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## **Attachments to care-giver as reflected in early recollections and social interest of normal and conduct disorder adolescents.**

Michael Lee Latta  
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ATTACHMENT TO CARE-GIVER AS REFLECTED IN EARLY RECOLLECTIONS  
AND SOCIAL INTEREST OF NORMAL AND  
CONDUCT DISORDER ADOLESCENTS

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A Dissertation  
Presented to  
The School of Graduate Studies  
Department of School Psychology  
Indiana State University  
Terre Haute, Indiana

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In Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy

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by  
Michael Lee Latta  
August 1994

## APPROVAL SHEET

The dissertation of Michael Lee Latta, Contribution to the School of Graduate Studies, Indiana State University, Series III, Number 628, under the title Attachment to Care-Giver as Reflected in Early Recollections and Social Interest of Normal and Conduct Disorder Adolescents is approved as partial fulfillment of the requirements for the Doctor of Philosophy Degree.

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## ABSTRACT

This study investigated the degree to which conduct disorder and normal adolescents differ with respect to social interest as assessed by the Personal Trait Value Scale (Crandall, 1975). An attempt was also made to determine whether significant differences exist between groups with respect to manifest content of early recollections as assessed by the Manaster-Perryman Manifest Content Early Recollections Scoring Manual (Manaster-Perryman, 1979). Special attention was given to the manifest content of early recollections regarding early caregiver-child interactions, the subjects' perceived attachment to caregiver, and sense of security.

Sixty male subjects participated in this study (N=60). The conduct disorder group consisted of 30 adolescent criminal offenders. The normal adolescent group was comprised of 30 high school students with no known psychosocial adjustment difficulties. Both groups were similar with respect to age, race, and level of intellectual functioning.

In the current study, the conduct disorder group scored significantly lower on the measure of social interest than did the normal adolescent group. Significant differences were also found in life style themes of early recollections. The normal group reported a significantly greater frequency

of mother, father, and non-family members. The conduct disorder group mentioned a significantly greater frequency of negative themes. They also mentioned a significantly greater frequency of early recollections in which the setting was unclear, the subject initiated less activity, and the affect was negative. The normal group reported a significantly greater frequency of primed early recollections in which the caregiver was recalled as being interactive and providing a sense of security or support.

The results suggest that conduct disorder adolescents display lower levels of social interest. Support is also added to the usefulness of early recollections as a means of assessing life style themes of different adolescent groups. The findings of the current study provide partial support for Adler's (1926/1988) assumptions about the relationship between early caregiver-child interactions, sense of security, and social interest.

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## Chapter 1

### INTRODUCTION

Physical aggression, violence, and antisocial behavior have been recognized as growing problems among adolescents in our culture. In the literature on child psychopathology, the term conduct disorder has been linked with a variety of antisocial behaviors, many of which have serious negative implications for the individual as well as society. Behaviors that have frequently been associated with conduct disorder include physical aggression, incorrigibility, theft, vandalism, firesetting, running away, truancy, early sexual activity, alcohol and drug abuse, chronic school failure, and defiance of authority (Robins, 1981; Loeber & Schmalzing, 1985b; Kazdin, 1987). While antisocial behavior may be exhibited by normal youths, behavior associated with conduct disorder individuals differs in that it is observably more persistent, extreme, and lacking in relation to a genuine concern for others (Kazdin, 1987).

Estimates of the prevalence of conduct disorder have varied with a range spanning from 4 to 15% within the general population (Rutter, Cox, Tuplin, Berger, & Yule, 1975; Meeks, 1980). Kazdin (1987) reported estimates

indicating that, of all child and adolescent referrals, those presenting symptoms of conduct disorder make up from one-third to one-half of all child psychiatric cases. Other researchers have reported undersocialized conduct disorder adolescents to be at risk of being diagnosed with antisocial personality disorder in adulthood (Deutsche & Erickson, 1989).

Conduct disorder has also been reported to be one of the more costly disorders, not only because of frequent referral to mental health centers, but also because of the potential for frequent contact with criminal justice systems (Kazdin, 1987). Studies examining the prevalence of conduct disorder within delinquent populations (incarcerated, sex offender, and violent) have reported estimates ranging from 48% to 90% (Hollander & Turner, 1985; Hsu, Wisner, Ritchey, & Goldstein, 1985; McManus, Brickman, Alessi, & Grapentine, 1985; Kavoussi, Kaplan, & Becker, 1988).

In terms of treatment and outcome of conduct disorder, research findings indicate the prognosis is poor (Quay, Routh, & Shapiro, 1986; Kazdin, 1987). Although numerous studies have presented differing etiologies (genetic, constitutional, biochemical, and familial/environmental), an accurate understanding of conduct disorder remains lacking. Given the prevalence of conduct disorder, as well as the serious negative implications it holds for the individual and society, it seems few could argue against the importance of research that seeks to provide a better understanding of

the etiology of this disorder.

In the present study, an attempt was made to understand the relationship between sense of security, social interest, and conduct disorder. Specifically, an attempt was made to determine whether conduct disorder behavior may be linked to an insufficient development of social interest. Adler (1926/1988) believed that even though a young child is born a social being, in order for social interest to develop, a warm, secure caregiver-child relationship is necessary.

Through the use of the projective technique of early recollections, an attempt was also made to gain insight into the participants' current perception of self, others, and the world. In particular, attention was directed toward the caregiver-child relationship, the participants' perceived attachment and sense of security as reflected in early recollections, and social interest. To date, the relationship between the individual's sense of security and level of social interest has received limited attention by researchers studying conduct disorder.

#### Statement of the Problem

In an attempt to understand conduct disorder behavior as resulting from an insufficient development of social interest, much can be learned from the theoretical writings of Alfred Adler. As stated in Adler's quotation of an unidentified English author, to have social interest is to "see with the eyes of another, to hear with the ears of another, to feel with the heart of another" (Ansbacher &

Ansbacher, 1956, p. 135). More recently, social interest has been defined as "an interest in and concern for others" and to "involve such processes as identification and empathy with others, cooperation, and altruism" (Crandall, 1981, p. 7). "The capacity for identification, which alone makes us capable of friendship, love of mankind, sympathy, occupation, and love, is the basis of social interest" (Ansbacher & Ansbacher, 1956, p. 136).

Adler produced a collection of writings on how feelings of insecurity and inferiority may be related to the insufficient development of social interest (e.g. concern for others, empathy, attachment, etc.) and delinquent behavior (Ansbacher & Ansbacher, 1965). Adler proposed an interesting interaction between insecurity, inferiority, and social interest. According to Adler, strong feelings of insecurity and inferiority are believed to interfere with the development of social interest. What further results is a vicious spiral in which "this lack of social interest intensifies problems in dealing with others and in this way also promotes greater feelings of insecurity" (Crandall, 1981, p. 100).

As it is described so poignantly in his writings, Adler placed considerable emphasis on the child's sense of security as the basis for the development of social interest. Though the basic nature of children from the time of birth is that of a social being, the early relationship between the caregiver and child is believed to be very

important (e.g. Adler, 1926/1988; Ansbacher & Ansbacher, 1965). Social interest according to this perspective, is "an innate potentiality that requires considerable effort and skill on the part of the parents for its development. The mother or other early caretaker is especially important. She must first establish a warm relationship with the child and in this way provide a sense of security, a concrete example of social interest, and awaken the social interest (attachment) of the child" (Adler, 1929/1964, p. 31, as cited in Crandall, 1981, p. 99). Adler states:

Even in the first day of the infant's life we observe the presence of affection. The infant begins to show an interest in his environment, and the mother naturally is the first recipient. This is a significant event. For it signifies the awakening from his isolation, the formulation of a world in which others are significant as well, and that he connects with them, and learns to connect to them, and learns to be connected to them. Bringing a child into the world is not a mother's only function. Her equally important task is to become a fellow human to the child, a fellow being on whom he can depend, in whom he can trust, who helps and supports him . . . through this bond with the mother, the child experiences the beginnings of social interest. He is no longer concerned solely with his own needs. (Adler, 1926/1988, pp. 406-407)

As it can be noted in the preceding quotation, within the theoretical framework of Adlerian psychology, social interest is viewed as being more than the product of heredity or inborn biological constraints. Social interest, according to Adler, "is a slow growth. Only those persons who are really trained in the direction of social interest from their first childhood and who are always striving on the useful side of life will actually have social feelings" (Adler, 1929, p. 232).

To date, little research attention has been given to examine Adler's notion that conduct disorder behavior in adolescence may be linked to an insufficient development of social interest. Reimanis (1974) found convicted youths, ages 16 to 21, to report a higher frequency of memories of childhood experiences likely to interfere with social interest. Based on a study comparing the relationship between social interest, as measured by the Personal Trait Value Scale (Crandall, 1975) and adult criminal behavior, the evidence suggests adult criminals demonstrate significantly lower levels of social interest than non-criminal populations (Crandall & Reimanis, 1976). A review of the literature failed to find any studies that have attempted to make similar comparisons using the conduct disorder and normal adolescent populations.

In addition to his writings on the concept of social interest, Adler placed considerable theoretical emphasis on a persons "life style." Adler spoke of the "life style" as "the meaning which individuals give to the world and to themselves, their goals, the directions of their strivings, and the approaches they make to the problems of life" (Adler, 1931/1958, p. 48). As such, the "life style" has been referred to as the "private logic" upon which an individual operates (Dreikurs, 1963).

Just as Adler seemed to place emphasis on the early beginnings of social interest, his view on the development of the "life style" is similar. According to Adler (1958),



in "the first four or five years of life the child unifies its mental strivings and establishes the root relationship between its mind and its body. A fixed style of life is adopted, with a corresponding emotional and physical habitus" (pp. 46-47).

Adler (1958) proposed that early recollections provide a quick and comprehensive means for accessing the meaning an individual gives to her/himself and to life. Of the numerous experiences of childhood, only those incidents that fit the individual's unique outlook on life are recollected (Mosak, 1972). As such, early recollections are remembered because they are consistent with the individual's unique frame of reference or "life style" (Mosak, 1958).

The potential value of early recollections as a research instrument for use in understanding the life style themes of adult criminal offenders has been documented (Hankoff, 1987; Elliott, Fakouri, & Hafner, 1993). Even though Adler endorsed the use of early recollections with delinquent populations, only recently, have serious attempts been made to make systematic use of early recollections as a research instrument with adolescents (Last & Bruhn, 1985; Bruhn & Davidow, 1983; Davidow & Bruhn, 1990). Of the early research studies utilizing early recollections with adolescents, few provided any meaningful information due to insufficient methodological controls (For a review, see Davidow & Bruhn, 1990).

In addition, despite the theoretical importance Adler

placed on early parent-child relationships and the child's sense of security as a major cornerstone in the development of social interest, the relationship between these two variables has received limited attention. As stated by Crandall (1981) the relationship between the child's sense of security and the development of social interest "deserves special attention as it has not received much attention from later theorists and researchers" (p. 100).

It appears that by gaining insight into differences between conduct disorder and normal adolescent males with respect to early recollections of the caregiver-child relationship, the subjects' perceived attachment and sense of security, and level of social interest, much could be added to the understanding of conduct disorder behavior. From a practical standpoint, such information could also be extremely useful in the areas of prevention, early intervention, and treatment.

#### Purpose of the Study

The purpose of this study was to investigate the degree to which conduct disorder adolescents differ from normal adolescents with respect to social interest. In addition, an attempt was made to compare the manifest content of early recollections of childhood and to determine whether such content would serve to differentiate between conduct disorder and normal adolescent males. In examining differences between groups, special attention was given to early recollections with respect to the early

caregiver-child relationship, the subjects' perceived attachment to caregiver, and sense of security.

As a measure of social interest, The Personal Trait Value Scale (Crandall, 1975) was administered to the conduct disorder and normal adolescent groups. The projective technique of early recollections as described by Mosak (1958) was also utilized in this study. Given Adler's notion that the "Life Style" is established at the age of four or five, and the potential for using early recollections as a means of examining the "private logic" of adolescent delinquent populations, it appears that such technique can also serve as a means of inquiry into specific aspects of the adolescent's outlook on life with respect to attachment and sense of security. The Manaster-Perryman Manifest Content Early Recollection Scoring Manual (Manaster-Perryman, 1979) was used to analyze the content of early recollections and to compare and determine differences between the conduct disorder and normal adolescent groups.

#### Summary of the Research Questions

On the basis of a review of social interest theory and research, it seems reasonable to hypothesize that antisocial behaviors exhibited by conduct disorder adolescents may result from their basic lack of social interest and concern for others. Further it is hypothesized that this observed lack of social interest would be evident in the life style themes of conduct disorder adolescents as reflected in their early recollections.

More specifically, this study addressed the following questions:

1. Do conduct disorder adolescents exhibit significantly less social interest when compared to normal adolescent subjects on the basis of social interest as assessed by The Personal Trait Value Scale (Crandall, 1975)?
2. Do significant differences exist in the manifest content of early recollections of conduct disorder adolescents as compared to normal adolescents as assessed by the Manaster-Perryman Manifest Content Early Recollections Scoring Manual (Manaster-Perryman, 1979)?
3. Do significant differences exist between the conduct disorder and normal adolescent groups with respect to the manifest content of the primed early recollection examining caregiver-child relationship, participants perceived attachment to caregiver, and sense of security?

#### Assumptions

The following assumptions were pertinent to the current research study:

1. The two groups defined and utilized in the current study were representative of conduct disorder and normal adolescent males.
2. It is assumed that subjects in the conduct disorder and normal adolescent groups were equally represented with respect to average level of intellectual functioning.
3. Participants utilized in this study were capable

of understanding the tasks presented and responded openly and honestly.

4. Adler's concept of social interest is a valid theoretical concept and can be adequately measured by The Personal Trait Value Scale (Crandall, 1975).

5. Adler's concept of "Life Style" is a valid means of understanding personality characteristics and can be assessed through early recollections.

6. The Manaster-Perryman Manifest Content Early Recollections Scoring Manual (Manaster & Perryman, 1979) provides an accurate assessment of manifest content of early recollections.

#### Definition of Terms

As a means of facilitating a better understanding of terms utilized in the current study, the following operational definitions are presented:

1. Social Interest: According to Adler, social interest is more than just a feeling, it is the ability to "see with the eyes of another, to hear with the ears of another, to feel with the heart of another" (Ansbacher & Ansbacher, 1956, p. 135). Social interest may be further conceptualized as "a capacity for identification, which alone makes us capable of friendship, love of mankind, sympathy, occupation, and love" (Ansbacher & Ansbacher, 1956, p. 136). For the purpose of the present study, social interest will be operationally defined in terms of subjects' scores on Personal Trait Value Scale (Crandall, 1975).

2. Early Recollection: A unique and vividly recalled incident described as a single event taking place prior to the age of eight years (Mosak, 1958). According to Adler, it is these recalled incidents that provide a useful source of information regarding "the meanings which individuals give to the world and to themselves, their goals, the directions of their strivings, and the approaches they make to the problems of life" (Adler, 1931/1958, p. 48).

3. Primed Early Recollection: A unique and vividly recalled incident involving the subject and caregiver, described as a single event, taking place prior to the age of eight.

4. Manifest Content: Variables of an early recollection based on the Manaster-Perryman Manifest Content Early Recollection Scoring Manual (Manaster & Perryman, 1979).

5. Conduct Disorder Adolescent: As criteria for participation in the conduct disorder group, subjects requested for participation were those who had been identified as being medium to high risk for committing serious criminal offenses. In an attempt to include only those subjects who would best qualify for the diagnosis of Conduct Disorder, Solitary type, an attempt was made to select only subjects who presented with a history of repeated serious offenses beginning prior to age twelve and whose primary offender activity was initiated in the absence of peers.

6. Normal Adolescent: As criteria for participation in the normal adolescent group, subjects requested for participation were those identified by their high school guidance counselor as having no recognizable problems in terms of psychosocial adjustment (i.e., psychological, emotional, behavioral, developmental, or learning difficulties).

7. Attachment to Caregiver/Sense of Security: Attachment to caregiver/Sense of security is inferred from the subject's ability to access memories involving interaction with the caregiver and to integrate the supportive aspects of this relationship into the primed early recollection. For the purpose of the current study, attachment to caregiver/sense of security is measured on the presence/absence basis of three content variables; caregiver-child interaction; parent givingness and support; and affective value ascribed to the child-caregiver relationship.

#### Limitations

The present study has several methodological limitations which are presented below:

1. Given that the institution from which the conduct disorder sample was drawn utilizes its own juvenile offender classification and placement assessment system rather than the Diagnostic and Statistical Manual, Third Edition-Revised (APA, 1987), it was necessary to identify conduct disorder subjects utilizing information obtained from risk

assessments collected by that facility. Attempts were made to select those subjects who would best meet criteria for the diagnosis of Conduct Disorder, solitary aggressive type. It can only be assumed that subjects in this group meet these diagnostic criteria.

2. Since it is almost impossible to utilize the more appropriate longitudinal method of study to examine the relationship between attachment to caregiver/sense of security in early childhood and subsequent psychosocial adjustment, this study can provide information only about the inferred relationship between such factors. This information, while being useful for assessing the likelihood of various personality development outcomes, cannot be used for the purpose of prediction. Rather, the information gathered may be more useful in determining the need for validation through a longitudinal study of conduct disorder personality development.



## Chapter 2

### REVIEW OF RELATED LITERATURE

This chapter presents a review of the literature on conduct disorder, sense of security/social interest, attachment, and early recollections. The review of the literature will attempt to discuss each of these areas in the order presented.

#### Conduct Disorder

To date, much of the research on conduct disorder has focused on identifying genetic, constitutional, biological, and familial/environmental markers frequently associated with this disturbance. The review of the literature indicates that antisocial behavior has been linked to genetic and constitutional (Jary & Stewart, 1985; Reitsma-Street, Offord, & Finch, 1985; also, for a review see Kazdin, 1987) as well as biochemical factors (Mattsson, Schalling, Olweus, Low, & Svenson, 1980; Rogeness, Hernandez, Macedo, Amrung, & Hoppe, 1986; Rogeness, Maas, Javors, Macedo, Harris, & Hoppe, 1988; and Pliska, Rogeness, Renner, Sherman, & Broussard, 1988). Other studies have examined neurological and neuropsychological factors associated with this disorder (Lewis, Pincus, Shanok, &

Glaser, 1982; Lewis, Shanok, Grant, Ritvo, 1983; Coble, Taska, Kupfer, Kazdin, Unis, & French, 1984; Hsu, Wisner, Ritchey, & Goldstein, 1985; McManus, Brickman, Alessi, & Grapentine, 1985). Given that many of the previously mentioned studies have produced mixed findings, unanimous support for constitutional and biological explanations of conduct disorder appears lacking. Though providing interesting findings, research studies seeking to identify biological explanations for conduct disorder have failed to specifically demonstrate a single biological marker representative of the conduct disorder population. Secondly, it has been questioned whether biological markers serve as the cause of this disorder or its effects (McManus, Brickman, Alessi, & Grapentine, 1985).

In support of the notion that familial/environment factors play a key role in the development of conduct disorder behavior, Kazdin (1987) has presented evidence that in terms of risk, middle children and children of larger families are more likely to become diagnosed as conduct disorder. Factors such as father absence, child/spouse abuse, and the mother's socioeconomic status have also been found to serve as predictors in the development of conduct disorder within social classes (Behar & Stewart, 1984; Lewis, Shanok, Grant, & Ritvo, 1983; Goldstein, 1984; Rogeness, Hernandez, Macedo, Suchahorn, & Hoppe, 1986; Livingston, 1987).

Factors related specifically to the parent factors such

as psychopathology and alcoholism have also been found to place the child at risk for later being diagnosed with conduct disorder. Lahey, Piacentini, McBurnett, Stone, Hartdagen, & Hynd (1988b) found that mothers and fathers of children with conduct disorder were more likely to exhibit a significantly greater prevalence of antisocial personality disorder than parents of children with other psychiatric disturbances. Similar results were reported in a study by Lahey, Hartdagen, Frick, McBurnett, Conner, & Hynd (1988a) who examined the relationship between parental divorce, antisocial personality disorder, and the diagnosis of conduct disorder in children. Lahey et al. were able to demonstrate that a parental diagnosis of antisocial personality disorder is a strong predictor that the child will be diagnosed with conduct disorder.

Perhaps most related to the proposed study, parents of antisocial youth have been reported to show less acceptance, warmth, affection, and emotional support (Patterson & Stouthamer-Loeber, 1984; Loeber & Dishon, 1984; and Goldstein, 1984). In these studies, parents also reported being less attached to their children. Field, Sandberg, Goldstein, Garcia, Vega-Lahr, Porter, & Dowling (1987) found the relationships of conduct disordered children and their mothers, in comparison to normals, to be marked by less interaction and more disapproving comments on the part of the mother. Studies such as Hansen, Henggeler, Haefele, & Rodick (1984) and Goldstein (1984) have found families of

children with conduct problems to demonstrate more defensive communication patterns, to do less as a family, and to be structured in a hierarchical model which seeks to support the control of one dominant family member. Other studies have reported parents of conduct disorder children to display considerably more harsh attitudes and discipline techniques (Patterson & Bank, 1986; Kazdin, 1987).

### Social Interest

As stated in Adler's quotation, to have social interest is to "see with the eyes of another, to hear with the ears of another, to feel with the heart of another" (Ansbacher & Ansbacher, 1956 p. 135). Further, social interest has been described as the ability to show interest in and concern for others. Adler (1929/1964) believed that only those who are trained in the direction of social interest from early in childhood will have social feelings.

Indirect support of the suggestion that conduct disorder adolescents may display lower levels of social interest has been demonstrated. Panella & Henggeler (1986), studying the psychosocial adjustment of conduct disorder and normal adolescents during a peer interaction task, found conduct disorder adolescents to be no more negative or dominant in their interactions with others than non-diagnosed adolescents. Rather, difficulties in peer interaction were observed to result more from their inability to interact in a sensitive, responsive, and caring manner. Such findings are in agreement with those of Ellis

(1982) who found aggressive delinquents to demonstrate significantly lower levels of empathy when interacting with others.

While the previously cited research presents evidence to suggest that conduct disorder individuals display lower levels of social interest, research specifically examining this relationship through the use of social interest measures has been limited. Crandall and Reimanis (1976) collected social interest scores from university freshman, employees, and convicted felons detained in a state penal institution and found the inmate group to score significantly lower on social interest than the other groups. In earlier research, Reimanis (1974) found convicted youths to show higher levels of anomie than non-offenders. Based on a review of the literature, it appears differences between conduct disorder and normal adolescents with respect to social interest has received limited research attention.

#### Sense of Security/Social Interest

The view that conduct disorder may result from an insufficient development of social interest and that the early caregiver-child interaction plays a key role in determining this outcome has been proposed in the writings of Alfred Adler. Though Adler (1929/1964, as cited in Crandall, 1981) believed that every individual is born with the innate potentiality for social interest, he also stated that full development requires considerable effort on the

part of the parents. In this instance the primary provider of care is of the utmost importance in that he/she is responsible for establishing "a close, warm relationship with the child and in this way provide a sense of security, a concrete example of social interest, and awaken the social interest (attachment) of the child" (Crandall, 1981, p. 99). The caregiver "must give the child his first experience of a trustworthy fellow being" (Adler, 1931/1958, p. 126). Adler also pointed out that it is then necessary for the caregiver to help him or her "spread this trust and fellowship until it includes the whole of our society" (Adler, 1931/1958 p. 126).

Personality theorists such as Freud (1940) and Erikson (1950) also recognized the importance of the child's early and continued interaction with the significant caregiver and how this can, in one way or another, influence both social and emotional aspects of personality development. Freud (1940) suggested that the child's relationship with his or her mother is "unique, without parallel, established unalterably for a whole lifetime as the first and strongest love object and as the prototype for all later love relations" (p. 188, cited in Zeanah, Anders, Seifer, & Stern, 1989). Erikson's (1950) theory of psychosocial development parallels closely to Adler's concept of developing social interest. As an example, the attainment of the stages of childhood described by Erikson as Basic Trust, Autonomy, Initiative, and Industry are viewed as the necessary

foundation for later stages which "involve an expansion of interests beyond the self" (Crandall, 1981, p. 8).

To date, the relationship between sense of security and social interest has received limited attention by researchers studying conduct disorder. Reimanis (1966), examining adult memories of childhood through the administration of a childhood experience questionnaire, found a positive correlation between anomie and negative early family experiences. Similar results were found in another study by Reimanis (1974) using male youths ages 16 to 21 in which the mother was more frequently remembered as dominant yet difficult to identify with. Fathers, in this study, were remembered as "cold, distant, and absent" (p. 55).

More recently, Crandall and Reimanis (1976) using a similar childhood experience questionnaire with male and female university students found the low social interest group to endorse items that indicated a lack of love, warmth and interest on the part of the parents. A second study, reported by Crandall (1981), which scored subjects statements about parents on the basis of positive, negative, and neutral affect, found individuals who scored low on a social interest measure to ascribe more negative affect to parents. Both of these more recent studies utilized normal adult subjects as participants and utilized questionnaire data rather than early recollections.

#### Attachment

Attachment theory has long suggested that it is through

the early interactional relationship with the attachment figure that the child gains an understanding of the world as well as where he/she belongs in it (Bretherton, 1985). As illustrated by Bretherton, the attachment system may be more clearly viewed as being a "motivational behavioral control system" formed through the relationship between the significant attachment figure and the child (p. 3). More recently, attachment theory has postulated that rather than learning roles, the child internalizes the very nature of attachment relationships themselves (Bretherton, 1985). As a result, not only does the child learn to expect care, but also, when an individual is in need, one responds to such needs.

To date, research on attachment has demonstrated much support for Adler's view that early parent-child interactions play a significant role in the development of subsequent relationship patterns (Arend, Gove, & Stroufe, 1979; Pastor, 1981; Lutkenhaus, Grossmann, & Grossman, 1985). Cassidy (1986; 1988) found securely attached infants to be more competent in their ability to negotiate the environment. Likewise, Belsky, Garduque, & Hrncir (1984) and Slade (1987) have found infants identified as securely attached to engage in more cognitively sophisticated play. These infants were also observed to involve their mothers in play more often than the insecurely attached infants. Other studies have found securely attached infants to be more competent, sociable, friendly, and cooperative in play



(Pastor, 1981). These children were also observed to make more attempts to engage their peers in play and to redirect play activity in the presence of struggle.

In support of the impact of early attachment on later social and emotional development, children rated as securely attached infants have been found to be more ego-resilient (ability to moderate ego control) while demonstrating moderate levels of ego-control and able to interact with peers more positively (Arend, Gove, & Stroufe, 1979; Lutkenhaus, Grossmann, & Grossmann, 1985). In the study by Lutkenhaus, Grossmann, & Grossmann, 3 year-old children identified as securely attached infants were also more receptive to and comfortable interacting with strangers. Likewise, these children were observed to try harder on tasks perceived to be on the brink of failure. Erickson, Stroufe, & Egeland (1985) found insecure attached (anxious/resistant) preschoolers to be less confident and to exhibit inadequate social skill development than those identified as securely attached.

Recently, longitudinal research has been able to demonstrate the relationship between such factors as early attachment behaviors, early life events, and later aggressive and antisocial behavior (Deutsch & Erickson, 1989; Renken, Egeland, Marvinney, Mangelsdorf, & Stroufe, 1989). Renken et al. (1989), utilizing data from the Minnesota Mother-Child Project, have been able to link elementary school aggression to a developmental history of

insecure attachment at 18 months of age, harsh treatment, and stressful early life experiences. One interesting finding reported by Renken et al. (1989), is that "the attachment relationship is predictive of aggression in boys even though it is assessed before aggression is even a part of the child's behavioral repertoire" (p. 274-275). Deutsch and Erickson (1989), investigating the conduct disordered population, found undersocialized conduct disorder adolescents to have been exposed to a greater number of stressful life events in the first four years of life (i.e. interruptions in physical contact with parents, death, marital separation by parents, etc.). It was interpreted by Deutsch and Erickson that such events likely decreased "parental attention, responsiveness, and sensitivity to the child" (p. 548-549).

#### Early Recollections

In studying the criminal population, Adler remarked on the usefulness of early recollections in that "in the main people are perfectly willing to discuss their first memories. They take them as mere facts and do not realize the meaning hidden in them" (Ansbacher & Ansbacher, 1956, p. 351). Though Adler proposed the use of early recollections to study the life style or private logic of criminal offenders, limited research has taken place to understand the private logic of conduct disorder adolescents.

To date, early recollections have been utilized to study differing personality characteristics related to

vocational choice (Manaster & Perryman, 1974; Hafner & Fakouri, 1984). Manaster and Perryman (1974) found a number of early recollection variables demonstrating significant differences between groups of students majoring in accounting, biology, nursing, and teaching. In support of the investigation of Manaster and Perryman, the usefulness of early recollections in career related assessment and counseling has also been demonstrated (Fakouri, Fakouri, & Hafner, 1986; Elliott, Amerikaner, & Swank, 1987). Early recollections have also been used to predict levels of self-disclosure and interpersonal style (Barrett, 1983), level of activity (Kopp & Der, 1982), locus of control (Bruhn & Schiffman, 1982), and college achievement (Rogers, 1982).

Researchers have utilized early recollections to differentiate between different types of psychopathology. Friedman and Schiffman (1962) utilized early recollections to examine differences between patients diagnosed as psychotic depressives and paranoid schizophrenics and found the early recollections of the schizophrenics to be marked with fear, absence of positive affect, negative or neutral interpersonal relationship patterns and concern with bodily harm while the depressed patients' recollections were punctuated with concern for physical illness, positive affect, the desire to be close to others, and orientation towards achievement.

Other studies (Hafner, Fakouri, Ollendick, & Corotto,

1979; Hafner, Corotto, & Fakouri, 1980; Hafner, Fakouri, & Labrentz, 1982; Hafner, Fakouri, & Chesney, 1988) examining the early recollections of paranoid schizophrenic and alcoholic subjects have found continued support for the use of early recollections in differential diagnosis. In the study by Hafner et al. (1979), paranoid schizophrenics' early recollections had a much greater variety of themes than normals or other schizophrenic subtypes. Hafner, Fakouri, & Labrentz (1982) found early recollections of alcoholics to be characterized by external control and the presence of threat and fear. More recently, Fakouri, Hartung, & Hafner (1985) found early recollections of neurotic depressive patients, in comparison to controls, to be marked by more disturbed family relationships, fear and anxiety, and negative affect.

Of the research literature which has focused specifically on delinquent populations, evidence has been presented on usefulness of early memories in differentiating delinquents from non-delinquents (Plottke, 1949; Wolman, 1970; Reimanis, 1974; Thatcher, 1979). Using their own thematically oriented coding system for scoring early memories, Bruhn and Davidow (1983) were able to successfully identify 80% of delinquents and 100% of non-delinquents on the content of their memories. Other studies have also demonstrated the usefulness of early memories in distinguishing between various child diagnostic types (Last & Bruhn, 1985).

More recently, Davidow and Bruhn (1990) have found further support for the diagnostic usefulness of early memories in distinguishing between delinquent and non-delinquent populations. Through the replication of a previous study, Davidow and Bruhn (1990) found delinquents to be separable from controls with respect to themes related to injury, rule breaking, emphasis on self versus others, mastery, victimization, and the number of words used. Related to the study being proposed, these researchers reported the observation that early memories of delinquents suggested that these individuals exhibit "serious difficulties in forming attachments to people and society" (p. 612).

To summarize, the notion that conduct disorder adolescents exhibit lower social interest has been demonstrated (Ellis, 1982; Panella & Henggeler, 1986). Studies utilizing social interest measures with adult criminal offenders have found similar results (Crandall & Reimanis, 1976). In addition, indirect support for impact of the child's attachment to caregiver and sense of security on subsequent social adjustment has also been reported in the attachment literature (Arend, Gove, & Stroufe, 1979; Pastor, 1981; Lutkenhaus, Grossmann, & Grossmann, 1985; Deutsch & Erickson, 1989; Renken, Egeland, Marvinney, Mangelsdorf, & Stroufe, 1989).

Though Adler (1926/1988) emphasized the importance of the early parent-child relationship in the development of

the child's sense of security and subsequent development of social interest, it appears that few studies have attempted to examine this relationship through early recollections (Reimanis, 1974; Crandall & Reimanis, 1976). As indicated in the preceding review of the literature, early recollections may be a useful tool for exploring the possible relationship between the conduct disorder adolescent's perceived attachment to caregiver, sense of security, and level of social interest.

## Chapter 3

### METHOD

This chapter provides a review of the population sampled, procedures, and the analysis of data utilized in this study.

#### Sample

A total of 60 subjects participated in this research study (N=60). The participants were composed of two groups, Conduct Disorder (N=30), and Normal Adolescents (N=30). Both groups were composed of adolescent males whose ages ranged from 15 to 18. The mean age for the conduct disorder group was 16 years, 6 months. The mean age of the normal adolescent males was 16 years, 11 months.

Adolescents were drawn from two populations. The normal adolescent group consisted of male high school students from an urban area with a population of approximately 70,000. The 30 participants in the normal adolescent group were randomly selected from a total of 57 adolescent male students who returned participation consent forms (See Appendix D) and were identified by school guidance counselors as having no difficulties with respect to psychosocial adjustment and of at least average

intellectual functioning. Inclusion in this group also required that the student never received any special services for the treatment of emotional disturbance.

The conduct disorder group consisted of adolescent males detained at an area boy's school for chronic adolescent offenders. In an attempt to ensure that subjects in the conduct disorder group would meet the diagnostic criteria of conduct disorder (solitary type) as specified by the Diagnostic and Statistical Manual of Mental Disorders (Third Edition-Revised, 1987), only those subjects who had been identified as being medium to high risk for committing serious criminal offenses were selected as participants. In addition, this study recruited adolescent offenders who scored within the average range of intellectual functioning on The Henmon-Nelson Tests of Mental Ability.

Table 1

Frequency Counts: Age and Racial Composition of Conduct Disorder and Normal Adolescent Males

Demographics	Conduct Disorder	Normal
Age:		
Age Range	15 - 18	15 - 18
Mean Age	16-06	16-11
Race:		
Caucasian	25	25
African-American	2	0
Hispanic	2	3
Asian-American	1	2



The age range and racial composition of the conduct disorder and normal adolescent male groups is presented in Table 1. A review of Table 1 indicates the conduct disorder and normal adolescent groups were approximately equal with respect to age and race. By virtue of the criteria utilized in selecting research participants in the present study, the conduct disorder and normal adolescent groups were also similar with respect to gender and level of intellectual functioning. Parent marital status of the two groups is presented in Table 2.

Table 2

Frequency Counts: Parent Marital Status of Conduct Disorder and Normal Adolescent Males (Birth - Eight)

Biological Parent Marital Status: (Birth - age 8)	Conduct Disorder	Normal
Married	7	23
Divorced	13	6
Widowed	2	1
Unmarried	7	0
No Report	1	0

A review of Table 2 indicates that in the current study the conduct disorder group reported a higher frequency of divorce among parents. In contrast, a majority of the normal adolescents came from families in which the nuclear family was intact. Table 3 contains information regarding current family status of the conduct disorder and normal adolescent groups.

Table 3

Frequency Counts: Current Family/Custody Status of Conduct Disorder and Normal Adolescent Males

Current Custody Status	Conduct Disorder	Normal
Living With:		
Biological Mother	8	2
Biological Father	1	0
Both Biological Parents	4	22
Biological Mother/Step Father	6	4
Biological Father/Step Mother	2	2
Foster Care	5	0
Other Relative	3	0
Self	1	0

Table 3 contains the current family status of the conduct disorder and normal adolescent groups. Though a majority of the normal adolescent group currently live with both parents, the conduct disorder group is more dispersed across a variety of living arrangements (i.e. single parent, foster placement, parent and step-parent, or living with a relative).

#### Procedure

Each subject who participated in the study was asked to read and sign a consent form which provided a brief description of procedures to be followed (Appendixes A and E). Prior to initiating further participation, the human subjects consent form was read thoroughly to each participant. To ensure informed consent, participants were allowed to ask any questions concerning potential risks or discomforts involved in the study. As an additional

safeguard, subjects were advised to not complete any material which they did not feel comfortable completing. Subjects were informed prior to participation that in order to ensure confidentiality and anonymity, they would be identified on forms to be completed by a code rather than name.

As participants, subjects representative of each sample were given a packet containing demographic questionnaire to collect data including the following: age, grade, current family status, and family status from birth to age eight for each subject (Appendixes F and G). Also included in the packet were instructions for the completion of three written early recollections, and the Personal Trait Value Scale (Crandall, 1975). A verbatim reading of the instructions and materials by the researcher was utilized to ensure adequate understanding of testing materials and instructions to be followed.

Each subject was asked to complete the demographic questionnaire. Following the completion of this task, subjects were individually administered the early recollection forms and instructed to recall two early recollections and the age at which each event took place. Consistent with Mosak's (1958) approach, subjects were instructed to close their eyes and visualize the earliest event from their childhood along with all its details. Only those occurring prior to the age of 8 were accepted (Mosak, 1958).

As a means of assessing attachment to caregiver and sense of security, an important element in the development of social interest, alterations were made in the instructions of the third early recollection. With the third early recollection each subject was asked to recall the earliest memory of an event involving himself and the individual he described as his caregiver. As a final task, subjects completed the Personal Trait Value Scale (Crandall, 1975).

### Instrumentation

The Demographic Questionnaire was developed by the researcher as a means of collecting information pertaining to age, race, and family/custody status. Information collected was used to examine differences between the conduct disorder and normal adolescent group with respect to these demographics.

As a measure of social interest, The Personal Trait Value Scale (Crandall, 1975) was administered to each subject. The Social Interest Scale is a 24 item scale (15 of which represent the personal trait value scale) which requires the individual to choose between one of two traits they would rather have or value the most. "Each pair includes a trait closely related to social interest, e.g., helpful, sympathetic, tolerant, and one which is not relevant, e.g., quick-witted, neat, capable" Crandall (1981). Based on a reliability study involving college age students, test-retest reliability of this measure was .82 (N

= 37) over five weeks and .65 (N = 40) over 14 months.

Internal consistency measures using the Kuder-Richardson Formula 20 have yielded a reliability of .71 (N = 1,784).

The Manaster-Perryman Manifest Content Early Recollection Scoring Manual (Manaster & Perryman, 1979) was used in the analysis of the manifest content of the early recollections. The manual contains 42 variable that are divided among 7 clusters. The seven clusters include: A) Characters (mother, father, siblings, other family members, non-family members, group, and animal); B) Themes (birth of sibling, death, punishment, misdeeds, givingness, mastery, mutuality, attention-getting, new or familiar situation causing excitement, fear or anxiety provoking or threatening situation, and open hostility); C) Concern with detail (visual, auditory, and motor); D) Setting (school, inside the home of family or relatives, outside in the subject's neighborhood, traveling, inside the home of a non-family member, outside and away from family home or neighborhood, and unclear); E) Active-Passive (active or passive); F) Control (internal or external); G) Affect (positive, negative, or neutral). Consistent with suggestions of previous studies (Hafner, Fakouri, & Labrentz, 1982; Hafner, Fakouri, & Chesney, 1988; Elliott, Fakouri, & Hafner, 1993), 5 general variables (#8, #21, #22, #34, #35) were dropped from the current analysis.

The manifest content of the early recollections were scored by two raters who were blind to the group membership

of the subjects. Raters were graduate students in counseling who were familiar with the Manaster-Perryman Manifest Content Early Recollections Scoring Manual (Manaster-Perryman, 1979) and had received previous training with this scoring method. A reliability test was conducted on the early recollections of ten randomly selected participants. Interrater agreement between raters was 89%.

In scoring the third early recollection, special attention was given to the affect associated with the identified caregiver. In addition, content specific criteria was developed to score for attachment to caregiver and sense of security. Sense of security was assessed not only by whether the third early recollection related to the early caregiver-child relationships as positive or negative, but also by the extent these experiences were integrated into memories. As such, the third early recollection was scored on whether participants 1) provided rich and coherent descriptions of early caregiver-child interaction experiences with respect to sense of security and support (internal representation of relationship patterns corresponding to secure attachment) or 2) dismissed the importance of early caregiver-child interactions (internal representation of relationship patterns corresponding to insecure attachment). Specific criteria used in scoring the third early recollection are contained in Appendix H.

#### Analysis of Data

The analysis of data in this study involved the

comparison of conduct disorder and normal adolescent males on 37 variables of the Manaster-Perryman Manifest Content Early Recollection Scoring Manual for each of the first two early recollections. Scores on each variable was treated as dichotomous on the basis of whether they were present or absent. A chi-square test of independence was completed for each of the 37 dependent variables.

On the third early recollection collected, in addition to comparing difference between groups on each of the 37 manifest content variables, special attention was given to the affect (positive or negative) associated with the caregiver. Special attention was also given to the presence and absence of the caregiver-child interactions and parent givingness and support. The data collected in the third recollection were also subjected to a chi-square test of independence. In each of the chi-square analyses, Yate's correction for continuity was applied in cases where the expected within cell frequencies was less than 5.

Group scores on The Personal Trait Value Scale was subjected to a t-test for statistical analysis to determine whether significant differences would be obtained between the conduct disorder and normal adolescent groups with respect to social interest.

The decision to accept the stated research hypotheses was based a level of significance of  $p < .05$ .

## Chapter 4

### RESULTS AND DISCUSSION

In this chapter, the findings of the study examining social interest scores and early recollections of conduct disorder and normal adolescents are presented. The first question asked was whether significant differences would exist between conduct disorder and normal adolescents with respect to group social interest scores as measured by the Personal Trait Value Scale (Crandall, 1975). The second question posited was whether significant differences would be found between groups with respect to the manifest content of early recollections as measured by 37 variables of the Manaster-Perryman Manifest Content Early Recollections Scoring Manual (Manaster-Perryman, 1979). More specifically, the current study sought to examine differences between groups with respect to primed early recollections examining the caregiver-child relationship with regard to attachment to caregiver, sense of security, and affect associated with this relationship.

Social interest scores for each group were obtained through the administration of the Personal Trait Value Scale (Crandall, 1975). Social interest scores were subjected to



a t-test for determining whether significant differences existed between the conduct disorder and normal adolescent groups.

Out of the total 42 variables of the Manaster-Perryman Manifest content Early Recollection Scoring Manual, 37 were used as dependent variables in the current study. Responses were scored in a dichotomous fashion with a score of one representing the presence of a given variable. Absence was scored by zero. The 37 variables were grouped into seven clusters as presented in the Manaster Perryman Scoring Manual (Manaster-Perryman, 1979). The seven clusters include: Characters, Themes, Concern with Detail, Setting, Active-Passive, Control, and Affect. The first two early recollections were administered using Mosak's (1958) approach and as such were grouped together for Chi-square analysis and discussion.

With respect to the third early recollection, in addition to use of the scoring method proposed and developed by Manaster-Perryman (1979), separate content scoring criteria was used as a means of measuring the subjects attachment to caregiver and sense of security. As presented in the procedure section of this study, attachment to caregiver and sense of security was assessed not only by whether the subjects reported the early caregiver-child relationship as positive or negative but also the extent to which details of this relationship were integrated into the early recollections.

Three variables served as dependent variables in the measurement of attachment to caregiver and sense of security: A) integration of caregiver-child interaction into the early recollection; B) perceived caregiver givingness with respect to comfort, support, and sense of security; and C) affect ascribed to the caregiver-child interaction. The responses on these three variables were also scored in a dichotomous fashion with a score of one representing presence of a given variable.

## Results

### Social Interest

Scores on the Personal Trait Value Scale (Crandall, 1975) were utilized as a measure of social interest. Group mean scores on the Personal Trait Value Scale were obtained for the conduct disorder and normal adolescent group and subjected to t-test for statistical analysis. The applied statistical analysis results are displayed in Table 4.

Table 4

Group Means, Standard Deviation, Standard Error, t-Value, Degrees of Freedom, and Level of Significance Computed on t-Test for Independent Samples: Personal Trait Value Scale

	n	$\bar{X}$	S.D.	S.E.	t-Value	DF	p
Conduct Disorder	30	7.20	3.388	.618	3.66	58	.001
Normal	30	10.20	2.952	.539			

Table 4 displays group mean scores, standard deviation,

the t-test value and level of significance. On the Personal Trait Value Scale a significant t-value was obtained indicating a significant difference between group means with respect to social interest scores ( $t(58) = 3.66, p < .001$ ).

### Early Recollections

The results of the applied chi-square analyses of the early recollections are presented in the following order: A) First and second early recollection combined; B) Third (primed) early recollection; and C) First, second, and third early recollections combined. Tables displaying the statistics for significant variables of each of the chi-square analyses are provided.

### First and Second Early Recollection Combined

The data summarized in Table 5 indicate significant differences between the conduct disorder and normal adolescent groups with respect to the first and second early recollections combined. Significant differences were obtained in five of seven content clusters: "Characters," "Themes," "Concern With Detail," "Setting," and "Affect."

With respect to the "Character" cluster, significant differences were found between groups in the mentioning of mother, father, non-family members, and groups. The normal adolescent group had a significantly greater frequency of early recollections in which the mother and father was mentioned than did the conduct disorder group. There were no significant differences between groups with respect to

the mentioning of siblings or other family members.

Table 5

Frequency Counts, Chi-square Values, and Level of Significance of the Significant Variable Results of Conduct Disorder and Normal Adolescent Males: First and Second Early Recollection Combined

Variable	Frequency		X <sup>2</sup>	DF	p
	Conduct Disorder	Normal			
<hr/>					
<u>Character:</u>					
Mother	21	37	7.31	1	<.007
Father	16	33	8.80	1	<.003
Non-Family	6	20	8.83	1	<.003
Group	5	13	3.74	1	<.053
 <u>Theme:</u>					
Mastery	1	17	15.90	1	<.0001
Mutuality	11	31	13.41	1	<.0003
Attention Getting	4	14	5.99	1	<.014
New/Exciting					
Situation	4	19	11.28	1	<.0008
Fear/Anxiety					
Situation	21	10	6.16	1	<.013
Open Hostility	8	0	6.99	1	<.008
 <u>Concern With Detail:</u>					
Visual	5	16	6.37	1	<.012
 <u>Setting:</u>					
School	0	7	5.15	1	<.023
Traveling	2	9	4.53	1	<.033
Unclear	16	4	9.50	1	<.002
 <u>Affect:</u>					
Positive	18	35	8.54	1	<.003
Negative	33	16	11.89	1	<.0006

In regard to non-family members (i.e. friends, teachers, etc.), the normal adolescent group had a significantly greater frequency of early recollections mentioning these characters. A similar finding was noted in

the mentioning of groups as normal adolescents had a significantly greater frequency of early recollections in which groups were mentioned. No significant differences were observed between groups in regard to the animal character variable.

The data in Table 5 indicate significant differences between normal and conduct disorder adolescents in six of the twelve variables in the "Theme" cluster. No significant differences were obtained between groups with respect to the number of early recollections mentioning the themes of "birth of a sibling," "death," "illness/injury," "punishment," "misdeeds," or "givingness."

As a general finding, conduct disorder adolescents mentioned a significantly greater frequency of early recollections containing negative themes. Compared to the normal adolescent group, the conduct disorder group mentioned a significantly greater frequency of themes involving fear/anxiety threatening situations and open hostility. The early recollections of the conduct disorder group also contained a greater frequency of themes involving misdeeds. However, this difference fell short of statistical significance ( $X^2 = 3.03$ ,  $p < .08$ ).

In contrast to the conduct disorder group, early recollections of normal adolescents contained a significantly greater frequency of positive themes. Normal adolescents' early recollections contained a significantly greater frequency of themes of mastery, mutuality, attention

getting, and new or unfamiliar situations causing excitement.

In the "Concern With Detail" cluster, the normal adolescents reported a significantly greater frequency of early recollections in which specific attention was given to describing visual details (i.e. color, size, shape, etc.). No significant differences were reported between groups in regard to auditory or motor detail.

The data in Table 5 indicate differences between conduct disorder and normal adolescent males with respect to the "Setting" in which early recollections were remembered to have taken place. The normal adolescent group mentioned a significantly greater frequency of early recollections mentioning school or traveling as the setting. In contrast, the early recollections of the conduct disorder group contained a significantly greater frequency of instances in which no clear indication of the setting was mentioned. No significant differences were obtained between groups in the mentioning of other settings.

Comparison of the two groups on the "Active-Passive" and "Control" clusters revealed no significant differences between groups. The normal adolescent group did report a greater frequency of early recollections in which the subject was active ( $X^2 = 3.11$ ,  $p < .078$ ); and exhibiting internal control ( $X^2 = 3.03$ ,  $p < .08$ ). However, these differences did not reach the level of significance of  $p < .05$ .

Table 5 indicates that with respect to the "Affect"

cluster, that is, whether the overall feeling tone of the early recollection was pleasant, unpleasant, or lacking any indication of affect, significant differences were found between the conduct disorder and normal adolescent group. The normal adolescent group reported a significantly greater frequency of early recollections indicating positive affect. In contrast, the conduct disorder group had a significantly greater frequency of early recollections indicating negative affect. No significant difference was observed between groups with respect to neutral affect.

### Third Early Recollection

Table 6 displays a summary of the frequency counts,

Table 6

Frequency Counts, Chi-square Values, and Level of Significance of the Significant Variable Results of Conduct Disorder and Normal Adolescent Males: Third Early Recollection

Variable	Frequency		X <sup>2</sup>	DF	p
	Conduct Disorder	Normal			
<hr/>					
<u>Theme:</u>					
Mutuality	9	17	3.93	1	<.047
Attention Getting	5	12	3.72	1	<.054
Open Hostility	5	0	3.65	1	<.056
<u>Action:</u>					
Active	7	18	7.77	1	<.005
Passive	22	12	7.77	1	<.005
<u>Affect:</u>					
Positive	9	21	8.96	1	<.003
Negative	17	8	6.17	1	<.013

chi-square values, and level of significance for variables that were significantly different between the two groups on the primed early recollection using the Manaster-Perryman Manifest Content Early Recollection Scoring Manual (Manaster-Perryman, 1979).

As it becomes evident in examining Table 6, there were no significant differences between groups with respect to "Character" cluster. This finding is likely to be a result of the fact that in the third early recollection, subjects were directed to recall an event involving the subject and his early caregiver.

Table 6 also indicates, that in contrast to the findings of the first and second early recollections combined, fewer significant between group differences were obtained on the third early recollection with respect to the "Themes" cluster. In comparison to the conduct disorder adolescent group, when recalling events involving the participant and their caregiver, the normal adolescent group recalled a significantly greater frequency of themes involving mutuality and attention getting. The early recollections of conduct disorder adolescents were marked by a significantly greater frequency of themes of open hostility.

No significant differences were found between groups with respect to the frequency of primed early recollections in which participants reported concern for detail. Neither were there any significant differences with respect to the



setting in which the recalled event was remembered to have taken place. Rather, the general tendency was for both groups to show greater frequency in the mentioning of inside the home of family or relatives, outside in the subjects neighborhood, or away from the family home as the primary setting (conduct disorder = 23; normal adolescents = 25).

As Table 6 indicates, significant differences were found between the conduct disorder and normal adolescents groups with respect to the "Active-Passive" cluster. Normal adolescents mentioned a greater frequency of primed early recollections in which the subject was an active participant. In contrast, the conduct disorder group recalled a greater frequency of early recollections in which the subject initiated little or no action. No significant differences were found between groups with respect to the "Control" cluster.

A comparison of groups on the "Affect" cluster found the following significant results. Normal adolescents mentioned a greater frequency of primed early recollections containing an overall pleasant affective tone. In contrast, the conduct disorder group mentioned a significantly greater frequency of primed early recollections in which the overall affective tone was unpleasant. As was the case with the first and second early recollections, there were no significant differences between the two groups with respect to the frequency of early recollections in which there is no indication of affect.

Third Early Recollection: Attachment to Caregiver/Sense of Security

As it was described in the methodology section of this research study, additional and separate chi-square analysis was applied to the third early recollection as a means of assessing the participants attachment to caregiver and sense of security. The first category examined the presence/absence of interaction and reciprocity recalled involving the subject and caregiver. The second cluster examined the presence/absence of sense of security or givingness ascribed by the subject to the reported caregiver. The third category examined the affect associated with the caregiver-child interaction. The results of this analysis are summarized in Table 7.

Table 7

Frequency Counts, Chi-square Values, and Level of Significance of the Attachment to Caregiver/Sense of Security Variable Results of Conduct Disorder and Normal Adolescent Males: Third Early Recollection

Variable	Frequency		$X^2$	DF	p
	Conduct Disorder	Normal			
<u>Caregiver-Child/Interaction:</u>	15	23	4.58	1	<.05
<u>Caregiver Givingness:</u>	10	20	6.68	1	<.01
<u>Affect:</u>					
Positive	9	21	8.96	1	<.003
Negative	17	8	6.17	1	<.013

As indicated in Table 7, the normal adolescent group

mentioned a significantly greater frequency of early recollections involving interaction with the caregiver. In contrast, the conduct disorder group recalled a significantly greater frequency of early recollections in which the caregiver was only mentioned in reference or involved in a non-interactive task (i.e., riding with their mom to the store, etc.).

With respect to the second category, the normal adolescent group mentioned a significantly greater frequency of early recollections in which the caregiver's role was supportive or providing a sense of security. In comparison to the conduct disorder group, the normal adolescent group also mentioned a significantly greater frequency of early recollections in which the caregiver-child interaction was described as having an overall pleasant affective tone.

#### First, Second, and Third Early Recollection Combined

Combining the three early recollections, significant differences between groups were found in all seven clusters. In the "Character" cluster there was a significant difference between the conduct disorder and normal adolescent groups on three of seven character variables. In comparison to the conduct disorder group, the normal group had a significantly greater frequency of early recollections mentioning the mother and father character variables. The normal adolescent group also mentioned a significantly greater frequency of non-family member characters (i.e. friends, teachers, etc.) in their early recollections.

Table 8

Frequency Counts, Chi-square Values, and Level of Significance of the Significant Variable Results of Conduct Disorder and Normal Adolescent Males: First, Second, and Third Early Recollection Combined

Variable	Frequency		X <sup>2</sup>	DF	p
	Conduct Disorder	Normal			
<hr/>					
<u>Character:</u>					
Mother	40	57	5.08	1	<.024
Father	29	49	7.71	1	<.006
Non-Family	12	25	5.07	1	<.024
<u>Theme:</u>					
Misdeeds	11	4	3.94	1	<.047
Mastery	1	18	16.22	1	<.00006
Mutuality	20	48	16.88	1	<.00004
Attention					
Getting	9	26	9.39	1	<.002
New/Exciting					
Situation	6	24	12.08	1	<.0005
Fear/Anxiety					
Situation	29	14	7.90	1	<.005
Open Hostility	13	0	14.71	1	<.0001
<u>Concern With Detail:</u>					
Visual	6	20	8.13	1	<.004
<u>Setting:</u>					
School	1	9	4.87	1	<.027
Unclear	18	5	9.17	1	<.002
<u>Action:</u>					
Active	38	60	9.11	1	<.003
Passive	47	29	9.11	1	<.003
<u>Control:</u>					
Internal	73	87	8.28	1	<.004
External	12	2	8.28	1	<.004
<u>Affect:</u>					
Positive	27	56	16.92	1	<.00004
Negative	50	24	18.05	1	<.00002

No significant differences were found with respect to the

other character variables.

The conduct disorder and normal adolescents were significantly different in eight of twelve variables in the "Theme" cluster. There were no significant differences between groups with respect to themes of "birth of a sibling," "death," "injury/illness," "punishment, or "givingness."

Consistent with the results of the first and second early recollections combined, the conduct disorder group reported a significantly greater frequency of negative themes in their early recollections. As is noted in table 8, a significant difference was indicated between groups with respect to the theme of misdeeds. Conduct disorder adolescents mentioned a significantly greater frequency of early recollections in which the subject committed misdeeds.

Table 8 indicates a significant difference between groups with respect to themes of fear/anxiety provoking situations and open hostility. Compared to the normal adolescent group, the conduct disorder group mentioned a significantly greater frequency of early recollections containing themes involving fear and anxiety provoking situations and open hostility.

Significant differences were also found with respect to themes of mastery. The normal adolescent group mentioned a significantly greater frequency of early recollections in which the subject reported the performance of actions in an attempt to gain control over his environment. The normal

adolescent group also mentioned a significantly greater frequency of themes involving mutuality, attention getting, and a new or unfamiliar situation causing excitement.

As was the case in each of the two previous early recollection analyses, significant differences were found between groups with respect to the concern with detail variable. The normal adolescent group recalled a significantly greater frequency of early recollections in which specific detail was given to the visual aspects of remembered events. There were no significant differences between groups with respect to the report of auditory or motor details.

By combining the first, second, and third early recollections significant differences were found between the conduct disorder and normal adolescent group with respect to two setting categories. As reported in Table 8, the normal adolescent group recalled a significantly greater frequency of early recollections in which school was identified as the setting. The conduct disorder group recalled a significantly greater frequency of early recollections in which the setting was unclear.

The data in Table 8 indicate significant differences between the conduct disorder and normal adolescent group with respect to the "Active-Passive," "Control," and "Affect" clusters. Compared to the conduct disorder group, incidents recalled by normal adolescents mentioned a significantly greater frequency of initiation of activity on

the part of the subject. Normal adolescents also mentioned a significantly greater frequency of early recollections in which the subject accepted responsibility for his actions. With respect to the "Affect" cluster, the early recollections of normal adolescents contained a significantly greater frequency of positive affect. In contrast, the conduct disorder group mentioned a significantly greater frequency of early recollections in which the overall affective tone was unpleasant. No significant differences were obtained between groups with respect to early recollections containing neutral affect.

#### Discussion

In the current study, the conduct disorder group was found to score significantly lower than the normal adolescent group with respect to social interest. These results are consistent with earlier research comparing social interest scores of adult male convicted felons to college freshmen and university employees (Crandall & Reimanis, 1976). Crandall and Reimanis found inmates to score significantly lower on social interest than both of the other groups studied. Such findings, along with the findings of the current study, lend support to Adler's beliefs about the relationship between insufficient development of social interest and delinquent behavior.

Adler proposed that the early recollection provides "a useful source of information concerning one's life style" (Crandall, 1981, p. 79). He further stated that "life

style" serves as a frame of reference and contains "the meaning which individuals give to the world and to themselves, their goals, the directions of their strivings, and the approaches they make to the problems of life" (Adler, 1931/1958, p. 48).

Examination of the early recollections of conduct disorder and normal adolescents suggests they do hold different frames of reference for interpreting life experiences (Ansbacher & Ansbacher, 1956). The first and second early recollections combined found the conduct disorder and normal adolescent groups to differ significantly in five of seven clusters on the Manaster-Perryman Manifest Content Early Recollection Scoring Manual (1979).

As mentioned by Manaster-Perryman (1979), the characters reported in the early recollection are those believed to be most salient to the subject. In the current study, significant differences were found between the conduct disorder and normal adolescent groups with the normal adolescent group mentioning a significantly greater frequency of mother, father, non-family, and group characters in their early recollections.

The more frequent mentioning of the mother in the early recollections of normal adolescents suggests they carry with them a sense of attachment or connectedness to the mother figure in their lives. Results of the current study are similar to those found in previous research studies using



adult populations. The mother character has been found to be mentioned significantly more often by normal women as compared to alcoholic women (Hafner, Fakouri, & Labrentz, 1982; Hafner, Fakouri, & Chesney, 1988) and resilient as compared to non-resilient adults (Pfeifer, 1993). In contrast to the findings of the current study, Elliot, Fakouri, and Hafner (1993) found early recollections of adult criminal offenders to contain a significantly greater frequency in the mentioning of the mother character. However, as reported by Elliott et al., even though the criminal offender group mentioned the mother character significantly more frequently than the control group, these interactions were marked by much unpleasantness and discomfort.

As was found with the mentioning of the mother character, the father character was also reported significantly more frequently by the normal adolescent group in their early recollections. This finding also suggests saliency of the father character in the lives of normal adolescents. Even though previous research has not reported this significant finding, reference has been made to the importance of the father character in normal adolescent development. Reimanis (1974), studying the responses to a childhood experience questionnaire for eliciting early memories of convicted male youths compared with those of high school and college students, found convicted youths to be rated higher in memories in which the father was

remembered as "relatively cold, rejecting, disinterested, or absent . . . with whom one could not identify" (p. 55).

Based on the current results, one might speculate that as a group, normal adolescents are also more likely to carry with them a sense of attachment or connectedness to the father figure in their lives.

As a general interpretation, the finding that the mother and father characters are more salient to the normal adolescent group may suggest that with respect to "life style," this group carries internalized representations of parental availability. Support for this assumption may be found in the examination of the third early recollection. As was noted in the results section, differences between groups in mentioning of the mother figure disappeared only when the subjects were primed to elicit memories involving their caregivers. Such a finding is consistent with the general hypothesis of this study that conduct disorder adolescents are less likely to have developed internalized representations of attachment.

With respect to the current study, non-family and group character variables were also mentioned significantly more frequently by the normal adolescent group. Such findings suggest that in addition to carrying internalized representations of mother and father, normal adolescents also appear to carry an increased awareness and orientation towards social interactions with others in general. Such findings give support to previous research which suggests

offenders exhibit lower levels of social interest (Reimanis, 1974; Crandall & Reimanis, 1976).

Consistent with previous research studying adult criminal offenders (Elliott, Fakouri & Hafner, 1993) there were no significant differences between groups with respect to the mentioning of sibling, other family, or animal characters.

With respect to the discussion of the remaining clusters, the review of the literature found a majority of the early recollection studies to place considerable emphasis on the interpretation of themes contained in early recollections (Bruhn & Davidow, 1983; Davidow & Bruhn, 1990; Elliott, Fakouri, & Hafner, 1993). A review of the results of the current study also suggests significant differences between normal and conduct disorder groups with respect to the themes of their early recollections.

Overall, the normal adolescent group in this study reported a significantly greater frequency of positive themes involving mastery, mutuality, attention getting, or new or unfamiliar situations causing excitement. In comparison, the conduct disorder group mentioned a significantly greater frequency of themes of fear or anxiety provoking or threatening situations, and open hostility. The theme of misdeeds also became significant in the early recollections of the conduct disorder group when all three early recollections were combined.

With respect to themes, the findings of the current

research study are consistent with other studies that have found antisocial and delinquent populations to report more negative themes (e.g. Reimanis, 1974; Bruhn & Davidow, 1983; Davidow & Bruhn, 1990). As interpreted by Elliott, Fakouri, & Hafner (1993), the increased report of negative themes by the conduct disorder adolescent group may be a result of the tendency for offenders to recall the more negative, punitive, and hostile side of life. The finding of the present study in which the conduct disorder recalled a significantly greater frequency of early recollections involving misdeeds is consistent with findings of others who have reported delinquent adolescents, compared to non-delinquents, recalled significantly greater instances in which rule breaking acts were committed without receiving consequences (Bruhn & Davidow 1983; Davidow & Bruhn, 1990).

Given the results of the current study, it appears that mastery of tasks and obstacles is of greater salience for the normal adolescent group. In general, when describing events involving mastery, the normal adolescent group often reported landmark achievements involving some form of positive learning experience. Quite often such events also made mention of some form of external parental support (i.e. learning to ride a bike, attending kindergarten the first time, etc.). In contrast, the conduct disorder group mentioned significantly fewer mastery themes in general.

Previous research studies examining the theme of mastery have found results similar to those of the current

study. Bruhn and Davidow (1983) found non-delinquents to recall events involving mastery or play while delinquents were more likely to recall events involving potential danger or rule breaking. In contrast, other studies have found delinquent adolescents as well as adults with chronic psychological problems to mention a significantly greater frequency of mastery themes in early memories (Davidow & Bruhn, 1990; Hyer, Woods, & Boudewyns, 1989). However, as was found by Davidow and Bruhn (1990), in situations where delinquent adolescent recalled more frequent attempts at mastery, these attempts were more often remembered as being met with failure.

In interpreting differences between the normal and conduct disorder adolescents with respect to other themes, the higher frequency of mutuality and attention getting themes recalled by the normal adolescent group could be interpreted to suggest that normal adolescents carry with them an increased awareness of friendly, cooperative, and supportive experiences in their lives. Elliott, Fakouri, and Hafner (1993) found less mutuality in the early recollections of adult criminal offenders. In a study comparing adult criminal offenders to non-offenders, Hankoff (1987) found non-offenders to report significantly greater themes involving cooperative and reciprocal interactions. In contrast, themes of the offender group were marked with a high proportion of disturbing and aggressive interactions. Previous research comparing normals to alcoholics found a

significantly greater frequency of mutuality themes in the early recollections of the normal group (Hafner, Fakouri, & Labrentz, 1982).

In the current study, the conduct disorder and normal adolescent groups were significantly different with respect to frequency of early recollections containing the theme of a new or unfamiliar situation causing excitement with the normal group reporting a significantly greater frequency of this theme. In contrast, the results of the current study suggest conduct disorder adolescents are more likely to recall events involving fear and anxiety provoking situations.

Previous research involving juvenile delinquent and criminal offender populations have found similar results with respect to the theme of fear and anxiety provoking situations. Reimanis (1974), studying convicted male youths, found them to recall more memories of anxiety generating households than the control group. Davidow and Bruhn (1990) also reported that delinquents, as a group, perceived less nurturance and protection in their early recollections. Significantly higher frequencies of this theme have also been found in the early recollections of Vietnam war veterans with Post-traumatic Stress Disorder (Hyer, Woods, & Boudewyns, 1989), and alcoholic women (Hafner, Fakouri, and Chesney, 1988).

The frequency of early recollections containing themes of open hostility was significantly greater for the conduct

disorder group as compared to the normal adolescent group. In the current study, conduct disorder adolescents reported observing significantly more interactions marked by open hostility and aggression. Hankoff (1987) found adult criminal offenders to report recollections marked by a hostile and aggressive environment. These results also appear to support previous research which suggested that parents of conduct disorder adolescents are more likely to display harsh discipline practices (Kazdin, 1987; Livingston, 1987).

To summarize, the conduct disorder group presented significantly greater frequencies of negative themes than the normal adolescent group. These findings may indicate that conduct disorder adolescents view their world as being burdened with harsh and unpleasant interactions. Normal adolescents, on the other hand, view their world as being filled with more cooperative and prosocial interactions.

There were no significant differences found between groups with respect to themes involving the "birth of a sibling," "death," "injury/illness," or the act of "givingness." Bruhn & Davidow (1983) and Davidow & Bruhn (1990) both reported significant differences between delinquent and non-delinquent groups with respect to injury and illness.

The concern with detail category was comprised of three variables; "Visual," "Auditory," and "Motoric." Early recollections were scored if the participant reported

specific detail with respect to visual, auditory, or vigorous motoric movement. Significant differences were found between groups with respect to the report of visual details with the normal adolescent group reporting significantly more visual details in their early recollections. Previous research results have found criminal justice majors as compared to non-criminal justice majors (Coram & Shields, 1987), medical technologists compared to nurses (McFarland, 1988), normals compared to alcoholics (Hafner, Fakouri, & Labrentz, 1982) and resilient compared to non-resilient individuals to report significantly greater visual detail in their early recollections (Pfeifer, 1993). As interpreted by Pfeifer (1993) the increased report of visual detail may suggest an increased ability to see, plan and react to the environment in a more constructive manner.

No significant differences were found between groups with respect to concern with auditory or motor details. Elliot, Fakouri, and Hafner (1993) found adult criminal offenders to report more motor detail in their memories. As stated by Elliott et al., this may be due to the fact that an offender is "defined by his actions, his motor rather than his verbal behavior" (p. 73). Previous research studies have also found alcoholics (Hafner, Fakouri, & Chesney, 1988) and and nurses (Fakouri, Fakouri, & Hafner, 1986) to report significantly greater frequencies of motor detail.



No significant differences were found between the conduct disorder and normal adolescent groups with respect to concern with auditory detail. Previous research has reported a significant frequency of this variable by alcoholic women (Hafner, Fakouri, & Chesney, 1988).

Significant differences were found between the conduct disorder and normal adolescent groups with respect to the settings in which the events of early recollections took place. In the current study, the normal adolescent group mentioned the setting of school with significantly greater frequency than did the conduct disorder group. These results may be related to the fact that subjects in the normal adolescent group were interviewed at school and thus more likely to recall early educational events. In addition, the greater frequency of the mentioning of travelling in the first and second early recollections combined may be the result of normal adolescents having greater opportunities for pleasurable and cooperative experiences involving family vacations and travel.

In contrast to the normal adolescent group, the conduct disorder adolescent groups mentioned a significantly greater frequency of settings that were unclear. Similar findings have been reported by Elliott, Fakouri, and Hafner (1993) with adult criminal offenders. Bruhn & Last (1982) suggested that the inability to identify the site of early memories may be related to unconscious strivings to repress unpleasant childhood experiences. However, the finding that

conduct disorder adolescents are less clear with respect to setting may also be related to the fact that this group was being retained in a facility away from familiar surroundings. As such, findings with respect to setting may also be related to living conditions. No significant differences were found between groups with respect to the remaining setting variables.

Significant differences were found between the conduct disorder and normal adolescent groups with respect to the degree of activity the subjects initiated in their early recollections. Previous research found Vietnam veterans suffering from Post-traumatic Stress Disorder (Hyer, Woods, & Boudewyns, 1989) and nursing students to have significantly more active participants in early recollections (Fakouri, Fakouri, & Hafner, 1986). One possible interpretation of the conduct disorders more passive activity in early recollections is that which was presented by Davidow and Bruhn (1990). Davidow and Bruhn suggested that through a history of failure and learned helplessness, the delinquent becomes avoidant and passive with respect to human interaction.

With respect to control, the conduct disorder group reported a significantly greater frequency of early recollections in which the subject dissociated himself from any consequences when the three early recollections were combined. Research examining the relationship between control stance and content of early memories has found

individuals with an external control stance more likely to recall situations in which they attempted mastery with little success, responded passively, received punishment that was unpredictable and inappropriate, and felt abandoned by parents (Bruhn & Schiffman, 1982).

In a study seeking to differentiate between different child diagnostic groups using early memories, Last and Bruhn (1985) reported delinquent children to have little feeling of impact on others and to perceive their environments as unsupportive. Information obtained from the current study in which conduct disorder group's early recollections were found to contain fewer themes of mastery and mutuality, along with increased fear and anxiety, and passive interactions, is consistent with these findings. Such findings may suggest that in comparison to normal adolescents, conduct disorder adolescents are less likely to feel they have internal control.

As was reported in the results section of the current study, significant differences were found between the conduct disorder and normal groups with respect to the affect across each of the three early recollections. In the current study, the normal adolescent group reported a significantly greater frequency of positive affect. In contrast, the conduct disorder group consistently reported a significantly greater frequency of negative affect. These findings are consistent with previous studies involving normal and clinical populations that have found normal

individuals to report more positive affect with respect to early experiences (Reimanis, 1974; Last & Bruhn, 1983; Hankoff, 1987; Hafner, Fakouri, & Chesney, 1988; Grunberg, 1989; Davidow & Bruhn, 1990).

To summarize, the results of the analysis performed on the research data suggest that significant differences do exist between conduct disorder adolescents with respect to social interest as well as the manifest content of their early recollections. Considering the assumption that early recollections serve as a means for understanding one's "life style," that is, "the meaning which individuals give to the world and to themselves, their goals, the directions of their strivings, and the approaches they make to the problems of life" (Adler, 1931/1958, p. 48), it can be assumed that the content of the early recollections of the two groups reflect their current outlook on life.

In the current study, the normal adolescent group mentioned a significantly greater frequency of mother, father, and non-family characters in their early recollections than did the conduct disorder group. The conduct disorder group, in their early recollections, had significantly more negative themes e.g. misdeeds, less mastery, less mutuality, less attention getting and more fear and anxiety than the normal adolescent group. Early recollections of the conduct disorder group also contained less initiation of activity and more external control than the normal adolescent group.

In addition to obtaining early recollections in the traditional manner, the current study sought to gather information concerning caregiver-child interaction with respect to attachment to caregiver and sense of security through the administration of primed early recollections. Through this technique, the normal adolescent group reported a greater frequency of early recollections in which caregiver-child interaction was present. This group also reported a significantly greater frequency of primed early recollections in which the caregiver was recalled performing a task involving the provision of security or support. In contrast, the primed early recollections of the conduct disorder group were marked with a significantly greater frequency of events in which there was less caregiver-child interaction. The conduct disorder also recalled significantly fewer early recollections involving parent givingness and support.

In interpreting the above findings with respect to attachment to caregiver, sense of security, and social interest, it seems important to review Adler's view on the importance of mother character. Adler (1929/1964, p. 31) mentioned the importance of the "mother" in the awakening and fostering of social interest. He also stated that it is through interaction with the mother that the child develops a "formulation of a world in which others are significant as well." As stated by Adler, the mother's "equally important task is to become a fellow human to the child, a fellow

being on whom he can depend, in whom he can trust, who helps and supports him" (Adler, 1926/1988, pp. 406-407). The results of this study appear to add support to Adler's view on the significance of the early caregiver-child relationship and the subsequent development of social interest.

## Chapter 5

### SUMMARY AND CONCLUSIONS

Antisocial behavior has become an increasingly reported problem among adolescents in our society. Behaviors frequently associated with conduct disorder have included physical aggression, theft, running away, alcohol and substance abuse, and defiance towards authority (Robins, 1981; Loeber & Schmalting, 1985b; Kazdin, 1987).

Numerous studies have presented differing etiologies for explaining conduct disorder. A majority of these studies have studied conduct disorder behaviors through the identification of genetic and constitutional factors (e.g. Jary & Stewart, 1985; Reitsma-Street, Offord, & Finch, 1985), neurological and neuropsychological factors (e.g. Lewis, Pincus, Shanok, & Glaser, 1982; Hsu, Wisner, Ritchey, & Goldstein, 1985; McManus, Brickman, Alessi, & Grapentine, 1985), or bio-chemical factors (e.g. Rogeness, Hernandez, Macedo, Amrung, & Hoppe, 1986; Pliska, Rogeness, Renner, Sherman, & Broussard, 1988).

Evidence has also been provided to suggest that familial/environmental factors may play an equally important role in the etiology of conduct disorder behavior. Conduct

disorder behavior has been linked to the presence of child abuse and mother's socioeconomic status (e.g. Behar & Stewart, 1984; Rogeness, Hernandez, Macedo, Suchahorn, & Hoppe, 1986; Livingston, 1987). Related to the current study, parents of antisocial youth have been found to demonstrate less acceptance, warmth, affection, and emotional support (e.g. Patterson & Stouthamer-Loeber, 1984; Loeber & Dishon, 1984), interact less and make more disapproving comments, and to demonstrate more defensive communication patterns (e.g. Field, Sandberg, Goldstein, Garcia, Vega-Lahr, Porter, & Dowling, 1987; Hansen, Henggeler, Haeefe, & Goldstein, 1984).

The current study attempted to examine the possible relationship between attachment to caregiver and sense of security as reflected in early recollections, social interest, and conduct disorder. Social interest has been defined as being synonymous "with the ability to show interest in and concern for others and may be said to involve such processes as identification and empathy with others, cooperation, and altruism" (Crandall, 1981). In his writings on social interest, Adler (1935/1965) placed considerable emphasis on the early relationship between the caregiver and child in the development of social interest.

Indirect support for the notion that antisocial and conduct disorder adolescents exhibit less ability to interact in a sensitive, responsive, and empathic manner has been demonstrated (Panella & Henggeler, 1986; Ellis, 1982).



Other studies have found low social interest to be indicated in the presence of anomie and criminal behavior (Reimanis, 1966; 1974).

Research in the area of attachment has provided much insight into the relationship between sense of security and subsequent relationship patterns. Securely attached infants have been found at later ages to be more sociable, friendly, and cooperative in play, and more receptive to interaction with strangers (e.g. Pastor, 1981; Lutkenhaus, Grossmann, & Grossmann, 1985).

According to attachment theory, it is through the early interactional relationship with the caregiver that the child acquires an internalized representation of the world, its characteristics and functions, as well as how he/she belongs in it (Bretherton, 1985). Similarly, Adler (1931/1958) referred to the "life style" as "the meaning individuals give to the world and to themselves, their goals, the directions of their strivings, and the approaches they make to the problems of life" (p. 48). Adler proposed that much could be learned about an individual's "life style" by examining his/her early recollections.

The value of early recollections as a research instrument has been well documented. Early recollections have been used to study levels of self disclosure (Barrett, 1983), locus of control (Bruhn & Schiffman, 1982), career related assessment (e.g. Hafner & Fakouri, 1984; Fakouri, Fakouri, & Hafner, 1986; Elliott, Amerikaner, & Swank,

1987), and psychopathology (e.g. Friedman & Schiffman, 1962; Hafner, Fakouri, & Labrentz, 1982; Fakouri, Hartung, & Hafner, 1985). Recently, attempts have been made to utilize early recollections as an instrument for understanding the "life styles" of juvenile and adult criminal offenders (e.g. Bruhn & Davidow, 1983; Davidow & Bruhn, 1990; Hankoff, 1987; Elliott, Fakouri, & Hafner, 1993).

The current study investigated the question of whether conduct disorder and normal adolescents differ significantly with respect to social interest as assessed by The Personal Trait Value Scale (Crandall, 1975). A second purpose of this study was to investigate differences between groups with respect to manifest content and "life style" themes using the projective technique of early recollections. Finally, the study attempted to determine if significant differences would exist between groups with respect to attachment to caregiver and perceived sense of security as reflected in their early recollections.

#### Summary of Results

The results of the current study suggest that conduct disorder adolescents display less social interest than normal adolescent males. These findings are consistent with those obtained in earlier studies examining social interest with respect to adult normal and criminal offender populations (e.g. Crandall & Reimanis, 1976). In addition, the results corroborate with previous studies that reported aggressive and conduct disorder individuals to display lower

levels of empathy as well as an inability to interact in a sensitive, responsible, and caring manner (e.g. Ellis, 1982; Panella & Henggeler, 1986). Each of these findings is consistent with Adler's (1935/1965) belief that insufficient development of social interest is related to delinquent and criminal behavior.

With respect to the manifest content of early recollections, the results of the current study suggest that conduct disorder and normal adolescent males also hold different perceptions of self, others, and the world in general. Significant differences were found between the groups with respect to the manifest content of their early recollections.

In the current study, the conduct disorder group mentioned the mother and father characters significantly less frequently than the normal adolescent group. More frequent mentioning of the mother character in the early recollections of normal and resilient adults has been documented (e.g. Hafner, Fakouri, & Labrentz, 1982; Hafner & Fakouri, & Chesney, 1988; and Pfeifer, 1993). The significantly greater frequency of the mentioning of the father character by the normal adolescent group has received less research documentation. Research studying convicted youths has found them to report memories of fathers as "relatively cold, rejecting, disinterested or absent" (Reimanis, 1974, p. 55).

One interpretation of the above findings is that normal

adolescents carry with them an increased awareness of, or attachment to, the mother and father character in their lives. Davidow & Bruhn (1990) reported that delinquent adolescents "do not seem to have any internal object relations from which to draw support." They further stated that this may be "indicative of a withdrawal from others who are seen as frustrating and unreliable" (p. 611).

With respect to the other character variables, the normal adolescent group mentioned a significantly greater frequency of non-family members and group characters in their early recollections. One interpretation for this finding is that, in comparison to conduct disorder adolescents, normal adolescent males carry an increased awareness and orientation towards social interactions with others in general.

Early recollections of the conduct disorder group also contained a greater frequency of negative themes compared to more positive themes reported by the normal adolescent group. Analysis of the current results indicates that the conduct disorder group reported significantly greater frequency of themes of misdeeds in their early recollections than the normal adolescent group.

The conduct disorder group also reported significantly fewer themes of mastery, mutuality, attention getting, and new/unfamiliar situations causing excitement than did the normal adolescent group. The normal group not only mentioned a significantly greater frequency of mastery

themes but also reported them as landmark achievements suggesting greater feelings of competence. Increased frequency in the report of mutuality and attention getting themes suggests normal adolescents are more likely to hold the perception that interactions with others are marked by friendliness, cooperation and attention in the form of parental support.

The relative absence of mastery in conjunction with the increased report of fear and anxiety provoking themes and open hostility within the conduct disorder group may suggest feelings of incompetence or learned helplessness in a world filled with fear and anxiety. Interactions are likely to be viewed as being burdened with harsh and unpleasant encounters. Similar interpretations have been made by researchers studying delinquent populations (Last & Bruhn, 1985, Davidow & Bruhn, 1990).

The normal adolescent group mentioned a significantly greater frequency of early recollections in which specific visual details of the recalled event were reported. One interpretation of this finding is that increased report of visual detail may be related to the normal adolescent's ability to see, plan, and respond to the environment in a more organized manner (Pfeifer, 1993). Studies involving adult criminal offenders (e.g. Elliott, Fakouri, & Hafner, 1993) have found a significantly greater frequency in the mentioning of motor detail. However, the current study did not find significant differences between groups with respect

to this variable.

With respect to settings, the conduct disorder group reported a significantly greater frequency of early recollections in which the setting was unclear. The normal adolescent group mentioned school as the setting with significantly greater frequency. Though it is possible that an increased mentioning of early recollections in which the setting is less clear may be a result of the conduct disorder adolescents repression of unpleasant memories (Bruhn & Last, 1982), it is also likely that differences with respect to setting is related to the environments in which the data for this study were collected.

As a group, the conduct disorder adolescents reported a significantly greater frequency of early recollections in which the subject assumed a passive role and showed an external control stance. The early recollections of the normal adolescent group contained a significantly greater frequency of early recollections in which the subject was active and exhibited internal control. Davidow & Bruhn (1990) suggested that as a result of a history of failure and learned helplessness, the delinquent becomes avoidant and passive with respect to human interaction. Given this interpretation, it appears plausible that the conduct disorder adolescent is also more likely to assume a stance in which others are viewed as being in control.

Consistent with previous research involving adult criminal offenders and juvenile delinquents (e.g. Davidow &

Bruhn, 1990; Hankoff, 1987), this study found conduct disorder adolescents to report significantly greater frequencies of negative affect in their early recollections. Such findings suggest that conduct disorder males, in comparison to normal adolescent males, are more likely to view themselves, others, and the world, as being markedly more negative.

Analysis of the third early recollection yielded fewer significant differences between groups with respect to the seven clusters of variables. No significant differences were obtained within the character cluster. This is likely to be a result of the condition in which subjects were asked to give an early recollection involving their early caregiver.

Significant differences were found between the conduct disorder and normal adolescent group with respect to themes of the third early recollection. The normal adolescent group reported a significantly greater frequency of mutuality and attention getting themes with respect to caregiver-child interactions. The conduct disorder group reported a significantly greater frequency of early recollections involving themes of open hostility. As was the case in the first two early recollections combined, in the third early recollection, the conduct disorder group also reported a significantly greater frequency of events involving self and the caregiver in which the subject was passive. The analysis also yielded significantly greater

frequencies in the report of negative affect by the conduct disorder group.

When the content specific scoring criteria were applied to the third early recollection as a means of assessing "attachment to caregiver" and "sense of security," significant differences were found between the conduct disorder and normal adolescent groups. In recalling caregiver-child interactions, the conduct disorder group mentioned a significantly greater frequency of early recollections in which the caregiver was mentioned only in reference, or involved in a task requiring little or no reciprocal interaction with the subject. In contrast, the normal adolescent group reported a significantly greater frequency of early recollections in which the subject and caregiver were involved in a cooperative or mutually interactive task. With respect to the category of caregiver givingness, the normal adolescent group reported a significantly greater frequency of early recollections in which the role of the caregiver was that of providing support or general sense of security.

### Conclusions

The results of the current study indicate that conduct disorder adolescent males exhibit significantly less social interest than normal adolescent males as measured by The Personal Trait Value Scale (Crandall, 1975). Such findings add support to Adler's assumptions about the relationship between social interest development and adjustment in



adolescence (Adler, 1935/1965). Results of the current study also provide support for the utility of The Personal Trait Value Scale (Crandall, 1975) as a measure of social interest in adolescents.

Based on the current findings, support is also added to Adler's assumption that early recollections serve as a useful tool for understanding the life style of individuals (Ansbacher & Ansbacher, 1956). With respect to the Manaster-Perryman Manifest Content Early Recollection Scoring Manual, the results of the current study suggest that it serves as a useful tool in the analysis of early recollections and for understanding differences in the life style themes of conduct disorder and normal adolescent males.

In interpreting the findings of the present study, it appears that, as a group, conduct disorder adolescents are less likely to carry internalized representations of interactions with caregivers and others in general. With respect to themes, the results of the current study augment the findings of research with delinquent populations suggesting that the conduct disorder adolescent is likely to view life from a more negative perspective in which there is little opportunity for mastery over the environment. For the conduct disorder adolescent, interaction with others and the world, is one filled with fear, anxiety, and open hostility. Based on present results, it would appear that in dealing with his world the conduct disorder adolescent is

more likely to view himself as a passive participant with less control over the environment. In contrast, the normal adolescent views others, and the world, from a more positive perspective. Interaction with others is seen as a more cooperative, supportive, and mutual experience in which the subject is an active participant.

With respect to the possible relationship between attachment, perceived sense of security, and social interest, though in need of more rigorous study and replication, the results of the current study provide support for Adler's assumption that later psychosocial adjustment and social interest is at least partially predicted by early caregiver-child interactions (Adler, 1926/1988). In general, it appears that the conduct disorder adolescents are less likely to carry internalized representations of parent-child interactions than the normal adolescents. When describing an early event involving the caregiver, the normal adolescent group reported a greater frequency of more reciprocal, supportive, and positive interactions. In contrast, the conduct disorder group either made reference to, or recalled events marked with, fewer and more unpleasant interactions. Such findings appear to have important implications for understanding the behavior of conduct disorder adolescents for if one does not feel attachment or a sense of security with respect to those who have provided for much of his/her care, how can one form subsequent trusting relationships with others?

## Recommendations

Recommendations derived from the results of the current study can be addressed with respect to two primary categories; those concerned with future research in the study of conduct disorder, and those concerned with intervention, prevention, and treatment.

In the current study, the conduct disorder group consisted of adolescents who had been identified as medium to high risk on the basis of the severity and chronicity of their offender behavior. As a result, they are likely to represent the more severe cases of this disorder. Although the results of the current study appear promising in identifying differences between conduct disorder and normal adolescents on the basis of social interest and life style themes as reflected in their early recollections, caution should be exercised in generalizing these results. Further studies, using more diverse conduct disorder populations, are needed to provide additional supporting evidence. Future research studies may also benefit from examining differences between normal and each of the conduct disorder subtypes.

Another recommendation for future researchers would be to utilize a more indepth interview with respect to early family history and possible stressful life events. Such investigation may lead to a better understanding of those early caregiver-child relationship factors most likely to have an impact on the adolescents' sense of security and

attachment and social interest development.

In terms of intervention, the results of the present study suggest that treatment aimed at intervening through the child guidance clinic approach involving individual and family based interventions (i.e. parent skill training, family therapy, etc.) may be most effective in dealing with the conduct disorder population.

From the standpoint of prevention, it was not possible in the current research study to gather extensive demographic data pertaining to early life stressors likely to lead to the development of conduct disorder behavior. However, if collected, such information may be helpful in further identifying early parent-child relationship patterns likely to lead to subsequent adjustment problems and conduct disorder behavior. Once identified, preventive treatment measures could be utilized in working to change "at-risk" caregiver-child relationship patterns.

Finally, the results of the current study provide support for the usefulness of the analysis of early recollections as an additional source of information in exploring differences between various research populations. Used in connection with other sources of information, it appears that early recollections also provide an additional means of gaining information necessary in understanding and treating conduct disorder as well as other adolescent clinical populations.

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## APPENDIX A

## LETTER TO CONDUCT DISORDER ADOLESCENTS

Dear Boys' School Resident:

I am currently conducting a research study involving residents of the Boy's School. Participants in this study will be asked to recall three childhood memories and to complete a 24 item personal trait value scale. In addition, information will be gathered regarding background/family history. This letter is a request for you to volunteer to participate in this research study.

All testing procedures will be completed at the Boy's School. The session should require no more than forty-five minutes to one hour of total testing time. Testing instructions will be explained to your child in such a way that you can understand.

There are no risks or discomforts involved in this study. Your participation is voluntary. You may choose not to answer any questions which make you feel uncomfortable or may withdraw from the study at any time, without penalty.

In order that test results remain confidential, you will be given an identification number. The identification number will be used on all test forms. Your name and identification number will be known only by the author of this research study and will be kept in a locked file cabinet.

This research study has been reviewed and approved by the Indiana State University Institutional Review Board for the protection of human subjects and the Research Review Committee of the Indiana Department of Correction.

If you agree to participate in this research study, please sign the attached agreement to participate/consent to disclose form.

Thank you for your time and cooperation,

---

Michael L. Latta

## APPENDIX B

PERMISSION FOR PARTICIPATION IN RESEARCH STUDY:  
CONDUCT DISORDER ADOLESCENTS

Permission is granted for Mr. Michael Latta to include \_\_\_\_\_ in his research project as approved by the Research Review Committee of the Department of Correction on 5-12-93. Mr. Latta will in the course of the project:

1. Review the institutional packet of the above named student to collect:
  - a) Date of Birth;
  - b) Age;
  - c) Grade;
  - d) Race;
  - e) Family/Custodial History;
  - f) Educational History; and
  - g) Previous Treatment Information.
2. Interview the above student concerning demographic information;
3. Collect three early recollections of the student;
4. Administer the Personal Trait Value Scale to the above student.

\_\_\_\_\_  
Asst. Supt.  
Legal Guardian

\_\_\_\_\_  
Date

## APPENDIX C

## LETTER TO PARENT/GUARDIAN: NORMAL ADOLESCENTS

Dear Parent/Guardian:

Michael Latta, a doctoral student in the School Psychology program at Indiana State University is conducting a research study comparing normal healthy high school adolescent males (Terre Haute South Vigo students) with a group of conduct disorder adolescents (Indiana Boys' School) on the basis of social interest and life style themes. This letter is a request to you as a parent/guardian, to give permission for your child to serve as a member of the normal adolescent group. The purpose of this study is to gain a better understanding of variables associated with the development of social interest. It is also hoped that much can be learned about the needs of conduct disorder adolescents in terms of early intervention and prevention.

All testing procedures will be completed at your child's school. When possible, testing time will be scheduled to minimize interference with your child's classroom instructional time. The session should require no more than thirty to forty-five minutes of total testing time.

All testing instructions will be explained to your child in such a way that he can understand. The session will require your child to complete a 24 item social interest survey and to recall three childhood memories.

There are no risks or discomforts involved in this study. Your child may choose not to answer any questions or may withdraw from the study at any time, without penalty. Student participation is voluntary and with parent/guardian consent only.

In order that your child's test results remain confidential, he will be given an identification number. The identification number will be used on all test forms. Your child's name and identification number will be known only by the author of this research study and will be kept in a locked file cabinet. The results will not be shared with anyone unless you request.



This research study has been reviewed and approved by the Indiana State University Institutional Review Board for the protection of human subjects. For research related concerns or questions regarding subject rights, please contact the Office of Research, School of Graduate Studies, Indiana State University at (812) 237-3088.

If you agree to let your child participate in this research study, please complete the attached consent form and questionnaire, and return it in the enclosed envelope. If you have any questions regarding particular testing procedures or need more information, please call Michael L. Latta at (812) 237-3588.

Sincerely,

\_\_\_\_\_  
Michael L. Latta

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Principal

\_\_\_\_\_  
Date

## APPENDIX D

## PARENT/GUARDIAN CONSENT FORM: NORMAL ADOLESCENTS

I am willing to have my child join this research study being conducted by Michael L. Latta, a doctoral student in the Department of School Psychology at Indiana State University. I know that my child's participation is voluntary. I understand that I may ask the author of this research study any questions I may have about this study, now, or at any time in the future.

The records from this research study will be held in strictest confidence under the guidelines established by the American Psychological Association and Indiana State University and will be used for research purposes only. This information will not be released to anyone unless I agree to have such records released.

I understand that my child may withdraw from the study at any time for any reason without penalty. I agree to my child's participation in this study by signing my name below.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Author of Research Study: Michael L. Latta  
Doctoral Student  
Dept. of Educational &  
School Psychology  
Indiana State University  
Telephone: (812) 237-3588

## APPENDIX E

## STUDENT CONSENT FORM

I am willing to join this research study being conducted by Michael L. Latta, a doctoral student in the Department of Educational/School Psychology at Indiana State University. Mr. Latta has told me that my participation is voluntary, and that I do not have to answer any questions that may make me feel uncomfortable.

I know that Mr. Latta will not tell anybody what I have said, and that the records from this study will not be shown to anyone. Mr. Latta will be the only person to know my answers. This information will not be released to anyone unless I give Mr. Latta permission to do so.

I understand that I may withdraw from the study at any time, for any reason, without penalty. I agree to participate in this study by signing my name below. I understand that I may ask Mr. Latta any questions about this research study, now, or at any time in the future.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Author of Research Study

\_\_\_\_\_  
Date

Author of Research Study: Michael L. Latta  
Doctoral Student  
Dept. of Educational &  
School Psychology  
Indiana State University  
Telephone: (812) 237-3588

## APPENDIX F

## DEMOGRAPHIC QUESTIONNAIRE: CONDUCT DISORDER ADOLESCENTS

C \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

RACE: Caucasian (White) / African-American / Hispanic  
Asian-American / Other (specify) \_\_\_\_\_Prior to placement in the Indiana Boys' School, with whom  
were you living with? (please circle): Age? How Long?

Natural/Biological Mother	_____	Adopted Father	_____
Natural/Biological Father	_____	Foster Mother	_____
Stepmother	_____	Foster Father	_____
Stepfather	_____	Other Relative	_____
Adopted Mother	_____	Other	_____

Biological parents are:

Married:	_____	Date:	_____
Separated:	_____	Date:	_____
Divorced:	_____	Date:	_____
Widowed:	_____	Date:	_____
Unmarried:	_____		

	YES	NO
Have you been adopted?	_____	_____
If yes, at what age? _____		

Have you ever received foster care?	_____	_____
If yes, at what age/s? _____		
How long? _____		
age _____		
How long? _____		
age _____		
How long? _____		

Thank you for completing this questionnaire. Your time and  
assistance is greatly appreciated.

## APPENDIX G

## DEMOGRAPHIC QUESTIONNAIRE: NORMAL ADOLESCENTS

N \_\_\_\_\_

Instructions: This brief questionnaire is designed to gather information which will be helpful in selecting participants in a research project which seeks to understand what early caregiver-child relationship factors may be related to normal social development. As a reminder, this information is being collected for research purposes only. All information you choose to provide will be held in strictest confidence.

CHILD'S DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
CURRENT GRADE: \_\_\_\_\_

RACE: Caucasian (White) / African-American / Hispanic  
Asian-American / Other (specify) \_\_\_\_\_

What is your relationship to this child (please circle)?

Natural/Biological Mother	Adopted Father
Natural/Biological Father	Foster Mother
Stepmother	Foster Father
Stepfather	Other Relative
Adopted Mother	

Biological parents are:

Married: _____	Date: _____
Separated: _____	Date: _____
Divorced: _____	Date: _____
Widowed: _____	Date: _____
Unmarried: _____	
Unknown: _____	

The people who currently live in the child's home include (please circle):

Natural/Biological Mother	Adopted Father
Natural/Biological Father	Foster Mother
Stepmother	Foster Father
Stepfather	Other Relative
Adopted Mother	

How long has your child been living in this home? \_\_\_\_\_

	YES	NO
Is your child adopted?	_____	_____
If yes, at what age? _____		
Has your child ever received foster care?	_____	_____
If yes, at what age/s? _____		
How long? _____		

Thank you for completing this questionnaire. Your time and assistance is critical for the successful completion of this study and is greatly appreciated.

## APPENDIX H

ATTACHMENT/SENSE OF SECURITY SCORING CRITERIA:  
THIRD EARLY RECOLLECTION

The scoring variables and clarifying explanations for the third early recollection are as follows:

A. Category A is concerned with the presence/absence of interaction and reciprocity recalled between subject and caregiver as reported in the early recollection. The caregiver is reported as being an interactive participant in the early recollection. The subject and identified caregiver are involved in a task in which reciprocal caregiver-child interaction is reported.

B. Category B is concerned with the reported caregiver role in relation to provision of the subjects perceived needs and sense of security. The caregiver role is that of supporter and comforter. In describing the event involving the subject and caregiver, the subject reports caregiver action (overt or covert) which is described as comforting, supportive, or providing a general sense of security.

C. Category C utilizes the Manaster-Perryman (1979) criteria for scoring affect.

1. Positive: The overall affective tone of the early recollection involving the subject and caregiver is pleasant.

2. Negative: The overall affective tone of the early recollection involving the subject and caregiver is unpleasant.