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ABSTRACT

This paper discusses a developmental-descriptive approach to the study of children, adolescent, and adult understanding of interpersonal relationships. A study is reported which compares the level of interpersonal reasoning of children with clinically identified peer relation problems with the reasoning level of a case-control sample of better adjusted peers with similar social class, sex, I.Q. and racial backgrounds. The results of this study are discussed within the context of an attempt to integrate clinical and cognitive-developmental approaches to child and adolescent psychology. (Author)



Interpersonal conceptions in children with difficulties in interpersonal relations: toward the integration of developmental and child clinical psychology

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Introduction

For a number of years there has been a movement toward application of the methods and approaches of social-cognitive developmental psychology to the problems of child-clinical practice. Entailed in the integration of these two fields is the need for a better understanding of the relation between general social-cognitive principles applicable to all children as they develop and the specific circumstances and concerns of the individual child. Further understanding of the complex relation between social cognition and social behavior is also necessary to make progress toward the intended integration.

In keeping with this theme, we intend to discuss how a clinical comparative developmental approach can help to shed some light on this relationship. We shall report on some initial and emerging findings from a longitudinal study comparing the level of physical and social awareness of children who appear to have difficulties in their interpersonal relations with a matched sample of peers reportedly functioning more adequately in interaction with their peers.

One impetus for the design of this study can be found in a suggestion made twenty-five years ago by Fritz Redl and David Wineman⁸ in their classic essay, Children Who Hate:

The most obvious deficiency of the classical concept of the "ego" as the agent for keeping "contact with reality" lies in the lack of differentiation between physical and social reality. We have all seen children who are perfectly capable of figuring out how much weight a skating pond might carry and how far it is wise to venture onto it, and yet are unable to figure out at all "what goes and doesn't go in a

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fact, we have designed several studies to examine the relation of sonal or social cognition to cognition about physical reality, to ther Redl and Wineman's clinical intuition about the uneven physical al awareness of their wards' hypothetical egos has any empirical

t assume that each individual at any point in time functions or

at only one level across all situations or experiences.

second impetus for our research can be found in the continuation of age we have quoted above:

[However] It would be all wrong to expect [children who hate] to ow generally disturbed functioning of their ego in terms of assessing cial reality. Most of them show, in some area, not disturbance but

edl, F., and Wineman, D. Children Who Hate (Hinsdale, Illinois: ss, 1956), p. 144.

hypertropic development of this function. At the same time, they also show most severe disturbance of this same function in certain other areas, toward certain people and under specific conditions. Something like a geographic map of their distribution of social acuity versus total insensitivity would be a fascinating task for research to tackle and enormously helpful to the practitioner on all levels.*

. This idea of a geographic map of social cognition has a certain appeal for researchers who have concerned themselves with the description of socialcognitive development. However, it turns out there may be as many ways to map social cognition as there are map makers. Our own particular cartographic division has been strongly influenced by the concerns of clinical child psychologists as they have attempted to understand the social world of the child. Harry Stack Sullivan 12 stimulated us to think of the child beyond his/her intrapsychic conflicts to the social ecology of the child's developing interpersonal relationships. Both practitioners such as child therapists and educators, and research minded social developmentalists share a common concern for the child as a social being, with friends, a peer group, parental, and authority relations. The second question we have considered in the design of our research is this: can we describe the development of children's conceptions of each of these relations and subsequently study how the developmental level of each type of interpersonal reasoning relates to the experiences the child has had in each particular area, e.g., how a child's level of conception of friendship relates to the mature of his friendships.

^{*}Red1, F. and Wineman, D. Children Who Hate (Hinsdale, Illinois: Free Press, 1956), p. 145.

 A developmental-descriptive approach to the study of interpersonal reasoning

The first step in our attempt to clarify these two questions has been to describe through cross-sectional and longitudinal study, developmental changes in conceptions of various interpersonal relationships, particularly conceptions of friendship and of peer group relations, as the child matures through preadolescence to adolescence and adulthood.

We have used several procedures in our developmental analysis of children's interpersonal concepts: discussions of both real and hypothetical interpersonal problems, drawings and their interpretation, and responses to projective measures. To date we have found the richest and most reliable method to be a variation on the open-ended clinical interview. We have asked a wide age range (ages 4 to 40) of both sexes a series of semistandardized questions designed to tap thinking about various processes which occur within the context of either friendship or peer group relations. 10

For the purpose of describing developmental changes in friendship concepts for example, our method is to present an audio-visual filmstrip dilemma (or story) in which a girl/boy has been asked by a new girl/boy in town to go to a special event with her/him the next afternoon. Unfortunately, this conflicts with a long-standing date with a long-time close friend. To complicate matters, in the filmstrip or story it is made quite clear that the old friend does not like the new person in town. For younger children (ages 7-11) the actors are latency age children and the choice is a circus show with the new friend or playing together with the old. For the early adolescent subject, the choice is between a popular play with the new friend and helping the old friend with a problem. For all subjects the structure

of the dilemma and the form of questions is the same. Similarly, in studying issues important to the understanding of peer group relations we present audio visually a problem or vignette in which a youngster has to decide which of two groups to join, or in another problem, a youngster has to decide between self and group interests. Following the presentation of each problem, we ask questions to which the individual, in responding, applies his or her level of conception of various friendship or group processes. Each of these filmed problems is used as a jumping off place, from which we attempt to systematically explore not only reasoning about the hypothetical problem but also reasoning about issues of importance within each relation.

Although our approach is open-ended in the sense that we move beyond judgment about the hypothetical dilemma to the experiences of the subject, our interview procedures are standard in the sense that we feel it very important to be both comprehensive and consistent in the assessment of each individual's thinking across a standard set of issues within any particular relation. For example, in friendship relations we are interested in developing conceptions of issues which include: how and why friendships are formed, what makes for close friendships, the importance of trust and reciprocity to the maintenance of a friendship, how friends resolve conflicts, the effects of jealousy and the intrusion of others on a friendship relation, and what causes friendships to end. In examining the peer group we are looking at the developing awareness of processes in group dynamics such as group formation and termination, conformity, group solidarity and cohesion, rulesorientation, decision-making and leadership. Our interest is in the developing individual as a naive but insightful psychologist whose own theories of interpersonal and psychological relations help to shape his/her orientation to both him/her self and his/her social world. Our working hypothesis is

that levels of conceptions of each issue relevant to a specific relationship will have a certain commonality with other issues, but will be distinct enough to be worthwhile describing and differentiating.

As an example, let us attempt to characterize in developmental terms the parallel issues of trust in friendship and loyalty in peer group relations. At our starting point of Level 0 the very young child (ages 3-5) appears to equate trust in friendships with physical capabilities. For example, Alan, age four, said of course he trusted his best friend Eric. When asked why, Alan said, "If I give him my toy he won't break it . . . He isn't strong enough." At Level 1 children around the ages of 5 to 8 realize that it is intentions and not just physical abilities which determine whether a friend is trustworthy. But trust is still a one-way street: children reasoning at this level equate trust in friendships with getting a friend to do one's bidding. For example, one five year old told us, "You trust a friend if he does what I tell him." At about an average age of eight to ten children reach a second level, trust is seen as an equalizing reciprocity between the selfinterests of two friends. For example, one nine year old said, "Trust means if you do something for him, he will do something for you." Usually by early adolescence, a third level of conceptions of trust in friendship emerges, a belief in the consistency of a friendship through "thick and thin." Trust is not merely fair exchange, but a sharing and helping of one another's intimate and personal concerns. For example, one thirteen year old said that trust in friendships is "When they can get it off their chest if they talk to you; things that are going on in your life and in the other person's life." By late adolescence a fourth level of conceptualizing trust emerges, one which rests on a view of friendships as an on-going process where trust means an openness-to-change and growth-as-well-as-stability in a relationship.

college student said, "Trust means that you got to grow to let your friend grow. The more you hold on, the less you have. You have to have confidence in yourself as a good friend, then you'll have trust in your relation."

The levels of loyalty conception in peer groups partially parallel those of trust in friendships. At Level 0, the child sees a member's loyalty to a group as purely a matter of physical proximity. One five year old, when asked how one keeps someone in a group, said, "You have to all hold hands to keep them together." At Level 1, the child becomes concerned with winning the hearts and minds of fellow members, but there is still the limitation that group relations are one-way. Loyalty, as one eight year old told us, is "always doing what you are told, 'cuz they can kick you out of you don't"; a kind of unilateral obedience to the dictates of the leader or other members. At Level 2, the child sees the peer group as held together by a series of equalizing "deals" and "friendships" aimed at benefitting the parties Group loyalty is seen as an exchange of favors (teamwork) or interpersonal relations of "liking each other" extended in a stepwise fashion to other members of the peer group. When we asked one nine year old if loyalty in clubs was important he said, "Yes, because if he is loyal he can get like partnerships with a lot of guys. Like if he was loyal he could get a lot of kids around and they would start a club by being nice to one . another."

At Level 3 the group is seen to be an abstract social system or community bound together by shared or mutual values. Loyalty in groups is seen as an individual's contribution to an ongoing communal whole, a kind of all for one loyalty. As one twelve year old told us, loyalty is a matter of "faith in the group . . . you try for your group, don't ask the group to do, do what you can for your group. If everyone depended on the group, there wouldn't be no group."

At Level 4 members of a group are seen to exercise free choice, but there is an awareness that the collective goals of the group call on each individual to sacrifice a certain amount of his individual liberty for the interests of all. Loyalty is seen as a contractual agreement to relinquish one's personal pursuits for the sake of collective goals of the group. One post-collegiate subject told us, "Loyalty is to the unity of the group, that means each member is willing to make a sacrifice for the good of the group. Sacrifice of himself."

These two descriptions of issues within friendship and peer group relations illustrate the "same but different" relationship of one sequence to another. Underlying a particular level of trust in friendships and group loyalty is a parallel cognitive structure. For example, in both trust and group loyalty at Level 2 the orientation appears to be toward exchanging self interests or a "pay-back" system. At Level 3, trust implies an ongoing dyadic relationship, whereas loyalty similarly is concerned with the group as a stable social system above and beyond its particular subrelations. But given this underlying cognitive similarity, developmental descriptions of peer group and dyadic friendship concepts each represent a unique set of social experiences to the child which makes each sequence slightly different. And because the conceptualization of these different issues does rest on different or at least overlapping experiences, children may often function on different levels for different issues, e.g., Level 3 on trust in friendships and Level 2 for loyalty in groups. By systematically continuing this type of developmental-descriptive analysis across issues and across relationships, one can compile a fairly detailed "social geographic map" describing developmental levels of interpersonal awareness.

Using this approach it is possible for certain research purposes to quantitatively arrive at a global "level of interpersonal reasoning" score averaged across each relation. 10 Alternatively, it is possible, for both clinical purposes and research, to maintain the independence of each relation and issue in keeping with Red1's suggestion that what is needed is a geographic map of social acuity. In the following section of this paper we will describe some findings using the first approach in a clinical/comparative study of children with poor peer relationships. In the subsequent section we will point to some possible applications of the second.

 A clinical/comparative approach to the understanding of the relation between interpersonal and physical reasoning.

Summaries for referral to schools for children with interpersonally and emotionally based learning problems from which our clinic sample is drawn, regularly include symptom complaints such as "poor peer relations," "has no friends," "plays only with younger children," "can't get along in groups." Of the 18 children actively evaluated for intake in one such school the year our study began, 15 were reported to have major problems with peer relations. Although the reasons for these difficulties varies, and these were not the only "symptoms," the complaint still runs common.

One hypothesis that can be posed is that children who have experienced inconsistent or disruptive interpersonal experiences, and who make ifest difficulties in their peer relations might not develop through this particular domain of reasoning as steadily as children with more consistent, dependable, and mutual relations with friends or in groups. Children with such primary peer relation problems but without indications of psychotic or gross organic symptoms comprised our clinical sample. Twenty-four children from this population between the ages of 7 and 13 were selected and individually matched

with a peer of the same sex, race, socio-economic level, psychometric intelligence score (within 10 points) and chronological age (within 4 months) from the public schools who through both teacher report and observation gave no indication of severe difficulties in peer relations. A battery of interview measures were used to assess each child's level of thinking on various Piagetian logico-physical problems and on our interpersonal problems and issues interview.

The statistical analysis (see Table 1) of the performance levels for each area of reasoning in the first year of our longitudinal study (1973-74) suggested that children in this special school, as a group, did no less adequately on Piagetian type tasks of logico-physical reasoning than did their public school peers. However, on tasks assessing reasoning about interpersonal relations and the resolution of interpersonal problems, the matched sample performed at significantly higher levels than did the clinic sample. Il A preliminary analysis of a two year longitudinal follow-up of these children indicates these results have been replicated.

Insert Table 1 about here

It also bears mentioning that there were some interesting patterns within the clinic group itself. Although the performance of this group on the interpersonal measures was significantly lower than that of the matched group, this was not true of all the children in the clinic school population. Some did as well or better than their matched peer. However, if a child performed at a very low level of interpersonal reasoning relative to normative age level (e.g., two or more levels behind) then chances were significantly high that this subject would be from the clinic population. In these results can be interpreted to mean that children with average or "normal" levels of social cognitive awareness for the age may act maturely or immaturely; in

this study we could not predict which with any reliability. However, children who do lag far behind their peers in social cognitive awareness are very likely to have difficulty in relating to their peers. For example, the four-teen year old who still defines a friend as "someone who does what he wants him to do" is very likely to have a great deal of difficulty relating to other average fourteen year olds who see a friendship as based upon mutual helping with personal problems. Nevertheless, an adolescent may be able to clearly see this mutuality of friendships and for a variety of other reasons have difficulties in relating to peers. From this perspective, an adequate level of interpersonal awareness appears to be a necessary condition but not a sufficient one for getting along with peers.

It appears, then, that if we are to draw any more specific clinical inferences from our research, we must move beyond the analysis of comparisons across clinical-comparative samples, to the analysis of reasoning patterns within each individual. Undertaking such an analysis requires the assumption that, just as with the developing conceptions of loyalty and trust, levels of physical and social cognitive reasoning can be viewed as developing in parallel forms (see Table 2).

Insert Table 2 about here

A closer comparison of developmental patterns within individual children in the clinic sample, i.e., within the sample of children already identified as having extraordinary interpersonal difficulties, leads to some possible but still speculative relations between reasoning pattern and broad behavior categorizations. Patterns of reasoning within individual children in this clinic sample can be roughly divided into three types: 1) those who do well on both logico-physical and interpersonal cognitive measures; 2) those who do well on the logical measures but poorly on the social cognition

tasks, and 3) those who do poorly on both. (A fourth pattern--low logicophysical cognition-high social cognition--is also theoretically possible, but not evident in our data.) We are currently examining the behavioral and learning correlates of each of these "types." Observed trends which are being systematically investigated are the tendency of the high-high child in the clinic sample to exhibit more neurotic learning disability symptoms, the child with age normative physical-cognitive but immature social reasoning is more likely to be an impulsive aggressive or so-called "acting out" child, and the child who is developmentally lagging in both areas tends to be primarily "retarded" /in a general cognitive sense, regardless of his or her manifest social behavior. Of particular interest to us is this middle group; the socalled high cognitive-low social or "disquilibrated" child. An example from our clinical experience may be helpful. * One sixteen year old teenager with whom we have been working, we will call him Tommy, has a history of severe · Two years ago Tommy often hid beneath his desk for fear social deprivation. of his peers and teacher. But ever so slowly with encouragement from the staff Tommy has begun to develop his social skills. First he formed a close bond with his teacher, but one based almost completely on a unilateral, or one-way relationship, similar to that of a much younger child. Next Tommy developed his first truly close friend, one who also lagged in social development. The structure of this friendship is extremely interesting, since it shows the basic perspective of a cognitive-developmental approach. Tommy's first close friendship, coming nearly 8 years behind schedule, was not based on what we usually find among our normal teenager sample, sharing personal féelings and establishing a common bond. No, Tommy's first friendship was structurally similar to that of an 8-10 year old. The topic: playing with and sharing toy trucks. But meanwhile in his intellectual abilities as related to physical reality, Tommy never suffered a developmental lag. He

¹⁴

functioned near or at the level of physical cognitive development to that of his peers, formal operational thought. Although there may be a structural parallelism between thinking of friendships as a system based on shared feelings and a common bond and the ability to think of physical relations in terms of abstract formal operations, in Tommy's mind, and in his actual social experiences, there exists an extreme depression of that ability in the social realm. Our longitudinal analysis indicates that Tommy was going through the same sequence of interpersonal levels as any of the children we have assessed, but much more slowly within the social realm. It is in this sense that our approach picks up on Redl's geographic map analogy. While such descriptions are incomplete and somewhat speculative, basic research in this area may eventually lead beyond nosology to a more precise developmental diagnostic perspective.

3. Social reasoning-social behavior: social and clinical implications.

The final issue which we would like to touch upon is the value to psychology in general of the relatively fine grained descriptions of social concepts within a developmental framework.

In recent years we have witnessed the elaboration of a number of related and sometimes overlapping developmental descriptive analyses of reasoning about a range of social and moral aspects of human relations—moral judgment, 6 social conventions and mores, 13 social concepts, 2 interpersonal awareness, 11 conceptions of mind, 1 conceptions of societal rules, norms and organization, 4 etc. This generation of a potentially endless shopping list of developmental descriptions of contents or categories of social experience raises the question of the psychological payoff of such a strategy. Suppose we find in subsequent research that these social concepts emerge in close or lockstep synchrony with one another. While this would be strong support for the

developmental postulate of structured wholeness of social cognition, it would somewhat negate the psychological value of each individual analysis except as interesting logical descriptive exercises.

On the other hand, if it can be shown that although developmental stages or levels in each area are logically related to one another, that within the individual there are behaviorally meaningful variations in level of achievement across domains of reasoning, then this topographic descriptive analysis may be very important for the fields of social, clinical, and educational psychology. In light of some of our own findings on the relation of physical and social cognition in both normal and disturbed children, we take the position that such relatively fine-grained descriptions of social concepts are potentially useful to both the social psychological understanding of the relation between social reasoning and social behavior, and to the clinical understanding of normality and pathology.

It would seem that social, developmental, and clinical psychologists interested in the relation of social cognitive development to social behavior might better match the social psychological processes they are examining with the assessment of the individual's level of awareness in that particular area. For example, studies of children's developing conformity, friendship, or distributive justice behavior need to consider these social behaviors or processes in relation to level of conception of conformity, friendship or distributive justice, not to overly broad and general cognitive systems such as Piagetian stages or Kohlberg's moral stages (cf.).

As Redl suggested many years ago, we are beginning to find in the real world neither the absolute structured wholeness of thinking across all of reality, nor the other extreme of associationist situation specificity of reasoning level. We are finding that although not all over the developmental

map a child may be at one level in his/her thinking about how to make friends, and at a lower level in how to keep them, or how to relate to a group. We hope that future studies will eventually be able to further clarify how these social cognitive patterns relate to behavior and hence lead to the further integration of developmental approaches to clinical-child and social psychology.

Table 1

Two-way analysis of variance: group (clinic vs. match) by age (7-12) for each reasoning domain

Variable		F	p < than	d£
	Hypoth	esis l - cl	inic/match dif	ferences
Logico-physical		3.2	.07	1 x 36
Interpersonal	e potential and the second	12.49	.001	
	Hypoth	esis 2 - ag	e differences	
Logico-physical		4.4	.002	5 x 36
Interpersonal		5.0	,001	
	Hypoth	esia 3 - in	् teraction, gro	ıp x age
: Logico-physical		.21	.95	5 × 36
Interpersonal		.59	.70	

Table 2

A structural-developmental system of levels of logicophysical and interpersonal reasoning

X	lag	zet	Co	gui	tiv	'e	Lev	el	•
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	100	(1	ogi	co-	phy	si	cal	.)	

MA - intuitive preoperational

1B- transitional preoperational/concrete

2A- concrete operational

2B - transitional concrete/early formal

3A/3B - early and consolidated formal

Interpersonal Level

0 - quasiphysical relationships

1 - one-way relationships

2 - reciprocal but contextspecific relationships

3 - mutual relationships

4 - interdependent relationships

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