Just World Belief in Parents of Children with Conduct Disorder

Prateeksha Shetty[1]
Bangalore N Roopesh[2]
Siddharth Dutt[3]
Sneha T.S[4]
Dr. Bangalore N Roopesh[5]

Abstract:

Background: The hypothesis of 'Just World Belief' (JWB) states that people have a need to believe that their environment is a just and orderly place where people usually get what they deserve. Conduct disorder (CD) is a repetitive and persistent pattern of dissocial, aggressive or defiant conduct behaviours that are diagnosed in children. Parental psychopathology, such as antisocial personality disorder, substance use and depression is observed more in the parents of children with CD. Aim: The current study looked how JWB differ between parents of children with and without CD. Methods: The sample comprised of two groups-Parents of Children with Conduct Disorder (PCCD, n = 28) and Parents of Typically Developing Children (PTDC, n = 29), aged 30-60 years. The groups were assessed on Kessler Psychological Distress Scale (K-10) and Just World Belief Scale. Results: Results showed that there are no significant differences between the both the groups in terms of JWB. Conclusion: Experiences of having a child with conduct disorder does not affect the JWB of the parents, which in turn might suggest that JWB is a stable/trait factor rather than state factor.

Keywords: *Parents, Conduct Disorder, Just World Belief*

I. INTRODUCTION

Just World Belief (JWB) usually refers to the belief that 'people get what they deserve and deserve what they get'. It is also referred to as 'fundamental delusion', as the research showed that the belief generally rationalizes any negative or untoward events. In addition, it is found to be adaptive as it helps the person in dealing with the environment when they believe that the world is just and stable[1]. Further research has found that when this belief is threatened, people justify the negative event by minimizing it[2], and/or by believing it as being partly self-inflicted[3]. On the other hand, it has observed that people who are high on this belief exhibit less anger[4], tend to report fewer acts of discrimination against themselves[2], and try to achieve goals through socially accepted means[5]. Similarly, positive association of JWB has been observed with general interpersonal trust[6,7] and trust in societal institutions[8], indicating that the people with a strong JWB have greater trust in their interaction with other people and believe that they can expect to be treated fairly. Studies have shown that this belief is so strong and maintained irrespective of contrary evidence, that when compared to their own, if people witness someone else's suffering, they perceive it as deserved[9,10.]

Research has also shown that the opposite works for people having issues with behavioural problems. It has observed that at times people prefer to blame the world to be a wicked place rather than take up responsibility for mistakes committed[11,12]. Supporting this, studies on aggressive children consistently show that they are more likely to interpret situations with hostility thereby increasing aggressive behaviour[13,14] and that people lower on Just World Belief tend to react more aggressively than others[15].

Ability to postpone gratification is an important step for the development of JWB[16]. Young children often conceive of parents as being absolute authorities and from whom they learn that every wrong-doing shall be punished, and this instils a sense of fairness in the world[17]. Parents also act as the first role models who can help a child respect authority. In addition, through the narration of stories and fairy tales, parents directly or indirectly convey the message to the child that the world is a just place[38]. However, this important teaching can be hampered in situations where the family is in continuous crises, has inadequate resources or has psychopathology with in the family.

Conduct disorder is characterized by repetitive and persistent behaviours that violates age and societal norms and generally cause harm to others[18]. Such behaviours can be manifested in the form of defiance, stealing, lying, setting fire to property or people, vandalism and running away from home. Children with conduct disorder are usually associated with greater school dropout rates[19] unemployment[20] and mental health concerns like substance abuse[21], depression and anxiety[22]. As they grow up they might become an economic burden not

[1]Clinical Psychologist, Department of Psychiatry, Yenepoya Medical College Hospital, Mangalore
[2]Associate Professor, Department of Clinical Psychology, National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore 560 029
[3]Ph.D Scholar, Department of Clinical Psychology, National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore 560 029
[4]Mental Health Clinician, Evolve Therapeutic Services, West Moreton Hospital and Health Services, Queensland, Australia
[5]Associate Professor, Dept of Clinical Psychology, NIMHANS, Bangalore – 560 029, Ph. 91 80 26995185, Email: bn.roopesh@gmail.com

only in terms of crime but also in terms of educational facilities, health and welfare benefits[23].

Studies show that parents of conduct disorder children lack positive parenting skills; they reinforce less positive behaviour and ignore pro-social behaviour of their children[24,25,26.] Children with conduct problems usually come from chaotic families where violence and marital discord is routinely experienced. As a result of this they might show aggression in their own relationships and show less concern about other people's feelings[27,28.]

Compared to variables such as parenting skills and reinforcement pattern, belief in the just world has not been explored in parents of conduct disorder children. In a study on parents of autistic children, the relationship between JWB and proactive coping was investigated revealing no significant relationship between the two[29]. Belief in ultimate justice and belief in an immanent justice were explored along with their relationship to well-being in mothers of normal children and children with Down's syndrome[30]. It was found that the JWB was the strongest predictor for well-being and life satisfaction in both the study groups. However, the study also showed that when mothers of both the groups believed more in justice they experienced more anxiety.

Given that the parents' perceptions of belief about the world influence their upbringing of the child and/or in-turn get affected by the problem behavior of their children, the current research is an attempt to evaluate JWB in parents of conduct disorder and typically developing children. According to the available knowledge, this is the first study to explore the JWB in parents of conduct disorder children. As stated above, belief in just world is a predictor for faith in justice system and acquiring gains through lawful means which is something that children with conduct disorder have trouble with[31]. Such a belief also helps to deal better with guilt and anger[32], which again is observed less in children with conduct disorder. Therefore, it was felt necessary to explore belief about the world in parents.

II. METHOD

Sample:

The sample was divided into two groups, one consisting of Parents of children with conduct disorders (PCCD, n = 28) and another Parents of Typically Developing Children (PTDC, n = 29); both the groups were matched on the basis of parent's age (± 1 year) and education (± 1 year). The participants in the PTDC group were selected from community based on snowball type of sampling, while the children in the PCCD group were taken from the Inpatient and Outpatient Services of Child & Adolescent Psychiatry Department, National Institute of Mental Health & Neuro Sciences, Bengaluru based on convenient/purposive type of sampling. Diagnosis of the CD in their children was made based on the ICD-10 criteria by a Psychiatrist and/or a Clinical Psychologist. Parents in both the group were literate and in the age range of 30 - 60 years. For the PCCD group, parents with children having any history of psychiatric (apart from CD), neurological or neurosurgical disorders were excluded from the study. For the PTDC group, parents children having any history of psychiatric, neurological or neurosurgical disorders were excluded from the study. The same was approved by Ethics Committee of NIMHANS and written informed consent was obtained prior to the study.

Tools:

2a. K – 10[33]: The Kessler Psychological Distress Scale (K-10) is a 10 item questionnaire that elicits a global measure of a person's level of distress. Each item is rated on a 5 point scale. Scores range form 10 - 50, below 20 are scored as 'likely to be well', 20 - 24 as 'Mild', 25 - 29 as 'Moderate' and over 30 as 'Severe' level of distress. It has been noted to have precision values in the 90th - 99th percentile range. The scale has been shown to have good discriminatory powers and psychometric properties.

2b. Belief in Just World Scale[34]: The 6 item scale is used to measure global Belief in a Just World. It was intended for usage in non-psychiatric populations. Each item is to be rated on a 6-point Likert-type scale ranging from (1) strongly disagree to (6) strongly agree. The scale has good reliability and validity.

Statistical Analysis:

Descriptive statistics was used to obtain mean & standard deviation of the two groups. As the data was not normally distributed, Mann-Whitney U test was used to analyse the group differences, Chi-square was used to analyse the distribution of categorical variables and Spearman's rho was used to assess the relationship between variables together. For all the above analysis SPSS version 16 was used. A priori probability level was kept ≤ .05 to consider a statistic significant.

III. RESULTS

Results showed parents of both the groups did not significantly differ with respect to their age (U = 309, p = .121) and number of years of education (U = 338, p = .272). However, both the group differed in number of children they had (U = 274, p = .020) where PTDC had more children compared to PCCD (refer table 1). The index child who was diagnosed with conduct disorder had a mean age of 12.85 (SD = 1.78) years and the mean years of education was 7.035 (SD = 2.17).

Table 1: showing the sociodemographic profile of the two groups

Variable	PCCD (n = 28)		PTDC (n = 29)		Mann Whitney U	sig
	Mean	SD	Mean	SD		
Parent's age	43.35	6.96	41.17	5.49	309.0	.121
Parent's education (number of years)	6.29	4.32	4.24	1.70	338.0	.272
No. of children	1.79	.63	2.21	0.67	274.0*	.020

* p < .05

With respect to the gender of the parents, both group significant differed, where the study constituted more mothers in PTDC group compared to PCCD group ($\chi^2 = 6.88$, p = .009). Similarly, both the group differed in their religious beliefs where PCCD group had belief in Hinduism followed by Islam and Christianity. On the other hand, in PTDC group, majority had belief in Hinduism and Christianity ($\chi^2 = 6.64$, p = .036).

Table 2: Showing the Chi-square values for Religious belief and Gender of the parents in both groups

Variable		PCCD	PTDC	χ^2 value	Sig.
Parent's gender	Male	14	5	6.88**	.009
	Female	14	24		
Religious Belief	Hinduism	22	15	6.64*	.036
	Islam	4	4		
	Christianity	2	10		

** p < .01 * p < .05

Table 3 shows that the core variable of the study Just World Belief did not significantly differ between two groups (U = 340.5, p = .294) and similarly the distress level experience between the two groups also did not significantly differ (U = 397.0, p = .885).

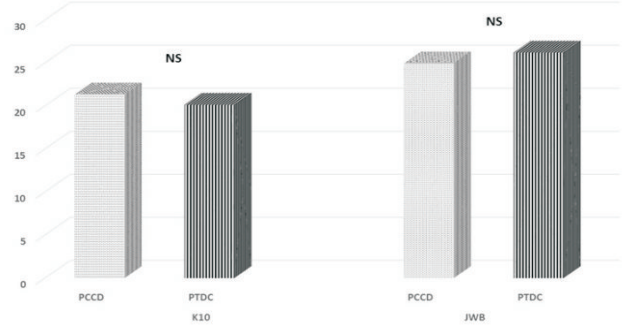
Table 3: showing distress level and Just World Belief of the two groups

Variable	PCCD (n = 28)		PTDC (n = 29)		Mann Whitney U	Sig
	Mean	SD	Mean	SD		
K 10	21.36	10.38	20.14	6.13	397.0	.885
JWB	24.96	5.57	26.21	3.37	340.5	.294

Correlation analysis was carried out taking all the values together, as both groups did not differ either in the distress level experienced or the JWB (refer table 4). The results showed that only Parents' age had significantly negative correlation between the JWB.

Table 4: showing the correlation coefficient (relationship) between sociodemographic and clinical variables

	Parents' Education	Number of Children	K 10	Just World Belief
Parents' Age	.245	-.195	-.111	-.272*
Parents' Education		-.129	.017	-.179
Number of Children			.051	.006
K 10				.047



NS = Not Significant

Figure 1: Showing the K10 and Just World Belief values for the two groups

IV. DISCUSSION

Lerner called Just World Belief as a 'Fundamental Delusion'[1] primarily because we tend to believe that world is a fair place to live in and this is often used to justify harsh and unfair incidents in our lives. As per this belief one's actions will be rewarded according to 'as you sow, so you reap'. It makes the world predictable and instils hope and the notion that the world is a safe place, this in turns makes us invest in good deeds and watch and monitor our actions closely. When threatened, we either tend to attribute the causal factors to the victim[35], minimize the significance of the event[2] or even perceive it to be a deserving end in some way[9,10]. Children learn this belief primarily through modelling where authority figures particularly parents instils the idea through various teaching moments in early years. When children are brought up in chaotic and dysfunctional settings, they are noted to show little concern for rules or empathy towards other's feelings[27,28]. Studies have consistently shown that children with conduct disorder often hail from harsh and punitive environment where their positive actions are less reinforced than the negative ones[24,25,26].

The current study was carried to analyse whether parents of children with conduct disorder (PCCD) differ with parents of typically developing children (PTDC) group with respect to belief in the just world. In this regard, Just World Belief did not show any significant differences between the groups. Parents of children with conduct disorder appear to have a similar belief in just world when compared to parents of typically developing children. This is a surprising result where going by the earlier research which showed CD parents having psychopathology, and extending this, it can be expected that it might have some influence on their JWB. On the contrary, it can also be possible that having experienced the symptoms of CD in their child, it might have influenced their JWB. However, there is lack of any evidence and no research to indicate any positive relationship between parents JWB and parents' psychopathology. Similarly, there is no earlier evidence to show that the children with CD influence their parents JWB. The results of the current study indicates that the JWB might be a stable / trait factor and is independent of conduct disorder in their children. However, there is hardly any studies in this regard, and the literature that is available only pertain to this area has only been comparative studies on parents where JWB acts as a predictor for well-being and coping. Therefore, more studies are needed in this area.

Correlation between variables did not indicate any significant relationship among parents' sociodemographic variables such as their age, education, number of children, global level of distress and JWB, except a significant negative correlation between parents' age and JWB. This latter result is surprising as the result indicate that as the parents' age increases their belief in just world decreases. This shows that when parents are younger their belief in the just world is more and as they experience in life increases they tend to see the world as less just.

The result of no significant correlation between the global distress level and JWB, again contradicts the hypothesis that distress level would affect development of JWB or once developed weakens in some manner. A comparison of mothers of children with and without Down's syndrome showed that mothers with greater JWB experienced more anxiety[30]. People who attend more to negative outcomes or have experienced in more negative events in life are likely to develop unjust world belief[36,37].

Due to lack of other data it would be premature to conclude regarding Just World Belief among parents of children with conduct disorder. However it is possible that conduct problems in children and parents' Just World Belief are unrelated. It also appears that presence of conduct problems in children have not affected Parents Just World Belief. Some of the limitations of the current study is that it done on a small sample group and thus more robust statistical methods like regression analysis was not possible. In addition, it would be interesting to see if the children of parents assessed share similar belief system as it would help to help to understand how children develop the same and if it stems from parental values and upbringing or by certain life events. Comparison of Just World Belief in children and parents in a larger sample would have added tremendously in analysis and generalizations. Other variables like symptoms severity, duration and type of conduct problems, belief in both parents need to be further explored. Mediating variables like personality, parenting styles, temperament of children (other than index child) and presence of anxiety, depression or any form of stressor would also need to be considered in future studies.

V. REFERENCES

1. Lerner, M. J. (1980). *The Belief in a Just World: A Fundamental Delusion.* Plenum: New York.
2. Lipkus, I. M., & Siegler, I. C. (1993). The belief in a just world and perceptions of discrimination. *Journal of Psychology,* 127, 465-474.
3. Bulman, R. J., & Wortman, C. B. (1977). Attributions of blame and coping in the "real world": Severe accident victims react to their lot. *Journal of Personality and Social Psychology, 35*, 351-363.
4. Dalbert, C. (2002). Beliefs in a just world as a buffer against anger. *Social Justice Research, 15*, 123–145.
5. Hafer, C. L. (2000). Investment in long-term goals and commitment to just means drive the need to believe in a just world. *Personality and Social Psychology Bulletin, 26*, 1059-1073.
6. Bègue, L. (2002). Beliefs in justice and faith in people: Just world, religiosity and interpersonal trust. *Personality and Individual Differences,* 32, 375-382.
7. Zuckerman, M., & Gerbasi, K. C. (1977). Belief in a just world and trust. *Journal of Research in Personality, 11,* 306-317.
8. Correia, I., & Vala, J. (2004). Belief in a just world, subjective well-being and trust of young adults. In C. Dalbert & H. Sallay (Eds.), *The justice motive in adolescence and young adulthood: Origins and consequences* (pp. 85-100). London, UK: Routledge.
9. Aderman, D., Brehm, S. S., & Katz, L. B. (1974). Empathic observation of an innocent victim: The just world revisited. *Journal of Personality and Social Psychology, 29,* 342-347.
10. Chaikin, A. L., & Darley, J. M (1973). Victim or perpetrator? Defensive Attribution of Responsibility and the Need for Order and Justice. *Journal of Personality and Social Psychology, 52*(2), 268-275.
11. Walster, E. (1970). Assignment of responsibility for an accident. *Journal of Personality and Social Psychology,* 1966, 3, 73-79.
12. Shaver, K. G. (1970). Defensive attribution: Effects of severity and relevance on the responsibility assigned to an accident. *Journal of Personality and Social Psychology*, 14, 101-113.
13. Dodge, K. A. (1980). Social cognition and children's aggressive behavior. Child Development, 51, 162-170.
14. Orobio de Castro, B., Slot, N. W, Boseh, J. D., Koops, W., & Veerman, J. W. (2003). Negative feelings exacerbate hostile attributions of intent in highly aggressive boys. *Journal of Clinical Child and Adolescent Psychology, 32*(1), 56-65.
15. Bègue, L., & Muller, D. (2006). Belief in a just world as moderator of hostile attributional bias. *British Journal of Social Psychology, 45,* 117-126.
16. Mischel, W. (1974). Processes in delay of gratification. In L. Berkowitz (Ed.), *Advances in Child Psychiatry, 2(4)*, 23-34.
17. Piaget, J. (1965). *The moral development of the child.* New York: Free Press. Psychology, 2, 342-347.
18. World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines.* Geneva: World Health Organization.
19. Moffitt, T. E., Caspi, A., Harrington, H., & Milne, B.J. (2002). Males on the life-course-persistent and adolescence-limited antisocial pathways: follow-up at age 26 years. *Developmental Psychopathology,* 14, 179-207.
20. Farrington, D. P. (1991). Childhood aggression and adult violence: Early precursors and later-life outcomes. In *The Development and Treatment of Childhood Aggression*, edited by D.J. Pepler and K.H. Rubin. Hillsdale, NJ: Lawrence Erlbaum, pp. 5–29.
21. Sourander, A., Jensen, P., Ronning, J. A., Helenius, H., Sillanmaki, L., Kumpulainen, K., Piha, J., Tamminen, T., Moilanne, I., & Alqvist, F. (2007). What is the early adulthood outcome of boys who bully or are bullied in childhood? The Finnish "From a Boy to a Man" study. Pediatrics, 120(2), 397-404.
22. Kim-Cohen, C. A., & Rutter, M. (2006). The caregiving environments provided to children by depressed mothers with or without an antisocial history. *American Journal of Psychiatry,* 163, 1009–1018.
23. Scott, S., Spender, Q., Doolan, M., et al (2001) Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice. *British Medical Journal,* 323, 194– 198.

24. Webster-Stratton, C., & Spitzer, A. (1991). Development, reliability, and validity of the daily telephone discipline interview. Behavioral Assessment, 13(3), 221-239

25. Scott, S. (1998) Aggressive behaviour in childhood. British Medical Journal, 316, 202-206.

26. Patterson, G. R. (1982). Coercive family process. Castalia; Eugene, OR. Retrieved on 14th November, 2013 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1397707/

27. Marshall, J. & Watt, P. (1999). *Child Behaviour Problems: A Literature Review of the Size and Nature of the Problem and Prevention Interventions in Childhood,* Perth, WA: The Interagency Committee on Children's Futures.

28. Carr, A. (1999). *The Handbook of Child and Adolescent Clinical Psychology. A Contextual Approach.* London: Routledge.

29. Meiring, C. J. (2010). Just World Beliefs, Sense of Coherence and Proactive Coping in Parents with a Child with Autism. Retrieved on 12th November, 2013 from http://upetd.up.ac.za/thesis/available/etd-06142011-105625/unrestricted/dissertation.pdf

30. Fatima, I. (2010). Belief in a Just World and Subjective Well Being in Mothers of Normal and Down Syndrome Children. *International Journal of Psychology,* 45, 461-468.

31. Cohn, E. S., & Modecki, K. L. (2007). Gender differences in predicting delinquent behavior: Do individual differences matter? S*ocial Behavior and Personality, 35*, 359-374.

32. Otto, K. & Dalbert, C. (2005). Belief in a just world and its functions for young prisoners. *Journal of Research in Personality, 39,* 559-573.

33. Kessler, R.C., Andrews, G., Colpe., et al. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine, 32,* 959-956.

34. Dalbert, C., Montada, L. & Schmitt, M. (1987). Glaube an eine gerechte Welt als Motiv: Validierungskorrelate zweier Skalen. *Psychologische Beiträge, 29*, 596-615.

35. Furnham, A., & Procter, E. (1992). Sphere-Specific Just World Beliefs and Attitudes to AIDS. *Human Relations, 45,* 265-280.

36. Hertel, P. (2004). Habits of thought produce memory biases in anxiety and depression. In J. Yiend (Ed.), *Cognition, emotion, and psychopathology: Theoretical, empirical and clinical directions* (pp. 109–129). New York. Cambridge University Press.

37. Koster, E. H. W., De Raedt, R., Goeleven, E., Franck, E., & Crombez, G. (2005). Mood congruent attentional bias in dysphoria: Maintained attention to and impaired disengagement from negative information. *Emotion, 5*, 446–455.

38. Raman, L., & Winer, G. A. (2004). Evidence of more immanent justice responding in adults than children: A challenge to traditional developmental theories. *British Journal of Developmental Psychology, 22*, 255-274.