



**Parenting Style as Predisposing Factors to the Development of Deviant Behaviours in Nigeria: Emergent Roles of Psychologist in the Management of Deviance.**

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**Abstract**

The family is a promoting and facilitating nucleus of human development, performs several fundamental role and task; to ensure the continuity of the human being and enable the balance between growth and individualization and the socialization of each member. The present study is a causal comparative and the main objectives are to uncover parental influence to children behaviour. The author attempt to bring an original contribution through identification of what is missing in the literature and what should be added thus offering recommendation for future research on the influence of parents in developing the future of their children, though much research has been conducted on the role of parents in influencing the behaviour of their children; however, more comprehensive research needs to be conducted on parental influence as a predisposing factors in the development of deviant behaviour.

*Keywords: Parenting style, predisposing factors, deviant behaviours, management of deviance behavior, the role of psychologists.*

**Introduction**

The society is surrounded with uncountable psychological issues, the most disturbing of this issue is deviant behaviours. The reason is that it disturbs the normal physical, cognitive and character development of children, who are the leaders of tomorrow. Deviant behaviours are activities that negate the principles of orders and decency that affect adolescents. Parental influence cannot be absolved of blame from the proliferation of anti-social behaviours that has infiltrated the world today.

Okepchi and Ekpang (2014) noted with concern the increasing rate of deviant behaviours in recent times. Estimate of the current prevalence rate suggested 20.5% to 23% of children exhibit one or more tendencies for deviant behaviours. There is no sufficient statistics on record to determine the percentage of all deviants in Nigeria, but personal and general observation, report

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from media and newspaper report have shown that the prevalent rate is very high. It is hard as each day passes by without any comment on problematic behaviour coming from individuals or aforementioned channel. Effective survey conducted by (Iheanacho, 2013) on awareness campaign for HIV/AIDS in Southern Cross River State, revealed that, there is rapid increase in the spread of AIDS virus. Apart from this, Society for Family Health (SFH, NGO 2016) reported the high rate of abortion among secondary school students in Cross River State, not less than 10.2% drop out of school due to unwanted pregnancies or commit abortion annually.

Deviant behaviours differ in types, severity and prevalent rate. Some deviant behaviour emanates from family background, while others are behavioural. The home a child is born and brought up can cause a child to exhibit deviant behaviour. The home or family background encompasses family socio-economic status, child rearing practices etc, for instance, an over permissive home exposes the child to all kinds of behaviour. Chuks (2016) posits that other factors within the home like broken family, and poor parental relationship are capable of breeding children with deviant behaviour. The persistent increase in deviant-behaviour among students have resulted to expulsion of some students and their academic progression either truncated or terminated. In more serious cases, it has led to the destruction of school properties that would have enhanced learning. It is not unusual for some children to manifest two or more deviant behaviours simultaneously.

The home is the primary agents of socialization and the parents are the active players in this agency. The roles they play can subsequently influence the behaviour of children positively or negatively. Their influence could be exerted through their methods of child rearing, maternal attachment, breast feeding (biological factor) patterns of family structure and their socio-economic statuses. Deviant behaviour has ruined the lives of innumerable number of adolescents, thereby, preventing them from attaining their potentials in life. They have caused emotional disturbances and economic setbacks to their parents and the society in general. All hands must be on desk to fight this ugly trend in the society.

Many measures have been taken by stakeholders, psychologist and clinicians to stem the rising trend of deviant behaviour, but most of these steps had at best yielded minimal result, may be because of lack of consideration for parental influence. The therapy currently used for the treatment of deviant behaviour include, suspension, corporal punishment, withdrawal of privileges etc (APA, 2013). However, this current attempts to mitigate the rising effects of deviant behaviour in the society also have a little result as shown by high number of cases (Barkoukis & Dambeek, 2016). Possibly because parental influence on children have not been discovered and addressed, with a view to change them. The gap this study intends to cover is the knowledge of parental influence as predisposing factors on the development of deviant behaviours. Therefore, the purpose of this paper is to establish the modalities through which parents can predispose children towards developing deviant behaviours in Nigeria. Therefore, the question this paper intends to formulate is: To what extent does parental influence predispose their children to deviant behaviours in Nigeria?

This study is anchored on control theory developed by Travis Hirschi in 1979. The theorist assumes that both inner and outer controls work against deviant tendencies. Hirschi states that deviants have various restraints: the internal control such as conscience, values, integrity, morality and the desire to be good persons and the outer control such as police, family, friends and religions authority. The outer and inner restraints form a person's self-control which prevent acting against social or established norms, based on the above, non-compliance to their basic social roles in the family can predispose children to a variety of deviant behaviours.

### **Types of Deviant Behaviours**

Deviant behaviour varies in types, severity and prevalence. They are actions that negate the principles of decency and orders, including conflicts with the societal rules, ranging from such misdemeanour as disobedience, lying, stealing, cheating, dishonesty and disrespect to some more unwholesome behaviours like rape, riots and falsification of school reports, others are examination malpractice, substance abuse, sexual promiscuity, internet fraud, gambling, among others.

Stealing is one of the most common criminal offences in the society and is becoming increasingly

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dangerous because of its numerous dimensions. Jackson (1984) believes that a crime of theft is the greatest single form of crime that any civilization has to deal with. Stealing is an act of taking something that belongs to another person or persons with the intent of keeping it. Similarly, Renshaw (1977) sees stealing as a widely prevalent act, which is centuries old, recognized in all cultures occurring in all classes and creeds, yet poorly understood.

**Internet Gambling Deviance (IGD)** — The compulsive preoccupation of some children to develop unrestrained interest in playing online games at the detriment of other relevant activities denotes Internet Deviance.

### **Parental Predisposing Influence on Deviance.**

**Family Structure** — Children's physical, mental and emotional development greatly depends on family dynamics. Children who live in intact families are less likely to experience emotional, psychological and socio-economic problems. Parental separation blights children's life to a significant degree across all domains of functioning in ways that affect their cognitive and behavioural outcomes (Wu & Thomson, 2001). Beam & Buchanan (2003) found that children from divorced families are four times victim of depression, and a significant proportion of them suffer adjustment problems. Also, 82% of women and 94% of men whose parents divorced were predicted to fall below the critical cut-off for psychotherapy and four times likely to exhibit affective disorders (Steven, Robert, Cherry & Carol, 2005). Adolescents living in single mother families were more likely to report deviance tendencies when compared to those living in non-divorced, two biological parent families (Barker, 2016). 16% of children from single parent families experience a mental health problem compared to 8% from two parent families. Sun and Li (2002) concluded that children's psychological well-being is more elastic and responsive to parent's marital disruption than is their academic performance.

According to Hertherington & Hagan (1991), children from multiple family transitions express some forms of externalization and internalization behaviours. Externalization behaviours include anti-social aggressions, noncompliance, lack of self-regulation and diminished cognitive capacity, while anxiety, depressive symptoms represent common internalization disorders.

**Parental Mode of Training** —the method of parental training can influence a wide range of children behaviour. When optimal, parental style, their skills and behaviours can bring about positive effects on children self-esteem, cognitive development and life style. Parental control that is too tight and over protective is at the risk of child deviance when the parents are no more (Seco, 2016). Kids from authoritarian family are more likely to suffer from emotional problem and place children in greater risk of problem behaviour, low self-esteem and depression (Dewer, 2013). In a similar vein, a study of Palestinians Arabs found that boys with permissive parents were more likely to suffer from low-esteem, and depression (Dwairy, 2004)

**Genetic Make-up** — One means by which deviant behaviours might arise is through genetic transmission of character from parents to children; Some genes that instigate anti-social behaviour run in family. Horwood & Fergusson (2005) found that children are two and half times more likely to develop behavioural problems if their mothers show signs of mental issues and severe parental stress. According to National Center for Biotechnology (NCBI) (2016), many disruptive adolescent behaviour disorders including Attention Deficit Hyperactivity Disorder(ADHD,) Tourette syndrome, learning disorders, substance abuse, oppositional defiant disorder, are part of a spectrum of inter-related behaviours that have strong genetic component. They are genetically inherited, share a number of genes in common that affect dopamine, serotonin, and other neurotransmitters, and are transmitted from both parents.

**Maternal Attachment** — The rate of parental attachment influence deviance. Children with positive attachment are associated with enhanced social and cognitive development in children (Hertherington & Elmore, 2013). Secure attachment is the type of parent-child connection that is normally experienced in children being confident when their parents are present, distressed by the parent's absence and comforted by their return. Parents, particularly the mothers become a stimulus signalling pleasure by reducing pains and discomfort, which represent a valuable source of security for the child. By contrast, insecure attachment is characterized by infant's fear, anger and seeming indifference towards the care giver. According to Help Guide Organization (2016), insecure

attachment makes children to be disorganized, aggressive and angry.

**Maternal Habits** — Foetus depend on the mothers for nourishment as digested food nutrients are absorbed through the placenta in the process of diffusion. Some types of food, drugs, and alcohol that are consumed by expected mothers may not be harmful to them as adults but can be dangerous to the mental development of the unborn child. Barker (2016) opined that high-fat, high sugar diet of processed food and confectionery (fast food) during pregnancy may be linked to Attention Deficit Hyperactivity Disorder(ADHD,) in children whose behaviours deviate from the norm.

Various societal implications of Deviant Behaviour (DB) necessitate the psychosocial treatment of DB among children and adolescents. But it is difficult to conclude that whether treatments are effective as it is impossible to establish the effects on the children and adolescents being treated. The reasons for the ineffectiveness of the interventions is often based on broad theories of intervention, which are not based on the current knowledge of the factors that can lead to the development of DB and most of the interventions ignored the powerful influences of a child psychosocial content (for example family, peer and neighbourhood).Furthermore, there has been no single ‘best’ treatment of DB, but what is important is interventions must be tailored to individual needs of children with DB. Some of the psychological interventions failed to consider multiple causal processes of DB. Therefore, the emergent roles of Nigerian psychologist in the management of anti-social behaviour must be comprehensive and focus on DB prevention/intervention modality with emphasis on child's interaction with family, peers, teachers, other school personnel and professionals, and other community support services. Thus, the school psychologist roles and activities include that of consultant, collaborator, educator, advocate, networker, coordinator and learners. Some of the emergent roles of Nigerian school psychologist in the management of deviance include the following:

**a. Application of Behaviour Modification Model**

The behaviour modification model has as its primary focus maladaptive behaviours. More specifically, the model focuses on ‘what’ rather than the ‘how’ or the ‘why’ aspects of behaviour

management. The child who exhibits interrupting behaviours is seen as a failure of socialization as his behaviour is considered learnt. Thus, the teacher's role is that of a learning specialist. First, the counsellor selects the appropriate 'something' to offer the child as a starting task. Secondly, the counsellor sees to the expansion of this task in order that the child reaches a standard of functioning that is desired in the classroom. Finally, he or she offers positive meaningful consequences for the acceptable behaviour. The underlying principle of this model is to identify the maladaptive behaviour that interferes with learning and to aid in the development of more adaptive behaviours by way of positive schedules which require no additional reinforcements. Thus, the model is very straight-forward as the school psychologist try to extinguish an undesirable behaviour by removing the 'reinforcer' and replacing it with a desirable behaviour through reinforcement. Parent management training is an important kind of Behavioural Parent Training in individual and group setting for children with deviant behavior. Programs based on parent management training include Helping the Noncompliant Child, Incredible Years Parent Training Series, Triple P-Positive Parenting Program, and Barkley Parent Training Program.

Other theories of behaviour modification which can provide a framework for psychologist who deal with children with deviant behaviours is classical conditioning and it is based on a stimuli-response formula. Cherry, (2011), explains that teachers can use this "classical conditioning" approach by creating for their students an environment which will help them to overcome fear. This can come about when the counsellor places the student in contrasting circumstances before a group of persons, such as one likely to engender fear and another, pleasant feelings/associations, which can help the student to deal with fear by helping/encouraging the child to make new associations. This can create a situation where the child feels relaxed and at ease.

Another behaviour modification used to manage deviant behaviour is social modelling which is based on the work done by Albert Bandura who asserted that most learning are derived by chance from simply watching and following what is observed. This learning may or may not come about because of external facilitating factors. Thus, the use of behaviour modification techniques should be applied by

psychologist alone, but parents, teachers and administrators need to be educated by school psychologist on the impact of reward systems or reinforcements on children's behaviour. Since, rewards constitute the means by which positive behavioural outcomes result, thus, good performance need to be rewarded, not to ignore the child, providing sound examples of appropriate behaviour, making the punishment appropriate in the circumstances and measures such as the response cost technique and the shaping technique as modification strategies were found to be effective in managing deviance.

**b. Use of Cognitive behaviour therapy**

Afusat, (2013) stressed that cognitive is simply a fancy word that means thoughts. It is form of psychotherapy which is active, well-structured and designed to rapidly and effectively reduce and eliminate psychological symptoms. Cognitive behaviour therapy (CBT) is a form of psychological treatment that focuses on the thoughts and behaviours that accompany psychological distress. Similarly, CBT is found to be effective in treating a wide variety of psychological difficulties including depression, anxiety, panic attacks, phobias, obsessive compulsive disorder, social anxiety and shyness, and post- traumatic stress disorder. Cognitive behaviour therapy has been found to be very effective in the treatment of all forms of anti- social behaviours such as stealing (Obalowo, 2004), socially undesirable behaviour, faulty thinking, frustration, recidivism and delinquent behaviour (Santrack, 2012).

Cognitive Behaviour Therapy also involves self-management which explains the self- which believes that individuals have potential for self-actualization. The proponent of this theory believed that human beings have inherent tendency to develop their self in the process of interpersonal and social experiences, which they have in the environment (Chauman 2000). Since individual has the potential for self-actualization, self-management techniques will make the delinquent individual take part in the management of his own behaviour.

Cognitive behaviour therapy aims at changing clients' beliefs through testing clients beliefs based on agreed behavioural experiments between clients and the therapists. During the experimentation, the therapist does not tell the client that his belief is wrong, but rather asks questions



to elicit the meaning, function, usefulness, and consequences of clients' beliefs (Sanders, 2000). Based in this process, client's cognitive behaviour therapy also challenges adolescents to make conscious choices and to accept full responsibility for their choices (Frick, 2004). For a psychologist to use CBT, he/she needs to involve the use of problem solving skills training which emphasize in the process of learning, the improvement, maintaining and treating aggression and disorders in children behaviour. Equally, problem solving skills training encouraged the client to identify connections between thoughts and their responses to social situations.

CBT also emphasises the learning process and the ways in which external environments can change both cognition and behaviour. CBT for children and adolescents usually includes a range of behaviour performance-based procedures, and often involve the family or school in therapy. Busari and Uwakwe (2001) suggested the use of individual work, group sessions, or both. The length of treatment varies considerably depending on the severity of difficulties experienced. Cognitive behaviour therapy also challenges adolescents to make conscious choices and to accept full responsibility for their choices (Scott, 2004).

**c. Create School-Based Early Prevention/Intervention Strategies**

Psychologist can work with their counsellor colleagues to develop systems that monitor children at each transition stage, from admission to graduation. Together they can also plan needs-based programs for high-risk students, and create community resource files. School psychologist can also coordinate services with community counsellors for the at-risk children and their families including out-of school activities; and they can identify and refer parents, caregivers and children to on-going groups and services as well as implementing follow up strategies. At each transition stage, the school psychologist coordinates communication among all of the adults who have an active role to play, both in and out of school in their life as student.

**d. Make Time for Student Contact**

School psychologist should look for, and be aware of, time in the day that can be used for informal student observation and contact. For example, a school psychologist can visit the children

during lunch times, during games, in special area classes such as art to observe and note student with related cases. This process normally helps experts to increase awareness of troubled children with problem behaviour, initiate early intervention or prevention strategies, and further provide opportunities for informal peer/adult socialization.

**e. Keep Making Connections**

School Psychologist should not confine to offices and guidance centres within schools. Psychologists need to communicate with teachers and parents about children with conduct problems, market their services within the school and the community, and volunteer and be involved in school committees, curriculum design, student clubs, and community organizations. These contacts outside of the counselling office are essential parts of staying informed about school and community culture, knowing what resources are available, and assuming the role of advocate and change agent.

**F. Develop support networks for children as they transits to other schools**

Transition to a new school environment can be particularly difficult for children with problem behaviour. Thus, school-psychologist shall developed strategy that diffuses the disruption caused by transition. Few of such strategies include: arrange a tour of the new school, have the child meet the new teachers and administrators and introduce the child to extracurricular opportunities that will aid assimilation of the new school culture, plan a private meeting with the new counsellor to share your strategies for assisting children and families dealing with deviance.

**Conclusion**

This paper examines parental influence in predisposing children on the development of deviant behaviour, the paper concluded that deviant behaviour is a chronic pattern of antisocial and aggressive behaviour in which either the rights of others or major social norms or both are violated. This situation create havoc to the life of the child in the school capable of retarding his/her academic achievement, affect their interpersonal relationship with their peers, teachers and parents. It is also part of the conclusion to note that the management of the DB requires multiple approaches apart from

psychosocial treatment and interventions since the causes of the DB are multi-dimensional in nature.

### **Recommendation for policy directions**

Based on the discussion-above the following suggestions were put forward:

- a. Trainers of school psychologist need to enrich the curriculum with skills which will equip the trainees on how to manage DB.
- b. Psychologist should collaborate. As noted that students with deviant behaviour exhibit different deviant behaviour within and outside the school compounds. Therefore, there is the need for concerted effort of all partners (school, community, and social services) to assist both families and children in management of DB.
- c. Parents of the children with DB need may adjust their Parenting style, since they play a key role in promoting an environment which is conducive to this disorder. School psychologist need to educate their clients, public, parents, families etc. on the negative effects authoritarian parenting styles have on their children.

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