The relation between delinquent adolescents' perception of parents and therapists' perception of parents in a family counseling session

Patricia R. Pentz-Bozzi

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THE RELATION BETWEEN DELINQUENT ADOLESCENTS' PERCEPTION OF PARENTS AND THERAPISTS' PERCEPTION OF PARENTS IN A FAMILY COUNSELING SESSION

A Thesis
Presented to the
Faculty of
California State College
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

by
Patricia R. Pentz-Bozzi
October 1975
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ABSTRACT

This study investigated the psycho-social phenomenon of juvenile delinquency and its relationship or nonrelationship to the adolescents' perception of his/her parents' behavior towards them. Comparisons were made between the juvenile offenders perceptions of parental behavior, the parents' perception of their own behavior, and the therapists perception of the parental behavior. It employed an hour family counseling session with ten families, each with a delinquent member. The assumption was made that delinquent children are members of dysfunctional families and that the complaints of the delinquent would be a reliable reflection of the family dynamics. Included in the subject population were ten delinquent adolescents, ten mothers and six fathers. The age range of the five boys and five girls was 13 through 17. Immediately following the sessions all participants completed bipolar perception scales that were designed to assess the parental behavior toward the child during the session. It was expected that the delinquent's perception of the parents would more closely approximate that of the therapists' than the parent's self-perception. The analysis of the data showed no significance in support of the hypothesis. In the comparisons of the means no significant
differences were found between the parents self-evaluation and the child's evaluation of the parents' behavior toward them. In general, the mothers tended to view their own behavior as significantly more positive than did the therapists. Review of the literature covered material that focused on dysfunctional families, etiology of juvenile delinquency, and methods of family counseling of families with adolescent delinquent members.
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CHAPTER I

INTRODUCTION

The Problem

Within the past two decades American society has experienced a dramatic increase in juvenile delinquency. The increase is partly in numbers, but more importantly in the severity of the crimes committed. It is apparent, in view of available statistics, that youth is responsible for a disproportionate share of the national crime problem.

For example, the records kept by San Bernardino County (1969-1974) show that the increase in the violence and severity of crimes committed by juveniles is, in this writer's opinion, shocking. The year 1969 showed one juvenile detained by the criminal justice system for homicide, 99 for assault, and 37 for forcible rape and other sex offenses. There were no juveniles detained for arson. In 1970, seven were detained for homicide, 133 for assault and 39 for forcible rape and other sex offenses. There were 38 youngsters held on the charge of arson. In 1971 recorded 12 admissions for homicide, 165 for assault, and 57 for sexually related crimes. There were nine arrests for arson. In 1972 admissions for homicide numbered 16, assault 165, forcible rape and other sex offenses 43, and
arson, five. Nineteen-seventy-three, the year of the severe racial conflicts within the schools, witnessed a drop to five for homocide, 138 for assault, an increase to 60 for forcible rape and other sex offenses, and seven for arson. In 1974 the trend was upward again to ten admissions for homocide, 222 for assault, and a drop to 48 for forcible rape and other sex offenses. Thirty youngsters were arrested for the crime of arson. In summary, these figures represent an increase in juvenile delinquency from 1969 to 1974, only five years, at the following rates: Homocide, 1,000%; assault, 224%; sex related crimes (including forcible rape), 28%; and arson, 3,000%. The staggering statistic is that the total detentions of juveniles showed an overall increase of 1,115 young delinquents!

Only recently has this delinquency been related by the professionals who attempt to deal with the offenders to the dysfunctional families' influence on delinquent behavior.

This study postulates that a very real relationship exists between the way in which a family functions and the way the adolescent perceived his/her parent's treatment of him/her. The assumption can be made that the child's perception of the parents in a dysfunctional family can be a motivating factor for delinquent acting out in the greater society.

It is further suggested that, on the average, the delinquent child-adolescent's perception of the parent will
contain minimum distortions. This assumption is based upon the author's working in the milieu of delinquents in a detention facility that temporarily houses child-adolescent delinquents from all areas of California as well as most of the other states. The delinquents are detained for periods ranging from seventy-two hours up to 180 days. It is further assumed that geographic areas are not dissimilar in population content of dysfunctional families. Since this detention facility often houses several delinquent children that are siblings, this assumption has grounds in fact. Also, at times some of a family's children may be residents because of their delinquent acts, and the rest as dependents who are not being cared for adequately. This situation seems to imply that the family is dysfunctional.

The dilemma facing society is the determination of forces at work which produce delinquent children. Research during the last 50 years has delved into the question as to why a family with several children, all living in the same environment, will produce one delinquent child. The past emphasis has been on the typology of the child.

In the etiology of juvenile delinquency, knowledge expressed by the many learned and experienced workers in the field is of a contradictory nature. According to Bovet (1951), "some believe that a lack of social adaptation is due to constitutional, endogenous, and biological causes. Others attribute it to accidental, external, and sociological
causes" (p. 12). He also states some sociologists assert that juvenile delinquency is essentially due to the action of a variable number of external events on a normal personality. Movies, radio, comic books, press, and television may teach criminal techniques to juveniles predisposed to learn them. Shaw and McKay (1931) cite the social environment of overcrowded housing, economic and educational deprivation, cross-cultural problems, alcoholism, and broken family life as some of the examples that motivate asocial behavior. Other therapists maintain that the inheritance of a number of character tendencies in connection with undesirable environmental influences together predispose the child to delinquent behavior.

Bovet (1951), from a psychoanalytic point of reference, cites faulty emotional development, instability due to the constitutional components of the personality, overpowering instinctual drives, material used to build super-ego borrowed from antisocial personalities, massive repressions, emotional frustrations, and feelings of being abandoned as motivating forces for delinquent behavior. He cites the work of Sugaud in France and Kretschmer in Germany who he feels have accumulated a great deal of evidence which clearly shows a positive correlation between body build and certain types of personality traits, "a result which simultaneously implies a correlation between these traits and constitutional factors" (p. 72). The influence of intelligence in juvenile
delinquency faces the same striking contradictions. Bovet (1951) further states that many investigators find mental defect is a notable factor in the production of crime, and yet others state their findings indicate the distribution of intelligence among juveniles labeled delinquent is the same as, if not higher than, for nondelinquents.

Perhaps one of the most important aspects that will lead to a better understanding of the etiology of juvenile crime lies in the current fact that many of the concerned professionals are becoming involved in interfacing with both the family and the delinquent. Current attitudes and investigations of criminality and juvenile delinquency have made Lombroso's (1898) past idea of the "born criminal" archaic.

Review of Literature in Methods of Family Counseling

Exhaustive research on the subject of family counseling has disclosed that there are many long-held assumptions in the therapeutic community that have led to the practice of taking identified patients out of their social situation, treating them individually to clear the intrapsychic problems causing the difficulty, and then returning them to their social milieu.

In the 1950s, as a result of common but independent observations, a number of therapists began to deal with whole families. The commonalities appeared around the observations that certain patients, who showed improvement in the inpatient
setting, would grossly regress after a family visit. Some families in which the patient changed in individual therapy began to come apart, or someone else in the family developed symptoms. In bringing the families together to clarify something said by the patient, the therapist's observations of family happenings led them to arrive at a new concept of the patient's problems.

Studies by Ackerman (1958, 1966), Boszormenyi-Nagy and Spark (1973), Langsley, Pittman, Machotka and Flomenhaft (1968), Boszormenyi-Nagy and Framo (1965), and Satir (1964, 1965) all indicate that the symptom of any family member began to be seen as a comment on a dysfunctional family system.

In the shift of focus from the individual to the interpersonal, several problems are apparent. There is a lack of an overall conceptual model of family functioning. Presently, there is no training available specifically related to the field of family counseling.

According to Ferber, Mendelsohn, and Napier (1972), family therapists have individual backgrounds that vary from medically trained psychiatrists, analytically-oriented therapy, transactional-oriented therapy, task-oriented therapy, behavior therapists, to social workers and probation officers. These divergent backgrounds are converged into a mutual body of assumptions about the nature of human interactions on groups and/or social systems. The lack of an overall model
of family functioning has led many one-to-one therapists to individually, or collectively, work out a model that they view as most functional for them.

Hess and Handel's (1959) psychosocial model views the family as a psychosocial organization which is a bounded universe whose members inhabit a world of their own making. The family's life together is an endless process of movement with separateness and connectedness as the underlying condition. The family's common task is to give form to both separateness and connectedness. Hess and Handel state: "There are tracks to which family interaction returns again and again giving a discernible pattern and form to the family" (p. 277). They view the intrapsychic organization of each member as a part of the psychosocial structure of the family, and the family's life may be understood in terms of images family members have of one another and themselves.

In their procedures for family counseling, Hess and Handel (1959) use an information face sheet for age, religion, occupation, information about parents, families, and so forth. They obtain other data by use of a TAT, a sentence completion, a brief essay from each child on "the person I would like to be like," and an essay from the parents on "the kind of person I would like my child to be." This data, they feel, is relevant to aid them in implementing their theory of family counseling.

Jackson and Weakland (1961) operate from two main
theoretical concepts: the double bind and family homeostasis. The double bind concept is grounded in their most basic conception about communication as the chief means of human interaction and influence. In actual human communication, a single and simple message never occurs, and communication always and necessarily involves a multiplicity of messages at different levels, delivered simultaneously. The concept of family homeostasis arose from the observations that psychotherapeutic efforts with one member of a family might be hindered by the behavior of other members, or that another member might become disturbed as the member in treatment improved. Families form a dynamic steady-state system and will react to restore the status quo typical of the family in the event of any change.

Family therapists have no concrete model upon which they base their therapeutic intervention. Family therapy is not a method of treatment but a new orientation to the human dilemma that is problem oriented rather than method oriented.

It is becoming increasingly more uncertain that a typology of families is possible. The therapists working with the family unit differ as to what part of the family system is relevant. Some treat the nuclear family system, some the extended family, and others the family in its role in the greater society. Some therapists, such as Haley (1963, 1971) and Zuk (1966), deal with the family from a dominant position to the extent that they control the relationships,
decide what the goals shall be, and parry the attempts to undermine this control. Zuk (1966) describes this modality as a "go-between process" where the dimensions include: (a) the point of view of the therapist vis-a-vis family, (b) the context of the family's defensive tactics, and (c) the context of phases of treatment. The role of the go-between therapist is one of constantly structuring and directing the treatment situation. The position of control by the therapist lends itself to probing into family issues, establishing the existence of conflict by eliciting expressions of disagreements, and encouraging the open expression of disagreement. The therapist exposes the disagreements and resists the family's efforts to deny or disguise them. The family members are encouraged to express current disagreement rather than rehashes of old and are encouraged to express conflict between members who are present rather than absent from the treatment session.

Others, such as Ackerman (1966), use the technique of dealing within the family situation with a flexible, open, and undefensive use of self as an active participant. In this role, the therapist is an activator, challenger, supporter, confronter, and reintegrator. He tends to view family problems in part as a result of the trend toward removal from the family of the traditional functions of work, religious worship, the nursing of the sick, and education. The adolescent today, like his parents, is scared and worried
and finds himself faced with two extremes of behavior. "They tend to seek identity at one of two poles: conformity or delinquency" (p. 32). Commenting on the individual dis-harmony with wider society, some writers place emphasis on the trend to alienation (Fromm, 1955), while others (Riesman, 1950) present a theory of the other-directed man.

In the process of family therapy, Boszormenyi-Nagy (1965) and his associates have evolved their methods into a project of dual team approach. Observation of the work of each team through a one-way mirror by the rest of the eight therapists results in a process of mutual consultative and quasi-supervisory relationships. This group process determines the ways in which therapists select each other as co-therapists for the evaluation and treatment of new families.

Rubinstein and Weiner (1967) also approach the family counseling from a co-therapy teamwork modality. In working with families who produce delinquent children, Minuchin (1965) uses a conflict-resolution format, based on his observations that transactions between family members become automatic. His methods include temporarily removing certain members from the session and allowing them to be observers of the family interactions. The observer can see the family conflict but is still caught up in the interaction as he is subjected to the impingement of their behavior. The therapist is then able to redirect the observers automatic reactions to the observed conflict and discuss alternate ways of functioning.
Waller and Hill (1951) view the family as a closed system, where the behavior of family members toward nonmembers is largely determined by their experiences within the family. The family is seen as an arena of interacting personalities each striving to obtain satisfaction of his and her own basic desires. Rarely during the family life cycle are the members sufficiently reciprocal to mutually support and sustain one another as each member strives for satisfaction of his and her basic drives.

Ackerman (1958) characterizes the family unit as a product of evolution with the flexibility to adapt delicately to influences acting upon it both from without and within. In family interaction the individual members seek out those qualities of family experience that are congenial to their personal strivings. The members interact selectively with those features of family life that are favorable to the pursuit of personal aims, pleasure goals, and the relief of conflict and guilt.

In treatment of families both in the home and clinic, Howard Mitchell (1965) and his co-workers made a mutual attempt to formulate a conceptual model to serve as a base and provide more systematic appreciation of the many layers of family phenomena. As a result, agreement was reached that: (a) the family be conceptualized as a dynamic social system, (b) the Gestalt-like quality of family transactions would be viewed as a continuum of equilibrium-disequilibrium,
(c) the family system has internal and external boundaries, and (d) all family members will "scape goat" the primary patient, and as a result of this mutual perception, will achieve marginal adjustment and a degree of internal and external adaptation. The success of the therapeutic intervention can be measured as a result of changing the character of the shared psychopathology in the family.

Family Counseling with Delinquent Children

In recognizing the need to bring family forces to bear upon the problems of delinquent behavior, Patterson, McNeal, Hawkins, and Phelp (1967) coined the notion of reprogramming the social environment. The process was aimed at utilizing the resources available in the home and the school environment to enhance the probability of prosocial behavior by means of contracts with the delinquents. Tharp and Wetzil (1969) conceived of this process as building upon the efforts of therapists to modify the behavior of mediators, typically parents, other family members, and/or teachers, who in turn are expected to exert positive behavioral control over the adolescent. This posits the requirement that every member of the social system of the delinquent be viewed as needful of a new homeostasis. This approach, from the behavioristic frame of reference, begins with identification of the family rather than the individual youth as a target of change efforts. The role of family interaction becomes a central issue.
Based upon the concept that the family interaction is a central issue in modification of juvenile delinquency, Patterson (1971) has suggested methods of behavioral intervention in the classroom and in the home. Implicated in this behavioral intervention is the modification of the behavior of all family members by the use of family-appropriate reinforcements which presumably would lead to an acceptable reciprocal relationship among the family members. Rules would be stated and accepted and the result is an implied behavioral contract which might remain in effect for a single encounter or for the entire relationship. In an attempt to supply more research to support this view and to validate the usefulness of behavioral contracts, Stuart and Lott (1972) constructed an experiment based on Patterson et al. (1967) ideas of reprogramming the social environment. The experiment included 79 predelinquent and delinquent youths and their families who were offered treatment utilizing contingency contracting as an element of time constrained (15, 45, or 90 day) treatment. The families completed an initial therapeutic interview and were assigned at random to either 15, 45, or 90-day time-limited treatment. Video tape demonstrations were offered the therapists in an effort to train each therapist in maximizing the use of positive influence techniques.

Regardless of time constraint, all interventions had in common initiation of a family-specific contract during the
first therapeutic session and an early contract with at least two of the adolescent's teachers. The effectiveness of the intervention was determined with the use of ten criteria falling into four major categories: school behavior, home behavior, community behavior, and attitude change. The contracts contained statements of privileges (reinforcements) and responsibilities (responses) for the adolescent, with the understanding that the privileges and responsibilities of the parents are the reciprocals of the youths.

To assess the variability in contract contents across client groups, chi square analysis was carried out and of the eighty comparisons, only three attained statistical significance. One hundred chi square comparisons were carried out on the ten criteria with respect to evaluating attributes of the contracts. In these comparisons only six achieved a level of significance. The conclusions of the experiment were: "(a) Contracts tend to depend more on the therapist and his interventions than upon features of the client (p. 165) and (b) the characteristics of contracts appear unrelated to treatment outcome" (p. 164).

Further research that considers the delinquent adolescent to be a symptom of family dysfunction is currently being investigated in the Utah State Industrial School. Millard and McLagan (1972) believe, as a result of their work with families and the delinquent, that the process in family therapy is of considerable value in reducing the delinquent
behavior. As a result of the reluctance of some families to become the focus of a pressure-laden situation such as family therapy, as well as considerations of staffing patterns in the institution, impetus is being given to experimenting with the multifamily group approach. The multifamily approach is currently being successfully used in other treatment centers from two orientations. Davis and her co-workers (1966) prefer very homogeneous groups in areas of family configuration and commonality of problems. H. Peter Laquer et al. (1969) are working with heterogeneous groups as they found homogeneous family groups tend to reinforce one another's faulty patterns in interaction.

Review

Accompanying the new focus on family functioning is an interest in the dysfunctional family's relationship to the child adolescent's deviant behavior. Family interaction investigations of delinquent adolescents are a recent development that is currently proliferating throughout probation departments, treatment centers, placement institutions, and detention facilities. There are no overall models or methods to assess the productivity of family therapy, the family intervention, the family interaction, and the crisis counseling, all currently being used on behalf of the problems of the delinquent.

Currently the relevant study data in the area of juvenile delinquency has been based on survey questionnaires, case
history analyses, psychological testing, individual psychiatric interviews, and observational data.

One of the major problems which confront the investigators in family interaction of delinquent child-adolescents is the selection of adequate assessment procedures. Methods range from cluster analysis of case histories (Hewitt & Jenkins, 1946), factor analysis of more objectively and reliably scored case history data (Quay, 1964), factor analysis of behavior ratings (Quay, 1964), responses to personality questionnaires (Peterson, Quay, & Cameron, 1959), and the criminogenic traits and factors operating in the home and family of the delinquent (Glueck & Glueck, 1962). Jacob (1975) in his review of 57 direct observation studies of other investigators comparing family interaction in disturbed (schizophrenic and nonschizophrenic) and normal families, states that the various types of data gathering procedures are questionable and methodologically weak, as there is often a lack of congruence between reported and actual behavior in interaction with other family system members. Because of this consideration, he suggests that direct observation studies be conducted in which current patterns of interaction among parents and one or more children are directly assessed and systematically coded.

In the thinking of many social scientists, some children may become problems to society as a result of specific parental disciplinary practices. As a result of his interest
in the consequences of parental disciplinary techniques, Becker (1964) compiled by factor analysis a hypothetical three-dimensional model for parental behavior. The three orthogonal dimensions are warmth-hostility, restrictiveness-permissiveness, and calm detachment-anxious emotional involvement. He indicates that definable parental discipline patterns can be isolated and concluded that power-assertive techniques of discipline tend to be used by hostile parents and promote delinquent behavior in forms of aggression, resistance to authority, self-aggression, and prosocial aggression.

The studies of juvenile delinquents by Glueck and Glueck (1950) indicate that excessive permissiveness on the part of parents is a motivating factor for delinquent behavior. They cite that mothers of delinquents do not attempt to exert much control over their children, place few restrictions on them, and do not enforce obedience. Conversely, fathers of delinquents tend towards overly-strict discipline.

Homer (1973), working with delinquents from restrictive and conflict-ridden homes, divided 20 runaway girls into two groups receiving individual, group, and family therapy. Seven were running from family conflict situations and 13 from restrictive homes to places providing experiences forbidden in the home. The results of the experiment indicated that the girls running from family conflict benefited from therapy whereas the behavior of those running to forbidden
experiences was not altered.

Stierlin (1973), in working with runaways, views the problem in terms of family modes that he defines as binding, delegating and expelling. Through family therapy and observation of family dynamics, the modes can be conceptualized as disturbances which are operant as the covert organizing background to the more specific child-parent interactions. He suggests that runaways should be viewed and treated according to which mode is dominant.

Decision making and its relationship to delinquency is an area of numerous investigations. Using questionnaires, Ferriera and Winter (1968) studied normal and abnormal two-child families. The findings indicated that disturbed families demonstrate lower spontaneous agreement in response to questionnaires than did normal families.

Meade and Campbell (1972) investigated decision making and family member interactions with and without a drug-abusing child. The results did not indicate that decision making as a family process had any relationship to the use or nonuse of drugs by the child.

Still another approach was used by Becker and Iwakami (1969) who experimented with conflict and dominance within families of disturbed children. The experiment was limited to families with delinquent sons who were referred to treatment. The indices for conflict and dominance were the patterns of frequency, duration and interruption of speech
within the family members. The control group was composed of families who were not in treatment. The analysis of data provided no significant relationship of conflict and dominance to delinquency but rather provided information that speech patterns vary along socioeconomic lines and deviant families were deficient in frequency and duration of positive interruptions.

Alexander (1973) attempted to relate family communication patterns to the incidence of delinquent children. He compared defensive and supportive communication in both normal and deviant families. He found that normal families engaged in more supportive and direct messages than deviant families. However, there was no significant correlation of family communication patterns as they related to causal factors of delinquent behavior. He states that a focus on families per se will not influence interaction patterns in a positive direction, and concludes that intervention in the families with delinquent children must specifically focus on the communication process.

In the continuing investigation of the relationship of communication processes in families with delinquent children, the study of Parsons and Alexander (1973) showed that it is possible to achieve positive changes in communication patterns in families with delinquent members. Subjects in this group were families referred to the Family Therapy Clinic at the University of Utah by the Salt Lake City Juvenile Court.
The population was composed of 40 delinquents whose charges were runaway, truancy, and incorrigibility. The design was based on two treatment conditions and two control groups, numbering ten each, where all groups but one placebo control group were given pretest and posttest measures. The experimenters concluded that the analysis of the data reflected that the treatment families became less silent, talked more equally, and experienced increase in frequency and duration of simultaneous speech. In support of Jacob's (1975) position, the experimenters questioned the value of questionnaires and interview data. Although this study yielded positive results, the treatment extended for a period of only four weeks, and it is questionable as to the duration of the improved communication.

Parsons and Alexander (1973) state that "Family therapy programs in general have been based on derivations from theoretical propositions not empirical investigations" (p. 195). In recognizing the utility of the family approach, they feel the most effective method lies in a matching-to-sample where the communication process of deviant families would be changed to match those of normal families.

The focus on family functioning and its relationship to delinquent behavior is new, and therefore there is much to learn concerning the most effective approach to this type of therapy. It is questionable that family communication processes is the only variable that is a factor in juvenile
delinquency.

Although communication patterns and other observational studies have been done on the family therapy process, a dearth of studies have focused specifically on the impact of the process itself such as the adolescent's perceptions of his/her parents in a time-bound setting, and the extent to which these perceptions are reliable. Research has been one of adolescents perceptions of their parents in general.

The previous research cited in this thesis provides substantiation for the general proposition that a relationship exists between the dysfunctional family and juvenile delinquency. The research of this relationship is currently focused around investigations of family communication patterns, parental discipline techniques and parental inconsistency. At this point in the research there are yet no substantial findings that clearly indicate one, all, or a combination of the areas in question can positively be identified as a causal factor in delinquency.

Hypothesis

This thesis is presented within the following framework: that the manner in which a family functions has a direct relationship to whether it will or will not produce delinquent children; that the major socialization of the child occurs within the family setting and, consequently, that dysfunctional families tend to produce delinquent children.
Dysfunctional families may be defined as those which do not adequately meet the primary needs of all their members. A family may be termed dysfunctional for a broad variety of reasons. Failure to meet economic needs such as shelter, food, and clothing is an area of dysfunction. If the emotional needs of either parents or children go unfulfilled on a continuing basis, dysfunction would result. If some family members place a disproportionate emphasis on any particular facet of family life, for instance, security or perhaps social conformity, to the degree that other functions such as reciprocal need satisfaction or spontaneous affection are subordinated, Ackerman (1958) feels that the family would experience dysfunction. Extended serious illness of a family member can disrupt life so greatly that dysfunction results. Marital conflict between the parents generally will produce conflict with the children.

Most families experience periods when they do not seem to be functioning at an appropriate level. However, for this study, we are concerned with the chronic state of dysfunction.

The present study does not test the assumption that delinquency is caused by dysfunctional families. It explores the concordance of the parental versus adolescent perceptions of parental behavior towards them with an outsider's (the therapist's) judgment. The thesis attempts to provide a link between the parental behavior and the behavior of the
adolescent in an effort to understand the relationship among (a) the delinquent adolescent's perception of his/her parents, (b) the parents' perception of their own behavior, and (c) the therapist's perception of the parent behavior. On the assumption that the adolescent's reports of complaints about his/her family represent reliable information, it is hypothesized that the mean therapist ratings will be statistically closer to the adolescent's perception than to the mother's or the father's perception in a specified behavior setting—a family therapy session.

If the adolescent is perceiving the parent unreliably, as judged by less involved mediators, one would then see the adolescent's perceptions of parents as a possible by-product rather than a cause of his/her problems of antisocial behavior.
CHAPTER II

METHOD

Subjects

For the purpose of this study, delinquents will be defined as those young persons usually no younger than 11 and no older than 18 whose antisocial behavior has resulted in their becoming involved with the juvenile criminal justice system. They have been judged delinquent by the courts of California and are currently on a probationary status and are both in and out of correctional institutions. The acts committed by these young persons which constitute delinquency range from murder to curfew violations.

The subjects were selected from the San Bernardino County Probation Department. All subjects included in the study were on active probationary status. The age of the delinquent subjects ranged from 13 through 17, and included both males and females. The majority of the subjects had been in either a detention or correctional facility. A few were on probation for first offenses and had not been in any probation department holding or treatment facilities. Ten families were selected to serve as subjects for the family counseling sessions. The form of the delinquent's antisocial behavior was not a consideration in the selection
process, which provided the opportunity for subject selection to be random within the delinquent environment. To the extent possible, the subject families were chosen from a population in which the co-therapists had not had previous involvement with the delinquent or the family. This procedure was followed to avoid any bias on the part of the co-therapists. Of the ten families, six included both parents and four included mother only for a total of 26 subjects.

The Instrument

Scales were designed in a manner that would, hopefully, indicate each participant's perception of parental attitudes within the counseling session. The scales were developed, in part, on Becker's three dimensional model (1964) of different kinds of parental discipline. He used warmth-hostility, restrictiveness-permissiveness, and calm detachment-anxious emotional involvement. This model was chosen as a starting point for the subsequently refined scales because of its orthogonal nature. Since this study did not center around concern of parental discipline, six additional scales were added.

listen, and (9) Uptight-calm. Each scale included seven points between the two poles.

Since identical scales were used for the ratings done by the child and the self-perceptions scored by the parents, language which would be equally understandable to both was strived for.

Scales used by the child were headed My Mother's Treatment of Me in this Session and My Father's Treatment of Me in this Session. Parental self-perception scales were both headed My Treatment of My Child in this Session. Scales completed by the co-therapists were headed Mother's Treatment of Child During Session and Father's Treatment of Child During Session.

**Procedure**

Appointments were arranged by the probation officer for the subject families to attend a counseling session. It is perhaps interesting to note here that although all appointments were scheduled for the convenience of the parents, less than half actually appeared, necessitating continual rescheduling to secure ten families.

Each family participated in an hour-long counseling session with two therapists. The families may or may not have participated in this type of therapy in the past. The sessions were conducted around the reasons, as seen by the adolescent and the parents, for the adolescent's antisocial
behavior. Special attention was paid by the co-therapists to the responses and attitudes of the parents toward the adolescent. Questions were asked of the parents regarding areas in which the replies would demonstrate parental methods of discipline, household rules and expectations of the child. Upon the completion of the session, each participant (the therapists, the adolescent subjects, and their parent(s)) completed a scale designed to indicate his or her own perception of parental attitudes.

The scales were presented with a sheet of instructions to explain their completion (see Appendix). The scoring was to reflect parental attitudes only during the counseling session itself.* All participants in the session filled out their scales independently and none were given the opportunity to view the scales of the other participants.

In those instances where it was necessary for the therapists to assist any of the parties in filling out the scales, the therapists did so only after their own scales were completed.

*As the forms and the accompanying sheet of instructions were presented, it became obvious that the selection of subjects had also been random as to intelligence, both as regards children and their parents. Some were able to grasp the concept indicated by the instructions readily. Others didn't seem to comprehend even after lengthy explanations were given by the therapists.
CHAPTER III

RESULTS

The items on the perception scales were summed across all ten families. The collected data was treated by use of the student $t$ statistic. Mean comparisons were made of each therapist, and the individual family members, for the sessions in which the respective therapist participated.

The perception scales were scored in the same direction using a value of one to seven on each bipolar dimension. The value of one was assigned to the negative responses; thus, higher scores reflected more positive attitudes in the sessions.

Since each of the ten families that participated in the experiment included a mother but only six fathers, the data tables were devised to reflect the parental behavior on the basis of their sex. The comparisons of the scores were made in the following manner: therapist one vs. child, therapist one vs. mother, therapist one vs. father, child vs. mother, and child vs. father. The same comparisons were made with therapist two and therapist three.

The analysis of the data on the mothers' behavior is presented in Table 1, and that of the fathers' in Table 2.
### TABLE I
**Analysis of Mean Ratings of Mothers' Behavior**

<table>
<thead>
<tr>
<th>Therapist</th>
<th>N&lt;sup&gt;a&lt;/sup&gt;</th>
<th>df</th>
<th>Therapist</th>
<th>Child</th>
<th>Mother</th>
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</thead>
<tbody>
<tr>
<td>Therapist I</td>
<td>10</td>
<td>18</td>
<td>5.08**</td>
<td>5.50</td>
<td>5.85**</td>
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<td>4.72*, ***</td>
<td>5.72*</td>
<td>6.02***</td>
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</tbody>
</table>

*<sup>p</sup> < .05.
**<sup>p</sup> < .01.
***<sup>p</sup> < .01.

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### TABLE II
**Analysis of Mean Ratings of Fathers' Behavior**

<table>
<thead>
<tr>
<th>Therapist</th>
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<th>Child</th>
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<td>5.22</td>
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</table>

<sup>a</sup>Number of sessions for each comparison in which therapist was involved.

*<sup>p</sup> < .05.
In all six comparisons of child vs. parents, not one was significant. Contrary to the hypothesis, children saw their parent's behavior similar to the way the parents saw their own behavior.

Looking at all six means, the therapists rated the parental behavior lower than the parents rated their own behavior. The delinquent adolescents' mean ratings were somewhere in between. In particular, the mothers viewed their behavior, in general, as being more positive than did the fathers.
CHAPTER IV
DISCUSSION

Although the statistical analysis of the data led to the conclusion that this experiment did not support the original hypothesis, it is felt the subject area is a viable one and should be further investigated.

There could be several reasons for the failure to confirm the predictions. During the experimental process itself, weaknesses in the design, as well as neglected variables, became apparent.

Included in the problems encountered with this experiment was the fact that the sessions were all held in probation department facilities, apparently not the most conducive setting to achieve relaxation and honesty on the part of the subjects, either adolescents or parents. Perhaps if Ackerman's (1968) suggestion of sessions being held in the client's own home had been utilized, the sessions would have been less inhibited. The time constraint of a one-hour session for each family in conjunction with restricting the information gathered from the perception scales to only the counseling session may have limited the participants to an artificial situation.

The experiment may have provided more accurate data on
each family's dynamics if more than one family counseling session had been provided. Unfortunately, this was not feasible due to the requirements of time this approach would involve.

The nature of the experiment required that the population be randomly selected within the delinquent environment. The level of intelligence and language barriers were not taken into consideration and, consequently, there were no controls for these variables.

Of perhaps the most importance were the questionnaires themselves and the accompanying instruction sheets. Since there were no prior studies found in this area from which to draw suitable validated perception forms, the information gathering tool had to be engineered from scratch. The ultimate product proved to be confusing to all but one of the ten subject families.

Pretesting of the first form of the scales seemed to indicate comprehension on the part of the delinquent. This form was later refined and the legend for marking each of the seven points between the poles was deleted in favor of a separate instruction sheet. The instruction sheet had been designed for high school seniors and the subjects encountered problems of understanding the instructions and the relationship to the completion of their perception scales. This finding leads to the conclusion that any future study in this area should be designed to accommodate persons of low
scholastic achievement.

In the review of the literature no experiment was found that studied the problem this thesis endeavored to undertake. One study was found that had a relationship. Shah Mojallali (1972), as part of his doctoral dissertation, studied the adolescents' perception of parental behavior towards them and its relationship with sex, delinquency, and security. His experience in finding any previous studies was the same as the present study. There were none.

The problems encountered in this study lead to two implications. One is that improvements on the experiment such as controls for the aforementioned variables could be made; and two, the lack of findings may be real. The adolescent delinquents' perception of the parental behavior toward him/her may not differ from the parents' perception of their own behavior, and may not be related to their delinquency.

However, Mojallali, based on the findings of his investigations recommends:

Further investigation needs to be made in order to establish the relationship between adolescents' perception of parental behavior toward them and parents' perception of the same, and also between adolescents' perception of parental behavior toward them and parents' actual behavior toward their offspring.

Although both adolescents and parents may see parental behavior similarly, it is still possible that the family dysfunction is related to delinquency. The key may not be in
changing the parents perception of their behavior but in changing the behavior itself of all participants in the family unit. Additionally, as evidenced by the creation of family crisis counseling units, the California criminal justice system is now gradually acknowledging the possibilities that family counseling with the adolescent delinquent and his/her family may lead to a reduction in adolescent crime.

Perhaps if the area of research proposed by this thesis is continued, more insight will be gained and consequently more effective treatment techniques developed for the youngsters who are today's delinquents—and tomorrow's criminals.
The purpose of this scale is to tell us how you feel you reacted towards your child during this session. You are to rate yourself on the scale on the attached page. The form you fill out will not be shown to anyone. Please complete it honestly.

Here is how to use the scale:

If you feel that you reacted to your child either fairly or very unfairly, place a check mark as follows:

- Fair _ _ _ _ _ Unfair
- Fair _ _ _ _ _ _ _ _ Unfair

If you feel that you were quite fair or quite unfair, place your mark as follows:

- Fair _ _ _ _ _ _ Unfair
- Fair _ _ _ _ _ _ _ Unfair

If you feel you were only slightly fair or slightly unfair, check as follows:

- Fair _ _ _ _ _ Unfair
- Fair _ _ _ _ _ _ Unfair

If you feel that you were neutral on the scale, place your check in the middle space:

- Fair _ _ _ _ _ _ Unfair

It is very important that you place your check mark on top of the line. Do not put more than one check mark on each line. When you have completed the scale you will have nine check marks on your paper.
The purpose of this scale is to tell us how you feel your parent treated you during this session. On the attached pages you will find the person to be rated printed on the top of each page. Below that person there is a set of scales. You are asked to rate the person on those scales. The forms you fill out will not be shown to anyone. Please complete them honestly.

Here is how to use these scales:

If you feel that the person at the top of the page was either very fair or very unfair, place a check mark as follows:

Fair ✓ — — — — — Unfair
Fair — — — — — ✓ Unfair

If you feel that the person was quite fair or quite unfair, place your mark as follows:

Fair — ✓ — — — — — Unfair
Fair — — — ✓ — — — Unfair

If the person seems only slightly fair or slightly unfair, check as follows:

Fair — — ✓ — — — — — Unfair
Fair — — — — ✓ — — — Unfair

If you feel the person was neutral on the scale place your check in the middle space:

Fair — — — ✓ — — — — — Unfair

It is very important that you place your check mark on top of the line. Do not put more than one check mark on each line. When you have completed the scale you will have nine check marks on your paper.
Father's Treatment of Child During Session

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### My Treatment of My Child in This Session

**Father**

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### My Treatment of My Child in This Session

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My Mother's Treatment of Me in this Session

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REFERENCES


Davis, I. J., Elleson, R., & Young, R. Therapy with a group of families in a psychiatric day center. American Journal of Orthopsychiatry, 1966, 36, 138-144.


