adolescent in today's society is difficult due to the dominant social milieu. "He is a special object of projection for a white, male dominated society that focuses on his blackness Irresponsibility, lack of

intelligence, unbridled sexuality, dangerous aggression are attributed to being a black male" (p. 2).

Dr. Paster pointed to these negative projections as formidable challenges for urban African-American male adolescents. These challenges may also engender another aspect of a cognitive style similar to universal helplessness as previously discussed. The dominant society claims he does not have the right responses to succeed, his own community is also perceived as helpless, and no one can provide any support or aid. These perspectives can also create a maladaptive interpersonal style of relating to the world. For example, this type of universal helplessness can be extended into the realm of interacting and relating to others.

Interpersonal Perspectives

Karen Horney (1937, 1945) can be considered a pioneer in development of a social theory which stressed dyadic, interpersonal relationships as a primary factor in psychopathology. Horney acknowledged the contributions of Freudian theory but felt he placed too much emphasis on "instinctivistic and a genetic psychology" (1939, p. 8). Basic anxiety and the child's/adult's strivings to alleviate it as well as obtain a sense of security became a cornerstone of Horney's interpersonal theoretical approach. Unresolved conflict was viewed as the underlying raison

d'etre for "symptomatic disorders like depression" (1945, p. 154).

Harry Stack Sullivan, the pioneer in the development of an interpersonal theory of psychiatry, agreed with Horney's postulate that the individual does not and cannot exist apart from his relations with other people. Sullivan (1953) formulated the concept of a self-system to describe how the individual develops a behavioral and cognitive style to protect himself from anxiety. According to Hall and Lindzey (1957), this "self-system [acts] as the guardian of one's security In order to avoid or minimize actual or potential anxiety, the person adopts various types of protective measures . . ." (p. 142).

Sullivan also described an interpersonal style similar to Horney's moving-against-others. Mullaly (1970) noted that Sullivan defined this style of interacting as "malevolent transformations" which evolves as a type of defensive stance against anxiety. He speculated that the child develops these maladaptive, hostile interpersonal and cognitive patterns as a way of coping with what he perceives to be a rejecting, hostile mother figure. The child develops a perception of a hostile environment filled with enemies, a non-nurturing world.

The development of the self or ego in terms of interaction with others and the social environment was also

emphasized and elucidated by Erik Erikson (1963). His delineation of psychosocial stages of development encompassed infancy to mid-life and old age. Erikson built his conceptualization of childhood development on the Freudian perception of the child's ego evolving through sequential psychosexual stages. However, Erikson focused his attention on the child's interpersonal/social experience with the environment and his/her reactions, responses, and difficulties when confronted by the demands of the world at different stages in life. For example, ages four to five fall into the stage Erikson called initiative vs. guilt. The demands or tasks specific for this age are described as "freedom to engage in activities and parents patient answering of questions lead to initiative. Restrictions of activities and treating questions as a nuisance lead to guilt." In adolescence the demand is toward developing a coherent, positive, and stable self-system, i.e., identity vs. role confusion.

The common motif that runs through the interpersonal perspective is the complex interplay between an individual's need for emotional support, positive attention and regard, and his/her behavioral maneuvers to gain satisfaction of these needs via interpersonal relationships. Murray (1938) discussed these factors within his concept of a need-press theory. He claimed that the expression of a need, e.g.,

love, via behaviors (reaching out to be hugged, kissed) is determined by the response of the environment. Some environments encourage the expression of this need. However, needs that are not met with positive reinforcement in the social milieu result in greater stress.

The Issue of Nurturance

If one postulates that the aggressive interpersonal style associated with conduct disorder could be a defense against the expression of needs which have not been satisfied within the immediate environment, then attention must be redirected toward the specific needs involved. The perception of receiving nurturance from the social environment must be presented for discussion at this juncture. The literature is replete with research which emphasized the stage in development whereby a child exhibited nurturant patterns of behavior toward others (Hartup & Keller, 1960; Marcus, 1977; Staub, 1970). For example, a child would be considered to have incorporated the characteristic of nurturance if he or she demonstrated helping/sharing behaviors. Role modeling and identification with primary caretakers are postulated as the conduit by which children incorporate or internalize these behaviors into their interpersonal styles.

A child has a sense of being nurtured by significant caretakers through the types of behaviors associated with this characteristic, according to Wolff (1980):

. . . giving of affection, positive attention, reassurance, or protection. Affection can be shown either verbally or physically. Showing positive attention or reward towards another may include praise, instrumental help, guidance, suggestions, or informing of another's needs. Nurturing can further be shown by offering reassurances in the form of sympathy, comfort, consolation, or permission. Protective nurturing may include verbal or physical defense of another, or giving warning . . . (p. 2).

The child may have internalized these behaviors according to his or her level of development or socialization. However, if the child perceives a change in the intensity, focus or, perhaps becomes aware of new behavioral demands replacing the comfort of the former support system, then how will this effect development of the child's nurturant/interpersonal style toward others? In other words, what if the child perceives a premature curtailment of nurturance from significant others and/or the social environment?

It may very well be that the child has internalized and has within his or her behavioral repertoire nurturant responses. Yet due to the lack of positive reinforcement

and cognitive set of negative expectations, i.e., "Why should I do unto others if they don't do unto me?," the chances of nurturant characteristics being exhibited toward others are diminished. The child's rage reactions may dominate the scene and can be viewed as precursors to a "moving against others" interpersonal style (Horney, 1945). The concept of a "narcissistically hungry infant lacking the necessary external care" (Fenichel, 1945) also seems to complement the preceding exposition on nurturance. The child is "hungry" for the signs of nurturance that are perceived as behavioral and emotional indicators that he or she is cared for by significant others. Bowlby (1973) also alluded to the acting-out behavior associated with his second stage of childhood experience of loss, i.e., protest and anger. However, as indicated in the discussion on nurturance, the stage of protest has, indeed, lasted too long. The result is rejection by his social environment and a perpetuation of the cycle of protest-disappointment-protest. One can begin to speculate that the types of maladaptive, aggressive behaviors that often are discussed as "masking" underlying depression or as a stage of protest may in fact be more than a developmental epoch. They may be precursors in the development of a characterological and cognitive style that is maintained by the perception of a non-nurturing social environment.

Familial Issues/Parental-Child System

Over the past five years, there has been increasing evidence that discordant patterns of relationships in families can be correlated with conduct disorders and associated psychopathology, e.g., depression, personality disorders (Patterson, 1982; Rutter, 1982, 1984; Rutter and Giller, 1983; Dornbusch, 1985). Bowlby (1969) indicated that a mutually loving relationship between primary caretakers and children are needed for the individual to develop socially appropriate behaviors. This view coincides with the issues discussed by researchers in the area of nurturance and the development of these behaviors by children--role models are needed to learn how to express and internalize this socially desirable characteristic.

The Black male adolescent who is admitted to a psychiatric ward in a municipal hospital most often comes from a home that is economically impoverished or marginal, with a single female as head of household. Statistical data since 1980 indicated that 70% of such families live in poverty (Dornbusch, 1985). In many cases, his social environment includes more than two siblings who are younger than the patient. Within such a household, responsiveness to requests for overt affection, attention, and permission to regress when feelings of insecurity or anxiety emerge significantly diminish as the child reaches Erikson's

psychosocial stage of initiative vs. guilt, i.e., ages four to five. Poor children have been found to be pushed to independence at early ages. In other instances, the mothers or primary caretakers have never been able to provide this type of emotional safety net on a consistent basis due to being incapacitated either physically or due to their own stress, resulting from their poverty, their sense of isolation and deprivation, or their own depression and/or poor health.

Crook and Raskin (1981) investigated the correlation between parent-child relationships and adult depression with a Black population. The analysis of their responses on the Children's Reports of Parental Behavior Inventory showed that "paternal rejection appears more closely associated with depression in males than females among blacks The most dramatic effects of paternal rejection are among black males . . ." (p. 956). Thus, the child's perception of rejection and withdrawal of nurturant behaviors by the father seems to be a significant factor for Black males. The researchers pointed out that

if the child receives primary affectional support from the parent with whom he/she identifies, it is not surprising that females would be more vulnerable than males to the effects of maternal rejection. Similarly, it is not surprising that black males would be more

vulnerable than females of either race to paternal rejection. (p. 956)

The importance of consistent paternal presence on the social adjustment of male children has been of increasing interest to clinicians who treat black male adolescents in inner-city areas. Hetherington, et al. (1982) showed that boys from absent father homes perceive more rejection and negative interactions with maternal figures. Borduin and Henggeler (1987) also demonstrated that boys from father absent homes had more maladaptive behavior patterns than their female counterparts. Other researchers have found significant correlations between father absent homes and antisocial behavior among boys (Lee, 1982; Lamb, 1981).

Gender-related differences in terms of affectional support among Black youth are cogent to the concerns addressed in this present study. The data of Crook and Raskin suggest nurturance and support from paternal figures is more crucial psychosocially among Black males. However, among the poor, it is the female, single parent who often must attempt to provide this emotional support. These adolescents may have received adequate nurturing and attention during the stages of infancy and early years of latency. However, as previously discussed, when the child begins to show signs that he can fend for himself, the nurturant behaviors and attentions are often refocused on

younger siblings and day-to-day survival issues. Thus, even though these children may receive emotional support during the early stages of life, they may be consistently discouraged from expressing the need of continued nurturance at later stages by the overwhelmed single female parent. Requests to be hugged, cuddled, to sit on a lap are negatively reinforced with statements of "You're too big for that now," or "You're not a baby anymore." They are expected to carry a share of the burden necessary for family survival. Thus, as familial pressure increases in terms of the expectation for them to "do for themselves" and assist in the care of younger siblings, emergence of anxiety or basic insecurity is either ignored or responded to in a negative manner. To compound this perception of premature curtailment of nurturant behaviors, the paternal figure is absent from the familial system. Therefore, it can be postulated that from such a familial scenario a perception of the world as lacking help and emotional support can evolve.

The Parental Child

The concept of a parental child family system has been elucidated by Minuchin (1974). He pointed out the positive and functional quality such a system can provide, especially in large or single-parent family structures. Minuchin warned that:

A family with a parental child structure may run into difficulty, however, if the delegation of authority is not explicit or if the parents abdicate, leaving the child to become the main source of guidance In such a case, the demands on the parental child can clash with his own childhood needs and exceed his ability to cope with them. (p. 98)

Thus, the childhood requests for ongoing nurturance are drowned out by the demands for help from the overwhelmed primary caretaker. Within this type of interpersonal context, Erikson's (1959) psychosocial stage of initiative vs. guilt (ages 4-5) seems to elucidate the core issues evoked in such familial circumstances. He described the child's need for the parents patient answering of questions rather than reacting to him or her as a nuisance. This prerequisite to the development of initiative corresponds to the descriptions of nurturance delineated in the literature (Wolff, 1980). When these needs are not met, the child develops a sense of guilt. One could speculate that this type of guilt evolves into a depressive style or mood which is preceded by anger and frustration on the part of the child.

Rutter (1971, 1983) also noted that the degree of parental conflict and discord is significant in the etiology of delinquent behaviors rather than commonly held opinions

that broken, single-parent households produce maladaptive, antisocial children. In discordant familial environments, the positive parental skills are nullified by the intrafamilial stressors. Thus, providing the necessary positive attention and care for the child becomes a difficult task in such an environment.

It can be hypothesized that children can learn that no matter what form their requests take, the desired outcomes will not be obtained. The image of a hostile world is reinforced by the realities of his environment, i.e., the obvious economic burdens with little opportunity to reach out to external support systems. A sense of universal helplessness may emerge. Not only are significant others nonresponsive but the external world of school and peers also rebuff the expressions for nurturance and attention. The child may be punished or ostracized for "acting like a baby." Under these conditions, some children repress and actively defend against these feelings. However, the anger that surfaces is not checked; instead, it is expressed in acting out behavior, an oppositional stance, and self-destructive activities. He does not fantasize about revenge or rescue; rather he acts out his rage on the family and the environment. The behavioral/cognitive style described as interpersonal helplessness--moving against others and an expectation based on a foundation of universal helpless-

ness--keep the wish for closeness and nurturance in check and out of awareness.

Interpersonal Helplessness

As previously discussed, Seligman and his researchers (1975) postulated the behavioral phenomenon of learned helplessness. The basic premise underlying this theory is that if an organism is subjected to an event over which it had no control, then motivational, cognitive, and emotional deficits would occur. Even in the face of direct evidence that responding would produce the desired relief and outcome, the organism would have difficulty in learning the relationship between response and outcome. The subsequent reactions were equated with depressive symptomatology by Seligman.

Abramson, Teasdale, and Seligman (1978) collaborated to present a reformulated model of learned helplessness which incorporated the cognitive and attribution theories of both Rotter's (1966) external vs. internal locus of control concept and Weiner's (1972) seminal attributional model. Extending the attribution theory in the model, Abramson, et al. (1978), presented an additional dimension, personal vs. universal helplessness, as previously discussed.

Phenomenologically, the concept of universal helplessness seems to be more relevant in describing the type of behavioral and interpersonal deficits exhibited by

depressed Black male adolescents. The I-don't-need-a-soul facade combined with the often hostile interpersonal stance of no-one-can-help reflects the primary elements outlined in the description of universal helplessness. However, the question that needs to be addressed for this patient population is: What are the possible perceptions or view of the world that may be involved in the evolution and maintenance of the type of universal helplessness seen among these adolescents?

Karen Horney (1945) illuminates a possible path to follow in the search for an answer to this query. Horney's definition of "gaining safety" is the behavioral, cognitive, and emotional style employed by the individual in an attempt to alleviate "basic anxiety", i.e., a feeling of helplessness toward a potentially hostile world. She describes "neurotic"/interpersonal trends that can be employed by an individual in an effort to cope with what is perceived as a hostile, uncontrollable environment.

Horney describes three basic strategies or trends that a child may develop to "cope with this menacing world": Moving toward, against, and away from others. When a child employs the first strategy, "he accepts his own helplessness, and in spite of his estrangement and fears tries to win the affection of others." The third trend, moving away from people, creates an interpersonal style that

keeps him apart: "He feels he has not much in common with them . . . [and] builds up a world of his own" The second trend, however, seems to illustrate the types of behavior and interpersonal relationships observed among Black male adolescents diagnosed as conduct disordered.

Horney relates that

when he moves against people he accepts and takes for granted the hostility around him, and determines, consciously or unconsciously to fight. He implicitly distrusts the feelings and intentions of others toward himself. He rebels in whatever ways are open to him. He wants to be the stronger and defeat them, partly for his own protection, partly for revenge. (p. 43)

Horney's description of moving against others falls into a category that is more a characterological defensive style which evolves to alleviate and repress basic anxiety. When this defensive maneuver fails, an overwhelming degree of anxiety and a sense of helplessness may inundate the adolescent. Thus, the aggressive and maladaptive behaviors that bring these adolescents to the hospital may be overt manifestations of the breakdown of this defensive style. When one combines the two constructs from Seligman and Horney, what emerges is the concept of interpersonal helplessness. This theoretical construct can be delineated as follows:

Interpersonal helplessness is a cognitive/behavioral style which is fostered by psychosocial experiences associated with (a) the development of a negative cognitive world-view (universal helplessness) and (b) an interpersonal stance of "moving against others" which is an overt manifestation of a defense against being overwhelmed by needs which the individual believes cannot be satisfied in the environment.

Moving against others also manifests in the denial of the need for nurturance and affectionate interaction with others. As in the prevalent theory on masking of depression in childhood, interpersonal helplessness suggests a "masking" of the wish for nurturance on interpersonal and cognitive levels. This is summarized in the following three factors: (1) negative cognitive view of the world, denying that anyone can help; (2) anger at the fact that he is alone and that no one can help him; and (3) masking of the wish for help and nurturance via denial and at times acting out (moving against others) when defense weakens.

The first factor may be observed in the way some Black adolescents perceive events in life. Relationships, events, especially positive, may be perceived as transitory, not something one can rely on in the future. If nothing can be stable and depended upon, then there is no sense of personal control. What is perceived is a lack of reliability and

help from the social environment. This can lead to a type of free-floating anger which is directed most often in conduct disordered cases toward others. It does not matter if the other is trying to be supportive, "there-for-him." This other is perceived through a Catch-22 prism--if he or she is indeed being helpful, it won't last, which perpetuates the anger that is acted out. The supportive other does in fact pull away and facilitates the CD adolescent's sense of no-one-can-help me. The third factor --masking the wish for help, support, and overt signs of affection--is the defensive style that evolves from the cognitive style of helplessness and anger. This forms the basis of interpersonal helplessness.

When a defensive stance of interpersonal helplessness dominates the picture, the adolescent is unable to perceive any potential savior, and reacts indiscriminately to friend and foe. He has learned, at a relatively early age, not to expect the much desired outcome, regardless of the response he makes. The desired outcome in this case is the overt and covert signs of nurturance from significant others. It can be hypothesized that the primary defenses at work are denial and projection.

The Black male adolescent may be trying desperately to deny the anxiety evoked by any conscious acknowledgment of his need and wish for nurturance from his psychosocial

environment. Thus, the "public enemy" facade projected by these adolescents can be interpreted as a manifestation of a defensive maneuver. Willock (1987) perceived conduct disordered adolescents in terms of a basic narcissistic vulnerability which he designated as the disregarded self. The disregarded self, according to Willock, is a subjective experience of the adolescent whereby he feels unloved and uncared for by his environment. He stated: "Because of hypersensitivity in this area, the hyperaggressive child is constantly on the lookout for hints of not caring . . ." (p. 220). Willock postulated that with this type of child, there is an underlying belief system which maintains a sense of being unlovable, and that it is something which makes others repulsed. These negative self-attributions provide the child with an explanation of why he cannot gain what he desires from the environment, i.e., attention from significant others.

A second facet of this type of negative self-regard can be described as a devalued self. Within this context, the child/adolescent may feel that although he may be in a terrible situation, at least it is some type of contact with significant others. Willock pointed out how some abused children want to return to households that have provided physical and psychological torture for them.

The differentiation of the self as it relates to conduct disorder seems to echo those issues of personal vs. universal helplessness. The experience of being unlovable due to some defect within the self reflects a sense of personal helplessness--that the deficiency is internal, stable. The experience that no one can care or can be of help suggests a universal helplessness that may be sustained by a nonnurturant psychosocial environment.

Willock's concepts of the disregarded and devalued self suggests the type of view-of-the-world associated with interpersonal helplessness. The postulated dysfunction of the self system would evoke a perception of significant others as indifferent, even hostile. Thus, an interpersonal stance of moving against others is set in motion. Willock concurs that this "character stance" of aggressive behaviors is defensive, "an attempt to ward off awareness of feelings of being unloved and unlovable" (p. 221). When the defensive stance weakens, the flood of negative feelings about self-worth may be overwhelming, leading to symptoms of depression--hopelessness, helplessness, lack of motivation, anhedonia.

The wish to be loved and valued can also be translated into the wish for nurturance from the psychosocial environment. Therefore, one could hypothesize that the interpersonal or character stance of the conduct disordered

adolescent is also a defensive stance to ward off the wishes and fantasies for a world filled with nurturant figures and support systems.

Psychodynamic Concepts of Defenses

Brenner (1955) described these defensive structures as they pertain to dreams: ". . . the part of the latent dream content which consists of wishes or impulses from the repressed is directly opposed by the defenses of the ego . . ." (p. 179). The primary purpose of such vociferous opposition by the ego, according to the psychoanalytic view is to shield the ego from the unpleasure of anxiety. This anxiety is associated with any conscious acknowledgment or overt expression of wishes or fantasies which may be verboden by societal standards or the psychosocial environment. As Brenner stated:

It is the opposition of the defenses of the ego to this part of the latent content of the dream which is principally responsible for the fact that the manifest dream is so often incomprehensible as such, and quite unrecognizable as a wish-fulfilling, fantasy image.
(p. 179)

In her classic psychoanalytic exposition on defense mechanisms, Anna Freud (1937) delineated the various types of maneuvers employed by the ego to protect itself from external and internal (i.e., anxiety) danger. According to

Anna Freud, these defenses can be discerned in the analysis of dreams of children and their fantasies. She describes the use of fantasy as a means of reversing objective reality which evokes unpleasure or anxiety. Thus, with children, fantasies may evolve to defend against dangers from within (forbidden impulses or wishes) or to anxiety-provoking stimuli from the external world.

The use of projective tests to circumvent defenses and reveal unconscious wishes, fantasies and drives has much appeal when one is attempting to understand the inner world of an individual. But how can we assume that such manifest material as a TAT story reflects these latent aspects of the person's unconscious? Freud (1913) alluded to the rationale behind such techniques by his statements in Totem and Taboo:

Under conditions that have not yet been sufficiently determined, even inner perceptions of ideational and emotional processes are projected outwardly, like sense perceptions, and are used to shape the outer world whereas they ought to remain in the inner world.

Bellak (1975) elaborated on this hypothesis: "Freud's main assumption is that memories of percepts influence perception of contemporary stimuli [For example] the subject's past perception of his own father influence his perception of father figures in TAT pictures" (p. 15). Thus, the manifest content of a story elicited by a TAT picture

evokes memories and the affects associated with such unconscious, latent material. Under the guise of responses to an "objective set of stimuli," e.g., a TAT picture, the control of the ego is assumed to be lessened, and the unconscious/preconscious percepts are revealed through the storyline provided by the patient.

Statement of the Problem

Based on the literature reviewed, it also seems possible to hypothesize certain factors that would differentiate between functional, "normal" adolescents and conduct disordered individuals. Functional adolescents do not perceive the world as universally hostile and emotionally barren. Neither do they see the environment as populated by loving, all-giving nurturant figures. Instead, it can be hypothesized that functional individuals have developed the capacity to discriminate shades of gray, so to speak, in terms of psychosocial experiences. They have a sense of personal control and competence which is tempered by the knowledge that they are not perfect. They can accept criticism without their basic self-esteem being undermined. They are able to give emotional support and feel worthy to receive positive regard and nurturance from others. They do not need to hide their desire for nurturant support. These adolescents feel confident that such requests and needs can be met by those in their social support system. They do not

need to resort to defenses such as denial when confronted by nurturant cues in the environment.

Conduct disordered adolescents, however, interact with their environment in a hostile manner. Instead of a passive stance, their interpersonal style projects an image of toughness, i.e., that no one is needed in their lives. Their oppositional "moving against others" is pursued even in the face of a psychosocial reality that is benign. They cling to the belief that not only do they lack the correct responses to get them what they desire, no one else can help them. Thus, they perceive that their social environment is filled with objects that are useless to them. This uselessness frustrates and infuriates them.

The overt signs of bravado combined with a covert defensive structure of denial shield them from wishes and feelings they believe are unattainable. Their desire for nurturance from significant others has been driven underground by their experiences in their psychosocial spheres. Their overt and covert defensive shield, e.g., denial, protects them from becoming aware of these needs. Their cognitive and interpersonal styles insure that no one can get close enough to evoke their feelings or desires to be nurtured. Yet, the pressure of these unconscious needs which they tried so hard to bury is likely to intensify. They in turn must fight all the harder to keep them out of

consciousness. Thus, their maladaptive interpersonal style of moving against others becomes more rigid; acts of hostility are exhibited in a frenzied effort to maintain equilibrium despite disintegrating forces.

Both the depressed adolescent and the conduct disordered youth present a danger to themselves and/or to others. The assumption of depression in both these groups of youths is often incorporated into the treatment and counseling plans. But the underlying need and ongoing wish for nurturance by the conduct disordered individual, especially among Black adolescents, is frequently overlooked.

Hypotheses

The purpose of this study is to determine whether acting-out adolescent Black males of low socioeconomic status (a) move away from their needs for nurturance, (b) are less likely to recognize nurturant behaviors, and (c) have the attribution style of blaming others in order to defend against unworthiness and a sense of universal helplessness. Accordingly, the following hypotheses will be tested:

Hypothesis 1: Black male adolescents of low socioeconomic status who are diagnosed as conduct disordered will perceive fewer nurturing reactions from maternal figures when confronting positive statements about mother-

son interactions when compared to functional Black male adolescents from similar socioeconomic backgrounds.

Hypothesis 2: Black male adolescents of low socioeconomic status diagnosed as conduct disordered will be less likely than those not so diagnosed to acknowledge nurturant behaviors in general when confronted by such stimuli in projective images.

Hypothesis 3: Black male adolescents of low socioeconomic status diagnosed as conduct disordered will have a higher reliance on an external attributional style, i.e., they will attribute events whether positive or negative to forces beyond their control.

Chapter III

Methodology

Subjects

Two groups, each with 15 Black male adolescents between the ages of 13-17, participated in the present study. Group I consisted of fifteen adolescents who were diagnosed as Conduct Disordered, Undersocialized, Aggressive on Axis I according to DSM-III guidelines (1983). This diagnosis corresponds to the DSM III-R diagnosis of Conduct Disorder, Solitary, Aggressive Type (1987) (Appendix A). Diagnostic assessments for inclusion in Group I were obtained from psychiatric, psychological, and psychosocial evaluations upon admission into three settings: (a) a large municipal hospital Male Adolescent In-patient Unit; (b) an outpatient program for adolescents at the same facility--this program is considered an out-patient day program for conduct disordered adolescents who are usually remanded by the court system as a part of Persons in Need of Supervision (PINS) requirements; and (c) a correctional facility where adolescents are detained or incarcerated due to antisocial behaviors, primarily drug sales, possession of marked money, burglary. Participants at the latter site were assessed by the mental health clinic upon admission. Table 1 provides

the number of participants recruited from each site. It may be argued that those individuals who are in-patients in a psychiatric hospital are more "disordered." This is not necessarily the case. The specific setting in which these youths are found is determined in many cases by societal responses to maladaptive behaviors of Black male adolescents from low socioeconomic backgrounds. Lewis, et al. (1979) reported that ". . . many seriously psychiatrically disturbed, abused, and neglected black children are being channeled to correctional facilities while their white counterparts are more likely to be . . . directed to therapeutic facilities" (p. 60). Thus, the behaviors of these adolescents incarcerated does not differ significantly from those hospitalized as conduct disordered. The inherent difference seems to be the "accident" of being caught in the criminal justice system rather than family court.

Criteria for Subject Participation in Group I

The specific psychosocial criteria for inclusion in the conduct disordered group were as follows:

1. Subject must be a Black, non-Hispanic male, aged 13 to 17 who lives in a socioeconomically deprived inner-city neighborhood.
2. The pattern of antisocial behavior must have been repetitive and persistent.

3. The psychosocial evaluation must have resulted in a diagnosis of conduct disorder Axis I.

4. They must have resided in single-parent households.

5. Participants must have no history of neurological problems, e.g., seizures, or severe learning disabilities.

Psychosocial and psychiatric evaluations in case records were used to assess whether subjects met these criteria. Each subject was asked to participate in the study by the principal investigator in conjunction with the youth's therapist or counselor. It was clearly stated that there were no negative consequences if a youth did not wish to participate.

Criteria for Subject Participation in Group II

The participants who were designated as normal controls met the same criteria (race, age, and socioeconomic status, single-parent household) as did the conduct disordered group except for the following:

1. No history of antisocial behavior including no arrest record or contact with the legal/law enforcement system and no substance abuse problems.

2. No previous psychiatric hospitalizations.

3. Obviously, no diagnosis of conduct disorder or any other psychiatric disorder.

These adolescents were recruited from city high school after-school programs, and community centers for youths.

Teachers, guidance counselors and counselors or leaders of these programs were contacted by the principal investigator and given an outline of the research goals, in addition to the parental consent form (see Appendix B). Subjects selected by these counselors and teachers based on the criteria necessary for inclusion in Group II were then screened and interviewed by the principal investigator and asked to participate. Parental approval was then solicited. Two factors made recruitment of these control subjects difficult: (a) parental mistrust, and (b) the negative perception of psychological research by the adolescents. In terms of parental perceptions, there was a suspicious stance when it came to their children responding to queries about the family. For some, no amount of reassurance with regard to confidentiality or the fact that these responses would be converted to statistical data dispelled these fears, i.e., that such information would somehow be used against them. This may reflect these poor families' past experiences with social services agencies where information might have been used to deny a family public assistance or other sources of help. The second obstacle, the adolescent's reluctance to participate, highlighted the perception of "psychological experiments" as using them as "guinea pigs." When asked about what they feared, the common answer involved the negative portrayal of psychologists and psychiatrists in

films. In order to encourage the necessary number of control participants it was decided to offer a monetary incentive. Initially, five dollars for an hour interview was offered. This remuneration had to be increased to fifteen dollars since there was little positive response to the initial offer. In addition, visits, phone calls, and intervention from counselors and teachers to parents were all required to facilitate participation. There were over 50 potential subjects which finally yielded 15 participants.

Administration of Instruments

The issue of reading ability was addressed in order to avoid any major discrepancies. It is well known that "ghetto" schools vary greatly in their success in teaching their students, especially Black males. Reading is a particular area of difficulty for these students. It is likely that within this group conduct disordered males are at a greater disadvantage (Quay, 1987).

In an effort to minimize the interference from reading problems with the subjects' management of the test instruments, three procedures were implemented. First, as mentioned previously, the initial psychiatric screening process for Group I ruled out those adolescents who showed signs of mental deficiency or neurological/organic deficits. Second, individuals assigned to Group II, the control group, were mainstream high school students, i.e., enrolled in

regular classes in the New York City school system. Students in remedial classes were excluded. The third procedure involved the method of administering the research instruments.

The four measures were administered to each subject by the principal investigator. The settings varied depending on the life circumstances of each subject. Conduct disordered participants were interviewed at therapists' offices in the hospital or in social service offices at the correctional facility. Test materials were administered to participants in the control group in either their homes or at community based offices.

The responses to the Thematic Apperception Test (TAT), Blatt's description of mother assessment, and the Attributional Style Questionnaire (ASQ) were recorded verbatim by the examiner. Participants were encouraged to relax, and the examiner engaged in light conversation with them to facilitate their ease before the materials were presented. Prior to administering the tests, the following statements were made to each subject concerning confidentiality:

I want to really emphasize that there are no right or wrong answers to these questions. They're just to get your opinions, ideas. Also, I want to remind you that your answers will not be

discussed or told to anyone like your mother or counselor. All these answers are private and your name won't be used. These responses are going to be changed to numbers and statistics.

Since the levels of reading comprehension varied, all inventories and questionnaires were verbally administered by the principal researcher and recorded verbatim.

Research Instruments

In order to test the hypotheses that there are significant differences between conduct-disordered Black male adolescents and their "normal" counterparts in terms of cognitive, attributional, and defensive stance, four research tools were chosen--three projective tests, and one objective inventory. Each is described as follows:

The Attributional Style Questionnaire

This projective measure was devised by Peterson, Schwartz and Seligman (1981) to evaluate the cognitive style of individuals (see Appendix C). This questionnaire is composed of 12 brief "what if" scenarios that require the subject to provide attributions of causes for the events described in each vignette. This measure reveals a tendency to externalize causations of life events rather than attributing them to internal causative factors.

The criteria for scoring the ASQ responses was developed by Petersen, et al. (1985), i.e., the CAVE method

(Content Analysis of Verbatim Explanations). The format is explained in Appendix C. The interrater reliability coefficient of .96 was achieved in scoring the verbatim explanations of causative factors by the procedure discussed in the training of the independent nature of this study.

The Children's Reports of Parental Behavior Inventory
(CRPBI)

This inventory was developed by Earl Schaefer in 1965. It assesses the subjects' perceptions of the nurturant behaviors of their primary caretakers. Since the inventory consists of over one hundred items, the short form devised by Margolies and Weintraub (1977) was employed (see Appendix D). The fifty-six item revised version, as does the original, evaluates three dimensions of parental child-rearing behavior: (1) acceptance vs. rejection; (2) psychological autonomy vs. psychological control; and (3) firm control vs. no control. For the purposes of this study, the sub-scales which comprise the factors of acceptance vs. rejection and firm control vs. no control were the focal points for assessment of differences in perceptions of maternal and nurturant behaviors. The reliability coefficients for the three factors of the CRPBI (mother format) are as follows according to the Margolies and Weintraub (1977) study of 56 item instrument: acceptance

vs. rejection. 79, autonomy vs. psychological control, .84, and firm vs. lax control, .93 ($p < .001$).

Blatt's Assessment of Qualitative and Structural Dimensions of Object Representation

An additional evaluation of nurturant needs as it pertains to perception of object relations was assessed by the inclusion of Blatt's Assessment of Qualitative and Structural Dimensions of Object Representation (1976). This provided an additional measure of nurturant needs as it pertains to object relations, i.e., internal representations of significant factors as affectionate or punitive. Each participant was asked to provide a description of his mother within a five-minute time limit. Originally, Blatt and his associates had subjects write their descriptions of parental figures. However, in an effort to minimize bias due to reading and writing problems, participants' responses were given verbally to the examiner. These descriptions were recorded verbatim. Blatt, et al. (1976) obtained reliability coefficients using 3 independent raters who scored verbatim descriptions of mother-responses of college undergraduates on 15 factors. For the purposes of this study only the 5 relevant factors were used and scored on a 7-point scale, i.e., Affectionate, Benevolent/Malevolent, Positive Involvement, Nurturant, and Punitive. Reliability scores for these designated factors were .69, .82, .76, .86,

and .72 respectively. In the present study one independent rater was used and reliability coefficient of over .90 was obtained in scoring verbatim descriptions-of-mother responses according to explicit definitions devised by Blatt, et al. (1976) and presented in Appendix E.

The Thematic Apperception Test (TAT)

Seven cards (1, 7GF, 5, 4, 6BM, 15, 13B) were chosen for presentation, selected on the basis of previous research that focused on nurturance and expression of emotional themes (Bellak, 1975). This is a projective test which depicts individuals alone or engaging in some interaction with others. The subject is asked to make up a story about the picture. These stories reveal the subject's view of life and particularly their object relations. Westen (1991) employed a 5-point multidimensional scale for assessing different dimensions of object relations from TAT responses in terms of interpersonal wishes, affects, and conflicts in psychiatric and normal populations. He found the TAT is a valid instrument for the assessment of object relations "because the stimulus is unambiguously social, and subjects are likely to provide enough detail in describing characters and relationships as to provide considerable access to cognitive and affective-motivational patterns related to interpersonal functioning . . ." (p. 56).

For the purposes of this study, the same scoring procedure used by Blatt, et al. (1976) in the assessment of description-of-mother responses was employed for verbatim TAT responses. The identical five factors and their definitions were also employed in the evolution process, and an interrater reliability coefficient of over .90 was obtained.

Procedure for Interpreting Projective Responses

The assessment method employed in Blatt's qualitative evaluation of object relations has been successfully applied to projective tests, i.e., Rorschach and TAT. Therefore, these scales and qualitative ratings were used to score TAT and description of mother responses. The model for this rating approach was based on Blatt's (1976) scoring of qualitative characteristics of object attributes employing a Likert-type seven-point scale. The content of the TAT responses was assessed according to the precise definitions delineated by Blatt for five of the twelve factors given by Blatt, et al., i.e., Affectionate, Benevolent, Malevolent, Degree of Constructive Involvement, Nurturant, and Punitive dimensions.

The rationale for limiting the factors to these five qualitative dimensions was dictated by the specificity of this pilot study's hypotheses. The five designated factors

were deemed most relevant to the targeted interpersonal/cognitive style issues.

Interrater Reliability: Training Procedure

In an effort to obtain a high interrater correlation, one rater was chosen to be trained in scoring the projective responses of the two groups. The rater selected was a female, white psychologist who worked on a child and adolescent in-patient unit at a municipal hospital. Five sets of TAT, ASQ, and Blatt's description-of-mother responses were randomly selected from each of the two groups to be used as part of the training material. Three of the seven TAT cards were used in the training process, i.e., Cards 5, 6BM, and 7GF. These maternal images and cards were selected for their propensity to be perceived as having nurturant interpersonal content. The rater was given examples of scoring the TAT and description of mother responses based on Blatt's et al. (1976) detailed definitions for each of the five designated factors on a seven-point scale. For example, a TAT or description of mother response with a high degree of nurturant content was scored as a 7, the lowest a 1.

Four ASQ scenarios were chosen for each training set. Two illustrated examples of internal-stable, internal-unstable dimensions, and two for external-unstable, external-stable exemplars. The rater was trained to score

these examples using the CAVE method as described by Shulman, et al. (1989) (see Appendix G). Each dimension was rated on a seven-point scale. For instance, a response that reflects a stable, internal characteristic ("I am stupid") was scored 7, the highest extreme of the scale.

Each set of the training responses was scored by the rater and by the principal investigator. The scores were then subjected to a Pearson's r to assess degree of correlation. The targeted interrater reliability correlation was between .80-.90. Approximately 12 one hour sessions were conducted before an r of .96 was obtained which indicated that the rater had reached an equal understanding of the scoring criteria as did the principal investigator. The rater scored each protocol without being informed of the subject's diagnosis or status as a control, i.e., blind scored.

Scoring of the Children's Reports of Parental Behavior Inventory (CRPBI)

The responses to the 56-item CRPBI was scored on a 3-point scale as described by Shulderman and Shulderman (1970). "Like my mother" answers were assigned a 3, "Somewhat like my mother," 2, and "Not like my mother," was designated by 1.

Two factors were targeted for analysis of this inventory--Acceptance vs. Rejection, and Firm Control vs.

Lax Control. These factors were chosen to test the hypothesis that the CD group would perceive a more punitive relationship (i.e., low number of "Like my mother" responses on Acceptance, higher on Firm control) with the maternal figure and his environment than would the Control subjects.

Assessment of Demographic Data

This is sixteen-item demographic checklist which was devised to obtain personal information concerning number of individuals in the youth's household, significant positive relationships with others both outside and within his family, amount of interaction with family, etc. (see Appendix E). Questions were asked to provide data on two relevant dimensions: of (a) whether the youth sought and received attention and nurturance from sources outside family/household and (b) the number of household members, since each member represents potential for positive attention to the youth or for competition for attention. These queries were asked of each participant after the four research measures were administered (see Appendix F).

The responses that were pertinent to this study were number of siblings in the home and important external relationships where they could find nurturance and support. It was assumed that the higher number of siblings reported in the home would be correlated with a greater sense of rejection or lack of nurturance as reported on the CRPBI.

The report of close, confidante-type relationships was also of interest in terms of differences between CD and controls, i.e., would CD group participants deny a need to seek out close relationships outside of the family for nurturance. This would also suggest the presence of the type of cognitive style associated with universal helplessness, i.e., a feeling that no one can help.

Chapter IV

Results

Specific Demographic Data and Diagnostic Measures

Table 1 provides a breakdown of subjects by location for the two groups including inpatient, outpatient, and incarcerated status. The breakdown of the conduct disordered (CD) group was 5 inpatient and 5 outpatient participants. The remaining 5 subjects were incarcerated. The control group subjects were from inner-city high schools (10) and afterschool affiliated community-based programs (5).

Table 2 presents a descriptive and chi-square analysis summary of the demographic data for the two groups. As indicated in Table 2, there were no statistically significant differences between the two groups on their mean ages (CD = 15, control = 14.7) or their mean number of siblings (CD = 3.6, control = 2.5). A t -test was performed for the means of these two variables. Analysis between the means for age yielded $t = 0.64$, $df = 27$, $p > .53$, siblings: $t = 1.39$, $df = 20.16$, $p > .18$.

Other background data were analyzed to determine whether or not the groups differed on selected variables thought to be potentially relevant to their diagnostic

Table 1

Location Breakdown of Conduct Disordered (CD) and Control Groups

Location	Number of Subjects
Conduct disordered (<u>n</u> = 15)	
Hospital--inpatient	5
Hospital--outpatient	5
Rikers--incarcerated	5
Controls (<u>n</u> = 15)	
City high school afterschool programs	10
Community-based program	5

status. Three variables were assessed as outlined in Table 2. The first focused on the working status of the mother, i.e., whether the mother was a homemaker or worked outside the home. The second variable measured the amount of contact each subject reported he had with extended family members. This variable served as a possible indicator of the degree of nurturance received from the social environment. The third variable--having a trusted confidant or friend--served as an indicator of the extent to which each subject reached out to the social environment for help and support. This variable also provided an indication of whether the subject experienced a persuasive sense of universal helplessness ("No one can be of help.") as well as a possible "moving against others" style of interaction.

The chi-square analyses indicated that there were no statistically significant differences between the two groups on any of these variables, i.e., whether or not the adolescent's mother worked: $\chi^2 = 1.98$, $df = 1$, $p > .16$; frequency of contact with extended family members: $\chi^2 = 1.22$, $df = 1$, $p > .27$; the availability of a trusted confidant: $\chi^2 = 2.00$, $df = 2$, $p > .37$.

It is worth noting, however, that the controls were more likely to have mothers who worked outside the home (87% vs. 40%) as seen in Table 2. The controls or "normals" were also 20% more likely than the conduct-disordered group to

Table 2
Demographic Comparisons Between Conduct Disordered (CD) and Control Groups

Situation	Groups			
	CD		Controls	
Mother's status ^a				
Mothers at home	4	(60%)	2	(13%)
Mothers at work	6	(40%)	13	(87%)
Contact with extended family ^b				
Daily/weekly contact	7	(47%)	10	(67%)
Sporadic/no contact	8	(53%)	5	(33%)
Confidante/trusted friend ^c				
None	5	(33%)	1	(6%)
Outside of family	6	(40%)	7	(47%)
Family member	4	(27%)	7	(47%)
Average number of siblings	3.6		2.5	
Average age	15		14.7	

^a $\chi^2 = 1.98$, df = 1, p > .16. ^b $\chi^2 = 1.22$, df = 1, p > .27.

^c $\chi^2 = 2.00$, df = 2, p > .37.

have daily or weekly contact with their extended family members (67% vs. 47%). Finally, the participants in the conduct disordered group were more likely not to have a trusted confidante or friend (33% vs. 16%). If the sample size had been larger, there might have been greater significance differences found between the groups on these variables.

Analyses of Hypotheses

Hypothesis 1: Black male adolescents of low socioeconomic status diagnosed as conduct disordered will perceive fewer nurturing reactions of maternal figures.

The first hypothesis stated that the conduct disordered group would have a significantly higher number of negative, non-nurturing perceptions of their interactions with their mothers than would the control group. To examine this hypothesis, a stepwise discriminant analysis was performed wherein the three dimensions of the Children's Reports of Parental Behavior Inventory (CRPBI)--(1) Acceptance vs. Rejection, (2) Firm vs. Lax Control, and (3) Psychological Autonomy vs. Psychological Control--were analyzed for significant differences. None of these variables was selected into the model, indicating that the three CRPBI variables were unable to statistically differentiate between the two groups of subjects ($\chi^2 = 1.46$, $df = 3$, $p > .69$).

Hypothesis 2: Black male adolescents diagnosed as conduct disordered will be less likely than those not so diagnosed to acknowledge nurturant behaviors and interactions when confronted by such stimuli in projective images.

The second hypothesis predicted that there would be statistically significant differences between the two groups in terms of their object representations as measured by the TAT and the Blatt protocols. More concretely, the expectation was that the conduct-disordered group would be more "defended" against perceptions of nurturant interactions than would be the control group, i.e., denial.

Hypothesis 3: Black male adolescents of low socioeconomic status who are diagnosed as conduct disordered will have a higher reliance on the cognitive style of external attributions, i.e., they will attribute events whether positive or negative to forces beyond their control.

The third hypothesis predicted that the conduct-disordered group would exhibit more externalization of blame than would the control group as measured by the two dimensions of the Attributional Style Questionnaire (ASQ), i.e., (1) external vs. internal locus of control (EI) and (2) stable vs. unstable attributions (SU).

These latter two hypotheses were simultaneously evaluated by conducting a stepwise logistic regression

analysis wherein five factors for the TAT, Blatt and the two dimensions of the ASQ were considered, as potential discriminators between the two groups. Table 3 summarizes the data for the TAT and Blatt protocols.

Using a stepwise logistic regression analysis, two variables were found to statistically differentiate between the two groups (Wilks Lambda = .408, $\chi^2 = 21.95$, $p < .0001$). Individually, the two discriminating variables are (1) stable vs. unstable attributions ($p < .0004$), and (2) nurturance (Blatt) ($p < .0023$). An examination of the standardized discriminant function coefficients indicates that being conduct disordered is associated with lower scores on the Attributional Style Questionnaire Stable/Unstable dimension (ASQSU) and the nurturance factor on the Blatt Object Representation protocol (Nurblatt). As indicated by the standardized discriminant function coefficients, the ASQSU and NURBLATT are approximately equally strong (.98 vs. .95) in discriminating between the conduct-disordered and the control groups. The AFFBLATT is somewhat weaker (-.79) as a discriminator of the two groups (see Table 3). This supports the hypothesis that the conduct disordered group was much less likely than the control group to perceive nurturant interactions with maternal figures. It was also postulated that cognitive styles would differ between the groups. Although there were

Table 3

Summary of Stepwise Regression Analysis of Two Protocol
Factors for Conduct Disordered and Control Groups

Protocol Factor	Standard Discriminant Function Coefficient	Significance
<hr/>		
Attributional Style		
Questionnaire Stable/ Unstable Factor (ASQSU)	.98	p<.0004
Blatt Object Representation		
Nurturant Factor	.95	p<.0023

$\chi^2 = 21.95, df = 3, p > .0001.$

no significant differences in terms of external vs. internal attributions it was confirmed that the conduct disordered group were more likely to attribute unstable causative factors to both good and bad events.

Additionally descriptive analyses were performed examining the demographic and background variables, correlations with the CRPBI, TAT, and Blatt object representation factors as well as the 2 dimensions of the Attributional Style Questionnaire. Table 4 presents a number of the correlations between the protocol factors and specific demographic data for each group. It should be kept in mind that some of these correlations may be chance associated. Thus, this should be viewed as an exploratory analysis.

The adolescents in this population who were older tended to score lower on the CRPBI Autonomy-Control factor ($\bar{r} = -.398$, $p = \leq .05$). Thus, an adolescent in the higher end of the 13-16 age range would most likely view the maternal figure as being less controlling. A moderate positive correlation was found between having a confidant and the Acceptance/Rejection dimension of the CRPBI. Those subjects who responded to more accepting statements of a mother were more likely to have a confidant ($\bar{r} = .417$, $p = \leq .05$).

Table 4
Significant Correlations Between Demographic Data and
Protocol Factors

Variable	Factor	r
CRPBI		
Age	Autonomy vs. control	-.398
Confidante	Acceptance vs. rejection	.417
TAT		
Age	Affection	.334
Age	Punitive	.383
Blatt		
Age	Affection	.382
Age	Nurturance	.403
Age	Affection	-.329

Significant at $p \leq .05$.

On the Affection dimension of the TAT projective tests, there was a moderate correlation between the age of the subject and the number of responses that indicated an affectionate interaction between the characters depicted in the cards ($\underline{r} = .334$, $\underline{p} = \leq .05$). This indicated that the older the subject, the more likely he would present a story that suggested overt affection between the characters depicted in the cards. This held true for both groups. For both groups a slightly moderate positive correlation between age and the Punitive factor on the TAT was found ($\underline{r} = .383$, $\underline{p} = \leq .05$). The older the adolescent in this population, the more likely his perceptions on the TAT would reflect a more punitive interpersonal environment. Taking into account the possibility of chance associations, there is an indication that older Black male adolescents in both groups tend to depict affectionate and punitive elements in their TAT stories. This suggests that dual messages may be perceived by these children, a type of double-bind communication from the social environment.

On the Blatt Object Representation measure, the dimension of Affection produced a moderately negative correlation with regard to having a confidant ($\underline{r} = .382$, $\underline{p} = \leq .05$). Low scores on this factor suggested that the adolescent was more likely to have no one they trusted or

would be less likely to trust anyone within his family
circle.

Chapter V

Discussion

The term "masked depression" has been employed as a theoretical framework in which the psychopathology of delinquent behaviors could be understood and examined (Carlson & Antwell, 1980). The emphasis on the depressive aspects of the conduct-disorder syndrome has often overshadowed other facets which may also precipitate and maintain the maladaptive, destructive interpersonal stance, especially within a minority adolescent population. Inner-city Black male adolescents are confronted by multidimensional factors that have an impact on their interpersonal and cognitive development. For example, young Black males often develop an interpersonal and cognitive style that responds to the everyday reality of their social environment that perceives them with fear and low expectations. In many cases, he must contend with the limitations of a low economic status and inadequate familial and social support system.

In the present study, the construct of interpersonal helplessness addressed how other psychodynamic and cognitive style factors may shape the perceptions, defensive, and interpersonal style of Black male conduct-disordered

adolescents. Analysis of the data from this study confirmed that Black male conduct-disordered adolescents may in fact respond to nurturant stimuli in a manner that differs from functional adolescents. In this study they were less likely to acknowledge signals of nurturance in their environment, i.e., denial. One can speculate that this defensive style evolves early in life similar to the process described as a basic mistrust (Horney, 1937). Thus, the perception that it is pointless to expect the emotional support needed for a sense of security results in an evolution of defensive and behavioral styles that will keep the wishes and desires for nurturant responses from the social environment in abeyance. Black male adolescents in large inner cities are also confronted by negative reactions that reinforce their initial basic mistrust, and foster aggressive, moving against others interpersonal reactions. Such a stance is associated with the type of cognitive and behavioral styles described as interpersonal helplessness.

It is interesting to note that in this study the conduct-disordered group made more unstable attributions than did the control group. This suggests that poor Black male CD adolescents perceive causative factors of good and bad events as transitory, not to be relied upon for a sense of stability. Thus, if the causative elements of good events are changeable, then positive interactions are also

subject to change. This also suggests that inner-city Black male adolescents who are conduct disordered may have a view of the world that reflects a sense of universal helplessness, i.e., nothing/no one can be relied upon or trusted to provide consistent help or support.

This perception of the transitory nature of situations and interactions impacts on the adolescent's ability to reach out for help from others and to trust. Although the size of the population was small, the data indicated that the controls were 20% more likely than the conduct-disordered adolescents to have frequent contact with extended family members and a trusted friend or confidant. This suggests that those inner-city Black male adolescents who avoid maladaptive behavioral interactions have consistent experiences with significant others. Thus, the belief system associated with universal helplessness is negated, and the effects of positive, nurturant interactions can not only be acknowledged but incorporated into the self system by the adolescent. The functional Black male adolescents in this study demonstrated that they can reach out to others and have a sense of trust that others can provide help.

It is interesting to note that there were two discriminating factors between the conduct disordered and control group. They were: (1) stable vs. unstable

attributions on the ASQ and (2) the nurturance factor of the Blatt Object Representations Protocol. As reported in the results, Black male conduct-disordered adolescents in this sample had lower scores on the Attributional Style Questionnaire Stable/Unstable (ASQSU) dimension and the factor of nurturance of the Blatt protocol. The Blatt Assessment of Object Assessment asks the open-ended statement "Describe your mother." The results indicate that the conduct-disordered subject will describe his mother with statements that reflect a low perception of nurturance. Add to this the tendency to perceive causative factors of both good and bad events as unstable by the conduct disordered adolescent and it suggests an interesting distinction. The difference seems to be in the sustained feeling of being nurtured, being given consistent attention and signs of caring. One can speculate that the conduct disordered adolescent in this population may not feel that there will be a sustained, consistent safety net of nurturance. A sense of basic mistrust is reinforced and maintained to defend against being disappointed and anxious.

The apparent dichotomy between significant results for the TAT and Blatt Assessment of Object Representation, i.e., no significant differences between groups on TAT as opposed to Blatt, suggests differences in these instruments' ability to tap into unconscious material. The TAT could be seen as

somewhat more structured since it depicts people alone or interacting with others. Blatt's query, "describe your mother," seems to promote more active participation from the responder. In this situation more unconscious material may be revealed. Furthermore, the fact that the TAT cards depicted white individuals may reinforce these participants in their tendency to distance themselves from the material on an emotional level. It would be interesting to compare the Blatt instrument used in this study with a culturally sensitive apperception test such as TEMAS to determine whether there would be similar results.

In light of the small sample size of the population in this study, one has to be cautious in making broad generalizations about Black male conduct disordered adolescents. However, one can speculate that there are indications that differences in cognitive styles do exist between the targeted population and their functioning counterparts.

The data in this study indicated a cognitive style among this specific population that suggests a lack of trust. The fact that they made more unstable attributions to both positive and negative events may indicate that life experiences, good or bad, are transitory, unreliable. It reflects some degree of helplessness in that the person feels powerless to sustain positive events. One can

speculate that this cognitive style may also suggest an inability to distinguish those events that are within his control and those that are not. This may explain the behavior of this type of adolescent in treatment. His lack of trust in anything good being sustained, his difficulty in recognizing what he can do to control events in his environment may maintain aggressive, moving-against-others behaviors even in the face of a supportive therapeutic environment.

Indicators of Risk and Intervention

The data from the present study was obtained from a small sample population of Black male adolescents from a low socioeconomic background. However, even within these limitations, it is possible to pinpoint some issues that need to be addressed in the treatment of the Black male conduct disordered adolescent. Based on this study, there are four tenets that should be focal points in the treatment process: (1) The adolescent's lack of trust that anyone can be of help to him. This belief has to be confronted in the initial stages of therapy. When this belief system is not addressed in a forthright manner from the start of the treatment, many clinicians find themselves locked in a hostile battle of silence with their young patients; (2) The adolescent's possible perceptions of events and interactions, whether good or bad, as transitory. This type

of cognitive style or view-of-the-world can be disruptive to the therapeutic alliance. Just when the therapist believes he/she has gained the patient's trust, he suddenly becomes more hostile, distant, and aggressive. His perception that the emotional, nurturing relationship with the clinician is not stable, may not be real, has to be confronted and interpreted throughout the therapeutic process; (3) The Black male adolescent's perception of a social environment that in general lacks nurturance, consistent attention, and emotional support. Since the conduct disordered adolescent tends to deny nurturant cues and interactions, it is necessary to refocus his attention on the nurturant aspects of his interactions with maternal figures and others within his social environment. For example, he may verbalize feelings that no one spends time with him, "no one cares." It is important that this perception be challenged by refocusing his attention to an event that took place in which others did show caring and emotional support, e.g., "what about the time your teacher spent an hour helping you with your homework?"; (4) The results suggest the Black male conduct disordered adolescent may have difficulty recognizing the situations which he can control as opposed to those he cannot control. The therapist should point out this distinction by, again, referring to daily life events and experiences.

Many educators in inner cities throughout the United States are calling for interventions that address the issues presented in this study of Black male conduct disordered adolescents. Specific schools that would be gender-specific, i.e. Black males within a designated age range, are being proposed as an intervention in an effort to "rescue the next generation of black boys" (New York Times, Aug. 14, 1991). These schools would address the same factors found to be significant in this study of Black male conduct disordered adolescents, i.e., nurturing environments, and a stable source of positive attention. Spencer H. Holland, Ph.D., director of the Center for Educating African-American Males at Morgan State University in Baltimore, Maryland, confirms the need for this type of intervention by stating: "These boys have not really seen men who are nurturing, men who are kind." These young Black male adolescents have also not seen nurturing, kind responses from their social environment within the confines of the inner cities. They have only perceived mistrust, fear, and rejection from the larger society which only reinforce the cognitive and interpersonal styles addressed in this study. Hopefully, further research in this area will further the primary goals, i.e., to break the cycle of labeling and incarcerating the next generation of young African-American males.

Limitations of Study

The major limitations of this study need to be addressed. The first involves the recruitment of the controls as counterparts to the conduct disordered Black male adolescents. The factor of random selection of functioning Black male adolescents for the study was difficult due to the reluctance of many parents in permitting their sons to participate in a study. Mistrust of the mental health system by these families limited the size of control sample pool.

The second limitation was the sample size of the population and its effect on the analyses and conclusions of the data. Perhaps with a larger population, more definitive differences would be discerned. Although moderate correlations were found to support premises of the hypotheses, the investigator had to be cautious and not generalize the findings but simply explore the heuristic implications on a speculative basis.

Summary and Conclusions

The purpose of this study was to present an alternative viewpoint to the traditional etiological explanations for the type of behaviors that place many Black male adolescents in the diagnostic category of conduct disordered. The construct of interpersonal helplessness was devised to address the issue of nurturance and explain the

interpersonal as well as the cognitive styles of those Black male adolescents of low socioeconomic backgrounds who have been diagnosed as conduct disordered either by the psychiatric community or through the correctional institutions. Based on this heuristic construct it was hypothesized that these adolescents would differ from their functional counterparts in three areas: (a) the conduct disordered group would have more negative perceptions of nurturant maternal figures, (b) they would not acknowledge or recognize nurturant interactions to be the same degree as their functional counterparts, and (c) this group would have cognitive styles that tend to reflect a sense of universal helplessness as compared to a control group. Fifteen Black male adolescents from an inner city area and of low socioeconomic background were compared to fifteen controls on four protocols--the Children's Report of Parental Behavior Inventory, the Attributional Style Questionnaire, Blatt's Object Assessment of Object Representation, TAT, and a demographic checklist. A stepwise logistic regression analysis of the responses of the two groups was performed, and it was found that the groups did differ on two specific factors. The first showed differences in perception of maternal figures as nurturant. Responses to Blatt's open ended question "describe your mother" by the conduct disordered group reflected significantly less nurturant

content than the control group. The second factor on which the groups differed involved attributional/cognitive style. It was found that the conduct disordered Black male tends to perceive causative factors as unstable as opposed to his functional counterpart.

The differentiating factors found in this study suggest an alternative perspective in therapeutic interventions with regard to inner-city Black male adolescents. It may be more effective to consistently challenge the tendency to ignore nurturant interactions in their psychosocial environment and confront the perceptions that all things are unreliable including supportive relationships.

In terms of future research, it would be interesting to expand on the correlation between functioning Black male adolescents of low socioeconomic background and the fact that their mothers were employed outside the home. It may be that having this type of role model provides an emotional atmosphere which helps these adolescents develop positive perceptions of their environment, and they feel less helpless. A more detailed study of this factor may be of value in understanding those Black male adolescents who transcend the societal obstacles faced by this inner-city population.

Another factor that should be explored in future research is the issue of developing confidantes and trust

among conduct disordered Black male adolescents. Does the absence of the father early or later in these children's lives influence their ability to develop trusting relationships outside of families? Does the mother's perception of life events (uncontrollable, hopeless) effect their adolescent's cognitive styles?

Increasing numbers of young Black males in the United States are being incarcerated and labeled conduct disordered, antisocial and resistant to traditional treatment interventions. It is imperative that new perspectives with regard to possible etiological factors be explored if the cycle of destructive lifestyles among young Black males is to be broken.

Appendix A

Diagnostic Statistical Manual (DSM)-R-III

Conduct Disorder

312.20 group type

312.00 solitary aggressive type

312.90 undifferentiated type

The essential feature of this disorder is a persistent pattern of conduct in which the basic rights of others and major age-appropriate societal norms or rules are violated. The behavior pattern typically is present in the home, at school, with peers, and in the community. The conduct problems are more serious than those seen in Oppositional Defiant Disorder.

Physical aggression is common. Children or adolescents with this disorder usually initiate aggression, may be physically cruel to other people or to animals, and frequently deliberately destroy other people's property (this may include fire-setting). They may engage in stealing with confrontation of the victim, as in mugging, purse-snatching, extortion, or armed robbery. At later ages, the physical violence may take the form of rape, assault, or, in rare cases, homicide.

Covert stealing is common. This may range from "borrowing" others' possessions to shoplifting, forgery, and breaking into someone else's house, building, or car. Lying

and cheating in games or in schoolwork are common. Often a youngster with this disorder is truant from school, and may run away from home.

Associated features. Regular use of tobacco, liquor, or nonprescribed drugs and sexual behavior that begins unusually early for the child's peer group in his or her milieu are common. The child may have no concern for the feelings, wishes, and well-being of others, as shown by callous behavior, and may lack appropriate feelings of guilt or remorse. Such a child may readily inform on his or her companions and try to place blame for misdeeds on them.

Self-esteem is usually low, though the person may project an image of "toughness." Poor frustration tolerance, irritability, temper outbursts, and provocative recklessness are frequent characteristics. Symptoms of anxiety and depression are common, and may justify additional diagnoses.

Academic achievement, particularly in reading and other verbal skills, is often below the level expected on the basis of intelligence and age, and may justify the additional diagnosis of a Specific Developmental Disorder. Attentional difficulties, impulsiveness, and hyperactivity are very common, especially in childhood, and may justify the additional diagnosis of Attention-deficit Hyperactivity Disorder.

Age at onset. Onset is usually prepubertal, particularly of the Solitary Aggressive Type. Postpubertal onset is more common among females than males.

Course. The course is variable, mild forms frequently showing improvement over time and severe forms tending to be chronic. Early onset is associated with greater risk of continuation into adult life as Antisocial Personality Disorder. In some cases there may be adequate social functioning in adulthood, but persistence of illegal activity, which may be considered to be Adult Antisocial Behavior (V Code). Finally, many people with Conduct Disorder in childhood, particularly the Group Type, achieve reasonable social and occupational adjustment as adults.

Impairment. The degree of impairment varies from mild to severe. It may preclude attendance in an ordinary school classroom or living at home or in a foster home. When antisocial behavior is extreme, institutionalization, with its temporary loss of autonomy, may be necessary.

Complications. Complications include school suspension, legal difficulties, Psychoactive Substance Use Disorders, venereal diseases, unwanted pregnancy, high rates of physical injury from accidents, fights (and retaliation by victims), and suicidal behavior.

Predisposing factors. The following conditions have been noted as likely predisposing factors: antecedent

Attention-deficit Hyperactivity Disorder or Oppositional Defiant Disorder, parental rejection, inconsistent management with harsh discipline, early institutional living, frequent shifting of parent figures (foster parents, relatives, or stepparents), absence of a father or presence of a father with Alcohol Dependence, large family size, and association with a delinquent subgroup.

Prevalence and sex ratio. It is estimated that approximately 9% of males and 2% of females under the age of 18 have the disorder.

Familial pattern. The disorder is more common in children of adults with Antisocial Personality Disorder and Alcohol Dependence than in the general population.

Differential diagnosis. Isolated acts of antisocial behavior do not justify a diagnosis of Conduct Disorder, and may be coded as Childhood or Adolescent Antisocial Behavior (V Codes). The behavior qualifies for a diagnosis of Conduct Disorder only if the antisocial behavior continues over a period of at least six months, and thus represents a repetitive and persistent pattern. When such a pattern persists, there will usually be obvious impairment in social and school functioning of a type not generally observed when the antisocial behavior represents an isolated act.

Types. The predominant clinical features of the three types presented here largely correspond to categories

derived from empirical studies. These types refer to the conduct problems alone, not to any coexisting mental disorders, which should also be diagnosed when present. Each of the types can occur in mild, moderate, or severe form.

The Solitary Aggressive Type corresponds, roughly, to the DSM-III concept of Undersocialized Aggressive Type. Children with this type of Conduct Disorder often make little attempt to conceal their antisocial behavior; they are often socially isolated. The Group Type is more common and corresponds, roughly, to the DSM-III concept of Socialized Nonaggressive Type, although in the DSM-III-R type, physical aggression may be present. Usually these children claim loyalty to the members of their group. Note that although the Undifferentiated Type is defined here as a residual group, it may be far more common than either of the other two types.

312.20--group type. The essential feature is the predominance of conduct problems occurring mainly as a group activity with peers. Aggressive physical behavior may or may not be present.

312.00--solitary aggressive type. The essential feature is the predominance of aggressive physical behavior, usually toward both adults and peers, initiated by the person (not as a group activity).

312.90--undifferentiated type. This is a subtype for children or adolescents with Conduct Disorder with a mixture of clinical features that cannot be classified as either Solitary Aggressive Type or Group Type.

Appendix B

Research Consent Form

TITLE OF STUDY: Interpersonal Helplessness and the Wish
for Nurturance Among Conduct Disordered
Black Male Adolescents

The nature of the above study, the procedures to be used, and any risks or benefits have been explained to me by the principal investigator, Beverly E. Martin, M.S. and/or through reading a copy of the research protocol/outline provided to me by the principal investigator.

I understand that this study is designed to help in understanding some of the experiences and feelings that may be associated to behavior problems experienced by adolescents. It is understood that participation in this study is voluntary. If I do consent to the participation of my son/relative, I understand that it will involve questions about how he feels about his life and relationships with parents and significant others. None of the procedures or assessment material have any physical risk to my son/relative.

It is understood that there is a possibility that my son/relative can withdraw or refuse to participate in the study at any time. I also understand that his participation will require a brief period of time, that is, one to one and a half hours. It is completely understood that all

information gathered in this study will be kept strictly confidential. No names or identifying data will be used. Participants will be identified by a numerical code.

BEVERLY E. MARTIN, M.S.
PRINCIPAL INVESTIGATOR

Signature of Parent/Guardian

PHONE #

Signature of Witness

Appendix C

Attributional Style Questionnaire

Instructions

Please try to imagine yourself in the situations that follow. If such a situation happened to you, what would you feel would have caused it? Not how you felt about it but the reason you believed such a situation would happen. While events may have many causes, I want you to pick only one--the major cause if this event happened.

What is the major cause of each of the following situations?

1. You get a good job, something you really want.

2. You found out you passed your G.E.D. (or other important exam).

3. A teacher compares you with an older brother/sister/peer and states that your work is not as good as this person's.

4. A boy or girl likes you and is interested in you.

5. You have a fight with your mother (or counselor if in a home) and you are punished.

6. There was a job you really wanted but you didn't get.

7. You have been accepted into a training school such as a computer school, a program you really wanted to get into.

8. You just found out you got a failing grade on the G.E.D. (or other important exam). You make 98 but you needed 125. This is the third time you have taken this exam.

9. Your boy/girl friend starts going out with someone else. What might make him or her act like this?

10. Your best friend walks by you in the street and doesn't say anything to you even though you know he/she sees you. Why might your friend act this way?

11. You take an exam in school and expect to get about a 75% which is what you usually get in this class. You get back your paper and the grade is 90%. Why might this happen, that you got a higher grade this time?

12. Your attendance in school has been very poor this year. You have missed most days and most of your classes. You find out at the end of the year that you have been promoted to the next grade. Why might your teacher do this?

Appendix D
Short-Form of Children's Report of
Parental Behavior Inventory
(Margolies and Weintraub, 1977)

	Somewhat			
<u>Like</u>	<u>Like</u>	<u>Like</u>		
L	SL	NL	1. Mother makes me feel better after talking over my worries with her.	
L	SL	NL	2. Mother likes to talk to me and be with me much of the time.	
L	SL	NL	3. Mother is easy with me.	
L	SL	NL	4. Mother seems to see my good points more than my faults.	
L	SL	NL	5. Mother feels hurt when I don't follow advice.	
L	SL	NL	6. Mother usually doesn't find out about my misbehavior.	
L	SL	NL	7. Mother worries about how I will turn out, because she takes anything bad I do seriously.	
L	SL	NL	8. Mother almost always speaks to me with a warm and friendly voice.	
L	SL	NL	9. Mother is always thinking of things that will please me.	

	Somewhat			
<u>Like</u>	<u>Like</u>	<u>Like</u>		
L	SL	NL	10. Mother lets me off easy when I do something wrong.	
L	SL	NL	11. Mother understands my problems and my worries.	
L	SL	NL	12. Mother thinks I'm not grateful when I don't obey.	
L	SL	NL	13. Mother doesn't pay much attention to my misbehavior.	
L	SL	NL	14. If I break a promise, mother doesn't trust me again for a long time.	
L	SL	NL	15. Mother enjoys talking things over with me.	
L	SL	NL	16. Mother gives me a lot of care and attention.	
L	SL	NL	17. Mother can't say no to anything I want.	
L	SL	NL	18. Mother enjoys going on drives, trips or visits with me.	
L	SL	NL	19. Mother feels hurt by the things I do.	
L	SL	NL	20. Mother doesn't insist that I do my homework.	

	Somewhat			
<u>Like</u>	<u>Like</u>	<u>Like</u>		
L	SL	NL	21. Mother says some day I'll be punished for my bad behavior.	
L	SL	NL	22. Mother smiles at me very often.	
L	SL	NL	23. Mother often gives up something to get something from me.	
L	SL	NL	24. Mother excuses my bad conduct.	
L	SL	NL	25. Mother is able to make me feel better when I am upset.	
L	SL	NL	26. Mother tells me how much she has suffered for me.	
L	SL	NL	27. Mother doesn't check up to see whether I have done what she told me.	
L	SL	NL	28. Mother thinks and talks about my misbehavior long after it is over.	
L	SL	NL	29. Mother enjoys doing things with me.	
L	SL	NL	30. Mother makes me feel like the most important person in her life.	
L	SL	NL	31. Mother lets me stay up late if I keep asking.	

	Somewhat			
<u>Like</u>	<u>Like</u>	<u>Like</u>		
L	SL	NL	32. Mother enjoys working with me in the house or yard.	
L	SL	NL	33. Mother says if I loved her, I'd do what she wants me to do.	
L	SL	NL	34. Mother seldom insists that I do anything.	
L	SL	NL	35. Mother says that someday I'll be sorry that I wasn't better as a child.	
L	SL	NL	36. Mother comforts me when I'm afraid.	
L	SL	NL	37. Mother enjoys staying at home with me more than going out with friends.	
L	SL	NL	38. Mother does not insist I obey if I complain or protest.	
L	SL	NL	39. Mother cheers me up when I am sad.	
L	SL	NL	40. Mother tells me of all the things she has done for me.	
L	SL	NL	41. Mother does not bother to enforce rules.	

	Somewhat			
<u>Like</u>	<u>Like</u>	<u>Like</u>		
L	SL	NL	42. Mother thinks that any misbehavior is very serious and will have future consequences.	
L	SL	NL	43. Mother often speaks of the good things I do.	
L	SL	NL	44. Mother makes her whole life center about her children.	
L	SL	NL	45. I can talk mother out of an order, if I complain.	
L	SL	NL	46. Mother has a good time at home with me.	
L	SL	NL	47. Mother says if I really cared about her, I would not do things that cause her to worry.	
L	SL	NL	48. Mother lets me get away without doing work I have been given to do.	
L	SL	NL	49. Mother says that sooner or later we always pay for bad behavior.	
L	SL	NL	50. Mother seems proud of the things I do.	
L	SL	NL	51. Mother spends almost all of her free time with her children.	

	Somewhat			
<u>Like</u>	<u>Like</u>	<u>Like</u>		
L	SL	NL	52. Mother can be talked into things easily.	
L	SL	NL	53. Mother isn't interested in changing me, but likes me as I am.	
L	SL	NL	54. When I don't do as she wants, mother says I'm not grateful.	
L	SL	NL	55. Mother lets me get away with a lot of things.	
L	SL	NL	56. Mother will talk to me again and again about anything bad I do.	

Appendix E

Definitions of Five Factors from Blatt's Object

Assessment of Object Representation Protocol

Affectionate

Demonstrating overt affection or warm regard; actively showing and demonstrating affection (1 = little affection; 7 = much affection). (Different than warmth in that one could be warm without necessarily being overtly and demonstratively affectionate.)

Malevolent-Benevolent

Malevolent is defined as having, showing or arising from intense ill will, spite or hatred. Benevolent is defined as marked by or disposed to doing good--good will. This rating should be thought of as a global or composite rating of the subject's view of the person's intent or effect on others. For example, though a person might be overly protective and affectionate, such a "smothering" style might not necessarily be benevolent. This dimension of admiration for qualities the individual possesses (1 = negative ideal; 7 = positive ideal).

Nurturant

Giving affection, care and attention; as opposed to demanding or taking from others for their own needs. Nurturance can be defined as a positive, "no strings

attached" sort of giving (1 = low nurturance; 7 = high nurturance).

Punitive

Ratings should indicate to what extent the person is either physically or emotionally abusive; not limited to physical punishment. The extent to which the individual inflicts suffering pain or loss that serves as retribution (1 = non-punitive; 7 = highly punitive).

Degree of Positive Involvement

The negative end of this scale should indicate distant, reserved, remote, aloof or, alternately, over-involvement in an enveloping, enfolding, encumbering manner in which people are either ignored or inappropriately intruded upon. The positive end of the scale indicates constructive involvement and interest, but a respect for the individual's expression of individuality (1 = disinterest or destructive, intrusive involvement; 7 = positive and constructive involvement with encouragement of autonomy and individuality).

Appendix F
Demographic Checklist

Participants are _____ respond to each question.

Responses are recorded verbatim.

1. Where were you born? _____
2. Where were your parents from? _____
3. Who raised you, i.e., primary caretaker? _____
4. How old is your mother? _____
5. Does your mother work outside the home? _____
6. How far did your mother get in school (high school, college)? _____
7. How many people live with you at home (relatives, nonrelatives)? _____
8. How many brothers and sisters? _____
9. How often do you see your father? _____
10. Do you have any relatives living close by? _____
11. How often do you visit relatives? _____
12. Did you ever live away from your family for any reason? _____
13. When something is bothering you do you have someone you go to for advice? _____

14. Do you have someone you tell
everything to, someone whom you
really trust and would turn to
for help?

15. What kind of things do you do
with family for fun?

Appendix G

Scoring Format for Attributional Style Questionnaire by Content of Analysis of Verbatim Explorations (CAVE) Method

An event is defined as any stimulus that occurs in an individual's environment or within that individual (e.g. thoughts or feelings) that has a good or bad effect from the individual's point of view. Events can be mental (e.g. I was afraid), social (e.g. I got a pay raise) or physical (e.g. I got in a car accident). Events should be unambiguously good or bad from the individual's point of view and may occur in the past, present or hypothetical future. Events that have good and bad elements, neutral events or events that do not affect the S should be extracted. The explanation refers to the causal statement made by the S for the event. Only events which have explicit explanations are to be extracted.

To be extracted, the event and explanation must satisfy the following conditions:

(1) The event must be unambiguously good or bad from the S's point of view. For example, deciding to get medical treatment or psychotherapy or researching one's disease may be a good policy in the extractor's estimation but is not necessarily a good event in the eyes of the S.

(2) The S must express his or her own explanation for that event, and not simply agree with or quote another person's (e.g. therapist or interviewers) explanation.

(3) There must be a clear causal relationship between the explanation and the event, and not simply a sequence of events that describe without explaining. The explanation of the event should not be just a proof or justification of the event. The explanation should clearly precede and cause the event.

The process begins by searching through any verbatim material, audiotaped, videotaped or written, for event-explanation units. Even if the word 'because' or its synonyms are missing, event-explanation units are acceptable if a clearly intended causal relationship can be inferred. Following are examples of acceptable event-explanation units:

E(event): I'm doing well in most of my classes

A(attribution): from now on, I'm determined to get the most out of school.

E: I got in a fight with a good friend

A: I had a tough day and was in a bad mood.

E: If I get admitted to Columbia

A: it would be due to my father's power as an alumnus.

(Hypothetical events are acceptable.)

Following are examples of unacceptable extractions:

E: I realized I was in the high risk category for breast cancer

A: over the last few years I've been reading that a family history of breast cancer does matter. (This is not an unambiguously good or bad event. Although it is good to be aware of being at risk, this realization might also have a bad effect on the S.)

E: I haven't felt too anxious

A: because I feel so sick. (This is not clearly good or bad to the S, since there are good and bad elements in this unit.)

E: I had to drive up on the sidewalk

A: in order to avoid hitting the child on the street. (The S probably sees the averted accident as mitigating and justifying this bad event and therefore is not clearly bad in the eyes of the S.)

E: I must be getting sick

A: because I feel lethargic and have a sore throat. (The word 'because' does not always mean a cause is on the way. In this case, the S is giving proof or a definition of what she means by 'getting sick' and is not giving a cause.)

Ideally, the event and explanation should include enough information for the rater to be able to analyze all three causal dimensions. This may not always be possible but try to include all information pertinent to these

dimensions. If the explanation contains so little information on the causal dimensions that it would require raters to do guesswork on two of the three dimensions, then it is best not to extract it.

Given the difficulty of rating extractions when they are taken out of context, it is important to add relevant contextual information to the event and explanation. The substance of the explanation, though, should be verbatim. This context is vital for the rater because the extraction is often unclear when taken out of context. Any contextual information should be in parenthesis. For example:

E: I got it (accounting job)

A: I did an internship with him (company vice-president) for the last two summers.

E: He (husband) hasn't come in (to hospital) to visit me much.

A: He feels really uncomfortable in hospitals.

If one event has multiple explanations, then there should be as many events with explanations as there are explanations. For instance, the phrase, "I didn't do well on my exam because I didn't sleep well last night and I didn't study enough", should be broken into two extractions:

E: I didn't do well on my exam

A: because I didn't sleep well last night.

E: I didn't do well on my exam

A: I didn't study enough.

An explanation in one extraction may be an event for another extraction, or vice versa. For instance:

E: I haven't been sleeping well

A: because I'm worried about getting into a good graduate program.

E: I'm worried about getting into a good graduate program

A: my grades aren't that great.

References

- Abraham, K. (1953). Selected papers: Selected papers on psychoanalysis (Vol. 1) (D. Bryan, & A. Strasberg, Trans.) (E. Jones, Intro.). New York: Basic Books; London: Hogarth Press, 1954.
- Abramson, L. Y., Seligman, M. E. P., & Teasdale, L. D. (1978). Learned helplessness in humans: Critique and reformulation. Journal of Behavioral Psychology, 87, 49-74.
- American Psychiatric Association. (1987) (3d ed. rev.). Diagnostic and Statistical Manual of Mental Disorders. Washington, D.C.: APA.
- _____. (1980) (3d ed.). Diagnostic and Statistical Manual of Mental Disorders. Washington, D.C.: APA.
- Bellak, L. (1975). The TAT, CAT, and SAT in clinical use (3rd ed.). New York: Grune & Stratton, Inc.
- Bowlby, J. (1973). Attachment and loss. New York: Basic Books.
- Brenner, C. (1955). An elementary textbock of psychoanalysis. New York: International University Press.
- Carlson, G. A., et al. (1980). Unmasking masked depression in children and adolescents. The American Journal of Psychiatry, 137(4), 445-449.

- Crook, T., Raskin, A., & Eliot, J. (1981). Parent-child relations and adult depression. Child Development, 52, 950-957.
- Cytryn, L. (1979). Current research in childhood depression. Journal of The American Academy of Child Psychiatry, 18, 4-.
- Cytryn, L., & McKnew, D. H. (1972). Proposed classification of childhood depression. American Journal of Psychiatry, 129, 149-155.
- Dornbush, S. M. (1985). Single parents, extended households, and the control of adolescents. Child Development, 56, 326-341.
- Erickson, E. (1963). Childhood and society. New York: Norton.
- Fenichel, O. (1945). The psychoanalytic theory of neurosis. New York: W. W. Norton & Co.
- Freud, A. (1937). The ego and the mechanisms of defense (rev. ed.). New York: International Universities Press.
- Freud, S. (1913). Totem and taboo. In Strachey, J. (Ed. and Trans.), The standard edition of the complete psychological works of Sigmund Freud. London: Hogarth Press.
- Hall, C. S., & Lindzey, G. (1957). Theories of personality. New York: John Wiley.

- Hartup, W. W., & Keller, E. D. (1960). Nurturance in preschool children and its relation to dependency. Child Development, 31, 681-689.
- Hetherington, et al. (1982). Effects of divorce on children and parents. In M. E. Lamb (Ed.), Nontraditional families: Parenting and child development (pp. 233-288). Hillsdale, NJ: Erlbaum.
- Horney, K. (1945). Our inner conflicts: A constructive theory of neurosis. New York: W. W. Norton & Co.
- _____. (1937). The neurotic personality of our times. New York: W. W. Norton & Co.
- Janoff-Bulman (1979). Characterological versus behavioral self-blame: Inquiries into depression and rage. Journal of Personality and Social Psychology, 37, 1798-1809.
- Kagan, J. (1984). The nature of the child. New York: Basic Books.
- Klein, D. C., et al. (1976). Learned helplessness, depression and the attribution of failure. Journal of Personality Social Psychology, 33, 509-516.
- Kovacs, M., & Beck. A. T. (1977). An empirical-clinical approach toward a definition of childhood depression. In J. G. Schulderhardt, & A. Baskin (Eds.), Depression in childhood: Diagnosis, treatment and conceptual models. New York: Raven Press.

- Lamb, M. E. (1981). Father and child development: An integrative overview. In M. E. Lamb (Ed.), The role of the father in child development (2d ed.) (pp. 1-70). New York: John Wiley.
- Lee, G. R. (1982). Family structure and interaction: A comparative analysis (2d ed. rev.). Minneapolis: University of Minnesota Press.
- Lewis, D. O., et al. (1979, January). Some evidence of race bias in the diagnosis and treatment of the juvenile offender. American Journal of Orthopsychiatry, 49(1).
- Margolies, P. J., & Weintraub, S. (1977, April). The revised 56-item CRPBI as a research instrument: Reliability and factor structure. Journal of Clinical Psychology, 33(2).
- Marcus, R. F. (1977). A naturalistic study of reciprocity in the helping behavior of young children. New Orleans, LA: Society for Research in Child Development (ERIC Document Reproduction Service No. ED 136924).
- Minuchin, S. (1974). Families and family therapy. Cambridge: Harvard University Press.
- Moore, D. L. (1983). A multifactorial approach to the prediction of adolescent depression. Unpublished dissertation, Graduate Faculty of Political and Social Science of the New School for Social Research, New York, p. 18.

- Moore, D. L., & Leahy, R. (1982, April). Attributions, expectancies and depression in adolescence. Paper presented at the meeting of the Eastern Psychological Association, Baltimore, MD.
- Mullaley, P. (Ed.) (1970). Psychoanalysis and interpersonal psychiatry: The contributions of Henry Stack Sullivan. New York: Science House.
- Murray, Henry A., et al. (1938). Explorations in personality. New York: Oxford University Press.
- New York State Division of Criminal Justice Services, 1990.
- New York Times, Aug. 14, 1991, p. 68.
- Ogbu, J. (1986). The consequences of the American caste system. In U. Neisser (Ed.), School achievement in minority children (pp. 19-56). Hillsdale, NJ: Lawrence Erlbaum.
- Pasahow, R. J. (1980). The relation between an attributional dimension and learned helplessness. Journal of Behavioral Psychology, 89, 358-367.
- Paster, V. (1990). The psychosocial development and coping of Black male adolescents: Clinical implications. Unpublished paper, City College, City, University, New York.
- _____. (1986). A social action model of intervention for difficult to reach populations. American Journal of Orthopsychiatry, 54(4), 625-629.

- Patterson, G. R. (1982). A social learning approach. Coercive family process, 3. Eugene, Oregon: Castalia.
- _____. (1982). The management and disruption of families. Coercive Family Process, 3, 215-236.
- Person, E. S. (1986). Manipulativeness in entrepreneurs and psychopaths. In W. H. Reed, et al. (Ed.), Unmasking the psychopath: Antisocial personality and related syndromes. New York: W. W. Norton & Co.
- Peterson, C., et al. (1985). Depressive symptoms and unprompted causal attributions: Content analysis. Behavior Research and Therapy, 23(4), 379-382.
- Peterson, C., et al. (1981, August). Self-blame and depressive symptoms. Journal of Personality and Social Psychology, 41(2), 253-259.
- Pfeffer, C., et al. (1980). Psychiatric hospital treatment of assaultive homicidal children. American Journal of Psychotherapy, 34, 197-207.
- Puig-Antich, J. (1982). Major depression and conduct disorder in prepuberty. Journal of the American Academy of Child Psychiatry, 21, 118-128.
- Quay, H. C. (1979). The three forces of evaluation: What can be expected to work? Criminal Justice and Behavior, 4, 341-354.

- Rizley, R. (1978). Depression and distortion in the attribution of causality. Journal of Behavioral Psychology, 87, 32-48.
- Rotter, J. B. (1966). General expectancies for internal vs. external control of reinforcement. Psychological Monographs, 80(1, Whole No. 609).
- Rutter, M. (1981). Stress, coping, and development: Some issues and some questions. Journal of Child Psychology and Psychiatry, 22, 323-256.
- _____ (1971). Parent-child separation: Psychological effects on the children. Journal of Child Psychology and Psychiatry, 12, 233-260.
- Rutter, M., & Giller, H. (1983). Juvenile delinquency: Trends and perspectives. New York: Guilford, 302-304.
- Seligman, M. E. P., Abramson, L. Y., Semmel, A., & Von Beren, C. (1979). Depressive attributional style. Journal of Abnormal Psychology, 88, 242-247.
- Shanok, S. S., et al. (1983). A comparison of delinquent and nondelinquent adolescent psychiatric inpatients. The American Journal of Psychiatry, 582-585.
- Staub, E. (1971). A child in distress: The influence of nurturance and modeling on children's attempts to help. Developmental Psychology, 5, 124-132.
- Sullivan, H. S. (1953). The interpersonal theory of psychiatry. New York: Norton.

- Taylor, R. L. (1989). Black youth, role models, and social construction of identity. In R. L. Jones (Ed.), Black adolescents (pp. 155-174). Berkeley: Cobb & Henry.
- Weiner, B., et al. (1972). Causal ascriptions and achievement behavior: A conceptual analysis of locus of control. Journal of Personality and Social Psychology, 21, 239-248.
- Westen, D. (1991). Clinical assessment of object relations using the TAT. Journal of Personality Assessment, 56(1), 56-74.
- Willock, B. (1987). The devalued/unloved, repugnant self-- A second facet of narcissistic vulnerability in the aggressive, conduct-disordered child. Psychoanalytic Psychology, 4(3), 219-240.
- Wolff, C. L. (1980, September). Sex differences and nurturant behavior in young children. Dissertation Abstracts International, 41(3-A), 931-932.
- United States Justice Department. (1990). Survey.