

Personality and Parent-Child Relationship in Conduct Disorder Children

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Abstract:

The children's personality traits develop from early childhood based on social interaction and perception of life events. Primarily early childhood experience with parents is believed to have long-lasting effects on all future relationships. Active and impulsive children often are targets of negative interaction, which leads to conflict. Again, as part of developmental stages children become more autonomous and independent, their desires and frustrations often come into conflict with those of their parents; the result is typically a display of negative or disruptive behaviors. The children with Conduct Disorder (CD) shows repetitive persistent pattern of behavior in which the basic right of others or major age-appropriate societal norms are violated.

The aim of the present study was to study the personality, relationship between perception of parents and parenting style among the CD children and their normal counterpart. A sample of 16 CD children and 16 children without any behavioural problems and their respective parents were studied. Child Behaviour Questionnaire (CBQ) was used as a screening tool for selecting the control group. The children's personality dimensions and perception of the parents were evaluated employing Junior Eysenck Personality Inventory (JEPQ), Parent-child Relationship Scale (PCRS) respectively and their parents parenting style was evaluated on Multidimensional Parenting-Scale (MDP-Scale). Student's t-test was used to assess the differences between personality traits of patients and their control counterpart. Pearson Product Moment Correlation was used to assess the Correlation between Childs perception of their parents and parenting style. The conduct disorder children were found to have the higher predisposition for neuroticism, psychoticism and lie scale although the results were not statistically significant. Negative perception towards parents and the negative parenting style of the parents resulted in poor parent-child relationship.

Keywords: Conduct disorder, personality, perception of parents, parenting style

Article History: Submitted: 15th May, 2020, Revised: 06th June, 2020, Accepted: 11th June, 2020,
Published: 30th June, 2020.

I. INTRODUCTION

Relationships are an intricate part of our personal and social lives. Interpersonal relationships are defined in terms of relational contexts of interaction and types of expectations that communicators have of one another. The children's personality traits develop from early childhood based on their interaction with the society and perception of life events. Early childhood experience (primarily with parents) is believed to have long-lasting effects on all future relationships.

Parenting holds a significant place in shaping children's behavior. A major child rearing goal for parents is the socialization of their children. As part of this process parents must teach their children to cope with the ongoing and various stresses of life in socially acceptable ways. As children become more autonomous and independent, their desires and frustrations often come into conflict with those of their parents; the result is typically a display of negative or disruptive behaviour on the part of the children (and often also the parents). These disruptive behaviors are usually transient and considered 'normal' at certain ages (e.g., toddler temper tantrums or adolescent rebellion). Some children exhibit disruptive behaviour with greater intensity and /or frequency than would be expected. Moreover, these behaviours may persist and escalate throughout childhood

and adolescence and even to adult life. Thus a considerable problem for clinicians is determining when disruptive behaviours exhibited by children referred for treatment are 'normal' and likely to be transient, and when they are clinically significant and likely to persist or become more severe.

Externalizing behavior refers to a cluster of behaviors characterized by aggression, destruction, lying, theft, and truancy (DSM –IV, 1994). Here we only discuss about conduct disorder (CD). The essential features of CD are their repetitive persistent pattern of behavior in which the basic right of others or major age-appropriate societal norms are violated.

Children with more difficult temperament display more behavior problems than those with easy going temperament (Tschann, et al., 1996). Gjone and Stevenson (1997) indicate that a difficult temperament could influence a parent's response by eliciting negative response that result in difficulties with parent-child interaction. Furthermore, a difficult temperament could also act indirectly in social interaction through poor fit between the child and his/her social environment (Caspi & Elder, (1988);

Patterson and his colleagues (Patterson, Capaldi & Bank, 1991) have examined the parent-child relationship as the

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source of antisocial behavior. They argue that children's negative behaviors are maintained and exacerbated through the operations of aversive stimuli and negative reinforcement cycles. Early mother infant conflict (due to difficult temperamental characteristics in the child, poor parenting skills in the parent, or both) may begin the coercive cycle that is so clearly seen in families of older children with antisocial behavior problem. In the coercive cycle, a children's disruptive behavior is increased by removal of an adverse parent behavior, and vice versa. For example, parent tells the child to pick up the toys (aversive stimulus), the child whines and cries (aversive stimulus), and the parent withdraws the request. Thus, the children's noncompliance is successful in removing the aversive stimulus and consequently is negatively reinforced. Moreover, the parent is negatively reinforced for withdrawing the request by the cessation of the children's whining. Paterson (1986) further suggest that ongoing poor management on the part of parent-characterized by ignoring or punishing the child prosocial behavior, and by positive or negative reinforcement of negative behavior contributes to the children's increasing repertoire of aversive behavior.

More specifically, the prime objectives of this work have been

1. To study the personality disposition of the children of the two groups, namely children with conduct disorder and their normal counterpart;
2. To study the relationship between the children's perception of their parents and parent's parenting style.

II. MATERIALS AND METHODS

Sample:

The study comprised of two groups and was cross-sectional with a case-control design. A clinical sample of patients with a diagnosis of Conduct Disorder without co-morbidity as per ICD-10 criteria (F-91) and any one of their parents were selected from psychiatric services of R.G.Kar Medical College and Hospital, Kolkata, India. A diagnosis of CD was made through a detailed clinical examination by trained clinical psychologist, using semi-structured case record-format used at the Department of psychology, University of Calcutta. The diagnosis was independently confirmed by the psychiatrists at R.G.Kar Medical College and Hospital. A community sample that matched the CD children in terms of age, sex, education level, family type, socio-economic status, religion and mother tongue and any one of their parents were selected through the snowballing technique and screened on the Child Behaviour Questionnaire (Performa-B, Rutter, 1967). Participants scoring above the cut off value of 9 were excluded.

Distribution of the sample:

The 64 subjects in totality that have been investigated in this study were categorized into two groups:

Study group (N=32)	Control group (N=32)
Children with Conduct Disorder (n=16)	Children without any behavioral problem (n=16)
Parent (n=16)	Parent (n=16)

III. INCLUSION CRITERIA FOR CHILDREN

- Both Conduct Disorder (CD) children and their normal counterpart were selected from the urban population (Kolkata) with mediocre socio-economic status.
- Male, age range: 9-13 years, student of class V-IX
- The children with average intellectual functioning (assessed through Mental Status Examination).
- Duration of illness: at least 1 year.

IV. EXCLUSION CRITERIA

Children from families having a history of addiction or divorced parents or with any other gross physical and mental handicapped condition or physical or organic illness were excluded from the study.

V. MEASURES

Child Behaviour Questionnaire (CBQ, Performa-B, Rutter, 1967):

CBQ consists of two parts. Part A sought qualitative information about academic performance, attendance, leadership, nicknames, handicaps and teacher's opinion about need for psychological help. Part B had 26 items covering common emotional, conduct and behavior problems. The scale was rated as 0 (does not apply), 1 (applies somewhat) and 2 (certainly applies). A score of 9 and above was used as the cut off (Rutter, 1967).

Junior Eysenck's Personality Questionnaire (JEPQ-Eysenck, 1975)

JEPQ is a tool to measure personality dimensions of the child population, constructed by Eysenck in 1975. JEPQ consists 81 items which assesses the three major dimensions of personality: psychoticism (P; 17 items), extraversion (E; 24 items), and neuroticism (N; 20 items). In addition, the questionnaire contains the 20 items in lie (L) scale which is a measure of social desirability. JEPQ is especially prepared for children with age range of 7 to 15 years. However, test-retest reliabilities for younger children (7, 8 and 9 years of age) are rather low. From the age of 10 years onwards, reliabilities are usually about 0.6 and frequently above 0.7.

Parent-Child Relationship Scale (PCRS- Rao, 1989)

The present scale was adapted from revised Roe Seigalman Parent-Child Relationship Questionnaire. It measures characteristic behavior of parents as experienced by their children. The theoretical importance of the children's perception of the parent's behavior for understanding socio-psychological personal development has been emphasized by a number of social scientist. The tool contains 100 items categorized into ten dimensions namely, protecting, symbolic punishment, rejecting, object punishment, demanding, indifferent, symbolic reward, loving, object reward, and neglecting. Items of the scale are arranged in the same order as the dimension and they rotate in a cycle through the scale. Each respondent score the tool for both father and mother separately. Items are common for both the parents except for three items, which are different in the father and mother forms due to the nature of variation in paternal and maternal relationship with children.

Multi-Dimensional Parenting - Scale (MDP- Scale, Chahuhan et al., 1982)

The scale though parent-focused relates specifically to the early socialization of the child and is basically family-oriented. The way a parent treats his or her child during the developmental period, shapes the 'Self' and personality of the child in specific ways. The scale measures parental behavior in terms of 'mothering' and 'fathering' for the two ends of the seven dichotomous dimensions. Information garnered from this scale can be utilized meaningfully in developmental-clinical research, and in the effective organization of adult education. It is a five point rating verbal scale that can be administered individually and in groups and takes about 30-35 minutes. The scale has 56 items for seven areas of parenting. It possesses coefficients of reliability and validity for the two ends of the seven areas as well as for the positive and negative dimensions as a whole. Measures for mothering and fathering on the two dimensions has been obtained in positive area of Love, Encouragement, Acceptance, Progressiveness, Democratic, Independence, Dominance and total positive parenting and the Negative areas of Hate, Rejection, Autocracy, Discouragement, Submissiveness, Conservativeness, Dependence and total negative parenting. The scale contains various levels of agreement and they should be instructed to select only one that suits them. They should choose the best and put a single tick in the appropriate place below the printed answer.

VI. STATISTICAL ANALYSES

- Descriptive statistics (Mean and SD) were done to show the nature of the data.
- Student's t-test was computed as far as statistical treatment was concerned.
- Pearson Product Moment Correlation was computed to study the relationships.

VII. RESULT & DISCUSSION

Section –I : Personality

Table-1: Means (M), Standard deviations (SD) and t-value for the significance of mean differences in each of the variables of JEPQ (Junior Eysenck Personality Questionnaire) obtained from the children of the two groups (children with conduct disorder and their normal counterpart).

JEPQ	Sample	Mean	S.D	t-value
Psychoticism	CDC	4.2	2.68	1.48
	NC	3.0	1.78	
Neuroticism	CDC	10.43	4.63	1.54
	NC	8.18	3.56	
Extraversion	CDC	15.93	3.43	0.214
	NC	15.68	3.15	
Lie-Scale	CDC	10.56	3.66	1.355
	NC	08.05	4.85	

* significant at 0.05 level ** significant at 0.01 level

The personality of the two groups of children namely conduct disorder and their normal counterpart shows no significant group difference on personality dimensions which include neuroticism, psychoticism, extraversion and lie scale (Table

1). Two groups are not significantly different on temperament dimensions. Here homogeneity in the dimensions of personality is concerned. Higher tendency of mean in all the dimensions of personality is found in conduct disorder children except extraversion dimension where same value was found for both group. According to Ahadi & Rothbart (1994) temperament is the matrix from which later child and adult personality develops. Neuroticism, extraversion and agreeableness are the personality factors, which could potentially modulate one's self-perception (Costa and McCrae, 1991). Further, Hankin and Abramson (2001) found that neuroticism predisposes people to experience more negative life events. So the negative self perception and negative life experiences lead to poor interactional pattern with the care giver and society and make children vulnerable to develop conduct-disorder.

Anderson, et al, (2007) also found high neuroticism, low agreeableness and low conscientiousness among conduct disorder children (CD aged 13–18 years) which goes in tune with the present trend of findings.

Psychoticism and Lie scales jointly capture aspects of conduct disorder (Anderson, et al., 2007). Children's higher mean score in psychoticism dimension (though not to a significant extent), indicates a fairly congruent picture of troublesome child; glacial and lacking in human feelings for his fellow-beings and for animals; aggressive and hostile, even to near-and-dear-ones. Such children try to make up for lack of feeling by indulging in sensation-seeking "arousal lags" without thinking of the dangers and low in empathy, feeling of guilt and sensitivity to other people are notions which are strange and unfamiliar to them (Anderson et al., 2007).

People, who score high on neuroticism and psychoticism, may be vulnerable to psychological illness because they have either a genetic or an acquired weakness that predisposes them to pathology (Eysenck, 1975).

Section –II : Correlation between Childs perception of their parents and parenting style

Table 2: The coefficient of the correlation between the variables of PCRS [Childs perception of the mother] and SMDP scale [multidimensional parenting] of the two groups of children separately.

Variable PCRS	Variable MDP	Group	R
Symbolic-punishment	Love	CDC-CDM	-0.285
		NC-NM	-0.720**
Symbolic-reward	Independency	CDC-CDM	0.544*
		NC-NM	0.072
Symbolic-reward	Hate	CDC-CDM	-0.665**
		NC-NM	0.140
Protecting	Autocratism	CDC-CDM	0.149
		NC-NM	0.515**
Protecting	Independency	CDC-CDM	0.601*
		NC-NM	-0.121
Protecting	Hate	CDC-CDM	-0.661**
		NC-NM	-0.058
Loving	Hate	CDC-CDM	-0.550*
		NC-NM	0.192

Loving	Rejection	CDC-CDM	-0.505*
		NC-NM	-0.100
Demanding	Dominance	CDC-CDM	0.400*
		NC-NM	-0.412
Rejecting	Autocratism	CDC-CDM	-0.273
		NC-NM	-0.516*
Neglecting	Discouragement	CDC-CDM	-0.213
		NC-NM	0.524*
Neglecting	Conservatism	CDC-CDM	-0.213
		NC-NM	-0.543*
Neglecting	Autocratism	CDC-CDM	-0.305
		NC-NM	-0.543*
Neglecting	Encouragement	CDC-CDM	-0.568*
		NC-NM	0.089
Neglecting	Acceptance	CDC-CDM	-0.503*
		NC-NM	0.034
Neglecting	Progressivism	CDC-CDM	-0.594*
		NC-NM	0.194
Neglecting	Independency	CDC-CDM	-0.530*
		NC-NM	0.261
Neglecting	Positive dimension as a whole	CDC-CDM	-0.749**
		NC-NM	-0.018
Neglecting	Negative dimension as a whole	CDC-CDM	-0.014
		NC-NM	-0.525*

* significant at 0.05 level ** significant at 0.01 level

Table 3: The coefficient of the correlation between the variables of PCRS [Childs perception of the father] and SMDP scale [multidimensional parenting] of the two groups of children separately

Variable PCRS	Variable MDP	Group	R
Neglecting	Encouragement	CDC-CDF	-0.533 *
		NC-NF	-0.149
Protecting	Love	CDC-CDF	-0.063
		NC-NF	0.641*
Loving	Democratism	CDC-CDF	-0.340
		NC-NF	0.525*
Object-reward	Democratism	CDC-CDF	0.135
		NC-NF	0.561*
Symbolic-reward	Democratism	CDC-CDF	0.311
		NC-NF	0.577*
Rejecting	Democratism	CDC-CDF	0.468
		NC-NF	-0.584*
Rejecting	Dependency	CDC-CDF	0.123
		NC-NF	-0.613*
Rejecting	Independency	CDC-CDF	-0.053
		NC-NF	0.573*
Object-punishment	Autocratism	CDC-CDF	-0.164
		NC-NF	-0.592*
Symbolic-punishment	Love	CDC-CDF	-0.247
		NC-NF	0.529*
Indifferent	Dominance	CDC-CDF	0.091
		NC-NF	0.510*

* significant at 0.05 level ** significant at 0.01 level

CD children's perceptions of mother as symbolically rewarding and protective is positively correlated with independent type of parenting style, whereas Child's perception of mother as demanding directly correlated with dominating type of parenting style (table -1).

Negative parenting style e.g., hate is negatively related with Child's perception of mother as loving, protective and symbolic rewarding. Insecure attachment with mother makes the child vulnerable for symbolic reward. Mother's independent style of parenting which is likely to foster self-confidence in children and they may find themselves more to be loved and rewarded. Dominating type of parenting helps

the child to perceive mother as more demanding.

When the child perceives their mother as more neglecting towards him, it decreases the perception of mothers parenting as encouraging, accepting, progressive and independent.

Again perception of father as neglecting is inversely correlated with encouraging parenting style (Table-2). Parent-child attachment is an essential component for the formation of conscience, which was adversely affected in CD children due to their poor relationship with their parents. Conscience does not depend solely on the moral training but also on the strength of the bondage with the parental figure with whom the child identifies. (Cowan et.al., 1996) It can also be a outcome of poor conditionability (Quay, 1972) of the child from adequate social conditioning to shame and guilt. Poor conditionability is due to a under active behavioural inhibition system and perhaps interferes with the stabilization of neural responsible for learning to inhibit responses to cues signaling punishment.

The poor conditionability is supposed to make the child vulnerable to activation of behavioural system. This behavioural system responsible to cues for reward, which is attributable to their pleasure-seeking attitude. Moreover their deficient conditioning to anxiety when anticipating punishment, and their slowness to learn to stop responding in order to avoid punishment, underlie failure to acquire many of the conditioned reactions essential to normal passive avoidance of punishment; and consequently the development of conscience and socialization. This explains the reason for their unchecked impulsive behaviour. Thus the present finding of parent child relationship gives an indication of the psychosocial and biological vulnerability of the child to develop externalized behaviour.

Secure attachment enables parents to bestow love for conformity to their directives and accordingly confirming that the formation of super-ego is the function not only of the moral training but also of the bondage and identification with the parents.

The children's concern for love-worthiness is the major force of motivation to seek parental approval and avoid disapproval by complying with socializing directives. Poor identification with parents due to negative parenting style perhaps has a detrimental effect on children's perception of means-end relationship and to relate his behaviour to rewarding or punishing consequence. Thinking to check immediate action, fails to counteract impulsivity unless it is associated with trusting relationship that gives the message to the child that socialization is not always prohibition but a round about way to delayed gratification only.

VIII. CONCLUSION

Thus it may be inferred from the present research that children with conduct disorder who had negative perception towards parents and their parents who shows negative parenting style towards their children resulted in poor parent-child relationship. Poor identification with parents due to negative parenting style perhaps has a detrimental effect on children's perception of means-end relationship and to relate his behaviour to rewarding or punishing consequence. Poor parent child bondage is a major contributory factor for conduct disorder.

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