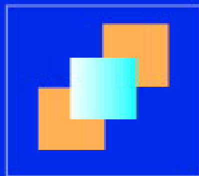
Conduct disorders in childhood and adolescence

Edited by
Jonathan Hill and
Barbara Maughan



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Conduct disorders in childhood and adolescence

Conduct disorders are very common in the population and the most frequent reason for clinical referrals to child and adolescent mental health facilities. Aggression and oppositional behaviours in young children often become persistent, and substantially increase the likelihood of adult problems of criminality, unstable relationships, psychiatric disorder and harsh parenting.

This comprehensive book reviews established and emerging aspects of conduct disorder, with contributions from leading clinicians and researchers in the field. They highlight the complexity and probable heterogeneity of the condition, with chapters on genetic, biological, neuropsychological and cognitive factors, and the role of attachment, family and wider social influences. Influences on the persistence of conduct problems through childhood and into adult life are reviewed, as are preventative and treatment approaches. The book concludes with a consideration of recent progress and future directions, by Michael Rutter. Throughout the book developmental and gender-based variations are emphasized.

Integrating findings from a wide range of research perspectives, this is a uniquely authoritative survey of a common clinical and social problem, and will be essential reading for mental health practitioners and others with clinical, sociological or medicolegal interests in child health and behaviour.

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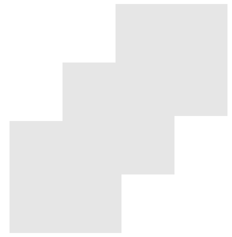

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Preface

Conduct disorder is a complex and puzzling topic. Viewed from one perspective, it might seem that oppositionality and aggression, lying and stealing are problems of social deviance, with little place in the research and clinical practice of mental health professionals. But closer investigation suggests a different view. Overlaps with social disadvantage are strong, but by no means complete; in addition, the long-term legacy of childhood conduct problems lies not only in continuing antisocial behaviours but in problems with interpersonal functioning and increased psychiatric risk. Conduct disorders are defined both socially and individually, and are influenced by both individual and social risks. Only a multifaceted approach will do them justice. That is the aim of this book.

Specifically, the volume aims both to inform and to equip the reader. The task of informing is in many ways straightforward. The chapters that follow – all written by leading experts in their fields – cover a wide spectrum of conceptual and empirical approaches, and synthesize and review current literature in their fields. The opening contributions set current debates in context, providing an historical perspective on changing societal responses to 'bad behaviour' in childhood, setting out links between normal and abnormal social development, and detailing current understandings of the neural and biosocial bases of aggression and antisocial behaviour. An overview of epidemiological findings then forms the backdrop to a series of chapters examining the broad spectrum of causal factors implicated in the genesis of childhood conduct problems: genetic and environmental, psychological and neuropsychological, social and interactional. The final chapters turn to broader issues: mechanisms for the persistence of antisocial behaviours in childhood; the personal and social burdens they presage for adult functioning; new approaches to applying health economic costings to conduct disorders; and the crucial issues of prevention and treatment. To conclude, Michael Rutter highlights some of the key challenges facing clinicians and researchers in the field of childhood conduct problems today.

The chapters bear witness to the range and depth of current research on childhood antisocial behaviour, and to the important advances made in our understanding of conduct problems over recent years. But as they also

underline, many fundamental questions remain to be addressed. As a result, we need to approach emerging evidence both critically and creatively. The second main aim of the volume is to equip the reader for that task by addressing a series of more general themes.

The first concerns the nature of the phenomena we are attempting to explain. As currently conceptualized, conduct disorders are almost certainly heterogeneous. The ICD and DSM diagnostic criteria encompass a wide range of behaviours, arising at different ages, and showing varying patterns of correlated problems and comorbidity. Quite different mechanisms may underlie different subgroups in the conduct-disordered population; the key challenge lies in 'parsing' that heterogeneity in ways that can provide for real advances in both clinical practice and etiological understanding. Individual chapters illustrate a wide spectrum of approaches here. Perhaps, for example, we should focus on subtypes of aggression, elucidating their differing motivations (Hinde, chapter 2) and underlying neural systems (Herbert & Martinez, chapter 4). Alternately, the key distinction may be between covert and overt acts (Loeber & Coie, chapter 14), or problems that arise at different developmental periods, or show differing patterns of comorbidity (Angold & Costello, chapter 6). But there may also be arguments for casting our net more widely. The long-term outcomes of childhood conduct problems lie not only in antisocial behaviours but in a broader constellation of difficulties – in problems in relationship functioning, risks of psychiatric disorder, and difficulties in performing social roles (Maughan & Rutter, chapter 18). Perhaps we need a similarly broad characterization of antisocial problems in childhood? Difficulties in peer relationships, for example, are frequently associated with childhood conduct problems; although the nature of that association is complex (Vitaro et al., chapter 13), the combination of conduct problems and difficulties in social relationships may constitute an early indication of the group of problems characterized as antisocial personality disorder in adult life. Clarifying how these and other features contribute to the identification of clinically meaningful subtypes constitutes one major agenda for future research.

A second key issue concerns the interface between biological, psychological and social influences on childhood conduct problems. Most individual chapters focus on individual domains of risk, highlighting likely causal mechanisms in specific spheres. But our ambition has been that there should be no mystery about the ways in which they interact. Although we still do not have the detail in many areas, the general principles are clear. Crucially, the contributions bring out that the brain is a social organ, so that there is no useful division between the 'bio' and the 'social'. From birth onwards infants seek out social

stimuli, and aggression forms part of the repertoire of social behaviours shown by all children. As Herbert and Martinez (chapter 4) outline, the neural underpinnings of aggression differ depending on the social function it performs. Furthermore, neural systems, psychological processes and social stimuli are in constant interaction. The development of the brain comes about through an interplay of genetically timed events and social experiences, each of which can have short and long-term consequences (Hill, chapter 5). Testosterone may influence aggression, and equally is influenced by patterns of social dominance. Early stressors can impact on neuroendocrine systems and on social cognitive and attachment processes. In a similar way, genetically informative studies are highlighting not only heritable contributions to conduct problems (Simonoff, chapter 8) but also the complex interplay between genetic and environmental effects (Maughan, chapter 7).

Many of the most fruitful recent lines of research have elucidated particular mechanisms in the social generation of antisocial problems in children. As Dunn (chapter 3) outlines, learning to cope with conflict is an important developmental task for all children, and goes hand in hand with increasing social understanding. How do these developments go awry in children with conduct problems? At the individual level, neuropsychological deficits – especially impairments in verbal skills and in planning and self-control – seem likely to constitute key vulnerability factors (Lynam & Henry, chapter 9). In terms of social processes, current research highlights the role of social reinforcement (Kiesner et al., chapter 10), social cognitive processes (Pettit et al., chapter 11) and attachment processes (DeKlyen & Speltz, chapter 12). Each is capable of illuminating the other. The elegant studies of micro processes in the reinforcement of deviant behaviours described by Kiesner and colleagues are further illuminated by the social cognitive processes described by Pettit. Studies of reinforcement have shown that the negative behaviours of peers, siblings or parents can increase the likelihood of a child behaving aggressively. The child's aggressive behaviours in turn increase the likelihood of further negative behaviour from others, giving rise to 'coercive cycles'. And aggressive children, perhaps especially those who have been harshly treated, are more likely to perceive threat in the actions of others. Social and individual risks are in continuing interaction, and contribute, as Loeber and Coie (chapter 14) discuss, to risks not only for the early genesis but also for the persistence of childhood conduct problems over time.

In this as in all areas that concern normal and deviant development, we need to be equipped to interpret research findings. Although it is beyond the scope of a book of this breadth and size to consider detailed methodological issues, the

authors have all indicated strengths and limitations in relation to key studies they discuss. Representativeness of samples, sample size, possible biases, methods of measurement, strengths of associations and effects of multiple analyses are all referred to where they are important to the interpretation of data, and are all seen as critical to scientific advance. To tackle complex personal problems, appropriately sophisticated methodologies are crucial; key methodological concerns are thus highlighted throughout the volume.

The interplay between research and practice constitutes a fourth central theme. For those who treat conduct-disordered children in their day to day practice, or who aim to intervene to prevent their difficulties, the acid test of theoretical advances must lie in their capacity to inform and improve our responses to conduct-disordered children and their families. In the past, conduct disorders were often regarded as among the most recalcitrant of childhood difficulties, that little in the clinician's armamentarium could effectively reach. As Kazdin (chapter 15) discusses in relation to treatment, and LeMarquand and colleagues (chapter 16) in relation to prevention, that situation is gradually changing. We can now identify promising treatment modalities, and careful re-analysis of the prevention literature, alongside major new large-scale trials, are also highlighting effective strategies in that domain. Importantly, as these authors underline, the tasks of evaluating interventions and developing theory interact, each casting light on the other. As we enter the new millennium, we are at major growing-points in both our understanding of childhood conduct disorders, and in our approaches to treatment; the chapters in this volume mark important steps in that advance.

Jonathan Hill and Barbara Maughan

1 Bad behaviour: an historical perspective on disorders of conduct

E. Jane Costello and Adrian Angold

Introduction

Conduct disorder is by many centuries the oldest of the diagnostic categories used in contemporary child psychiatry. Long before psychiatry and psychology were born, people agonized over what to do with out-of-control children. We are still agonizing. Furthermore, we are still agonizing about the same questions.

The questions that have troubled people over the centuries about out-of-control children fall into three overlapping groups:

Questions of the relationship between family and state in the control of children

Can the state control how parents treat children?

Can the state hold parents responsible for children's behaviour?

What are the state's responsibilities in the raising of children, including children whose families cannot control them?

Questions of the development of personal responsibility

What makes an action reprehensible? Is it the act itself, or the intention behind the act?

At what age or developmental stage should individuals be held accountable for their reprehensible actions? Is responsibility an all-or-nothing phenomenon, or is it graduated? Does personal responsibility vary with the nature of the act?

Is the same set of behaviours sanctionable at all ages, or are there 'status offences' that should only be punishable if committed by children?

Questions about the appropriate regulatory agencies for out-of-control children

In what circumstances are out-of-control children the responsibility of the family, the legal system, the religious system, the educational system, the social services system or the medical system?

What should be the relative roles of prevention, restitution, deterrence, and reform in the response of these agencies to out-of-control children?

In the first section of this chapter we take a rapid historical tour of how different societies have grappled with these questions. Over 3000 years and countless attempts to regulate human social behaviour, one can see five overlapping approaches to dealing with deviant children: the religious (deviance as sin), the legal (deviance as crime), the medical (deviance as sickness), the social (deviance as response to environment) and the educational (deviance as ignorance). Given limited space, we concentrate here on the first three of these approaches. We discuss how each has been used in attempts to answer the kinds of question listed above. Finally, we suggest another approach within which to consider conduct disorder: that of evolutionary psychology, which looks at the two major components of conduct disorder, deceit and aggression, in the light of the selection pressures operating on our species over the past few million years.

A note about terminology

In the words of August Aichhorn, the first person to apply psychoanalytic concepts and methods to out-of-control children: 'A strict definition or delimitation of these groups is difficult because they tend to merge into each other, but you are familiar with these cases from everyday observation, in social work, in the child guidance clinic, in the Juvenile Court, and in similar contacts' (Aichhorn, 1935, p. 4). In this chapter we have used a wide variety of terms to describe bad children – out-of-control, incorrigible, delinquent, deviant, vagrant, wayward, dissocial – depending on the historical period and context. A history specific to 'conduct disorder' would have to be confined to the past few decades, when this term has been adopted by the ICD and DSM taxonomies to cover a subset of out-of-control behaviours.

Relationship between family and state in the control of children

Early written records

Some of the earliest evidence about the control of undesirable behaviour, adult or child, presents a picture of the individual or family unit as the sole responsible agency, with little or no outside interference available or sought. For example, in the *Iliad*, written around 800 BC, when Agamemnon took Achilles's favourite slave girl, Briseis, it was Achilles's job to take action (by withdrawing from the battle against the Trojans) and to force Agamemnon to return her; although the elders tried to persuade Agamemnon to return the

booty he took, they did not use force or invoke the law – there was no law governing such behaviour, and no agency to enforce punishment (Mackenzie, 1981). Even when public authority, vested in the ruler and, later, the state, took over responsibility for defining crime and punishing it, as we see happening under the legal codes of Draco and Solon in the seventh and sixth centuries BC, the family, in the person of the father, retained absolute power and responsibility in the raising of children.

However, leaving parents with power of life and death in bringing up their children does not mean that society did not have an interest in the results of that upbringing. From as far back as we have records, humans have been clear that parents who bring their children up badly are putting society at risk. For example, in the sixth century BC in India the Buddha described meeting a group of young men who were 'quick tempered, rough, greedy'. He commented that their families and friends had given them sweetmeats and always petted them, with the result that they went about 'plundering and eating; they slapped the women and girls of the clan on the back' (*Anguttara-Nikaya, III*: 63). It is clear that the Buddha held parents responsible for training their children in right behaviour.

> They should restrain a child from vice, train him to a profession, contract a suitable marriage for him, and in due time hand over his inheritance. In return the child is conscious of maintaining the family tradition and thus not becoming a participant in committing crimes which will bring a bad name not only to him but to the entire family. *Sacred Books of the Buddhists, IV*, 181 (quoted in Ratnapala & Ward, 1993)

Within the Hebrew tradition, while the story of Abraham and Isaac reflects absolute parental power of life and death over a child, the book of *Deuteronomy*, written down around the seventh century BC, shows parents turning to the state for help in dealing with a child-rearing problem:

18. If a man have a stubborn and rebellious son, which will not obey the voice of his father, or the voice of his mother, and that, when they have chastened him, will not hearken unto them:
19. Then shall his father and his mother lay hold on him, and bring him out unto the elders of his city, and unto the gate of his place;
20. And they shall say unto the elders of his city, This our son is stubborn and rebellious, he will not obey our voice; he is a glutton, and a drunkard.
21. And all the men of his city shall stone him with stones, that he die: so shalt thou put evil away from you; and all Israel shall hear, and fear. (*Deuteronomy 21*, 18–21)

These texts from several continents, written down over 2000 years ago and probably reflecting much older traditions, exemplify three themes that reappear constantly over following centuries: that families have considerable

(even absolute) power over their children, but at the same time have responsibilities to them; that the rest of the population has expectations of how families should raise their children; and that the state will intervene to punish children if the parents fail in their child-rearing task.

The Anglo–American tradition

A tradition of joint responsibility of a 'kinship' for a crime committed by one person underpinned early English law. For example, a law from a seventh century AD codex states:

> **If any one steal, so that his wife and his children know it not, let him pay LX shillings as his wite (punishment). But if he steal with the knowledge of all his household, let them all go into slavery. A boy of X years may be privy to a theft. (Thorpe, 1840, p. 103)**

Here the child of 10 is treated as an adult in sharing in the family's responsibility for the crime, even when the actual offence was committed by an adult. However, the attitude to the culpability of children appears to have shifted during the latter half of the first millennium AD. The tenth century AD laws of King Aethelstan state that a thief shall be released to his kinsmen so long as they pay *bohr* (security) for him, but that a child under 12 years of age shall not be taken up for theft, and 'no younger person should be slain than XV years, except he should make resistance or flee, and would not surrender himself', when he should be put in prison until redeemed by his kinsmen (Thorpe, 1840).

As the state began to impose punishments directly on the culprit, rather than relying on the kinship system to control behaviour, it was forced to deal with delinquent children directly.

Not all of the legislation applied to conduct disorder or delinquency as we think of it today. For example, a great deal of medieval legislation affecting children's behaviour aimed at enforcing a master's control over his apprentices; most of these cases seem to have been dealt with by arbitration rather than formal court proceedings. We also find reports of children accused of heresy and witchcraft, and in these cases youth appears to have been no defence: for example, as late as 1716 an 11-year-old girl, Elizabeth Hicks, was executed for witchcraft. But many young people were arraigned for out-of-control behaviour as we think of it today, and the courts had to decide how to deal with them. In the process, they had to deal with the problem of whom to hold responsible for a crime.

The development of personal responsibility

Plato, responsibility and culpability

The Platonic tradition that forms one of the threads of western attitudes to morality offers one of the earliest, and still one of the most sophisticated, analyses of the relationship between harmful actions and the development of criminal responsibility. Where English law defines criminal responsibility in terms of culpable intention (*mens rea*), Plato makes a crucial distinction between responsibility and culpability. No-one does wrong willingly (*Laws, Book 9*); nevertheless, we are responsible for our own actions (*Gorgias 467*). Individuals, even small children, are responsible for any harm they do, and restitution is owed to the victim, even if the damage was unintentional or the perpetrator an infant. Culpability, however, is a different matter, and is a matter of disposition. In essence, Plato views the distinction between a good man and a criminal as one of disposition rather than of action. He identifies three sources of criminal disposition: crime as ignorance (e.g. *Republic*); crime as psychic disorder or disorganization (*Laws*), and crime as disease (*Timaeus*). However, he does not imply that the criminal intends or wants to do wrong; rather, the criminal acts in ignorance of his own best interests and therefore against his true desires (Mackenzie, 1981). Rather than demanding retribution, the law's response should therefore have as its focus (1) establishing appropriate restitution for the harm done and (2) changing the criminal's disposition through education and conditioning (*Laws*).

Plato's view of delinquent behaviour is reflected in the history of attempts to deal with childhood conduct disorder, which shows repeated efforts to move away from punishment toward responding to childhood deviance as the manifestation of a faulty disposition that needs to be taught, guided or treated. Attempts to deal with the problem of childhood deviance as 'ignorance' to be ameliorated through education can be found from at least the sixteenth century on. Plato's suggestion that crime is caused by psychic disorder is reflected in attempts through the centuries to use moral codes, especially religious ones, to direct children toward good behaviour. His analogy between disease and deviance is also a theme that runs through the history of conduct disorder, particularly in the past century, as medicine and psychology have tried their hand at treating it. It is interesting that just as Plato leaves unanswered the question of which model or metaphor for deviance he finds most compelling, so we still vacillate among religious, legal, educational and psychiatric models of the origins and treatment of childhood misconduct.

The law and criminal responsibility

Plato's distinction between responsibility and culpability has not taken firm hold in the Anglo-American legal tradition, which still wrestles, as it has for centuries, with the question: At what age or developmental stage are people to be held responsible for their behaviour? We can see people struggling with this problem in a contemporary account of the court of Henry VIII:

> This year, the 29th of January (1537/8) was arraigned at Westminster in the afternoon a boy of Mr. Culpepers, Gentleman of the Kings Privie Chamber, which had stolen his masters purse and £11 of money, with a jewel of the Kings which was in the same purse, and there condemned to death; but the morrow after when he was brought to the place of execution . . . and that the hangman was taking the ladder from the gallowes, the Kinge sent his pardon for the sayde boy, and so he was saved from death, to the great comfort of all the people there present. (*Charles Wriothesley*, Hamilton, 1894, p. 73)

The interesting point here is that, while no-one protested the justice of punishing the boy, and there is no evidence that he was not held responsible for the theft, yet his pardon was 'to the great comfort of all the people there present'. As we saw, tenth century law exempted children younger than 12 from punishment for theft, and those under 15 from capital punishment, even when it was clear that they had committed an illegal act, so long as they did not compound the crime. Over the centuries we can see a struggle in legal thought to justify this tendency toward mercy for young criminals. It is a struggle that forced writers to grapple with basic philosophical principles of the law as it deals with the nature of human responsibility.

Sir Edward Coke, the attorney general at the end of the sixteenth century, was of the view that until the age of 14 a child should not be punished as an adult, on the grounds that *actus non fecit reum, nisi mens sit rea*: the deed did not make the person culpable, unless the intention were culpable, and a child was *non compos mentis*, and therefore not culpable (Thomas, 1826). In the same period a guide for Justices of the Peace stated that anyone aged 8 or above who committed homicide should be hanged for it 'if it may appeare (by hyding of the person slaine, by excusing it, or by any other act) that he had knowledge of good and eville, and of the perill and danger of that offence . . . But an infant of such tender years, as that he hath no discretion or intelligence, if he kill a man, this is no felony in him' (Brydall, 1635). If, on the other hand, a young person murdered someone to whom they owed 'faith, duties, and obedience', such as a parent or a master or mistress, this crime of 'Petie Treason' was more culpable than ordinary murder 'in respect of the duties of nature violated', and was punishable by being drawn and hanged (boys) or burned alive (girls)

(Brydall, 1635). This theme, that the law treats children sometimes less severely, sometime more severely than adults, will appear again in our review. In general, though, Justices were advised to class children under 14 with 'natural fools, . . . an Ideot, Lunaticke, dumbe and deafe person . . .' in being *non compos mentis* unless shown otherwise (Brydall, 1635) Another widely cited reason why children should not be punished like adults was that the purpose of punishment was to deter others from similar offences. But, it was argued, madmen, or children below the age of discretion, cannot be deterred by example, and so such punishments are futile (Brydall, 1635).

Thinking about juvenile responsibility had not changed much by the middle of the nineteenth century, when Sir William Blackstone, in his *Commentaries on the Laws of England*, wrote:

> Infants, under the age of discretion, ought not to be punished by any criminal prosecution whatever. What the age of discretion is, in various nations, is a matter of some variety . . . by the law (of England), as it now stands, and has stood ever since the time of Edward the Third, the capacity of doing ill, or contracting guilt, is not so much measured by years and days, as by the strength of the delinquent's understanding and judgment. For one lad of eleven years old may have as much cunning as another of fourteen; and in these cases our maxim is, that '*malitia supplet aetatem*' *(malice adds years).* Under seven years of age, indeed, an infant cannot be guilty of felony, for then a felonious discretion is almost an impossibility in nature; . . . under fourteen, although an infant shall be *prima facie* adjudged to be *doli incapax (incapable of doing harm)*, yet if it appear to the court and jury that he was *doli capax*, and could discern between good and evil, he may be convicted and suffer death . . . But in all such cases, the evidence of that malice which is to supply age, ought to be strong and clear beyond all doubt and contradiction. (Blackstone, 1857, Vol IV, p. 19)

How to establish 'a felonious discretion' was the problem. It is a complex concept, involving public consensus on what constitutes a felonious act, knowledge of the developmental stages of moral understanding, and a decision in the individual case about the stage of moral understanding reached by the child in question. Blackstone was clear that rough-and-ready guidelines about age as the standard of 'felonious discretion' must be adjusted to the individual case.

In summary, in response to the problem of personal responsibility, legal codes through the centuries have tried to lay down a satisfactory basis for what appears to be a universal tendency to want to treat children more leniently than adults committing the same action. Indeed, a revisionist explanation for why juvenile courts and reformatories were set up is the increasing use of the judicial power of 'nullification': judges were persistently refusing to pass sentence on clearly delinquent children because they shrank from committing

them to the adult penal system. A juvenile system was the only way to enforce consistent punishment (Parsloe, 1978).

The concept of culpable intent (*mens rea*) has been invoked to provide a decision rule, in conjunction with the developmental argument that children below a certain age or stage are not capable of acting with culpable intent. However, the problem of how to tell whether a child is acting culpably has not been solved satisfactorily. Rules of thumb, such as age, are widely applied. That this approach is unsatisfactory is shown every time children commit particularly heinous acts, and arouse a public demand that they be tried 'as adults'. The somewhat contradictory implication is that, while children may not be 'responsible' for committing minor offences, they must be held personally responsible for committing truly horrendous acts. The logic of this very human response is far from clear. Plato ruthlessly cut through the problem by removing intention from the field, and separating responsibility from culpability. We are all responsible for our actions, and should make restitution for harm done to others. However, culpability is a different issue, redefined in terms of ignorance, psychic disorder or disease, and treated through education, training or treatment. Before we address some of these approaches to conduct disorder in the third section of this chapter, we turn to another aspect of personal responsibility that has caused endless problems over the centuries: what to do about children who have not done anything that would bring them under the aegis of the law if they were adults, but who nevertheless create an offence to public order.

Vagrancy and status offences

Alongside legislation to deal with children who commit crimes, we find complaints about, and attempts to deal with, another group of out-of-control children: those who offend adults by their mere existence.

Public attitudes to child vagrants is conveyed in this account, typical of (if more poetic than) many official reports, written in 1849 for the Mayor of New York by the city's Chief of Police:

> I deem it to be my duty to call the attention of your Honor to a deplorable and growing evil which exists amid this community . . . for which the laws and ordinances afford no adequate remedy.
> I allude to the constantly increasing numbers of vagrant, idle, and vicious children of both sexes, who infest our public thoroughfares, hotels, docks, etc. Children who are growing up in profligacy, only destined to a life of misery, shame, and crime, and ultimately to a felon's doom . . . to those whose business and habits do not permit them a searching scrutiny, the degrading and disgusting practices of these almost infants in the schools of vice, prostitution, and rowdyism, would certainly be beyond belief. The offspring of always careless, generally intemperate, and oftentimes im-

> moral and dishonest parents, . . . a large proportion of these juvenile vagrants are in the daily practice of pilfering wherever opportunity offers, and begging where they cannot steal. In addition to which, the female portion of the youngest class, those who have only seen some eight to twelve summers, are addicted to immoralities of the most loathsome description . . . from this corrupt and festering fountain flows on a ceaseless stream to our lowest brothels – to the Penitentiary and the State Prison. (Matsell, 1850, p. 14)

The first administrative response to this group of children was to get them off the streets; the second, to dispatch them back to their own parish or to whomever the authorities could persuade to accept responsibility for them. The remainder of the children had then to be dealt with somehow, and created a problem to be struggled with by public and private agencies. The general consensus of the hundreds of plans, proposals and recommendations for dealing with these children published during this period was to treat them as criminals in the making: the literature of the period is full of proposals for reformatories, asylums, refuges, institutional training, penitentiaries, agricultural workhouses, compulsory emigration to the colonies, or transportation for life. In the words of one treatise, published in 1829:

> The difficulty of dealing with the destitute children of the Metropolis consists not so much in providing a suitable punishment for the actually delinquent as in disposing of the multitudes against whom no offence can be proved. However much their waywardness and wretchedness may be deplored, and however strongly their incipient guilt may be suspected, still having committed no offence known to the law, they are not within cognizance of the civil power. Now it appears to us that it would be real humanity toward these unfortunate creatures to subject them to compulsory and perpetual exile from England. (Wade, 1829, p. 164)

The conflict between protecting children, and protecting the adult community from children, can be seen in hundreds of legal, sociological, and religious publications over the past 1000 years; the extent of progress that we have made toward resolving the conflict can be measured in the recent debate over Newt Gingrich's suggestion that more orphanages would be one solution to America's current crisis.

Regulatory agencies for out-of-control children: the last two centuries

As the nineteenth century progressed, we see a gradual movement toward making distinctions among the mad and the bad, and developing different institutions to house them: asylums for the profoundly retarded, orphanages for the parentless, workhouses for the destitute, reformatories for the delinquent. As a part of this process, the question of who could or should take

responsibility for the subgroup of delinquent or conduct disordered youth was the subject of intense debate. Accompanying the debate has come a plethora of professional bodies with an interest in explaining and treating childhood deviance from their own point of view. Until the middle of the nineteenth century almost no-one made a living out of delinquent youth; 150 years later they provide a livelihood for thousands of professionals. Different groups position themselves to 'own' different types of delinquents – girls, boys, substance abusing, violent, comorbid, sexually abusive, sexually abused – and to pass other varieties on to someone else. There is not space in this chapter to consider the different ideas of all the educators, social workers, psychologists, physicians, lawyers, clergy and other professionals who have their own views about the causes and treatment of deviance. Here we concentrate on two traditions that currently hold powerful sway over the way we dispose of out-of-control children: the law and psychiatry.

Conduct disorder as crime: the role of the law

The law affects the lives of deviant children in two ways: in a personal way, when the child is accused of contravening specific laws and faces the consequences, and in a general way, as legislation is passed that affects the treatment of children as a group, or more specifically the treatment of deviant youth.

As the agency of last resort, the law continues to play a central role in the definition and disposition of deviant children. While the current (DSM–IV) definition of conduct disorder refers to 'violations of social norms' or 'rules', in fact all the symptoms listed are or under some circumstances can be violations of law, when perpetrated by children (Table 1.1). Thus, stealing with or without confrontation, forced sex, use of a weapon, breaking in, vandalism, fire setting and cruelty to animals are all illegal for both children and adults, while cruelty to people, fighting and lying may be, depending on severity and circumstances. Running away and truancy fall into the category of status offences: behaviours that are not illegal for adults but can in many parts of the United States be grounds for arrest and court proceedings. In some States, girls can come to the attention of the law by behaviour deemed sexually promiscuous (not counted toward DSM Conduct Disorder), while there is a range of behaviours that are legal for adults but not for children, notably alcohol and tobacco use, and driving motor vehicles. Thus, the law defines as deviant not only children who break the laws set for adults, but also those who break any of a separate set of rules for the behaviour of children.

In the past two centuries the courts have moved backward and forward between treating children like adults and treating them differently, in the

Table 1.1. Behaviours included in DSM–IV Conduct Disorder

Aggression to people and animals	*Deceitfulness or theft*
Bullies, threatens, intimidates	Breaking in
Initiates physical fights	Conning
Use of a weapon	Stealing without confrontation
Physically cruel to people	*Serious violation of rules*
Physically cruel to animals	Staying out at night
Stealing with confrontation	Running away from home
Forced sexual activity	Truancy from school
Destruction of property	
Deliberate fire-setting	
Deliberate destruction of property	

attempt to prevent them from becoming 'career criminals'. The law has been concerned with two main aspects of the treatment of deviant youth: how to treat them at the trial stage, and how to deal with those found guilty. Around the turn of the century, there were major efforts around the English-speaking world to get children out of the regular courts and into courts run specifically to deal with minors. A separate juvenile court was set up in Adelaide, Australia, in 1890, and at about the same time in England (in Birmingham). A juvenile court system was formally mandated in England and Wales through an Act of Parliament passed in 1908. In the United States, Massachusetts required separate hearings for children's cases in the 1870s, but the court in other respects resembled the adult court system. Illinois opened a juvenile court in 1899, and by 1925 every State but Maine and Wyoming had juvenile courts, and every State except Wyoming had a system for juvenile probation (Schlossman, 1977).

More important than the creation of separate physical and organizational entities was the decision to implement a different system of legal proceedings in many of these courts; a system that was more sensitive to children's developmental stage, and more focused on prevention and rehabilitation than on punishment. All of the American States except for New York adopted this 'socialized' model; juvenile courts dealt with youth under the civil rather than the criminal code. England and Wales dealt with juveniles at special sittings of magistrates' courts, with both criminal and civil (but not chancery) jurisdiction. These courts dealt with all offences committed by 7–16-year-olds except murder. In criminal cases either the child or the court could opt for trial by jury, when the case would move to the regular criminal court. The magistrates' courts also dealt with destitute and neglected, out-of-control children.

The differences between the juvenile courts and the adult model are interesting for the light they throw on the legal system's view of young deviants. In some ways children are less protected than adults: rules of search and seizure are less stringent; children may not have the right to trial by jury; rules of evidence are often more casual, and sentencing can be out of proportion to the sentence for the same offence committed by an adult, as in the case of 15-year-old Gerald Gault of Arizona, who in the 1960s was sentenced to six years in a State reformatory for making an obscene telephone call. On the other hand, children's identities are more stringently protected, and in most jurisdictions the record is sealed when the age of majority is reached. Children do not need to find bail, but can be released into the custody of their parents. Probation officers or other court officials play a big role in juvenile cases, devoting considerable efforts to diverting or adjudicating a case so that it never comes to trial.

Parens patriae

The treatment of out-of-control children in England and the United States has been heavily influenced by the common law concept of *parens patriae*, the interest that the state has in the welfare of the individual. *Parens patriae* is a doctrine with its origins in civil law dealing with issues of equity, and is, in the words of the historian Steven Schlossman, 'a doctrine of nebulous origin and meaning . . . (which) sanctioned the right of the Crown to intervene or supplant natural family relations whenever the child's welfare was threatened. Applied at first only where the property of well-to-do minors was at issue, a broader construction of the doctrine gradually became common. During the nineteenth century every American state affirmed its right to stand as guardian or superparent of all minors as part of its legal inheritance from Great Britain' (Schlossman, 1983, p. 962). Under this principle the State has a responsibility both to individual children, who must be protected even, if necessary, from their own parents, and to the community, which must be protected from the damage caused by individuals. An important corollary of this history is that the juvenile courts opened in the United States took their inspiration from civil, rather than criminal law; in Schlossman's words 'The juvenile court, as described by its founders, was to be as much a school as a court – a new branch of public education for errant children and negligent parents' (Schlossman, 1983, p. 962).

Critics throughout the history of the juvenile court movement, in both Britain and the United States, have argued about the 'social' versus 'legal' approach to delinquent youth. One side rejects the notion that juvenile offen-

ders should be treated differently from others who have committed a similar offence: it is the offence that should be punished, not the person. The other side objects to the role of the state, under *parens patriae*, as an intermediary between the child and the family. They see it as a threat to parental rights, while often doubting the competence of the state either to judge when it should intervene or to provide an effective alternative to family management of childhood problems. A more extreme group sees the exercise of *parens patriae* as a plot to impose social control over all the nation's children (*New American*, 1996, Does the State own your child? American Opinion Publishing, Incorporated).

Many critics of the legal system's response to deviant children would argue that the similarities between its treatment of adults and children are still much too great, while the differences are the wrong ones. Thus, they find fault with extending the adversarial approach typical of Anglo-American law to cases involving children (King & Piper, 1995), arguing that a different style of proceedings, modelled more on the European fact-finding than the English adversarial approach, makes more sense for children. Others argue that the battle over *parens patriae* is being fought over the wrong issue; the critical issue is not whether the parents or the State have the greater right to control the child's behaviour, but rather the relative weight of the two purposes of *parens patriae*: help for the individual child versus social defence for the public. Historically, the second has taken precedence (Faust & Brantingham, 1974). However, in the past 30 years efforts have been made to enforce the supremacy of the first, under the general principle of there being a legal right to treatment. Pressure to enforce the right to treatment principle implicit in *parens patriae* is increasingly bringing the legal and medical approaches to child deviance into contact, and in the process raising questions about the validity and legal status of both the 'treatment' model and current legal practice. For example, if imprisonment is shown to increase the likelihood of recidivism, does the State have a responsibility to force sentencing reforms that run counter to the prevailing code of law, on the grounds that they would be better for children? On the other hand, does a court have the right to require a course of treatment for which there is no scientifically established benefit? (King & Piper, 1995).

Rehabilitation versus punishment

As the nineteenth century progressed, juvenile law reformers were influenced not only by rudimentary research on the later careers of convicted children, but also by the contagion theories that were having such a dramatic effect upon public health (Gerry, 1892). One response was to segregate children from adults, both before and after conviction. In the first decades of the century,

when convicted criminals often spent months or years in the 'hulks' (old warships used as floating prisons) awaiting transportation, a separate hulk, the *Euryalus*, was set aside for boys. This 'simply created a floating gaol even more verminous and vice-ridden than its adult counterparts' (Harris & Webb, 1987, p. 11). In 1837 a separate 'training prison' for boys aged 9 to 19 was opened at Parkhurst, on the Isle of Wight; the aim was not to provide a substitute for imprisonment but to 'train' boys before transporting them to the colonies. The experiment ended 26 years later amid a public outcry against its brutality and corruption. England passed the Reformatory School Act in 1854, which encouraged (but did not require) the establishment of separate institutions for criminal children, but the Act mandated a 10–21 day prison sentence in a regular prison before removal to a Reformatory School, and a 2–6 year committal. It was not until 1899 that a child could be sent straight to a Reformatory School. Here again, we find children treated in some ways more generously than adults, with requirements for their education and health care carefully specified, while in other ways they forfeited some basic rights of the adult criminal, such as the right to a fixed term of sentencing or clear-cut rights of probation and appeal. In some cases, as in the provisions made in New York and other large cities to apprentice criminal children to farmers in the mid-West, a child could be 'sentenced' until the age of 18 (girls) or 21 (boys). Schemes that sent English delinquents to the colonies could be seen as a form of life sentence.

Conduct disorder as sickness: the role of medicine and psychiatry

At the same time that legal and social reformers were arguing over whether deviant children needed punishment or treatment, the medical professions were developing distinctions among children with different kinds of behavioural problems. The first distinction that emerged was between 'imbeciles' and 'lunatics'; between children showing developmental delays and those whose cognitive development was normal but who showed serious emotional or behavioural problems. James Prichard (1786–1848), a physician, wrote that 'idiotism and imbecility are observed in childhood, but insanity, properly so termed, is rare before the age of puberty' (Prichard, 1837, p. 127). Following Pinel, the French psychiatrist who had first described 'madness without delirium', Prichard distinguished moral insanity from, on the one hand, 'mania, or raving madness . . . in which the mind is totally deranged' (p. 16), and which he attributed to physical causes such as convulsions, and, on the other hand, imbecility or mental retardation. Pritchard used the word 'moral' in its eighteenth-century sense of pertaining to personality or character. Henry Maudsley, writing 30 years later, used the term in its nineteenth-century sense, referring to

ethics and norms. He distinguished between instinctive insanity, which was 'an aberration and exaggeration of instincts and passions', moral insanity, which was a defect of the moral qualities along a dimension of 'viciousness to those extreme manifestations which pass far beyond what anyone would call wickedness' (p. 289), and moral imbecility, diagnosed by the 'total defect of moral faculties from birth and always associated with violent, mischievous and criminal acts' (von Gontard, 1988). Drawing on the new knowledge about evolution, Maudsley argued that the moral qualities are the most vulnerable to disease of all human mental capabilities, because they are located in the cerebral cortex, evolutionarily the most recently developed part of the brain; 'the finest flowers of evolution, the finest function of mind to be affected at the beginning of mental derangement of the individual' (Maudsley, 1883, p. 244).

The dominant causal theory of psychopathology in the second half of the nineteenth century was genetic: heredity and degeneration caused disease, which started with scarcely perceptible signs in early childhood, but took a progressive and irreversible course and would probably be transmitted to future generations if the affected individual were permitted to breed. Even when the proximal cause of insanity was a moral one, '. . . the different forms of insanity that occur in young children . . . are almost always traceable to nervous disease in the preceding generation' (Maudsley, 1879, p. 68).

Typical of the views held by the medical profession in the mid-nineteenth century is a volume entitled *The Hereditary Nature of Crime*, published in 1870 by the Resident Surgeon of the General Prison for Scotland, J. B. Thomson (Thomson, 1870). His conclusion was that crime is so nearly allied to insanity as to be chiefly a psychological study, and that its hereditary and intractable nature offered little hope for curing young criminals, even with extensive early treatment; transportation was probably the best remedy, for the sake of society (the contagion model again).

This extremely gloomy view of the prospects for delinquent children set medicine and psychiatry apart from religion (except, perhaps, for the extremes of Calvinism), education, social work and the law, which had in common an incurable optimism about the possibilities of reform, by one means or another. This gap began to shrink toward the end of the century, with a new view introduced, paradoxically, by that most gloomy of psychiatric models: psychoanalysis.

Psychoanalysis and conduct disorder

Although Sigmund Freud himself accepted that individuals had innate or constitutional characteristics, he developed what his daughter, Anna Freud,

described as an 'etiological formula of a sliding scale of internal and external influences: that there are people whose sexual constitution would not have led them into a neurosis if they had not had certain experiences, and these experiences would not have had a traumatic effect on them if their libido had been otherwise disposed' (S. Freud, 1916–17, p. 347, in A. Freud, 1965, p. 520). 'Hereditary factors depend for their pathogenic impact on the accidental influences with which they interact' (A. Freud, 1965, p. 138). Children whose libido 'disposed' them to pathology could be saved by the right environment, or therapy, or both. Thus, although even mild symptoms could be ominous, the course was not inevitable. In the words of Anna Freud:

> This endeavor (psychoanalysis) also disposes effectively of the conception of dissociality as a nosological entity which is based on one specific cause, whether this is thought to be internal (such as 'mental deficiency' or 'moral insanity') or external (such as broken homes, parental discord, parental neglect, separations, etc.). As we abandon thinking in terms of specific causes of dissociality, we become able to think increasingly in terms of successful or unsuccessful transformations of the self-indulgent and asocial trends and attitudes which normally are part of the original nature of the child. This helps to construct developmental lines which lead to pathological results, although these are more complex, less well defined, and contain a wider range of possibilities than the lines of normal development. (A. Freud, 1965, pp. 166–167)

The application of psychoanalytic developmental principles to children with primarily behavioural problems can be seen in its clearest form in the work of August Aichhorn, a student of Sigmund Freud's and the author of 'Wayward Youth' (Aichhorn, 1935), a book based on a series of case histories of delinquent children collected in the first two decades of this century. Aichhorn, the son of a banker turned baker, grew up in Austria surrounded by his father's apprentices, and became first a teacher, then the director of an institution for delinquent youth, adviser to Vienna's Child Welfare Department, and then director of a child guidance clinic. The psychoanalytic view of delinquency held that, in Aichhorn's words, 'Every child is at first an asocial being in that he demands direct primitive instinctual satisfaction without regard for the world around him. This behaviour, normal for the young child, is considered asocial or dissocial in the adult' (Aichhorn, 1935, p. 4). Children were seen as inherently 'dissocial' and in need of training to help them to adjust to the demands of society. Training is only complete when 'suppression of instinctual wishes is transformed into an actual renunciation of these wishes' (Aichhorn, 1935, p. 5).

Thus in the psychoanalytic approach to deviant children that dominated the child guidance clinics of the Unites States for several decades, we see an integration of educational, religious and medical approaches to delinquency.

Aichhorn referred to the therapist's role as one of a 'remedial educator', taking over when standard educational methods have failed, working together with educators on the task of making the child 'fit for his place in society'. 'When symptoms of delinquency are not predominantly neurotically determined, pedagogical skill is important because of the necessity to regulate the child's environment . . . (but) in every case, the educator should consult a psychoanalytically trained physician so that disease will not be overlooked' (Aichhorn, 1935, p. 9). Neuroses demanding psychoanalytic therapy were present in some, but not all, cases, and where present needed treatment as part of what would nowadays be called 'multi-system therapy'.

Modern medicine and conduct disorder

In this section we discuss modern medicine's taxonomy, rather than its treatment of conduct disorder, which is dealt with elsewhere in this volume. Medicine has only recently included 'conduct disorder' as a disease category. The International Classification of Diseases first included disorders of the nervous system and sense organs in its fifth revision, published in 1938, and then only under a single three-digit code with four categories. The sixth revision (1948) was the first to contain a section on mental disorders, and the eighth revision, adopted in 1965, was the first to contain any categories referring specifically to disorders of conduct (see Table 1.2). ICD–9, published in both research (1977) and clinical (1978) formats (World Health Organization, 1978), greatly expanded the ICD–8 format for conduct disorder to include ten categories and one V-code (Table 1.2). ICD–10 (World Health Organization, 1992) reorganized the classification to bring it into closer alignment with the American Diagnostic and Statistical Manual (American Psychiatric Association, 1994), although it bears more relation to the 1987 edition (DSM–III–R) (American Psychiatric Association, 1987) than to the current, 1994, version (DSM–IV), which has many fewer categories.

In the United States, the first version of the Diagnostic and Statistical Manual to mention conduct disorder was the second edition (American Psychiatric Association, 1968), which created four categories. The next edition (American Psychiatric Association, 1980) split antisocial behaviour under two diagnostic labels: Oppositional and Conduct Disorders. Oppositional Disorder was relabelled Oppositional Defiant Disorder in DSM–III–R and DSM–IV, and adopted by ICD–10. The main justification for doing this was evidence that age distinguished youth who had different clusters of symptoms. The symptoms that define Oppositional Defiant Disorder are those of 'negative, hostile, or defiant behaviour', while the symptoms specified for Conduct Disorder

Table 1.2. Diagnoses of behavioural disorders in DSM and ICD

DSM–II (1968)	307.1, 307.2 Transient situational disturbance of childhood or adolescence 308.4 Unsocialized aggressive reaction of childhood (or adolescence) 308.5 Group delinquent reaction of childhood (or adolescence) 316.3 Dyssocial behaviour
DSM–III (1980)	309.30 Adjustment reactions of childhood or adolescence with disturbance of conduct 309.40 Adjustment reactions of childhood or adolescence with disturbance of emotions and conduct 312.00 Conduct disorder, undersocialized, aggressive 312.10 Conduct disorder, undersocialized, nonaggressive 312.21 Conduct disorder, socialized, nonaggressive 312.23 Conduct disorder, socialized, aggressive 313.81 Oppositional disorder V71.02 Childhood or adolescent antisocial behaviour
DSM–III–R (1987)	309.30 Adjustment disorder with disturbance of conduct 309.40 Adjustment disorder with mixed disturbance of emotions and conduct 312 Conduct disorder: 312.00 Conduct disorder, solitary aggressive type 312.20 Conduct disorder, group type 312.90 Conduct disorder, undifferentiated type 313.81 Oppositional defiant disorder V71.02 Child or adolescent antisocial behaviour
DSM–IV (1994)	309.3 Adjustment disorder with disturbance of conduct 309.4 Adjustment disorder with mixed disturbance of emotions and conduct 312.8 Conduct disorder, childhood- or adolescent-onset type 313.81 Oppositional defiant disorder 312.9 Disruptive behaviour disorder NOS V71.02 Child or adolescent antisocial behaviour
ICD–8 (1969)	308 Behaviour disorders of childhood
ICD–9 (1977)	301.3 Aggressive personality reaction 301.7 Amoral personality, asocial personality, antisocial personality 309.3 Adjustment reaction with predominant disturbance of conduct 309.4 Adjustment reaction with mixed disturbance of emotions and conduct

Table 1.2. (*cont.*)

	312 Disturbance of conduct without specifiable personality disorder, Disturbance of conduct NOS
	312.0 Unsocialized disturbance of conduct
	312.1 Socialized disturbance of conduct
	312.2 Compulsive conduct disorder
	312.3 Mixed disturbance of conduct and emotions, neurotic delinquency
	314.2 Hyperkinetic conduct disorder
	V71.0 Dyssocial behaviour without manifest psychiatric disorder
ICD–10 (1992)	F90.1 Hyperkinetic conduct disorder
	F91 Conduct disorders:
	F91.0 Conduct disorder confined to the family context
	F91.9 Unsocialized conduct disorder
	F91.2 Socialized conduct disorder
	F91.3 Oppositional defiant disorder
	F91.8 Other conduct disorders
	F91.1 Conduct disorder, unspecified
	F92 Mixed disorders of conduct and emotion:
	F92.0 Depressive conduct disorder
	F92.8 Other mixed disorders of conduct and emotion
	F92.9 Mixed disorder of conduct and emotions, unspecified

concentrate on behaviours that violate 'the basic rights of others or major age-appropriate societal norms or rules'.

Over the past 20 years the power and impact of this medical taxonomy has grown enormously, helped by, among other things, the availability of glossaries and volumes of casebooks, quick reference books, and other clinical aids, which have helped to standardize the use of descriptive terms; a multiaxial classification system collecting information on intellectual functioning and etiological factors; separate versions for clinical and research use; and in the United States by the growing influence of managed care, which increasingly limits those whom clinicians can treat to subcategories defined by the currently accepted taxonomy. In another chapter in this volume we discuss the effects of the current taxonomy on which children and adolescents are defined as conduct disordered. Here we would simply draw attention to one or two effects. First, by concentrating on rule-breaking as the defining characteristic of conduct disorder, the current taxonomy effectively excludes from consideration many girls who would have been identified as status offenders, vagrants,

wayward youth, morally diseased or any of the earlier classifications discussed here. Second, the definition concentrates on behaviours rather than the mental state or motivation driving the behaviour. Thus, the DSM–IV symptom list (Table 1.1) is divided into four classes of behaviour: aggression to people and animals, (deliberate) destruction of property, deceitfulness or theft, and serious violations of rules. The definitions and examples provided play down the problem of *mens rea*, or culpable intent, the concept that, in the early English legal system, was the criterion for punishing a child who had done something that would be punishable in an adult. Even more interestingly, the section on 'associated features' of DSM–IV Conduct Disorder contains the following:

> Individuals with Conduct Disorder may have little empathy and little concern for the feelings, wishes, and well-being of others . . . They may be callous and lack appropriate feelings of guilt or remorse. It can be difficult to evaluate whether displayed remorse is genuine because the individuals learn that expressing guilt may reduce or prevent punishment. (American Psychiatric Association, 1994, p. 87)

Thus, in DSM–IV terminology a conduct-disordered child may be both guilty in the sense of having *mens rea*, culpable intent (as in, e.g. 'deliberate destruction of others' property') and pathologically guiltless, in the sense of lacking remorse. In general, however, the current taxonomy comes down on the side of the law in defining the act as the focus of concern, rather than on the side of religion and psychoanalysis, which have focused on the state of mind in which the act was performed more than on the act itself. This is not to say that psychiatry is not concerned to change children's attitudes and beliefs: clearly many forms of therapy are directed at this. We simply make the point that a newly arrived Martian reading DSM–IV on conduct disorder could be forgiven for wondering whether it was a codex for doctors or for lawyers.

Another approach looks at the distribution of human characteristics from a statistical or actuarial viewpoint. Relatively few aspects of biology, particularly of personality characteristics or traits, are categorical, and some people have to be at the extremes of any distribution. Extremes of aggression and cooperation, trust and deceit are likely to place individuals at higher risk of not fitting into social organizations in which most people can more easily select their behaviour from either end of the distribution. Even more risky is being at an extreme on more than one distribution: aggressive and deceitful (or unrealistically trusting and cooperative). However, such combinations are going to occur in the population with a certain probability, and there may not be much that society can do about it. The empirical question is whether these characteristics co-occur at a higher level than expected by chance, in which case one could

make the case for a 'syndrome' or disease process (or, to pursue the other line of argument, for an evolutionarily advantageous trait). For example, our data on 1400 youth studied annually for four years showed that young people who admitted to being frequent liars, i.e. deceitful, were six times more likely than the rest to confess to frequent fighting. This suggests a syndromal rather than a purely statistical association between deceit and aggression. It cannot, however, tell us anything about the distribution of the individual behaviours or traits. A lot more work needs to be done on this topic.

Evolutionary psychology and conduct disorder

In this section we bring this brief history of conduct disorder up to the present with some thoughts on what evolutionary psychology has to say about conduct disorder. Evolutionary psychology is a fairly new branch of psychology, practiced by a multidisciplinary band of anthropologists, philosophers, and economists as well as by psychologists. What brings them together is an interest in applying what we know about evolution to understanding more about human behaviour, in the belief that 'there is . . . a general theory of behaviour and that the theory is evolution, to just the same extent and in almost exactly the same ways that evolution is the general theory of morphology' (Roe & Simpson, 1958).

The problem of conduct disorder is central to the concerns of evolutionary psychology, because a disorder defined in terms of 'violations of social norms' raises important evolutionary questions. It is abundantly clear that humans evolved in the past and survive in the present through their ability to live in social groups. How is it, then, that individuals who persistently violate social norms appear in generation after generation, as this review of the historical literature suggests?

One explanation put forward is that what is disadvantageous in some circumstances conveys an advantage in other circumstances. A physiological example is heavily pigmented skin, which protects against skin cancer in sunny climates, but increases the risk of vitamin D deficiency in less sunny regions. So, just for a moment, let us look at childhood deviance not from the point of view of what is wrong with these children, but rather from the point of view of adaptation and survival.

Ever since mathematicians worked out that under many circumstances the 'selfish gene' triumphs in apparently paradoxical ways, 'calculating' its chances for survival across multiple generations as much as in a specific individual (Dawkins, 1976; Hamilton, 1964; Paradis & Williams, 1989), attention has been

directed toward the inter-relationships between individual development and survival within a group. Recently evolutionary psychology has focused on behavioural predispositions that appear to have been 'hard-wired' into organisms, particularly complex organisms like humans, that live in social groups. Two areas of behaviour that have attracted attention have considerable importance for conduct disorder: trust/deceit and cooperation/aggression. Deceitful behaviour includes lying, cheating, conning and defaulting on agreements; the range of 'covert' (Loeber & Schmaling, 1985) antisocial behaviours listed among the criteria for conduct disorder (Table 1.2). Aggressive behaviour includes the 'overt' aspects of conduct disorder: fighting, rape, stealing with confrontation, etc. Here we consider the evolutionary aspects of these behaviours separately, although of course they may coexist in behavioural complexes (e.g. terrorism).

Trust and deceit

Trust is 'as vital a form of social capital as money is a form of actual capital' (Ridley, 1996, p. 250). A social organization without trust is unthinkable, and, as Ridley demonstrates, low-trust societies do markedly worse economically and socially than those that have developed strong norms encouraging trust and cooperation. Yet taking advantage of another's trust by stealing her property or reneging on a promise very often brings rewards to the perpetrator. From the viewpoint of evolution, then, how should we view deceit, a form of behaviour that has clear survival advantage for the individual, but is harmful to the group? Conversely, we can see clearly enough that societies in which no-one trusted anyone else would quickly fall apart (even if the others were in fact trustworthy), so why have humans not evolved to be completely trusting and trustworthy? If trust is critical to social life, why do we all cheat sometimes, and why do some seriously deceitful people survive and flourish?

Research on this theme has used as its paradigm the 'prisoner's dilemma', a problem in game theory first formalized by Albert Tucker in 1950. The basic structure of the problem is shown in Fig. 1.1. Two individuals accused of a serious crime (which they did in fact commit) are interrogated separately. They know that if neither confesses, the evidence is only enough to convict them of a minor offence, with a short sentence. If both confess, both will be punished for the serious crime. If one talks, he will go free, while the other will be punished very severely, for the serious crime and for refusing to confess. What should each one do? Trust his partner in crime, and stay silent, or talk on the assumption that this is what his partner will do? Even if the criminals knew the rules and agreed before they were arrested that they would stay silent, does it

		Prisoner Y	
		Confess	Remain silent
Prisoner X	Confess	5 years for each	0 years for X 20 years for Y
	Remain silent	20 years for X 0 years for Y	1 year for each

Fig. 1.1. Format of the 'Prisoner's dilemma'.

still make sense to do so, or does the advantage lie with the criminal who defects first? When first posed, the problem for trust seemed acute, because studies showed unequivocally that, if played as a single game, trust was disadvantageous and defection always the winning strategy. However, intensive computer simulation research, using more realistic assumptions in which individuals are likely to meet similar situations repeatedly, have shown that over the long haul the strategy that works best on one occasion does not continue to work best if the players have time to get to know one another and to get to know who cheats and who doesn't. Over the long haul, the most beneficial strategy for either party has been called 'Win-stay/Lose-shift' or 'Pavlov' (Nowak et al., 1995). This strategy requires the individual to behave well in the first rounds of the game (i.e. not cheat), and thereafter, while forgiving occasional defections, to do to his colleague whatever that person did to him. The only time that persistent betrayal of your colleague pays off is if he persistently and naively refuses to cheat, whatever you do to him. In this case, it clearly makes sense to cheat every time, since there are no harmful consequences for doing so. Simulation studies have shown that the 'Pavlov' strategy, a combination of decent behaviour, forgiveness of the odd error, firm reciprocity in the face of persistent defection, and a willingness to beat a genuine 'sucker', brings greater benefits over time than a strategy of unmitigated deceit or one of high-minded refusal to betray one's colleague. That is, when simulated societies operating by different rules are pitted against one another, over multiple 'generations' those that play 'Pavlov' survive (Nowak et al., 1995).

The question of why selection pressures have not wiped out cheating is answered by appeal to the basic evolutionary idea of random mutation combined with frequency-dependent fitness. In a world of good guys, a single, randomly appearing, cheater would win every time, because the costs to the good guys of maintaining the cognitive capacities needed to detect and defeat cheaters would previously have had no evolutionary advantage and would either not have developed or would have disappeared, so that society would

have no defences against deception. A society of good guys would thus be taken over by cheaters, who would however be unable to maintain the social structure necessary for survival because they could not trust or be trusted. Simulation studies suggest that social groups need a certain ratio of good guys to cheaters, in order to maintain a reasonably stable equilibrium (Frank, 1988).

How could social organisms like humans develop the capacity to live in groups that contain both trustworthy and deceitful people, and even people who are sometimes trustworthy and sometimes deceitful? The system can only work if people are usually able to detect deceit when cheating occurs, and are inclined to punish or withhold support from cheaters. This suggests that humans would need to have developed certain sets of mental capacities: memory for different individuals, the ability to signal and respond to honesty and deceit, and a reward system that makes trustworthy behaviour worthwhile even when behaving honestly loses a particular, short-term, reward.

Evolutionary psychologists argue that these capacities are among the major distinguishing characteristics of the human brain (Barkow et al., 1992; Frank et al., 1993). Developmental psychology has demonstrated that human infants recognize human faces and distinguish them from other, equally complex, stimuli when only a few days old (Bower, 1974; Cole, 1998; Kagan, 1984). By seven or eight months, they not only distinguish among individuals but also show distress when separated from caregivers and handed over to someone less well-known, indicating that memory for individual humans, and an associated feeling of trust, develops very early (Kagan, 1984). Comparative studies of other animals suggests that ability to distinguish among large numbers of individuals of the species is strongly correlated with the development of the neocortical brain areas (Ridley, 1996). It has been argued (Cosmides & Tooby, 1992) that the extraordinary development of the human neocortex may have been driven to a significant degree by the need to recognize and characterize large numbers of people.

Not only can we distinguish among individuals, we also learn quickly to know a lot about their emotional state. Some of the earliest work in evolutionary biology was Darwin's studies of facial expression and their links to emotion (Darwin, 1872). He suggested that facial expressions have the same meaning (fear, anger, surprise) in every society, and noted that many of the muscle groups that create them are very difficult to control deliberately, so that our facial expressions often express our feelings more clearly than we might wish. It is, as Darwin points out, hard to understand why humans should have so many facial muscles and such clear links between their use and emotional states if there were no evolutionary advantage to so costly a system.

The economist Robert Frank (Frank, 1988) has developed an argument that links these observations together, proposing that emotions provide the reward and punishment system that carries us across the short-term losses associated with being cheated because we were honest, or being honest when no-one could detect us if we cheated. Emotions tell us very rapidly how we would feel about ourselves if we were to do something that we haven't yet done, using a store of accumulated knowledge of how we did feel when we did something similar. Emotions enable us to deal with the 'discounting' factor that makes a distant reward less appealing than a smaller one close at hand (Rogers, 1994). They also tell us how someone else would feel if we cheated or played straight. This empathy leads to the development of the emotions of guilt and shame, which can be triggered even by behaviour that leads to clear material reward – behaviour that in other respects makes all sorts of rational sense. Frank argues that

> Emotion is often an important motive for irrational behaviour. Abundant evidence suggests that emotional forces lie behind our failure to maximize (i.e., to behave 'rationally' in terms of currently available rewards and risks). Developmental psychologists tell us that moral behaviour emerges hand-in-hand with the maturation of specific emotional competencies. The psychopath fails not because of an inability to calculate self-interest, but because of an inability to empathize, a fundamental lack of emotional conditionability. (Frank, 1988, p. 255)

This chain of argument leads to the conclusion that, given the premise that deviance in the form of deceitful behaviour will sometimes arise by chance, stable societies will remain stable precisely because they contain a certain proportion of exceptionally untrustworthy people. The behaviour of these individuals will be shaped by their failure to develop the cognitive and emotional links that enable most people to maintain trustworthy behaviour over time with no immediate reward. This may be because they 'discount' distant reward more steeply than the rest of us, or because they fail to develop empathy, and thus develop no commitment beyond the immediate set of payoffs. Whatever the process, the interesting point for this chapter is the argument that a certain degree of 'covert' evil keeps society alert and reasonably honest; too much and too little are both destabilizing.

Aggression

It is perfectly clear that aggressive behaviour in males, and the physical qualities that support it, have been rewarded for as long as we have records. However, aggression in all species that have been studied is highly controlled by developmental and social stimuli (Cairns et al., 1989, 1993). The same is true of humans. Many of the behaviours listed under DSM–IV's criteria for conduct

disorder can be seen as pathological or acceptable depending on the circumstances in which they are performed. Several (fighting, using a weapon, threatening, being physically cruel) are sanctioned, if not demanded, in times of war; killing animals and birds not needed for food is a popular hobby; 'deliberate destruction of property' is a skilled profession. Problems occur when children fail to learn, or to apply, rules about the appropriate circumstances for employing the underlying capacities for aggression that these behaviours demand. All the signs are that we are driving aggressive behaviour into more and more highly formalized settings, such as professional games, and out of everyday life. The level of schoolboy fighting one reads about in Victorian novels is simply not tolerated today, nor are physical assaults on spouses or children. The fact that we are so concerned about 'street violence' probably has more to do with the lethality of the weapons that modern aggressors have than with their number relative to the past. The interesting question for current urban societies dealing with conduct disorder is whether the level and distribution of aggression in social groups that supported survival when our species evolved is consistent with the stability of our present social structures, and if not, what level or type of aggressive behaviour are we willing to tolerate.

Anthropological studies of the last remaining hunter-gatherer societies, which probably approximate the kind of social organizations within which humans developed, show that aggression and deceit are far from being routinely disapproved of or socially disadvantageous (Chagnon, 1988; Hill & Hurtado, 1953; Knauft, 1991). For example, among the Yanomamo of Amazonia, men who engaged in revenge killings, either within or outside the immediate kinship group, have more wives and more children than men who do not (Chagnon, 1988). A recent study of young men growing up in inner-city Pittsburgh found that those who became fathers by age 18 (12% of the sample) were significantly more likely than the rest of the sample to rate themselves, or be rated by parents or teachers, as untrustworthy, cruel to people, drug-abusing, and/or delinquent (Stouthamer-Loeber & Wei, 1998). Furthermore, these young fathers were four times as likely as the other youth to report serious delinquency in the year after they became fathers; parenthood did not change them. It has been suggested that in some environments, specifically those in which childhood is stressful and early mortality is high, it 'makes more sense' to breed early and often, putting more effort into the aspects of reproduction concerned with 'mating' (number of offspring) rather than 'parenting' (nurturing of offspring) (Chisholm, 1993). As discussed elsewhere in this volume, conduct disorder is highly associated with correlates of environmental stress and risk: poverty, disrupted family life, poor schools and neighbour-

hoods. Following this line of argument, we could construe what Robert Hinde (chapter 2, this volume) calls 'distrustful aggression' as highly adaptive in such circumstance, assuming a reproductive strategy of early procreation. There is anthropological evidence (Rogers, 1994) that increasing environmental risk is associated with increasingly steep time-discounting, as well as higher tolerance of aggression.

In summary, evolutionary psychology challenges us to turn our ideas about conduct disorder on their head and ask why a pattern of behaviour that adults find so objectionable has nevertheless persisted for at least as long as we have written records.

Conclusions

It is unlikely that a modern textbook on, for example, rheumatoid arthritis would include an entire chapter on the history of the diagnosis. The fact that such a chapter is included in this volume is an indication that the problems of definition and ownership are far from being solved. The history of society's definition of, and response to, deviant children is more confused and contradictory than even this most difficult group of individuals should have to put up with. We still have not made up our minds how to respond to the basic issues of responsibility and culpability laid out by Plato 2500 years ago. Is it surprising that treatment has been so varied and, on the whole, so ineffective, given that we do not appear to have decided whose problem we are treating: the child's? the parents'? society's?

Some progress has been made. Mainly, as in other areas of medicine, this has been done by creating categories that (1) better reflect differences among subgroups, and (2) better reflect what society wants to do with subgroups. Thus, out of the amorphous mass of what Mary Carpenter called 'the perishing and dangerous classes' (Carpenter, 1851) we now distinguish children from adults, the abused and neglected from the criminal, the mentally retarded from the behaviourally deviant, those with attention deficit hyperactivity disorder from those with conduct disorder. We have a tremendous array of different institutions for the care and control of these different groups. None of this was true 150 years ago. However, unlike many other branches of medicine that were equally primitive 150 years ago, we have made painfully little progress toward an etiology that carries strong implications for prevention, treatment and control. This failure is reflected in our institutional responses to conduct disorder, which are heavily weighted toward isolation and control – the contagion model of public health that we associate with diseases that we don't

understand very well and have not learnt to prevent or cure. We no longer treat leprosy this way, but conduct disordered youth are still more likely to be isolated in a reformatory than to receive effective treatment.

In this chapter we have presented examples of public responses to conduct disordered children over the centuries, concentrating on religious, philosophical, legal and psychiatric writings. The viewpoints of education and social work have been neglected here not because they have not been important, but because of lack of space to do them justice. Returning to the set of questions with which we began, we show that remarkably little progress has been made in reaching consensus on the first two issues: the relative roles of parents and state, and appropriate norms for the development of personal responsibility. On the first of these issues, it is possible to trace a process of increasing state regulation of parental control of children – for example, states increasingly regulate parents' rights to punish their children physically, and in many societies schools take responsibility for moral as well as factual education. There is a marked shortage of evidence, however, about the effects of this takeover on rates of conduct disorder in society. It is interesting to see that some evolutionary psychologists are coming out against large-scale units of social organization, including publicly funded and organized schooling, arguing that they foster aggression and deceit rather than trust and cooperation (Ridley, 1996). Voices from the political right ('family values') and the left ('it takes a village to raise a child') are being heard in favour of greater support for families in their child-rearing tasks, as a way of combating conduct disorder.

Questions about norms for the development of personal responsibility should be more amenable to empirical answers than issues of parent–state relationships. There is a burgeoning literature on children's moral development, showing that some very basic constructs, like empathy, shame and fairness, develop extraordinarily early (Kagan, 1984; Wilson, 1993). However, we are a long way from applying this knowledge in the form of criteria for culpability that use anything more subtle than the old age-based norms described in this chapter.

The third set of questions, about who should be responsible for defining and dealing with the behaviours that we do not wish to tolerate, can only be answered satisfactorily when we have a clearer set of responses to the first two issues. It is, of course, being answered practically, but the answers are unsatisfactory by any standard that one would want to apply. As in medieval London we have vagrant children roaming the streets of our cities, whom we treat as criminals; as in nineteenth-century Philadelphia the organizations we set up to 'reform' these children only perpetuate their problems; like August Aichhorn

we know that these children need multi-system treatment services, and we have a multitude of agencies offering services – but no service system. In sum, it is hard to imagine a topic that provides less encouragement about human ability to solve a social problem than does conduct disorder.

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2

Can the study of 'normal' behaviour contribute to an understanding of conduct disorder?

Robert A. Hinde

Introduction

Conduct disorder embraces a wide spectrum of antisocial behaviours, only a proportion of which is necessary for diagnosis (Earls, 1994). That, and the fact that it is often associated with other conditions such as hyperactivity and cognitive impairment, suggest that it is far from being a clear-cut category. The variability in definitions of conduct disorder is highlighted by Angold & Costello (chapter 6, this volume), and the complexity of possible causal factors is illustrated by the range of chapters in this volume. It can be presumed that the causal factors interact in development: for instance, those antisocial children with an early onset of behavioural problems may have subtle neuropsychological problems which affect functions including language, memory and self-control (Moffitt et al., 1996; Lynam & Henry, chapter 9, this volume). These contribute to 'difficult temperament', and that in turn to an increased likelihood of exposure to negative environmental influences which exacerbate the condition (Kiesner et al., chapter 10, this volume).

An apparently complex symptomatology and etiology raises a number of questions, one being the extent to which it is reasonable to expect each individual symptom to depend on a relatively simple causal basis. To exemplify this issue, the initial discussion here centres on aggressive behaviour, though there is no implication that aggressiveness per se is central to conduct disorder or basic to its many symptoms.

Another set of questions concerns the extent to which the several symptoms have distinct causal bases, whether they can be divided up into distinct groups differing in their etiology, and whether some common factor can be found. It will be suggested that the symptoms listed, for instance, in the Child Behavior Problem Checklist or the Rutter scales, could be related to a number of aspects of cognitive and behavioural functioning. This chapter will cover some topics

which have not received much attention with respect to aggressive children, yet may be important for understanding this symptomatic and etiological heterogeneity. The extent of the motivational complexity will be reviewed and three possible inter-related possibilities considered: perception of inequity in relationships, a feeling of reactive autonomy coupled with a perception of being constrained by others, and disruption of the self-system.

Aggressive behaviour

Definitions

Aggressive behaviour can be defined as behaviour directed towards causing harm to others. Physical injury caused deliberately is thus unequivocally aggressive, but accidental injury is not. Inflicting psychological harm may or may not be included. Behaviour that is simply assertive is not included, so what the lay-person calls 'aggressive salesmanship' falls outside the definition. Assertiveness with neglect of the possibility that injury to others may result, as in reckless driving, may or may not be seen as aggressive.

Categorization of aggressive and prosocial behaviour

Aggressive behaviour is phenomenologically diverse, and can be divided into a number of categories. Numerous classificatory systems have been proposed, and two may be cited as examples.

Aggression in nursery school children has been divided (e.g. by Feshbach, 1964; Manning et al., 1978) into:

(a) Instrumental aggression (manipulative aggression, specific hostility) – concerned with obtaining or retaining particular objects or situations or access to desirable activities.
(b) Harassment (teasing aggression) – directed primarily towards annoying or injuring another individual, without regard to any object or situation.
(c) Defensive aggression – hostility provoked by the actions of others.
(d) Games aggression – aggression escalating out of the rough-and-tumble play often shown by children of this age.

Violence shown by adolescents and adults has been classified by Tinklenberg & Ochberg (1981) into:

(a) Instrumental – motivated by a conscious desire to injure or eliminate the victim. Not committed in anger. (It will be apparent that this does not correspond with 'Instrumental' in the nursery school system.)
(b) Emotional – hot-blooded, angry, or performed in extreme fear. Impulsive. Usually involves intimates.

(c) Felonious – committed in the course of another crime.
(d) Bizarre – severely psychopathic.
(e) Dyssocial – violent acts that gain approbation from the reference group and are regarded by them as correct responses to the situation. Usually associated with group membership.

Although such categorizations may have heuristic value, it will be apparent that the categories are not clear-cut. For instance harassment is not always easily distinguished from instrumental aggression in children, for it may be related to long-term goals concerned with access to desirable situations; and in adults felonious aggression may have a strong fear component, and thus overlap with emotional violence, which in turn may overlap with bizarre violence. Some reasons for this are discussed in the next section.

Motivational complexity

The diversity of aggressive behaviour must be seen as a consequence of its motivational heterogeneity – using the concept of motivation here in a rather loose sense. In the first instance, causing harm to another nearly always involves exposing oneself to risk of injury. Thus aggressive behaviour is often seen as a sub-category of 'Agonistic behaviour', which covers a spectrum from attack to flight. In animals ambivalence between the two may result in threat postures or displacement activities (Huntingford, 1991; Tinbergen, 1952), and the boxer's stance, involving a readiness both to hit the opponent and to defend the self, provides a parallel in humans.

But the diversity of aggression depends on more that just attack and flight motivation. Even the relatively simple instrumental aggression of school children may involve also 'Acquisitiveness' (motivation to obtain the object or situation) and 'Assertiveness' (motivation to show off to the rival or to peers). Considering only these three, one can picture the relations between them as in Fig. 2.1, where the three types of motivation are represented three-dimensionally as lying along three orthogonal axes, with aggression occurring only if the motivational state is above the striped area.

Aggressiveness with a low component of acquisitiveness would appear as harassment (see above), though there may be additional motives such as the bolstering of self-esteem or compensating for imagined slights (Hartup, 1974) which appear as assertiveness. Defensive aggression, and emotional aggression in adulthood, may involve strong frustration – either of fleeing motivation or of some other motivation, as in the anticipation of loss in jealousy (Buunk & Bringle, 1987). And dyssocial aggression must depend on the need for social approval from the peer group.

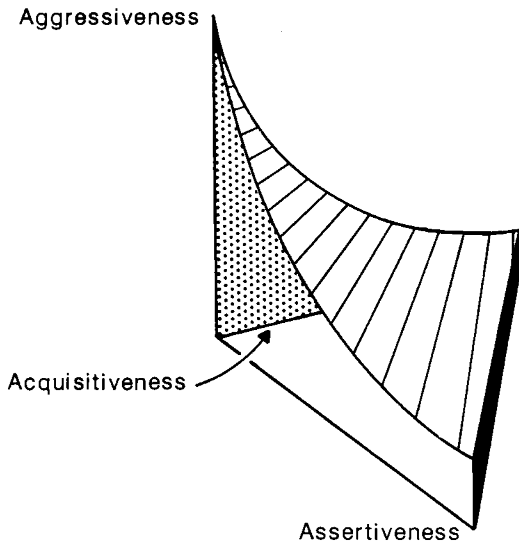

Fig. 2.1. Proposed relationship between acquisitiveness, assertiveness and aggressiveness.

In this context it is salutary to remember that what appears to be the same behaviour may have quite different bases in different individuals. This is strikingly exemplified in Straker's (1992) analysis of the 'Youth' who were involved in violent demonstrations against the apartheid regime in South Africa. Many of them came from deprived backgrounds but refused to accept deprivation as inevitable and preferred to deal with adversity by confrontation. However the groups contained diverse personality types, including the well-balanced, idealistic, dedicated and independently-minded 'leaders'; the 'followers' who were searching for a script as warrior heroes; the 'conduits' who lacked a firm sense of self and were using the group to define it; the 'conformists', motivated by a search for camaraderie in the group rather than by ideals; and the near psychopaths. The basic motivations, or the balance between them, were clearly different in each case. What is especially interesting about Straker's data in the present context is that the violent actions of the 'Youth' can be seen as involving not only aggressive behaviour and (though not in the eyes of the authorities) prosocial behaviour.

Some problems

It will be apparent that 'explaining' the diversity of aggression prosocial behaviour in terms of mixed motivations can be a useful heuristic device, since excessive aggression with a strong element of acquisitiveness calls for measures

different from those required for aggression based on fear, jealousy, or lack of self-esteem. However explanations in terms of mixed motivations can pose problems. In the first place, the postulation of motivations must not be associated with the misleading Freudian model of motivation (or libido) being dissipated in action. Second, aggressive behaviour can not be understood solely in terms of processes internal to the actor: the social context (such as the presence of peers), and how that context is perceived by the parties concerned, are essential elements. Third, the postulated motivations can explain only the types of behaviour with which they are concerned: other variables must be postulated to explain other aspects of the syndrome. And fourth, the relation between strength of motivation and the likelihood or strength of aggressive behaviour is influenced by many other issues: for instance two individuals might be similarly motivated (in a loose sense) but differ in the degree to which aggression is inhibited. A central issue in all cases of aggression is a readiness or willingness to harm others, and that implies a deficiency in social inhibitions: poor impulse control is a common characteristic of conduct disorder (Moffitt et al., 1996; Pulkkinen, 1986). Fifth and related to the last, postulated motivations are not to be seen as amorphous driving forces, but as cognitively based and affectively coloured (Pettit et al., chapter 11, this volume). Of relevance here is the finding that highly aggressive children see the world in more aggressive terms, and are less dissatisfied with their own aggressive solutions to problems than are nonaggressive children (Guerra & Slaby, 1989).

Aggressiveness in conduct disorder

Aggressive behaviour is a common characteristic of conduct disorder, and appears not only as straight aggression, but also as disruptive behaviour, annoying others and cruelty, and may be responsible for the dislike of conduct-disordered children often shown by other children. However the preceding discussion indicates that this does not necessarily mean that there is excessive aggressive motivation – the aggressive behaviour could be a consequence of assertiveness. We shall consider later how far that view fits other aspects of conduct disorder. First another background issue must be put in place.

Levels of complexity

The understanding of any aspect of human behaviour requires the recognition of a series of levels of complexity – psychological processes, individual behaviour, short-term interactions between individuals, longer-term relationships, groups and societies (Fig. 2.2). Each of these involves problems not relevant to

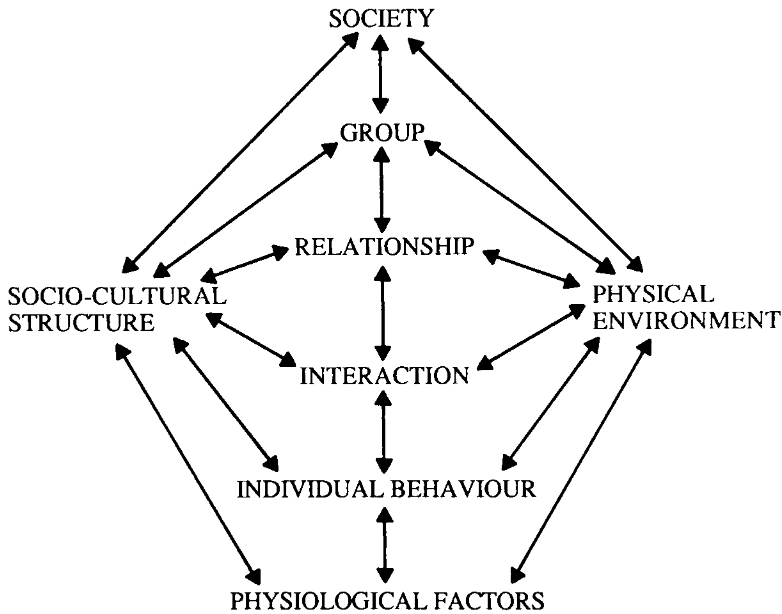

Fig. 2.2. Levels of complexity in psychological processes, behaviours and social relationships.

less complex levels: for instance a relationship may involve one or many types of interaction, but this is a property irrelevant to individual interactions. And at each level we tend to use additional explanatory concepts: thus an aggressive interaction between two siblings might be explained in terms of their both wanting the same toy, but frequent aggression in their relationship might be ascribed to sibling rivalry.

Each of these levels may be influenced by what we may conveniently call the socio-cultural structure – the system of values, beliefs, norms and institutions relevant to the level in question. The symptomatology of conduct disorder clearly indicates that social norms and values, or rather their absence or neglect, are likely to play an important role. It is important to note that these norms and values may be peculiar to the individual, dyad, group or society, though those at each level are likely to be closely related to those at others.

Finally, each of these levels affects, and is affected by, the others as well as by the socio-cultural structure (and also, though not discussed here, by the physical environment). Thus the course of any particular interaction is influenced by the nature of the relationship in which it is embedded, while the nature of the relationship depends on that of the component interactions. Similar dialectic relations occur with the socio-cultural structure: thus norms

concerned with marriage both influence and are influenced by the incidence of divorce. In view of these facts, the successive levels of complexity (including the individual) and the socio-cultural structure are to be seen not as entities but as processes undergoing continuous creation, maintenance or disintegration through the agency of the dialectical relations between them (Hinde, 1991, 1997).

Aggressive behaviour between individuals is almost always influenced by these dialectical relations. As we have seen, even the aggressive behaviour of young children may be influenced by the presence of bystanders, and the same is true of defensive aggression. Emotional aggression may be instigated by third parties, as in sexual jealousy; and dyssocial aggression depends on group norms and values. Dyssocial aggression is likely to occur in the context of intergroup conflict, which in turn depends on factors promoting cohesion of the in-group(s). (This is in harmony with the view that behaviour may be simultaneously aggressive and prosocial. We have already noted an example of aggression directed towards outsiders for the good of the group in Straker's analysis of the 'Youth'.)

We have seen that any one instance of aggressive behaviour may depend on several types of motivation, and that the diversity of these types of behaviour can be partially understood in terms of differing combinations of motivational factors. Of course, the facts that different types of aggression may have different causal bases, and that the etiology of any one type may be complex, does not necessarily mean that the aggression seen in the context of conduct disorder is diverse or complexly based. It does, however, indicate a danger in postulating motivation (or a temperamental characteristic) isomorphous with the behaviour it is supposed to 'cause', and raises the possibility that the aggressiveness seen in conduct disorder, although involving few inhibitions about hurting others, may spring not just from aggressiveness per se but from other sources – for instance assertiveness or a need to show off, which could contribute also to the other types of antisocial behaviour shown.

We have also seen how understanding requires us to take into account the total situation, including the level of complexity. Furthermore a motivational approach involves some difficulties and is likely to be incomplete, and must soon involve the use of some cognitive concepts, such as self-esteem, norms and values. The following sections, concerned with the possibility of identifying factors common to many of the symptoms of conduct disorder, explore these issues further.

Cognitive issues

Morality and the issue of what is 'fair'

Many of the symptoms of conduct disorder, including aggressiveness, involve an apparent disregard of others, or a failure to empathize with them. Disruptiveness, selfishness, sulking, boasting, teasing, impatience, and many others, as well as aggressiveness (Quay, 1983), all have such characteristics. Furthermore the antisocial behaviour often appears to be spontaneous and to depend on, for instance, a sudden outburst of anger. While most children use 'moral emotions' to make judgements about the consequences of their actions (Arsenio & Lover, 1995; Dunn, 1988), it seems as though the norms of acceptable behaviour, of what is and is not fair, are simply inoperative for conduct-disordered individuals. The antisocial acts are accompanied by a neglect or down-grading by the actor of social norms and of the other's point of view.

It may be helpful to consider this from another point of view – the issue of fairness in close interpersonal relationships. Considerable evidence shows that individuals assess 'equity', an individual perceiving a relationship to be equitable if the rewards received appear to be commensurate with the costs in comparison with the partner or comparable others. If the relationship is perceived as inequitable, the individual feels anxiety – and there is evidence that feeling over-benefited as well as under-benefited can induce anxiety (Prins et al., 1993; Walster et al., 1976). Anxiety induces attempts to restore equity – either 'actual equity' by the manipulation of rewards or costs, or 'perceived equity' by distortion of the perception of relative outcomes. Thus a harmdoer may either restore actual equity by compensating the victim, or restore his (or her) 'perceived equity' by convincing himself that the victim deserved what he got, or did not really suffer, or that he (the harmdoer) was not really responsible (Walster et al., 1976). In so far as an individual diagnosed as having conduct disorder reflects on such issues, it is not unreasonable to suppose that his or her behaviour is associated with a tendency to perceive psychological equity in his (her) actions when victims or third parties would perceive the situation differently.

In harmony with this view, studies of close relationships indicate that an individual at fault tends to make attributions about the situation and to excuse his behaviour (Kelley, 1979; Weiner et al., 1987). This is not just because actor and other have different information available to them: attributions are coloured by intention and anticipation (Orvis et al., 1976). Again, in close relationships individuals who have dysfunctional or unrealistic beliefs about relationships tend to perceive the behaviour of a partner as due to stable and global

characteristics (Fincham & Bradbury, 1989): sufferers from conduct disorder may see the world as having unfavourable stable characteristics. In general, attributions depend on past experience involving both cultural conventions and individual memory (Fletcher & Fitness, 1993), and involve the elaboration of complex causal accounts (Howe, 1987): those made in conduct disorder would seem to depend on and contribute to a complex account of a world seen as hostile and constraining (Pettit et al., chapter 11, this volume).

This also raises the issue of how individuals acquire moral values. There is much evidence that those values depend on experience with parents, peer groups and others (Dunn, 1988; Eisenberg & Mussen, 1989; Grusec & Goodnow, 1994; Kohlberg, 1984; Piaget, 1932). Parents and peer groups are diverse, and it is to be expected that the moral values acquired should vary according to the precise nature of the experience with them, and also indirectly with the socio-cultural structure (Fig. 2.2) (Miller & Bersoff, 1995; Wainryb & Turiel, 1995). In these interactions, an element of conflict with others, at any rate from time to time, is inevitable, and conflict with others involves perception both of the self and of the other in relation to the self. The ways in which conflicts are or are not resolved play a role in the development of the child's understanding of other people and of itself (Dunn & Slomkowski, 1992): they often require the individual to reconcile her own legitimate claims with concern for the other (Killen & Nucci, 1995). For most people a norm that people should help those who help them is acquired early in life: and a norm of responsibility, prescribing that we should help others who need one's help, somewhat later (Eisenberg & Mussen, 1989).

The acquisition of moral values involves individuals as 'active contributors to their own development, interpreting their world and making judgements that determine their actions in it' (Hart & Killen, 1995, p. 7). If a child feels its actions to be condemned unfairly by others – for instance by a parent who fails to understand its behaviour – he or she might well come to abandon any tendency to take the perspective of others, disregard the norms of behaviour, and act solely to further his or her own interests. It has indeed been found that children with insecure attachments to their parents, a condition associated with inadequate sensitive parenting (Ainsworth et al., 1978) are likely to believe that others treat them unfairly. They tend to be less compliant and less cooperative, and are more attention-seeking and disruptive as toddlers or preschool children (Arend et al., 1979; Bates et al., 1985; DeKlyen & Speltz, chapter 12, this volume). However, not all such children are aggressive: the aggressiveness may arise from parental mishandling of the conflicts that arise. The parents may reinforce aggressiveness, escalate conflicts, emphasize the aggressiveness in

their children's behaviour, or behave in a hostile manner themselves (Hart et al., 1990; Keane et al., 1990; Patterson, 1982; Perry et al., 1992). Such children would feel their autonomy to be improperly constrained, and see the rights of others in a manner that might seem distorted to those others or to third parties.

Autonomy and inner endorsement of actions

It is important to note here that autonomy is not the same as intentionality, for autonomy involves a feeling of inner endorsement of one's actions. The behaviour of one who is desperately seeking approval or a fair deal or who is avoiding guilt is intentional but not autonomous. A distinction may also be made between 'reactive autonomy', a tendency to prefer to act independently, without being influenced by others, and 'reflective autonomy', the tendency to experience a feeling of choice about one's behaviour. While the latter is associated with open and honest interactions and relationships, reactive autonomy is associated with disagreeableness, poor social adjustment and dependency (Deci & Ryan, 1987). Many of the symptoms of conduct disorder can be seen in these terms – a need to act independently while feeling constrained by others: these include disobedience, uncooperativeness, negativity, impertinence, argumentativeness and quarrelling, refusal to be told what to do, sulking and pouting, bullying and trying to dominate others, picking on others, selfishness and impatience. The aggression could also be seen as a consequence of frustration due to felt constraint or to the assertiveness consequent upon this. That conduct disordered individuals do suffer from frustration is suggested by the frequent occurrence of temper tantrums.

Another issue, concerned with the perception of what is fair, may be important here. Even within any one society, a number of different rules of justice may develop, applicable by each individual in different situations. In some cases, notions of equality prevail – everyone deserves equal outcomes. In others equality is subordinated to equity – each person's outcomes should be related to what he (or she) has put in, in terms of costs incurred in the endeavour in question or investments (skill, social status, etc.). In yet others social justice – the view that each deserves outcomes in proportion to his needs – is recognized: this is most frequent when the actor identifies in some way with the needy other, as in family relationships or when people have been struck by unavoidable disaster. Lerner (1974) has suggested that what is considered as fair depends on the participants' definition of the relation in terms of two dimensions – the extent to which the partners identify with each other, and whether the other person is seen as an individual or as the incumbent of a position in society (Table 2.1). This is in harmony with the view that individuals

Table 2.1. Forms of justice in different types of relationship. Modified from Lerner (1974). (For explanation, see text.)

		Perceived relationship		
		Identity	Unit	Non-unit
Object of relationship	Person	Perception of 0 as self	Perception of similarity with or belonging with 0	Perception of contrasting interests
				Law
		Needs (Marxist)	Parity (Equality)	Darwinian Justice
	Incumbent	Perception of self in 0's circumstances	Perception of equivalence with 0	Scarce resources, with equally legitimate claims
		Entitlement		
		Social obligations	Equity	Justified self-interest

with conduct disorder may fail adequately to identify with or empathize with others and/or to see others as individuals rather than mere incumbents of positions in society. And this again is in harmony with seeking to act independently and feeling constrained from doing so. In Lerner's view, this would result in behaviour based on self-interest.

The ability to make moral judgements influences aggressive behaviour, but does not determine it. A good intention may be over-ridden by acquisitiveness or assertiveness, or an individual may be able to make moral judgements but, perhaps as a consequence of prior experience, be unwilling or unable to trust others (Boon & Holmes, 1991). In both these cases the ontogenetic bases are likely to lie in earlier experiences in relationships.

The self-system

A number of the issues raised in the previous paragraphs are likely to be related to characteristics of the self-system: some recent work on the nature of the self-system, and more specifically on the nature of self-understanding, is relevant here.

Both introspection and objective data (Hinde et al., 1995) show that individuals may behave differently in different contexts, yet we see ourselves as having continuity in time, place and situation. But precisely how we see ourselves

changes with age through a series of stage-like reorganizations (Damon & Hart, 1988). Thus the proportion of self-descriptions that involve references to others decreases with age, girls using more social references than boys, and the descriptions become less concrete and more abstract. There are also differences related to the context. Children and adolescents describing themselves tend to emphasize passivity in the family context but activity in relation to school. To illustrate the effect of context, McGuire & McGuire (1988, p. 102) write: 'a woman psychologist in the company of a dozen women who work at other occupations thinks of herself as a psychologist; when with a dozen male psychologists she thinks of herself as a woman'. Damon & Hart (1988), discussing cultural differences in self-understanding, refer to it as 'a cognizing interaction between subject and environment' (p. 172).

Self-understanding is by no means unidimensional. Understanding of the physical, active, social and psychological selves, and senses of continuity, distinctness and agency, have been distinguished by Damon & Hart (1988). These do not necessarily develop in parallel, so that at one age an individual may reason about the several components at different developmental levels. It is important to emphasize here especially the importance of links between how one perceives oneself and how one perceives others. An individual's self-perception is derived from her perceptions of how others behave to her (Higgins, Loeb & Moretti, 1995; Mead, 1934), and the characteristics of others that are most salient tend to be those in which they either most resemble or differ from the self (Andersen & Cole, 1990; Markus et al., 1985). Indeed, the evidence suggests that the self-concept is normally organized around relationships (Aron & Aron, 1996; Fiske et al., 1991; Fletcher & Fitness, 1996; Planalp, 1985). For instance, errors in naming individuals often involve the substitution for the name intended of the name of someone in a similar relationship to the speaker, and close relationships may involve sharing the other's characteristics (identification).

At this point we may summarize the arguments in the preceding paragraphs. We have seen that the appearance of both prosocial and aggressive behaviour may depend on the perception of 'fairness', and that what is considered fair is in part an aspect of the moral values of the group or individual. Judgements about moral values, or the extent to which they influence behaviour, are affected by the attributions that an individual makes, by self-perceptions, and by his or her capacity to identify with others and to see others as individuals. The effectiveness of moral values must depend on the ability to make judgements in or about situations of conflict with others. The self-system is concerned in large part with relationships with others (Hinde, 1997).

This raises a number of possibilities for basic conditions underlying many of the symptoms of conduct disorder, all of which are related to the nature of the self-system. A negative or deficient view of relationships with others could be associated with reactive autonomy and a perception of being constrained by others. Such individuals would then be deficient in their capacity to identify with others or to see others as individuals, and thus have aberrant views about what is fair. They might be prone to act impulsively, without consideration of moral issues, or be impervious to moral judgements, in either case making self-justificatory attributions. They would also be likely to have distorted views of the trustworthiness of others. They may seem to lack self-esteem, with the self-assertiveness or acquisitiveness becoming paramount motivations because they are perceived to raise the individual's image in the eyes of others, but it would be more in harmony with the other symptoms if the assertiveness, showing off, and attention-seeking stemmed from a feeling of being constrained, with no necessary lack of self-esteem. All of these issues point to abnormalities in self-understanding related to their experience in relationships.

A number of other sources of evidence are in harmony with the suggested importance of self-understanding. Thus self-understanding is associated with sustained moral action (Hart et al., 1995). There is some evidence that enhancing a person's capacity to deal with conflict situations is therapeutically effective (Kendall & Braswell, 1985). A tentative proposal might link disruption of the self-system to differences between early and later appearing conduct disorders (Moffitt et al., 1996; Maughan, chapter 7, and Hill, chapter 5, this volume). It has been suggested that some disruption of the self-system in adolescence occurs in normal development (Erikson, 1963). Although this view is controversial, it is consistent also with the finding that conduct problems starting in adolescence are usually self-limiting. By contrast, early appearing aggression is likely to persist and may be associated with more fundamental and persistent deficits in the self-system.

Some further empirical evidence in harmony with the view that the self-system plays a role are available. B. Melcher (cited in Damon & Hart, 1988) tested the hypothesis that the relation between moral judgement and moral behaviour is mediated by self-understanding. Studying groups of conduct-disordered and normal adolescents, she found a significant relation between moral judgement and self-understanding, and a near significant one between self-understanding and conduct. She also found that the conduct-disordered group showed a developmentally immature lack of concern with the future integration of the self into the networks of family, friends and society, and had difficulty in envisioning the future of the self at all. Thus the data suggested that