

Morrison J R & Stewart M A. A family study of the hyperactive child syndrome.

Biol. Psychiat. 3:189-95, 1971.

[Departments of Psychiatry and Pediatrics, Washington University School of Medicine, St. Louis, MO]

Parents of hyperactive children and of normal children were interviewed. Parents of the hyperactive children had a greater prevalence of antisocial personality, hysteria, alcoholism, and of childhood hyperactivity. [The *SC1*® and the *SSC1*® indicate that this paper has been cited in over 185 publications—probably more than any paper published in this journal.]

James Morrison
Department of Psychiatry
School of Medicine
University of California
La Jolla, California 92037

February 12, 1987

On a frigid December evening, as I sat in a St. Louis ghetto tenement interviewing the meanest psychopath I had ever encountered, I thought, "Wouldn't I be just as happy in, say, banking?"

Evidently not. A year later I was back in the field conducting a follow-up study of the legal parents of adopted hyperactive children. In our original paper my colleague Mark Stewart (now at the University of Iowa) and I established that childhood hyperactivity (now called Attention Deficit Disorder, or ADD) not only runs in families, but that relatives of these children also have the adult personality disorders of alcoholism, sociopathy, and hysteria. In the follow-up we sought to learn whether this familial association was hereditary or environmental. A hereditary component was suggested by the virtual absence of the three conditions in the legal parents of the adopted hyperkinetic children.

One of the factors that caused our first study to be heavily cited is that the ideas relating hyperactivity with family personality types were extended and refined by subsequent research. The nature of science is that it asks more questions than it answers. Good research is often a beginning, but never an end.

A second reason for its frequent citation is undoubtedly that the study was quickly replicated, first by Dennis Cantwell in Los Angeles,¹ and later by me using a population from San Diego.² Research is more likely to be cited when it has been proven to be reliable.

The third reason, and probably the most important, is the widespread distribution of ADD. With hyperactivity now recognized as affecting at least 5 percent of American boys, there is considerable interest in the genesis of this condition. Our research has helped to establish the genetics of ADD and to relate it to widely recognized personality disorders.

But this paper will always be special to me for another, more personal reason: because it was one of the first studies that I worked on as a very young researcher, I gathered nearly all the data myself. Those data became part of me. The feeling that I developed for this study I never could duplicate under other conditions, no matter how diligent the research assistant nor how sophisticated the computer program used to massage my data.

Immersed in the ambience of St. Louis and its environs, I also developed a feeling for the *families* represented in those data. I had known those people well, seen them in their homes, drunk their coffee (well, not the psychopath's), and had suffered or rejoiced with them as they relived the memories of their young parenthood.

I still feel joy in digging up data as, years later, I continue to gather my own whenever possible. It keeps me intimately involved with the project; the numbers have more meaning than chi-squares alone can convey. I find out quickly when there are methodological problems that need correction. I recommend a life-long commitment to the "dirty, hands-on" method to every young researcher getting started.

A recent discussion about the genetics of ADD can be found in reference 3. (Note especially the discussion by Cantwell.)

1. Cantwell D P. Psychiatric illness in the families of hyperactive children. *Arch. Gen. Psychiat.* 27:414-7, 1972. (Cited 205 times.)

2. Morrison J. Adult psychiatric disorders in parents of hyperactive children. *Amer. J. Psychiat.* 137:825-7, 1980.

3. Corboz R J & Cuenod M. Biological correlates of ADD. (Bloomington L M. ed.) *Attention deficit disorder: diagnostic, cognitive and therapeutic understanding*. New York: SP Medical & Scientific Books, 1984. p. 11-36.