A Developmental Explanatory Model of Maladaptive Aggressive Dispositions in Urban African American Adolescents

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Abstract
The primary objective of this model is to deepen the understanding of clinical mental health professionals and intersecting intervention institutions working with urban African American youth on problems related to maladaptive aggressive behavior. Through a combination of neurobiomarkers and novel psychosocial mechanisms, a developmental explanatory model is proposed that explains a substantial portion of the theoretical variance in maladaptive aggressive behavior. Specific temporal and contextual cofactors are shown in a developmental perspective that may exacerbate maladaptive aggressive dispositions with urban African American adolescents who reside in at-risk environments.

Keywords
aggression, maltreatment, neurobiological, developmental

The disposition or the susceptibility toward maladaptive aggressive behavior is multifaceted. According to Connor (2002), maladaptive aggression is behavior that, by virtue of its intensity, frequency, and/or duration, is not adaptive for the individual, is out of proportion to the usual eliciting environmental precipitants, and violates societal rules. Perhaps the most clear-cut exemplar of maladaptive aggression is homicide. More than one in four juvenile homicide offenders reside in 8 of 3,139 counties in the United States corresponding to the nation’s largest urban areas, including Chicago, Los Angeles, Houston, New York, Baltimore, Detroit, Philadelphia, and Dallas (Sickmund, Snyder, & Poe-Yamagata, 1997). In 2002, the U.S. Bureau of Justice Statistics reported that African Americans of any age were 6 times more likely to be murdered than Whites. A total of 60% of deaths for 15-year-old African American adolescents are due to homicides. For the last three decades, maladaptive aggression has been reported as the leading cause of death for African American youth aged 15 to 24. The notion that every American teenager goes to school with a classmate who is troubled enough to become the next killer (Garbarino, 2000) seems surreal. Moreover, among inner-city African American youth, males were 2.6 times more likely to die from gunfire than White males. In fact, young Black males and females are 11 and 4 times, respectively, more likely to be killed than White youth. The Center for Disease Control and Prevention reported that in any 30-day period, 28% of males attending high school carry a potentially lethal weapon around with them as they go about their business in the community. Equally unsettling is the fact that African American adolescents are more likely to be perpetrators and victims of violent behavior(s). For example, from 2002 to 2007, the number of homicides involving African American male adolescents as victims surged by 31% and as perpetrators by 43%. The aforementioned predicament of African Americans underscores the need for theoretical exploration of and empirical commitment to our understanding of such distressing reality. Thus, we sought to develop an explanatory model of the novel factors that lead to a disposition of maladaptive aggressive behavior within urban African American youth in “at-risk” conditions.

That African American youth are disproportionately over-represented in the judicial, mental health, and correctional systems for aggression-related issues are also symptoms of a broader and deeper health concern. Part of this concern is related to African American males’ failure to adapt in ways that support and achieve orderly growth and development resulting in their characterization as pathological and dangerous (Johnson, 2010). African American young men incur homicide victimization risk 5 to 25 times their representation in the population. Although African Americans constituted only 13% of the population in 2005, they were victims in 15% of nonfatal violent crimes and 49% of homicides. Epidemiological data indicate that African Americans comprise more than 50% of the state and federal inmates. In addition, in 1998, African Americans accounted for more than

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50% of inmates jailed for violent offenses, including murder, manslaughter, rape, other sexual assaults, robbery, and other criminal violent acts (Bureau of Justice Statistics Bulletin, 2000). The largest growth in state inmates between 1990 and 1998 was among violent offenders. During this 8-year period, the number of violent offenders accounted for 51% of the total growth (Bureau of Justice Statistics Bulletin, 2000).

Data from the Federal Bureau of Investigation uniform crime reports reveal that juveniles less than 18 years of age commit 20% of violent crimes. Although children under 13 rarely commit murder by middle adolescence, murder and manslaughter rates increase 10-fold for youths 14 to 17 years; unfortunately, by late adolescence and young adulthood, the rates more than double again (Maguire & Pastore, 1995). According to Maguire and Pastore (1995), the sharp increase in juvenile rates of murder and nonnegligent manslaughter offender appears to be largely accounted for by the increase in Black male teenage and young adult maladaptive aggression. The threats of predator and relationship maladaptive aggression are so prevalent that many urban adolescents feel that their survival may be linked to carrying a weapon for protection in their neighborhoods and schools. Indeed, Garbarino (2000) reports that almost every teenager in America attends school with an adolescent who is troubled enough to become the next killer. Research by Maguire and Pastore (1995) indicates that one third of all high school seniors have expressed the fear of victimization at school and at least 6% reported carrying a gun to school.

Although there have been mixed reports that lethal maladaptive aggression among teenagers periodically declines, there are several reasons for continued concern. First, in 2010, a violent crime was committed every 25.3 s, including murder, forcible rape, and aggravated assault. African Americans are disproportionately represented in each of the four indexes as perpetrators and victims. Furthermore, research suggests that children and adolescents who commit violent acts today are likely to continue these behaviors until they reach 40 or 50 years of age, thus increasing the overall rate of maladaptive aggression in the United States (Farrington & West, 1993).

Young offenders who commit violent offenses often bring with them a set of subcultural attitudes and beliefs, including the idea that maladaptive aggression is an acceptable means of conflict resolution (McCorkle & Miethe, 2000). With the pendulum presently swinging away from rehabilitation and toward incarceration, there is likely to be an increase in violent youth offenders within this population (Earls, 1994; Melton, Petrila, Poythress, & Slobogin, 1997; Poussaint & Alexander, 2000). This is particularly troubling for African American adolescents because as criminal sentencing becomes increasingly punitive, racial disparities in sentencing seem to become significantly more pronounced. As the majority of young African American violent offenders come from poor, inner-city neighborhoods where they are isolated from conventional opportunity, these youngsters will most likely return to these same communities. These individuals will revisit their communities only to find the same or often worsened community ecologies that existed on their departure. Regrettably, the success of their reintegration within the community is likely to be compromised by exacerbated negative attitudes and behaviors learned in detention sites. To date, no valid empirically supported evidence has been published that demonstrates that urban African American youth with violent predispositions who have been housed in detention facilities will return to their previous environments with pleasant, rehabilitated, nonviolent characters, or proclivities.

The psychological literature on aggressive behavior among urban African American adolescents has provided limited insight into the diathesis underlying the trajectory of maladaptive aggression for this population. This may be a result of the literature’s tendency to focus on a commitment to or exploration of the social output of African American male violent behavior with an exclusion of the developmental neurobiological input of their childhood. This approach fails to consider that we are the sum of neural possibilities as well as cultural life experiences. Consequently, we do not yet have a cogent model on the nature of contemporaneous biopsychosocial features in the origins of young Black male predispositions toward maladaptive aggression.

Considerable conceptual and instrumental resources have been devoted to understanding predictive markers or risk factors of violent behavior, although there is no standard clinical nosology for violent behavior. Generally, the findings reveal that the characteristics of violent adolescents include an early onset of delinquency or maladaptive aggression (Broidy et al., 2003; Moffitt, Caspi, Dickson, Silva, & Stanton, 1996); constant involvement in varied and serious delinquent acts (Loeber, Farrington, & Waschbusch, 1998); deficits in social-cognitive abilities and difficult temperaments, and organically damaged attention processes (Coie & Dodge, 1998; Lochman & Dodge, 1994); dysfunctional family relations, poor discipline styles, and inadequate supervision (Gorman-Smith, Tolan, Loeber, & Henry, 1998); and negative adolescent peer association (Thornberry, 1998). Other theoretical frameworks of African American maladaptive aggression have included themes of disputatious Black subculture (Lunkenbill & Doyle, 1989) poverty and inequality (Blau & Blau, 1982), negative images of Blackness (Comer & Poussaint, 1983), compulsive masculinity (Oliver, 1994), and underdeveloped ego and racial identity (DeCarlo, 2001). Another area that offers tremendous promise as one of the explanatory variables that predisposes and in some cases sustains adolescent’s propensity for maladaptive aggression is neurobiology. However, neuroscience findings are rarely evoked as a domain of prominence in expounding on causal factors of aggression. This is perhaps owing to the notion that behavioral neuroscience foundations are too fine grained to be pertinent to large-scale psychosocial problems; however, this askance may be misplaced.
The Model

That early life events have an inordinate influence on subsequent behavior is a fundamental cornerstone in the study of developmental science. Accordingly, this model is built on the premise that no single cause may be either necessary or sufficient as the determining factor of maladaptive aggression. The behavior conceptualized as maladaptive aggression includes physical force applied on another individual so as to cause harm, cruelty, or injury. Indeed, the primordial matrix for a personality at high risk for violent behavior is a host of early life deprivations based on type, duration, and timing of deleterious developmental events. The model is not necessarily developed to create a new integrative theory of cognitive, neurobiological, and psychological tenants, rather it is formulated using selected components of aforementioned processes that cumulatively lead to an emergence of a disposition toward maladaptive aggression behavior.

Conceivably, the different factors interact and supplement each other; thus, the externalizations of aggressive behavior represent those factors combined over time. These factors are somewhat artificially isolated here and may be theoretically represented as maladaptive aggressive disposition (MAD) that is a function of childhood experience (CE) over time (T), $MAD = \frac{f(CE)}{T}$. Although we acknowledge that maladaptive aggression is a function of our differential receptivity to environmental stressors based on their fit with the individual’s inner state, we contend that in some cases the environmental risk factors can and often do exert an overpowering force on the individual, thereby yielding responses within small behavioral repertoire of aggressive outcomes. The daily life conditions of many urban African American adolescents predispose them to an inordinate magnitude of personal and familial threat. As a result, their emotional state is on constant alert. These conditions coupled with the fact that children’s and adolescents’ decision making is based on emotions more so than rational thought place them at a greater risk for engaging in aggressive behavior. Accordingly, what unites the youth represented by this model is that certain risk factors narrow the degrees of freedom subsequently available for normative developmental outcomes.

Each of the moderating risk variables in the model shown in Figure 1 (neurobiological, executive function, milieu incongruence, psychological impact, and developmental nihilism) is positioned under the age range at which they are likely to present the greatest threat. Specified subcomponents are highlighted beneath each risk constellation.

Infancy Neurobiological Risk - Traumatic Experiential Acute Response State (Tears; 0-3 years)

Abuse, neglect, and fear. The years of infancy are inimitable in that they are windows of vulnerability to traumatic maltreatment experiences caused by actual neglect and abuse, or the threat of the next maltreatment episode, often manifested by a state of fear. There is a great deal of overlap on the neurobiological impact of abuse, neglect, and fear, which is why its behavioral concomitants are often but not always indistinguishable. Thus, they will not be separately examined here; rather, they are considered based on their pervasiveness in concert. In fact, Lipschitz, Rasmussen, Anyan, Cromwell, and Southwick (2000) found that more than 90% of children seen in an inner-city pediatric clinic had experienced traumatic exposure. Unfortunately, children 0 to 3 years of age are most at risk for witnessing and experiencing domestic maltreatment more than other age groups because they are in the home with the primary caregiver more often than older children. Neglect, abuse, and fear share emotionally painful commonalities based on negative harmful conditions that are outside the context of normal interaction.

Identifying the trajectory of behavioral and emotional neurobiological underpinnings for early childhood maltreatment is still in its infancy phase. However, research in neurobiology has revealed that multifaceted behaviors such as aggression involve dual inputs: one from the internal world and one from the external environment. Thus, to provide a deeper and broader scope of the issues involved in African American male maladaptive aggression, we also invoke the central tenets of neuroscience, that is, “all behavior is a reflection of brain function” (Kandel, Schwartz, & Jessell, 1991). Hence, the social milieu of infants is inextricably tied to the central nervous system. Accordingly, experience is meaningless until it is translated into the molecular language of the brain. The emotions that are ingrained in brain chemistry that are instrumental in impulse control are established during the first 3 years of life. Neurophysiological and biochemical interactive processes instruct the child on how to respond to perceived peace or painful stimuli. When the developing brain is exposed to frequent intense maltreatment stimuli, a traumatic experiential acute response state (TEARS) emerges during the incident. Throughout infant TEARS, the brain becomes overwhelmed with intense neurochemical exchanges capable of massively and in some instances permanently disrupting the equilibrium of the newborn’s neurologic and associated major functional systems.

When infants are not in homeostatic balance or are emotionally dysregulated (e.g., they are distressed), they are at the mercy of these states. Until these states are brought under control, infants must devote all their regulatory resources to reorganizing them.

While infants are doing that, they can do nothing else (Tronick & Weinberg, 1997).

This is especially dangerous during the sensitive period of the brain’s neuronal-systemic growth and development because these TEARS conditions are likely to become neural imprints. This is one pathway in which early infant
experiences mediate socioaffective functions later in life; specifically, brain structures instrumental in interpretation and production of vital emotional output become reorganized to accommodate infant distress. Abuse, neglect, and chronic states of distress lead to an overrunning of synapses in the right orbitofrontal cortex, leaving the infant with impaired emotional modulation and regulation in response to stress (Shore, 2003).

A small subset of behavioral outcomes owing to TEARS could include increased physical arousal with an exaggerated startle response, emotionally numb night terrors, heightened new separation anxiety, difficulty sleeping, and delayed language development. Other short-term affects include episodes of “posttraumatic play” in which a child repetitively relives the events of a traumatic experience through a reenactment, detail by detail, devoid of the delight that may be observed during regular play behavior. Although the assessment of trauma in infants is still developing, the best appraisal for TEARS symptomology involves a comprehensive multi-informant assessment, including interviews of primary caregivers and others such as day care personnel. Symbolic play is another assessment and diagnosis tool for infants exposed to TEARS symptomology (see Coates & Gaensbauer, 2009; Gaensbauer, 1995, 2002, 2004; Scheeringa & Gaensbauer, 2000, for review). In addition, instruments such as the diagnostic classification of mental health and developmental disorders of infancy and early childhood (0-3; Zero to Three National Center for Infants, Toddlers, and Families, 2005) can assist mental health professionals in the detection of infant numbing, increased arousal, and fears of aggression.

Although the neurobiological manifestations of infant TEARS has yet to be comprehensively chronicled, research with closely related phenomenon has demonstrated parallel affects. For example, in a study of adolescents, Teicher et al. (1997) found abnormal electroencephalogram readings in the frontotemporal or anterior regions in the brain of nearly 43% of adolescents with a history of early childhood psychological abuse, as compared with 29% of patients who had not been abused. In a similar study, Ito et al. (1993) found that children who had been psychologically abused or neglected exhibited abnormalities in the left temporal region. This lends tentative support for the hypothesis that early maltreatment alters brain development, particularly limbic structures.

The migration of neurons, formation of synapses, and the multifarious interplay among transmitters, hormones, and receptors in the human brain are fundamental mechanisms underlying one’s response to the environment. Controlling maladaptive aggressive tendencies requires a nervous system fittingly in sync with the immediate social-milieu demands. When the neural machinery governing the emotional and cognitive input–output system is dysregulated by early maltreatment, the individual is placed at a profound disadvantage. In the context of child chronic maltreatment, the youngster’s interpretation of environmental cues differs markedly from a child with an unremarkable psychological history. Persistent environmental deprivation of proper treatment may lead to underdevelopment in cortical, subcortical, and limbic areas in the brain. Hence, any spontaneously evoked emotional reactions could be modulated by an underdeveloped regulatory system, predisposing one’s internal motivational states toward maladaptive aggressive dispositions. Thus, the variations in TEARS individual differences is also a function of severity, frequency, and chronicity as well as age, gender, and temperament factors. For instance, maltreated infants not only show anger earlier than nonmaltreated children (Gaensbauer & Hiatt, 1984; Sroufe, 1983) but also demonstrate a greater propensity to attribute negative intent to others (Shipman & Zeman, 2001). In concert with these findings, the neurobiological correlates of maltreatment are

| Developmental phase | Infancy 0-3 years | Early childhood 3-7 years | Pre-adolescence 8-12 years | Mid adolescence 13-15 years | Late adolescence 16-19 years |
|---------------------|------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Moderating Risk Variables | Neurobiological (TEARS) | Executive Function | Milieu Incongruence | Affect Impact | Developmental Nihilism |
| Abuse | Theory of Mind | Negative Orientation Toward Education | Attachment | Resource deprivation |
| Neglect | Behavior modulation Process | Father Absenteeism | Depression | Hopelessness |
| Fear | | Envy | Meaninglessness |

Trend is likely to recycle after late adolescent individuals become parents.
necessarily situated at the core of the current proposed theoretical framework.

**Early Childhood – (3-7 Years) Executive Functions**

Executive functions represent a cognitive response-driven mechanism based on behavioral sequels of thought–emotion–act reactions to psychosocial environmental cues that require the application of behavioral modulation processes in general and inhibition control in particular. These systems develop in complexity and precision over time, but impairment vulnerability of executive functions is most sensitive during preschool years. The development of executive brain functions is crucial to normative cognitive abilities but can be compromised by exposing the preschoolers’ brain to stress-related circumstances. Some of these conditions are prominent within single-parent families. This does not mean that single parents by nature use poor parenting. However, single parents tend to be exposed to higher individual demands and subsequent family challenges that can severely affect the cognitive development of their children. Research by Sarsour et al. (2011) has clearly indicated that children from single-parent homes showed significantly weaker performance of executive function tasks than those who were from two-parent homes with similar backgrounds.

There is evidence that children who have been exposed to stressors have significant difficulty with executive function tasks essential to problem solving such as learning, memory, reasoning, and attention (Beers & De Bellis, 2002). Children with interrupted or underdeveloped executive functioning tend to show a greater propensity for aggressive behavior. The vital skills of executive functions development occur in a phase in which progressive significant improvements are observed with respect to the child’s ability to mentally switch between tasks, hold and manipulate thoughts, and modulate behaviors (Séguin & Zelazo, 2005).

The executive functions ability that allows children to accurately sort and respond to nonthreatening environmental cues can be severely impeded in maltreating environments that cause a child to be preoccupied with related threats. Thus, children with impaired executive functions tend to struggle with inhibitory control (Dowsett & Livesey, 2000). Consequently, they may consistently react aggressively to others because of their constrained ability to plan and predict the outcome of their aggressive behavior. This condition requires inordinate investment of time and energy leading to a heightened state of vigilance in anticipation of the next TEARS event. As a result, the attention processes necessary for correct social environmental appraisals may yield biased and/or distorted responses to nonthreatening events.

**Theory of mind (ToM).** The interpretation of environmental cues relative to the mental states, intentions, desires, and beliefs of others is known as the ToM (Premack, Woodruff, & Kennel, 1978; Zelazo, Qu, & Müller, 2005). The ToM is cognitively activated at approximately 36 months of age. Researchers have suggested that ToM development is facilitated by executive functioning mechanisms (Carlson & Moses, 2001; Sabbagh, Xu, Carlson, Moses, & Lee, 2006; Zelazo, Carter, Reznick, & Frye, 1997).

The excerpt below provides an example of ToM:

A young girl was shown a box of crayons and asked to guess what was inside. She guessed correctly and said “crayons.” The box was then opened and revealed that, instead of crayons, there was paper inside. Next, she was told that her father was going to be invited into the room and asked what she thought her father would say was in the box. Unable to separate what was in her mind (based on her experience) the little girl stated that her father would think there was paper in the box.

The development of ToM is extremely important in a child’s ability to detect the thoughts and desires of others. Hence, if a father is attempting to discipline a child, she is unable to individuate what is in her mind from what is in the mind of others relative to giving directions and instructions, the child will have difficulty internalizing she needs to alter his or her thinking and/or behavior. When the child is not able to adequately reflect on the content of one’s own and others’ mind, she will struggle with mastering tasks that require these perspective-taking abilities. Impairment in a child’s ability to accurately interpret the mental states of others makes it more challenging for the child to incorporate the directions of primary caregivers and/or other figures of authority. Thus, the prompt development of ToM is a critical cognitive resource that facilitates the acquisition of knowledge, skills, and abilities necessary to competently navigate through inherent social demands of early childhood. The exposure to and outcomes of maltreatment often compromise ToM development causing distortions and delays in tasks of executive functions, including those associated with ToM processes. Moreover, research has shown that children in this developmental phase, who present with a history of physical and emotional abuse, have demonstrated decreased learning capacity (Chugani et al., 2001) and arrested development of ToM (Cicchetti, Rogosch, Maughan, Toth, & Bruce 2003).

**Behavior modulation.** Another important executive function component that will be affected by early childhood maltreatment is the behavioral modulation process. The behavioral modulation process’ functional mechanism is centered on the internal, prereceptive course toward signals from psychosocial stimuli rather than the outcome of this input. More specifically, the modulation process is the intermediary phase between psychosocial stimulus and subsequent behavioral reaction. In an environment of child maltreatment, the psychosocial stimuli are mismodulated relative to conditions requiring performance or conduct adjustments in proportion to the input from one’s social milieu. The series of actions or
the modulation process involves paying attention to and thinking about the response, prepotent or otherwise, to another person’s behavior. However, frontal brain development subserves the ability to process natural response to psychosocial stimuli and may be compromised owing to TEARS occurrences.

Under normal conditions, precocity during toddlerhood becomes more salient over time, as represented by children’s increased proficiency at generating, employing, and appraising diverse strategies for cognitive-task performance. However, TEARS events systematically interfere with normative development of executive functions in depreciating ways depending on the intensity and chronicity of TEARS experiences. Consequently, the relations between antecedent psychosocial environmental conditions and actions or inferences may be impaired.

**Pre-Adolescence- Milieu Incongruence (8-12 Years)**

An indirect but prominent contributor to maladaptive aggression for African American adolescent boys is milieu incongruence, which may be viewed as a version of the strain theory. Strain theories suggest that criminal activity, including maladaptive aggression, is a function of a disjuncture between aspirations supported by the dominant culture and the legitimate resources to obtain them (Bruce & Roscigno, 2003). DeCarlo’s (2000) concept of “milieu incongruence” is one that parallels the aspects of the strain theory but is particularly related to primary caregivers and the African American adolescents. In the case of milieu incongruence, a clash is promulgated between vocational/occupational achievement possibilities for African American youth that occurs when primary caregivers impart messages of limitless success potential against the demands of their immediate urban environment, which fails to provide adequate supportive evidence that the adolescents can realistically effectuate their goals. Accordingly, African American students may not feel the need for or motivation to continue with formal education due to its linkage to limited conventional occupational prospects. Thus, vocational dreams are deferred, and the emergence of the mutually reinforcing relationship between unconstructive orientation toward formal education and marginal occupational prospects are accepted as bedrocks for their future. As a result, other avenues of fulfilling the self-concept needs become more appealing in the form of earning respect, status, and honor by embracing the “street code” that extols maladaptive aggression. Unfortunately, African American young men without a high school education have a homicide rate 5 times greater than those entering college (Williams & Jackson, 2005). Aggression may be adolescents’ attempt to cope with the depressive tendencies (Knox, King, Hanna, Logan, & Ghaziuddin, 2000; Pliszka, Sherman, Barrow, & Irick, 2000) and to overcome feelings of weakness and powerlessness (Poussaint & Alexander, 2000). Milieu incongruence is the first psychological step in weakening the resiliency of many African American youth while strengthening the temptation to abandon aspirations and engage in morally unacceptable means in satisfying the budding self-efficacy needs. Thus, for many African American adolescents, the investiture into the primary developmental task of early adolescence is marred by a poignant uncertainty about their future.

**Absent fathers.** The depth and impact of absent fathers on the psychological well-being of their children is still emerging in the professional literature. Research has shown that father involvement has been inversely related to their children’s level of aggression and antisocial behavior (Carlson, 2006; Rodney & Mupier, 1999). Homicide offenders are more than 2 times as likely as other violent offenders to have a conduct disorder diagnosis (Loeber et al., 2005). The preteen years focus on a gradual moving away from dominate parent-directed behaviors as the youngster becomes anchored in constant social comparisons with peers driven by a profound need for acceptance that feeds their self-esteem. The cognitive and motivational underpinnings of early adolescence are mediated primarily by gratification as opposed to a measured thinking protocol of pros and cons in their decision making. Much of the behavior displayed is based on modeling cultural zeitgeists of the peer group rather than far-reaching considerations of prospective risks. Moreover, the judgment, insight, and reasoning of preteen adolescents are modulated by brain structures that are not fully developed (Gruber & Yurgelun-Todd, 2006). Therefore, much of the behavior exhibited by this age group is an imitation of others as an impulsive act usually geared toward gaining a favorable response by peers. The aforementioned conditions are more consequential for boys than girl owing to the natural aggressive tendencies of males. However, this expected inclination toward modeling behavior happens to be more dangerous for African American boys, especially those in urban areas due to the deification of maladaptive aggression they are exposed to in their daily lives. Furthermore, with the likelihood of psychological unavailability of mothers and especially fathers, these young African American boys are cornered by an often unforgiving and menacing environment.

To the detriment of their children, participation of African American fathers in low-income urban communities in the rearing of their offspring is habitually negligible (Marsiglio, Amato, Day, & Lamb, 2000), forcing the mother to play the role of moral overseer, breadwinner, and nurturer. These circumstances of single-parent households are extremely difficult to overcome, but this condition is even more challenging for single African American women who are heads of households. Responsible fathers are a critical component of healthy family dynamics for children. Longitudinal research has shown significantly greater levels of aggression in 9- and 10-year-old boys from mother-only households than from boys of mother and father households (Vaden-Kierman, Ialongo, Pearson, & Kellam, 1995). Although, having fathers actively participate in the rearing of their children does not guarantee
an adolescent will not engage in aggressive behavior, it can minimize the risk. Studies also show that children who were violent at school were 11 times as likely to have parents who were not married (Sheline, Skipper, & Broadhead, 1994).

*Middle Adolescence - Affect Impact (13-15 years)*

**Attachment and empathy deficit.** Virtually from the start of postuterine life, our cognitive apparatus attunes us toward emotional bonds that facilitate alleviation of tension and anxiety. According to Bowlby (1979), there is a strong causal relationship between an individual’s experiences with his primary caregivers and his or her later capacity to make and sustain bonds in personal relationships. This axiom is particularly relevant for African American youth because the family structure and subsequent dynamics are often fractured by the chronic absence of African American fathers. Nearly 72% of African American children are born to unwed mothers (Stephanie, 2009). As a result, single African American mothers face an excessive degree of upheaval and stress of associated attempts to accommodate the needs of a family without adequate support from other sources. Parenting stress leads to a stricter disciplinary style and less nurturing behaviors toward the child (Cmic & Greenberg, 1987), and negatively affects preschooler’s social competence (Anthony et al., 2005). Consequently, there have been further attempts to clarify the developmental mechanisms by which early attachment experiences can contribute to adolescent involvement in problem behaviors. Continuity between underdeveloped emotional bonds or poor attachment styles and later hostile–aggressive behavior is well documented in preschool years (Lyons-Ruth, Alpern, & Repacholi, 1993), in the early elementary school years (Sroufe, Egeland, & Kreutzer, 1990), and in the preadolescent years (Urban, Carlson, Ege- lund, & Sroufe, 1991). Studies have consistently shown that children in high social-risk environments who exhibited early attachment deficits were significantly more likely to show aggression than children without attachment deficits. One explanation may be that poor parent–child attachment bonds get reconfigured or globalized to peer interactions (Brook, Whiteman, & Finch, 1993; Le Blanc, 1994), placing them at greater risk for maladjusted relationships. For example, in situations where parental interaction is chronically unaccommodating and/or rejecting, the child remains in a constant state of uncertainty about the psychological availability of the parent. The objects relations theory holds that such conditions may lead a child to engage in self-blame as well as hostility over abandonment (McWilliams, 1994), perhaps leading to aggressive behavior toward “substitute objects” or other people. In this case, the child may experience recurrent deep anger and resentment. Thus, a young person may internalize a model of relationships in which anger and insecurity become salient and fundamental. Subsequently, this anger is likely to be transferred onto others in the form of antagonistic, unsympathetic, or aggressive behavior (Allen, Aber, & Leadbeateer, 1990). This unaffec- tionate characteristic is the result of an intergenerational transmission that is advanced in future in peer relationships.

There is adequate evidence to support the notion that insecure attachments are associated with maladaptive forms of empathy (Joireman, Needham, & Cummings, 2001). Perhaps, a child deprived can show no more empathy for others than the world has shown for her. With little to no healthy frame of reference for the interpersonal emotional bond forged in early childhood, it is highly unlikely that a child will be able to reproduce such emotions with others during early adolescents. These experiences leave the child with a missed opportunity to develop an understanding of how to internally represent the emotional states of other human beings. Such youngsters require significantly more social stimuli to avoid misinterpre- tations of the intentions of others. When the additional clarifying social stimuli are not immediately forthcoming, youngsters with empathy deficits simply fill in the blanks with impulsive actions that are then interpreted by others as callous or remorseless behavior. Children with empathy deficits are at a greater risk for maladaptive aggressive behaviors because the cognitive inhibitions for such behaviors are simply underde- veloped. In other words, the emotional regulation associated with committing an aggressive act is not psychologically available, which would otherwise provide a buffer against aggressive actions.

**Envy.** Although there is a paucity of empirical studies analyz- ing the impact of envy in interpersonal relations, we believe it is much more constitutive of one’s self-evaluations than represented by the psychological literature. Scholars from various disciplines from ancient to modern times have suggested that envy is a uniquely disquieting emotion that is essential to understanding human nature (Smith, Parrott, Diener, Hoyle, & Kim, 1999). Envy is an irritated emotional condition arising from the possession or accomplishments of another, and spiteful and sometimes destructive wishes that the other should lose them. Emotion researchers argue that envy is a very specific emotion that arises when one compares his or her own outcomes against perceived superior ones received by others (Smith, Kim, & Parrott, 1988). Within the domain of comparison (i.e., skills, reputation, possessions, or something that the individual lacks), the disposition of envy is especially likely to emerge (Tesser & Collins, 1988). The (envied) others perceived advantage serves as a painful reminder of what is not available to the envier. The envier’s rationalization may involve the notion that similar people ought to have similar outcomes. This phenomenon may be represented by a problem between the ego and ego-ideal or the true self and the perceived perfect self to which the adolescent aspires. For example, if one is not able to do or attain something on one’s own accord based on the standard of the ego-ideal, discomfort arises. The outcome may include
shame, frustration, or perceived unfair advantage leading to the emergence of ill will, anger, and even maladaptive aggressive behaviors toward others. Whenever a stimulus gives rise to painful feelings, a penchant is developed not only toward these feelings but also to ward off the intolerable stimulus. Hence, the individual’s sense of self-worth is impaired by the ostensible behavior of the individual acting as a stimulus leading to feelings of inadequacy. The feelings of inadequacy are likely predictive of resentment and/or ill will. Furthermore, inferiority is likely to obstruct effective coping strategies that would otherwise serve as a reframing mechanism for the misattribution of the other’s superiority. Unfortunately, the disposition of envy is not easy to placate or appease (Parks, Rumble, & Posey, 2002). To assuage the shame, an externalization of aggression is targeted toward the individual who willingly or unwittingly highlights the individual’s perceived shortcomings. Hence, envy may be the part of the culprit in the impulsive behavior witnessed with African American youth who violently, sometimes fatally, remove in-style expensive apparel of others.

**Depression.** Several studies have found that African American adolescents suffer from depression significantly more than other ethnic groups (Robert, Chen, & Roberts 1997), which is related to their perception of decreased future opportunities (Hawkins, Hawkins, Sabatino, & Ley, 1998) as well as violent behavior (Durant, Gets, Cadenhead, Emans, & Woods, 1995). Aggression may be adolescents’ attempt to cope with the depressive tendencies (Knox et al., 2000; Pliszka et al., 2000) and to overcome feelings of weakness and powerlessness (Poussaint & Alexander, 2000).

Depressed youth are often disheartened and doubtful about their future (Marciano & Kazdin, 1994), and youth with high hopelessness scores express anger more aggressively than youth with lower scores (Kashani, Dahlmeier, Burduin, Soltys, & Reid, 1995). Depression is precipitated by feelings of helplessness and low self-esteem, and lack of initiative. However, boys are expected to use assertive, even aggressive actions to achieve important life goals and objectives (Eron & Huesmann, 1980). This outgoing nature of American boys contributes to externalization of behaviors when goals are blocked. The individualistic and achievement-oriented society may set some up for sadness associated with disappointed desires. Out of the sadness arises pain, which leads to defense or retaliation in the form of aggression, often maladaptive. Young children with depressive indications of engaging in aggressive behaviors involving physical assault were found in 100% children in a study by Kashani, Allan, Beck, Bledsoe, & Reid, 1997. Depressed children and adolescents may be less able to control the expression of anger and hostility than depressed adults. That is, because of their cognitive developmental immaturity, they may have a more difficult time suppressing anger and resentment. Research also shows that depressed children reported significantly more difficulty maintaining cognitive control over their anger than children who were not depressed (Kashani, Dahlmeier, Burduin, Soltys, & Reid, 1995). In fact, the use of uncontrolled and antisocial as an externalized effort to ward of depression has been reported by Fenichel as early as 1945.

Although research has also shown that male adolescents with depressive tendencies tended to be antagonistic and unrestrained (Gjerde, Block, & Block, 1991), depression in Black male adolescents may not be self-evident. In some cases, depression may be masked or hidden from the individuals’ self-recognition and from others (Blatt & Shichman, 1983) prior to an aggressive event. These covert depression tendencies disrupt the child’s capacity to feel, but their pain is eventually externalized such that they attribute their angst to others, and this distress is dealt with through violent actions (Garbarino, 2000). Depression in young boys often is embedded within the context of conduct disturbances (Sroufe & Rutter, 1984). Childhood depressive moods have been shown to have consequences for later psychological adjustment and interpersonal functioning (D. B. Kandel & Davis, 1986). These boys neither necessarily have weak egos nor are easily overwhelmed; rather, the excessive environmental insults are so intense that they destabilized an otherwise natural resolve.

**Late Adolescence-Developmental Nihilism (16-19 years)**

**Hopelessness.** Hope has been characterized as a cognitive-motivational condition used for accomplishing objectives based on the notion that one can build up and maintain workable avenues toward achieving those objectives (Snyder, 1994). Conversely, developmental nihilism is a phase during adolescence marked by a dearth of hope, which is derived from a hollowness of significance in the exploration of and commitment to age-related ideological and interpersonal pursuits. The transition from middle to late adolescence is marked by a metacognitive mind-set from a preoccupation with the present to prospects for the future. However, for many disadvantaged urban African American adolescents, this transition is highlighted by a premature coming to terms with one’s mortality through the recognition of the possibility that he or she may not live beyond late adolescence owing to the likelihood of being killed by a violent encounter with another African American adolescent. At the core of developmental nihilism is the notion that African American children are robbed of normative developmental ideals, that is, prospects for the future by the at-risk conditions of their lives. No other group of human children lives in the constant threat of death by their peers at the rate of African American youth. Hence, the confidence building blocks of childhood that would otherwise facilitate hope for the future simply fails to blossom normally if at all. Individuals who have lost hope for the future are at great risk for engaging in destructive behavior (Poussaint & Alexander, 2000). The sense of abandonment by primary caregivers and the world creates intense feelings of sadness, anger, and hostility. Over time and without a readily available appropriate cathartic outlet,
these feelings may become repressed and directed toward peers who serve as targets for the incubating aggression (Bowlby, 1973, 1980).

**Meaninglessness.** There is virtually no empirical research investigating the role that hopelessness may play in the exhibition of maladaptive aggressive behavior. Frequently in the case of African American adolescents living in at-risk ghetto conditions, hope is tantamount to a delusion of reprieve. Without hope, meaning in a tangible form is usurped from their existence leaving an existential void in their self-concept. This degree of meaninglessness is generated over time and experience. This state of nihilism that has developed over time during childhood and adolescence plays a major role in facilitating last-minute decisions to engage in interpersonal maladaptive aggression and is a critical factor in the unprecedented peer murder of Black boys against each other.

**Resource Deprivation.** Resource deprivation is the primary factor that initially sustained the crack cocaine infestation in urban areas. Unfortunately, the driving force behind crack cocaine in large urban African American municipalities was the misguided perception that selling this drug would facilitate immediate financial stability, thus minimizing the indignity of poverty. Between 1985 and 1994, the rates for Black youths committing homicide tripled from 44.3 to 139.6 per 100,000. It’s no coincidence that this startling rise occurred during the infestation of crack cocaine into Black neighborhoods. The epidemic of crack cocaine use has not only undermined community and family structures but has also created an environment in which a capacity for maladaptive aggression has an economic value. The impact that the drug culture of the 1980s and early 1990s has had on many Black urban families’ development is unquantifiable. It has led to a pervasive and sustained an enabling affect on a culture that seems to glorify maladaptive aggression as a way of controlling situations or settling disputes with a ready supply of exceptionally dangerous semiautomatic guns (Moore & Tonry, 1999). Two generations of children have been biologically and psychologically altered due to their parents’ drug addiction at the time of their birth. Crack cocaine has been the deadliest teratogen for African American families in recent history, and its impact on the psychological development on Black boys is rivaled only by a fatherless childhood.

Ostensibly, the spatial distribution of maladaptive aggression in urban African American communities is concentrated in areas of high poverty. Studies show that family- and community-level disadvantages increase the risk for childhood violence, in part by impeding cognitive growth and school achievement (Bellair & McNulty, 2005; Sampson, Morenoff, & Raudenbush, 2005). Indeed, Harvard University Psychiatrist James Gilligan suggests that the deadliest form of violence is poverty. Gilligan (1997) indicates that socioeconomic inequities expose those at the bottom of the ladder to humiliation or shame-induced inferiority that may support violent impulses. Similarly, Braithwaite (1992) asserts that youths who experience the structural humiliation of poverty, inequality, and lack the support and controls of a protective family or community often attempt to transcend this situation through violence. In a study examining the link between economic inequality and African American youth, Braithwaite (1992) finds that as economic inequality increases, so do arrests of African American youth for violent crimes.

Issues related to unemployment and violent behavior by African American young men is perennially cited in the professional literature, the political biosphere, and elsewhere. The most popular argument for brutal behavior among African American young men is the intuitive relationship between unemployment and delinquency, especially violent crime. The rationale involves the notion that without jobs these individuals experience an overpowering condition of stress leading to family conflict, weak parental control culminating in a “by any means necessary,” attitude toward providing for themselves and their families. Data from empirical research, however, reveal employment to be more beneficial to adults rather than adolescents (Sampson & Laub, 1993; Wright, Cullen, & Williams, 2002). In fact, several studies have indicated negative effects of employment for adolescents.

Accordingly, we contend that economic structural imbalances, particularly those associated with employment status of African American young men, has a tenuous relationship to the maladaptive aggression perpetrated among them, and that a more nuanced look at the contributions of violent predisposition is needed. Table 1 shows a linear regression with data typically related to violent crimes, including government social benefits and unemployment. The quadrants with crimes against property and lesser crimes seem fitly interrelated. As government social benefits increase, crimes against property decrease but lesser crimes increase. Perhaps, these relative favorable economic conditions allow more willingness to engage in activities commemorating one’s situation with illicit and licit substances and related behaviors that end up as lesser crimes. With escalations in unemployment, the table indicates corresponding climbs against property but declines in lesser crimes. In this case, not having a job for self sustenance may heighten one’s proclivity to use illegal tactics to satisfy basic survival needs, but these tactics tend to be devoid of the lesser crime activities in favor of those that may offer temporary economic respite. The aforementioned crime data seem reasonable, but what is most revealing is the lack of statistically significant relationships with violent crimes and government social benefits and unemployment. Clearly, there are other critical dynamics contributing to this phenomenon. The model proposed in this work is an attempt to underscore the notion that alternative forces underlying driving violent behavior need to be examined.

**Discussion**

Although the present model in this study is theoretically comprehensive, it is not intended to be an exhaustive list of factors that determine maladaptive aggressive behaviors that are specific to African American children. We acknowledge the
equifinality nature of youth maladaptive aggression. The primary objective of this work was to explore the cumulative convergence of neurobiological and environmental markers that precede and exacerbate the trajectory of maladaptive aggressive behavior with urban African American adolescents. Albeit a small advance in that direction, our secondary objective was to provide prospective mental health and related professionals acting as interventionists with deeper insight relative to the developmental risk constellations that play an instrumental role in externalized aggression. For those professionals who are in the prevention markets of violent behavior, we offer temporal developmental markers to focus on from infancy through late adolescence as a point of entry for intervention or prevention measures. Thus, mental health, juvenile justice, or education professionals could look to particular age range within the model and perhaps pay attention to the risk constellations within that phase as area of focus. For example, counselors working with African American children between the ages 8 and 12 years old may consider paying attention to issues of milieu incongruence as an important part of the developmental psychosocial processes. Juvenile probation officers supervising African American adolescents between the age of 16 and 19 are likely to find the issues under developmental nihilism relevant as guiding psychosocial markers within their conditions of probation.

There are some relatively new notions that have yet to be theoretically or empirically studied, such as developmental nihilism, milieu incongruence, and the TEARS notion. Conceptually, they are often debated in settings that are less formal or academic. The applicability of these ideas is further limited by their lack of psychometric tools for measurement. However, it is felt that scientific consideration of these concepts would help eliminate the enigma status that African American youth hold in psychology and related disciplines.

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**Table 1. Regression Coefficients of Relationships Between Crime Rate and Government Social Benefits and Unemployment for African Americans Ages 16 and More**

| Dependent variable: Crime rate for African American adolescents and young adults | Government social benefits as proportion of gross domestic product | Unemployment rate for African Americans | \( R^2 \) |
|---|---|---|---|
| Violent crimes | .007 | .329 | .106 |
| Crimes against property | -.404* | .517* | .619* |
| Lesser crimes | .505* | -.504* | .740* |

Source: Data acquired from the U.S. Bureau of Labor Statistics.

**Note:** Violent crimes = murder; forcible rape, robbery, aggravated assault; crimes against property = burglary, larceny theft, motor vehicle theft, arson, and vandalism; lesser crimes = weapons carrying, drug abuse violations, driving under the influence, liquor laws, drunkenness, disorderly conduct, curfew and loitering, runaways.

* \( p < .05 \).

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