

File 19-d.d.

Precis of Bandura, A. and Walters, R. H. Adolescent Aggression 1959, Ronald Press,
New York.

D 4

110

Chap. 1: Introduction: The problem and the method

One approach to the study of the likely determinants of antisocial aggressive behavior is to control as many factors as possible and concentrate on one class of variables.

The present study controls certain sociological and constitutional factors and study the influence of parent-child relationships on aggressive behavior, and asks "why some boys, who appear, on the surface, to be subjected to no obvious sociological or constitutional disadvantages show an antisocial pattern of behavior."

Although the sociological approach has shown the significant effects of environment on antisocial behavior, it does not explain why environment has seemingly differential effects. Psychological factors offer a partial explanation.

In order to assess the role of child-training variables in the development of aggressive antisocial behavior, sociological and intellectual factors were controlled.

METHOD

Data was based on interviews with 52 adolescent boys and their parents: 26 boys with records of aggressive antisocial behavior and 26 control boys with no such records.

Factors controlled: average or above average intelligence, legally intact homes, steadily employed parents, non-delinquent, non-deteriorated neighborhoods, Mexican, Negro, Second Generation boys excluded, all families in same large urban area of California.

Selection of Families

Aggressive boys secured through county probation service or guidance department of school district. Selection based on case histories, rather than offenses. Case histories showing indications of organic or psychotic involvement were excluded. Age range of those selected 14 yrs 6 mos.--17 yrs. 11 mos., median approx. 16 1/2 yrs. Some boys in custody at time of study. ^{Some} With with prior incarceration. See Table 1.1 for status at time of interview.

Selection of control Families

Selection from 2 large schools, using school counselor recommendations of boys of suitable age who "were neither markedly aggressive nor markedly withdrawn." From this list were selected boys to match the aggressive sample in respect to age, intelligence, father's occupational status, and area of residence.

Propriety of the Erich Fromm Document Center. For personal use only. Citation or publication of material prohibited without express written permission of the copyright holder.
Eigentum des Erich Fromm Dokumentationszentrums. Nutzung nur für persönliche Zwecke.
Veröffentlichungen - auch von Teilen - bedürfen der schriftlichen Erlaubnis des Rechteinhabers.



Matching procedures

Certain possibly relevant factors were controlled for the two groups. In addition, families were individually paired on the basis of father's occupational status and boys' ages.

Boys were paired with another within 6 months of their ages. Possible equal pairing choices were decided on the basis of socio-economic status. Table 1-2 gives code numbers and data on paired boys.

Occupational status of fathers was determined by means of Revised Warner Scale: 1 = professional or managerial, high prestige; 7 = completely unskilled labor. All families above 6, 3/4 families 4 or 5, i.e., skilled worker or minor white collar fathers.

Most recent I.Q. test scores were utilized as intelligence measures.

Other controlled factors are shown in Table 1-3. While average family size differences were not significant, aggressive boys came more often from large or small families, while controls came from medium size families, (see Tables 1-4, 1-5 for details).

Presentation of Study

Presented as "an attempt to understand the problems of adolescent boys." Control parents were informed that their sons were chosen for their good adjustment, aggressive boy's parents were told study was concerned with boys who had difficulties during adolescence. Anonymity and confidentiality were assured.

The Interviews

The three members of the family were interviewed separately and simultaneously by three different interviewers. Interviewers were same sex as respondents. Same interviewer obtained all interviews from one class of family members.

Interviews were semi-structured type; standard series of questions, open-ended, freedom of expression by respondents was encouraged. Responses were tape-recorded.

Parent interview was similar to form used by Sears, Maccoby, and Levin (1957) in their study of child-training practices. Consists of 43 questions and probes.

Adolescent interview was created and pretested; 40 questions and extensive probes aimed at obtaining very specific information.

The Rating Scales

Parents' interviews were rated on 61 five-point rating scales, modeled on those of Sears, Maccoby, and Levin (1957). Adolescent interviews rated on 85 scales with 5-points. Use of half points yields 9-point scales, in effect, with 5 defining points. Ratings of two raters on each interview were combined yielding measures ranging from 2 to 10 on each scale.

Scales were defined with reference to specific classes of behavior, although a few scales called for general evaluations.



Rating procedures

Six advanced psychology undergraduates were trained as raters. Male-female pairs rated each interview in one set (i.e., all mother interviews). Ratings were made directly from tapes.

Thematic deviation test

Adolescents were given projective test to assess their reactions to socially deviant behavior. Test consists of 10 pictures and 8 incomplete stories representing potential or actual situations of adolescent anti-social behavior. Test followed interview, conducted by different administrator. Boys were asked to tell stories about pictures or complete stories. Responses were taped.

Tapes were transcribed and rated independently by a male and a female rater.

STATISTICAL ANALYSIS OF DATA

Reliabilities of Ratings

Inter-rater reliabilities

<u>Interview:</u>	<u>Correlation Range</u>	<u>Median</u>
Mother	.67-.98	.91
Father	.64-1.00	.82
Adolescent	.61-.96	.83
Deviation Test	.61-.95	.86

The reliabilities based only on control families are comparable indicating the inclusion of an extreme group did not artificially raise the reliabilities.

Differences between groups

Analysis by means of t-test for correlated data, with one-tailed test used for specific predictions.

Correlational Analyses

Use of Pearson product-moment formula.

THEORETICAL ORIENTATION

Application of reinforcement theory to psychoanalytic concepts provided an integration of psychoanalytic Freudian theory with Hullian concepts, providing for systematic study of the socialization process.

Some Basic Concepts

Socialization consists of the development of socially accepted habits. Process requires drive and occurrence of reinforcement. Action sequences may be analyzed as instrumental acts leading toward goal, and final drive-reducing goal-responses.



Motivational Factors

Drive is strong stimulus to action. Primary or innate drives motivate infant. "Because of their frequent association with relief from physical discomfort, certain environmental events such as the mother's nurturant behavior acquire secondary reward value." Anxiety, or anticipation of pain, is one of the most important learned motives.

The Training Process

Training involves encouragement of new socially approved behaviors and discouragement of behaviors no longer socially appropriate.

Child first learns suitable instrumental acts for obtaining satisfaction of primary needs.

Effectiveness of secondary rewards is dependent on quality and intensity of parent-child relationship.

Elimination of socially disapproved habits can occur by extinction or punishment.

Punishment causes impulse toward forbidden act to be anxiety-producing which may inhibit the disapproved behavior, inhibited habits may reappear when threat of punishment is lessened.

Punishment in combination with reward may facilitate training. The more severe the punishment, however, the greater the possibility of habit inhibition.

Generalization and discrimination

Habits learned in one situation spread or generalize to similar situations. Discrimination refers to child's ability to associate only certain environment features with reinforcement.

During pre-verbal years socialization is highly likely to produce some conflicts with respect to child's habits: parents intending to inhibit or extinguish instrumental acts may inhibit goal responses as well. These "conflicts can be the source of many problems during later life."

Conditions for the development of antisocial aggression.

It is assumed that aggression is a manifestation of a learned motive developed over a period of years, preconditions established in early parent-child relations and current situation.

Socialization requires both the development of a dependency motive and socialization demands and restrictions.

"It appears that frustration arising from a lack of affectional nurturance and a punitive attitude on the part of one or both of the parents is an essential condition for the occurrence of generalized antisocial aggression." (p. 29)



Schema of socialization deficiency causes:

parent behavior
rejecting, punitive

inconsistent discipline
antisocial values enforced

effects on child

partial socialization, antisocial
aggression
resentment, hostility, aggressiveness
internalization of antisocial behavior
tendencies

Chap. 3 Aggression

Hypotheses derived from Dollard, et. al (1939) frustration-aggression theory, which states "that aggression is a learned response to frustrating situations, though not the only response to frustration..."

Aggressive boys experienced more frustration of dependency needs than had control boys. This chapter gives data relating to parental treatment of aggressive behavior.

A Theory of the Development of Aggression

"Frustration may be defined as the occurrence of conditions that prevent or delay the attainment of a goal-response." Early frustrations are the results of delays in the satisfaction of primary needs. Rudimentary elements of aggression are present in all infants' behaviors but the... "transition from a protest response to an aggressive one is possible only when the child has acquired a certain degree of motor control." Early aggressiveness is largely or wholly instrumental. In time aggression may acquire secondary reward properties either by 1) conjunction of aggression and frustration removal or 2) reduction of conflict via an aggressive act.

Socialization of aggressive behavior in North America is relatively severe, emphasizing verbal aggression as a substitute for physical aggression.

Aggression toward parents may have to be diverted to other objects or persons.

HYPOTHESES

Generalization hypothesis: aggressive boys will show more direct aggression than will controls and show less anxiety concerning aggression.

No prediction is made about parental punitiveness for aggression.

It was predicted that the parents of aggressive boys would be more permissive of aggression than the parents of the controls, and parents of aggressive boys would be more encouraging of aggressive behavior than would control parents.



MEASURES

Three types of aggression were measured, by three objects of aggression, by three sources of information:

<u>object</u>	<u>Type</u>		
	direct physical	direct verbal	indirect
parent	parents+adolescent (p+a)	p + a	p + a
teachers	adolescent only (a)	a	a
peers	a	a	a

Measures of hostility, and anxiety about aggression were obtained. Parents permissiveness, punitiveness, and encouragement of aggression were measured.

Parents' permissiveness and encouragement of aggression were highly correlated, but parents who encouraged aggression were not consistently non-punitive when aggression occurred.

RESULTS FROM PARENT INTERVIEWS

Aggression against parents

Aggressive boys struck parents a small but significantly greater amount than control boys did. Verbal aggression was slight in both cases, indirect aggression was used more by aggressive boys (see Table 3-2 for details).

Parental handling of aggression

Mothers only were more permissive of aggression for aggressive boys, and then only toward herself, in general, parents were not tolerant of aggression toward others.

Control mothers permit some aggression against themselves within limits, mothers of aggressive boys... "would permit aggression... and sometimes do nothing to prevent its recurrence."

Parents were less permissive of aggression towards adults outside the family than of any other aggression. Both parents of aggressive sons were more punitive of this behavior than were control parents, however control parents rarely encountered this form of behavior.

In general, ... "there were no differences between the groups in the severity of their punishment for aggression..."

Both parents of aggressive boys encouraged aggression to a greater degree than did control parents (see Table 3-5).

RESULTS FROM BOYS' INTERVIEWS

The aggressive boys displayed significantly more physical, verbal, and indirect aggression and more hostility toward their teachers than did the control boys, and significantly less guilt about committing aggressive acts, see Table 3-6.

Aggressive boys tended to have negative attitudes, control boys positive attitudes toward school authorities.



Aggressive boys were much more aggressive toward peers than were controls: see Table 3-7. Aggressive boys took pride in their skills of physical attack. Controls rarely favored physical means for settling disputes.

Both sets of boys were similar in their aggression toward their parents, although aggressive boys were significantly more hostile towards their fathers. For both groups "overt aggression had been effectively inhibited... within the homes..." (p. 125).

High intercorrelations of aggression measures indicate generalization of aggressiveness over various situations. See Table 3-9.

Hostility of aggressive boys towards fathers was reflected in results of Thematic Test, see Table 3-10.

DISCUSSION

Parents of aggressive boys were inconsistent in their handling of their sons' aggressiveness. On the one hand both parents encouraged aggressive behaviors outside the home but within the home fathers were nonpermissive of aggression, although mothers allowed aggression to occur at home. Both parents tend also to punish aggression.

A conflict-drive model based on Miller's conflict theory and Whiting and Child's schemes is used to explain the displacement and strength of aggression for the two groups of boys (see Figure 3-4 and Xerox for details).

While the working hypothesis of this analysis is that aggressive boys have low anxiety about expressing aggression, and control boys have high anxiety, the two boys may also differ in the extent to which they were motivated to aggression. Theoretical model should reflect possibility of joint functions of anxiety and instigation. In addition, anxiety may be qualitatively as well as quantitatively different for the two groups: aggressive boys fearing punishment and control boys fearing guilt. This difference requires knowledge not only of the strength of inhibition but also of the kind.

Chap. 7 Anti-Social Aggression: An Overview

Typical characteristics of aggressive boys:

1. Direct and uninhibited expression of aggression, particularly outside the home.
2. Openly antagonistic to authority, less positive feelings about peers.
3. Felt rejected by both parents, but were somewhat affectionate and respectful of mothers, critical and resentful of fathers, only limited identification with fathers.
4. Markedly distrustful, feared and avoided emotional dependence.
5. Uninhibited sex expression, sometimes confused with aggression, few guilt feelings.
6. Generally few internal restraints.



Theories of Delinquency Causation:

1. Subcultural Delinquent: child imitates aggressive antisocial behaviors of adult sub-culture, behavior is rewarded and adaptive within subculture, delinquents may be well-adjusted within their group.
2. Neurotic Delinquent: Anti-social acts as neurotic solutions of unconscious intrapsychic conflicts, e.g., sense of guilt, leading to apprehension for anti-social behavior and hence punishment alleviating guilt.
3. Psychopathic Delinquency: complete failure of socialization process resulting from severe affectional deprivation in infancy and childhood. Psychopath is asocial, highly impulsive, guilt-free, incapable of close affectional ties, little response to treatment or punishment. Distinguishing neurotic and psychopath is difficult.
4. Organic Delinquency: Organic pathology may cause hyper-activity, distractibility, impulsiveness, difficult socialization. Organic debilities may aggravate developmental relation of child and parent.
5. Psychotic Delinquency: Anti-social acts may result from distorted perceptions of the environment, and may be a result of a pervasive personality disorder.

Persistence of anti-social activity: antisocial acts by persistent offenders rarely are punished regularly or consistently. Often the acts are immediately rewarded. Offenders often identify with the delinquent group, thereby becoming more sophisticated in delinquency. Rewards administered by this group may outweigh the effects of punishment.

Intermittent punishment may actually perpetuate deviancy. In addition, dependency conflict may be expressed aggressively; attempting to secure attention, and nurturance following punishment; or retaliation for parental indifference; denial of dependency by emphasizing aggression.

Continuities in learning: learning is continuous process, both groups of adolescents showed continuities of behavioral patterns.

However, during adolescence needs for dependence and strivings toward independence and relations with parents and peers could lead to difficulties with conflicting values. This was not the case with control boys, who were socialized with regard to both dependence and independence, and whose parent and peer relations were congruent. Delinquent boys more often show the conflicts of differences in values resulting from a lack of resolution of the dynamics of these needs during adolescence.

Chap. 8 Treatment Implications

Most psychotherapeutic techniques deal with oversocialized, inhibited patients and their symptoms. In contrast, society's approach to the undersocialized is anti-therapeutic, aggression tends to evoke counteraggression.

Early antisocial aggression during childhood may be ignored or even encouraged by parents, contraindicative for latter treatment.

Psychotherapy for the undersocialized tends to rely on theories developed for the oversocialized, neither treatment nor theory may be appropriate.

Overall treatment of aggressive disorders has never been undertaken on a large scale by society.



Specificity of treatment conditions: Some of the necessary conditions of therapy are no less applicable for delinquency: e.g., warmth, interest, acceptance, and understanding. However, antisocial patients require the development of internal restraints, e.g., close dependency relationship with therapist. Two phase therapy indicated: first a development of a dependency relationship, second, internalization of controls thru identification with therapist.

First Phase

1. Immediately generalized negative responses; delinquent typically generalizes to the therapist the hostility, fear, and distrust which he feels toward the authoritarian figures in his life.

2. Dependency anxiety and anticipatory provocation:

Aggressive child, having learned to expect disappointment and hurt, will maintain these negative expectations in any dependency relationship, and will distrust and fear any warmth, interest or closeness. Delinquent may attempt to antagonize or provoke therapist in order to obtain the behavior to which he is more accustomed, and which he has learned to deal with. "The therapist's handling of the patient's initial resistance and provocative behavior should be aimed at creating a new type of social situation which will reduce the anxieties that have, in part, instigated the provocative behavior." (p. 378)

If therapist remains friendly and nonpunitive, hostile behavior of patient should extinguish eventually, however this process can be hastened. The therapist can distinguish his own attitudes and those of punitive authority figures, thereby reducing patients anxiety. Concrete examples of positive attitudes will aid in convincing patient. Therapist must develop nurturant attitude and develop dependency relationship. Once patient is convinced of therapist's sincerity and good will, dependency feelings... "may be expressed in full force."

3. Residential Treatment: Institutionalization may be the only means of suitably reinforcing appropriate behavior on a constant basis. Staff must be "substitute parents." Making patients exclusively reliant on therapist for all rewards will accelerate the dependency relationship.

4. Limits and Demands: Extensive limits and demands should not be imposed initially, but only after some measure of self-control has been obtained. Rules and regulations will be initially countertherapeutic. When imposed, limits should be imposed firmly and consistently enforced.

Second Phase

Identification with the Therapist and internalization of controls:

Although therapist will tend to be of only instrumental value to the patient, with increased dependency and extinction of anti-social behavior, therapist approval and interest acquire secondary reward value. Patient will be more willing to conform, will seek and adopt therapist's attitudes and values.

Treatment of the Parents: Inclusion of parents (especially fathers) in therapy is essential for lasting correction. Hopefully father will become appropriate and effective model for son.

Bibliography: See Xerox.

