Differences in the Moral Understanding of Truth- and Lie-telling Among Children with

and without Conduct Problems

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Abstract

Children with conduct problems engage in more frequent antisocial lying compared to typically developing children (Zanette et al., 2020). However, little is known about *why* children with conduct problems tell more antisocial lies and whether their moral understanding of lying plays a role in these differences. The current study explored whether children with conduct problems differ from typically developing children in their moral understanding of truth- and lie-telling in antisocial contexts. Child participants ($N = 387$; 6-13 years-old) completed a moral reasoning task examining why they believe telling the truth or a lie about having committed a transgression (e.g., eating a candy without permission) is either good or bad. Responses were coded based on their rationale for these judgements (e.g., "*it is bad because she might get in trouble*"). Children with conduct problems did not significantly differ from typically developing children in why they believe it is good to tell the truth and confess to a misbehaviour is good. However, for males only, children with conduct problems significantly differed from typically developing children in their rationales for why they believe telling an antisocial lie is bad. Compared to typically developing males, males with conduct problems were more likely to judge telling an antisocial lie as bad based on the nature of the transgression committed (e.g., disobeying a teacher) rather than the morality of *lying* about said transgression. This research contributes to our limited understanding of lying and conduct problems and may help inform the development of more effective intervention strategies to combat patterns of excessive lying.

Differences in the Moral Understanding of Truth- and Lie-telling Among Children with

and without Conduct Problems

Children begin telling lies early in their childhood as a typical part of their development (Hartshorne & May, 1928; Lee, 2013; Lewis et al., 1989; Zanette et al., 2020). Although children's lie-telling is not an occurrence of major concern, it can become problematic when it becomes frequent, chronic, and used for antisocial reasons (Gervais et al., 2000; McEachern & Snyder, 2012; Mugno et al., 2019; Stouthamer-Loeber, 1986; Zanette et al., 2020). There is little research on the development of lie-telling in children with conduct problems despite the well-established association between frequent lie-telling and various negative outcomes, such as delinquency, aggression, and stealing (Gervais et al., 1998; 2000; Ostrov, 2006; Ostrov & Godleski, 2010; Stouthamer-Loeber, 1986). Additionally, there has been far less research done on looking at children's reasonings behind whether truth- or lie-telling is good or bad. One potential explanation for their excessive lie-telling is that children with conduct problems may not consider lying to be as morally wrong compared to what typically developing children think, or perhaps children with conduct problems are less concerned with how their lies may affect other people. The current study will examine these potential explanations.

Conduct Problems and Antisocial Lying During Childhood

Antisocial lies are one of the most common types of lies told in childhood (Zanette et al., 2020). Lies in the antisocial context are told for antisocial purposes, such as concealing transgressions, and generally are perceived to be a negative behaviour (Bussey, 1999; Peterson et al., 1983; Popliger et al., 2011; Zanette et al., 2020). Children's earliest lies are typically antisocial and emerge by the age of 4 (Malloy et al., 2018; Talwar & Crossman, 2011). Although lie-telling is a common behaviour children engage in, in certain circumstances this may signify

the onset of a disruptive behaviour disorder: an umbrella term which includes conduct disorder

and oppositional defiant disorder (American Psychiatric Association, 2013).

Conduct disorder is a condition in which children exhibit a repetitive and persistent

pattern of conduct problems: behaviours in which the basic rights of others and major norms or

rules are violated (American Psychiatric Association, 2013). The primary diagnostic features of

conduct disorder include aggression towards people and animals, destruction of property,

deceitfulness or theft, and serious violations of rules (American Psychiatric Association, 2013).

Previous research has shown that frequent and persistent lie-telling is one of the earliest

indicators of the onset of conduct disorder (Loeber et al., 2009b; Ostrov, 2006; Zanette et al.,

2020). This relation between excessive antisocial lying and conduct problems has long been

established (American Psychiatric Association, 2013; Loeber et al., 2009a; Ostrov, 2006;

Stouthamer-Loeber, 1986; Stouthamer-Loeber & Loeber, 1986). That is, various observational

(Malloy, 2019) and parent-report studies (Stouthamer-Loeber, 1986; Zanette et al., 2020) have

found that lying is more prevalent among children with conduct problems in comparison to

typically developing children. Therefore, it is important to understand the reasons why some

children develop a pattern of lie-telling that is excessive and problematic and how this relates to

the development of severe conduct problems.

The question of why children with conduct problems tell more antisocial lies has yet to

be answered. One potential explanation for this could be that children with conduct problems

may see lying as less morally wrong compared to what typically developing children believe, or

they may simply be less concerned with how their lies may affect others. Individuals with

conduct problems tend to not perceive their behaviour as problematic (Searight et al., 2021) and

tend to hold a more self-focused persona, such that they do not care as much about other people's

feelings compared to typically developing children (Blair et al., 2014). Currently, only one study to date has specifically examined how children with conduct problems evaluate truth- and lie-telling in different social contexts (Zanette et al., 2020). In their study, Zanette and colleagues (2020) found that 6- to 12-year-old children with conduct problems tend to evaluate antisocial lies just as negatively typically developing children do. Their findings suggest that, regardless of levels of conduct problems, children consider truth-telling in antisocial scenarios as good and lie-telling as bad (Zanette et al., 2020). However, a key question requiring further investigation is whether typically developing children and children with conduct problems differ in their rationales behind these evaluations of truth- and lie-telling. In other words, why do children with conduct problems evaluate telling an antisocial lie as bad and confessing to a transgression they committed as good, and do their rationales for these moral judgments differ from those of typically developing children? This question was examined in the current study.

Children's Moral Understanding of Lying

Children's reasoning about the acceptability of lie-telling can be viewed within the context of moral development, since honesty is an important topic of discussion in morality (Heyman et al., 2009; Perkins & Turiel, 2007). Piaget (1932, 1965) argued that once children reach the age of 10, they shift from a heteronomous morality stage – in which they view rules as moral absolutes – to an autonomous morality stage – in which they appreciate that rules can sometimes be challenged or violated to benefit others. Within this stage, children's judgments of what is right or wrong should be focused more on intention rather than on objective outcomes (Heyman et al., 2009; Piaget, 1932; 1965).

A child's perspective-taking ability – their understanding of how another person experiences things from their point of view – has been found to be a reliable precursor to

children's moral reasoning skills (Beaudoin-Ryan & Goldin-Meadow, 2014). Having this basic understanding of others' minds allows children to make more informed moral evaluation rationales during early childhood. This perspective-taking ability has been found to be deficient among children with conduct disorder (Anastassiou-Hadjicharalambous & Warden, 2008). Specifically, their research investigated cognitive and affective perspective-taking in conduct disorder children with varying levels of callous-unemotional traits (i.e., psychopathy). Their findings suggest that children with conduct disorder, regardless of whether they also experience a high or low level of callous-unemotional traits, demonstrate deficits in affective perspective-taking (i.e., the ability to make inferences about others' feelings and emotions; Anastassiou-Hadjicharalambous & Warden, 2008). This deficit in affective perspective-taking may result in children with conduct disorder struggling to take into account the feelings and emotions of others when judging their actions in certain situations, such as whether telling the truth or a lie in certain contexts is good or bad. In turn, this may also impact the rationales they provide in their judgments of why truth- or lie-telling in an antisocial context is either good or bad. For example, it could be that children with and without conduct problems differ in whether they consider the potential impact telling the truth or a lie may have for themselves compared to others.

Researchers commonly refer to Kohlberg's theory of moral development (Kohlberg, 1984) as a framework for understanding moral development across the lifespan. However, many scholars have criticized Kohlberg's theory of moral development, as it was based solely on research with male participants and did not take potential gender differences into consideration (Bussey & Maughan, 1982; Gilligan, 1982; Rothbart et al., 1986). One of these critics was Carol Gilligan, who in her previous work suggested that males are more likely to think of moral dilemmas in terms of justice and individual rights, whereas females are more likely consider

them in terms of care and relationships with others Gilligan (1977). Gilligan (1982) proposes that Kohlberg's theory does not take into account the framework of females' moral reasoning based on care and responsibility and that it may be misinterpreted as his theory defines judgment as based on principles of justice (Rothbart et al., 1986). She found that females have a distinctly social perspective in their moral judgments, suggesting that a female's self-concept is focused on her connections with others, resulting in their moral outlook involving a concern with maintaining relationships and a sensitivity to not hurting people (Gilligan, 1982; Rothbart et al., 1986). This orientation of care morality involves evaluating personal consequences of moral choices, which requires the individual to consider a moral dilemma in terms of the situation rather than what is objectively right or wrong (Murphy & Gilligan, 1980; Rothbart et al., 1986).

It is important to note that research has failed to consistently show that the gender differences in moral reasoning proposed by Gilligan (1982) do in fact exist (Brabeck, 1983; Ford and Lowery, 1986). However, we must also consider that conduct disorder presents itself differently among males than it does in females. Not only is conduct disorder less likely to occur in females than males (American Psychiatric Association, 2013; Loeber et al., 2009a; Moore et al., 2017), but gender differences also occur in the presentation of the disorder (Berkout et al., 2011). In comparison to females with conduct disorder, males with conduct disorder are more likely to be involved in extreme delinquent behaviour (Burke et al., 2002) and engage in more *overt* antisocial behaviours – those that are more easily observable and clinically obvious, such as aggression and breaking and entering (Berkout et al., 2011; Stouthamer-Loeber, 1986). In contrast, females are more likely to display more *covert* antisocial behaviours – those that are less observable, such as non-confrontational stealing, lying, and running away from home (Berkout et al., 2011; O'Keefe et al., 2012). However, more research is needed to determine

whether females with conduct disorder lie more or less often compared to males with conduct disorder. Research by Gervais et al. (2000) indicates that among children with disruptive behaviour disorders, males more frequently engage in lie-telling compared to females. However, other studies have not found such gender differences (Zanette et. al., 2020). It is therefore important to examine whether gender differences are present in how these children reason about truth- and lie-telling. Thus, another key goal of this study was to investigate whether any observed differences in children's understanding of truth- and lie-telling between children with and without conduct problems are dependent on the child's gender.

The Current Study

The current study investigated the following research questions: (1) Do children with conduct disorder (CD) differ from typically developing (TD) children in their reasonings behind whether it is good or bad to tell the truth or a lie in antisocial contexts; (2) do children's moral evaluation rationales differ based on gender; and (3) does gender moderate the aforementioned relations?

To investigate these research questions, children were read 2 vignettes describing situations where the child protagonist either told the truth or a lie in antisocial contexts. After each story, children were asked to evaluate how good or bad the protagonists' response was and were asked to justify their evaluation. Prior research by Heyman et al. (2009) suggests that when evaluating characters' truth- and lie-telling behaviour in fictional vignettes, children's reasoning behind their evaluations (why they judged the action as either good or bad) tend to fall within four different categories: veracity (simple statements referring to telling the truth or a lie), impact to self, impact to others, or impact to both the self and others. We therefore coded children's

justifications for why they believed telling the truth was good and telling a lie was bad based on these four categories (Heyman et al., 2009).

Given that previous research by Blair and colleagues (2014) suggests that children with conduct disorder may be more self-centered than typically developing children, we hypothesized that typically developing children would be more likely to refer to the impact to others when evaluating truth- and lie-telling in moral dilemmas, whereas we expected children with conduct problems to be more likely to refer to the impact to self. Regarding our second research question, we hypothesized that females would be more likely to refer to the impact to others compared to males, who we hypothesized would be more likely to refer to the impact to self. This is in accordance with previous research suggesting that females are more likely to consider moral dilemmas from a perspective of care and consideration of others compared to males, who are more likely to consider moral dilemmas through a lens of justice, reciprocity, and individual rights (Gilligan 1982; Rothbart et al., 1986; Yacker & Weinberg, 1990). Lastly, for our third research question, we did not have any specific predictions regarding how gender and conduct problems may interact to produce differences in children's rationales.

Methods

Participants

Three hundred and eighty-seven children aged 6 to 13 years-old (M_{age} = 9.00, SD_{age} = 1.80) were recruited from two sources: 63% (n = 242) were recruited from the community (e.g., local family-oriented events) and 37% (n = 141) were recruited from the Child Development Institute, an accredited children's mental health agency in Toronto, Canada. Within the entire sample, 54% of children were male and 46% were female. A chi-square analysis revealed no significant difference in the proportions of males and females based on these recruitment

methods, $\chi^2(1, N = 383) = 1.20$, $p = .273$. Among the participants, 44% were White/Caucasian, 21% Multiracial, 9% Black, 6% East Asian, 3% Latin American, 2% South Asian, 2% Arab/West Asian, 1% Southeast Asian, and 12% chose not to specify (Zanette et al., 2020).

Prior to recruitment in the study, children from the mental health agency were eligible for, or had recently completed, a 13-week evidence-based intervention program for children with severe behavioural problems (Zanette et al., 2020). The participants recruited from the mental health agency did not require a formal diagnosis of conduct disorder, and many of these children experienced a subclinical level of behaviour problems to be referred to the agency and receive the services provided there (Zanette et al., 2020). The data analyzed for this study was taken from broader research conducted by Zanette et al. (2020), of which some data has been previously published. Additionally, the following methods discussed in this paper are those which are relevant to our study.

Measures

Child Behavior Checklist (CBCL). The CBCL is a parent-report measure of children's behavioural, emotional, and social problems as well as their overall functioning (refer to Appendix A). The checklist asks parents to indicate which (if any) problem behaviours their children engage in from a list of 113 items. Parents rate each item on a 3-point Likert scale: *not true* (0), *somewhat or sometimes true* (1), or *very true* (2) (Achenbach, 2013). The conduct problem subscale of the CBCL was utilized for the specific purposes of this study (Zanette et al., 2020). The scores on the conduct problem subscale were totaled and transformed into *t*-scores as per Achenbach (2013). Interpretations of these *t*-scores were based on the ranges in which they fell, classifying children as typically developing (< 64), borderline (65-69), or clinical (70+). For

the present study, children with a t-score of 65 or above were classified in the conduct problems group and those with a t-score of 64 or lower were categorized as typically developing.

Moral Stories. Two short moral stories, adapted from related research (Bussey, 1992, 1999; Peterson et al., 1983; Siegal & Peterson, 1998; Talwar & Lee, 2008; Talwar et al., 2002), were used to examine children's conceptual understanding of lie- and truth-telling (refer to Appendix B). The plots of these stories involved antisocial scenarios in which the child protagonist commits a transgression and tells either the truth confessing to it (confess to misdeed story) or a lie denying it (antisocial lie story; Zanette et al., 2020).

Procedure

After children were recruited for the study, the parents provided informed consent on behalf of their child. A research assistant then described the tasks to the children in an age-appropriate manner in order to obtain their assent. Parents were then asked to complete the CBCL form in order to evaluate the child's level of conduct problems. Meanwhile, children completed the moral reasoning task with a research assistant in another room (Zanette et al., 2020).

Moral Reasoning Task

Children were read the antisocial moral stories in a random order by an experimenter alongside cartoon illustrations shown on a laptop. After each story, children were asked three follow-up questions: a moral concept question, a moral evaluation question, and a moral reasoning question. This procedure was modeled after existing research (Bussey, 1992, 1999; Peterson et al., 1983; Siegal & Peterson, 1998; Talwar & Lee, 2008; Talwar et al., 2002). First, the moral concept question, "is what [protagonist] said the truth, a lie, or something else?" was asked to confirm that children understood the concept of lie- and truth-telling. Next, children

were asked the moral evaluation question, "is what [protagonist] said good, bad, or neither good

nor bad?". Children answered this question using a 7-point Likert scale (-3 to +3), with negative

scores representing negative evaluations and positive scores representing positive evaluations.

After making the evaluative rating, children were asked the moral reasoning question, "why is it

good/bad [question differed based on the rating given in the moral evaluation question]?".

Children's responses were transcribed verbatim with no prompt for further information. The data

regarding the moral concept and moral evaluation questions have been reported and analyzed

elsewhere (Zanette et al., 2020). For the purposes of our study, we will focus on children's

responses to the moral reasoning question.

Children's responses to the moral rationale questions were deductively coded into one of

the following four categories based on previous research (Heyman et al., 2009): *Veracity*, which

involves simple statements about telling the truth, telling a lie, or any factual evidence for the

claim (e.g., "*it is bad because she lied*"); *impact to self*, which includes references to how telling

the truth or a lie would impact the person who told the truth/lie (e.g., "*it is bad because he might

get punished*"); *impact to others*, which involves references to how telling the truth or a lie would

impact the recipient of the truth/lie (e.g., "*it is bad because his mother will get mad*"); and

both types of impact, which includes references to how telling the truth or a lie would impact

both the person who told the truth/lie and its recipient. Furthermore, inductive coding techniques

resulted in the formation of two additional categories: *Rule-breaking*, which included references

to the transgression itself (e.g., "*it is bad because she ate the candy when she was told not to*");

and *ignorance*, which involves the child not giving a clear rationale at all (e.g., "*I don't know*").

Finally, children whose responses did not clearly represent any of the aforementioned categories

were coded as *unspecified* (e.g., "*It's not that bad, like killing someone or something*").

For the purposes of the current study, *ignorance* was considered the least sophisticated form of reasoning, followed by *rule-breaking*, *veracity*, *impact to self* or *impact to others*, and *both types of impact* (Table 1). Responses in the *unspecified* category are excluded from this hierarchy. In cases where children's responses fell into multiple categories, the highest-ranking category was used. For example, a child who referred to both the wrongness of the transgression itself (*rule-breaking)* and the impact that lying or confessing to the misdeed may have on the speaker (*impact to self*) in their rationale would be categorized as *impact to self*.

Table 1

Coding Categories

Category	Definition	Examples
Ignorance	Child does not give any reasoning	"I don't know." "I am not sure." "Uhh/Umm."
Rule-breaking	Reference to the transgression	"Because she is not supposed to eat candy at school." "His mom told him not to do something and he still did it."
Veracity	A simple statement about telling the truth or a lie	"It is bad because she lied." "He should not lie to his mom."
Impact to Self	Comments on how the truth-/lie-telling would impact the lie-teller (protagonist)	"He didn't want to get in trouble."
Impact to Others	Comments on how the truth-/lie-telling would impact other individuals involved (truth-/lie-recipient)	"She didn't want to hurt their feelings." "He didn't want to upset his mom."
Both Types of Impact	Comments on how the truth-/lie-telling would impact **both** the protagonist **and** individuals other than the protagonist	"He didn't want to get in trouble or make his mom angry."
Unspecified	Child gives a response that does not fit within one of the above categories	"It's not like the best thing, it's just good."

Note. This table explains the coding categories through definitions and examples. The categories are listed in increasing order of sophistication (but the "unspecified" category is excluded.

Results

For the analysis of the antisocial lie scenario, we included only the children who indicated that the story character told a lie and rated lying as bad, very bad, or very very bad ($N =$ 343). Additionally, for the analysis of the confess to misdeed story, we included only the children who indicated that the story character told the truth and rated telling the truth as good, very good, or very very good ($N = 275$). The reason for such a reduced participant count is that more kids rated telling the truth as *neither good nor bad* in the confess to misdeed story compared to the antisocial lie story. The purpose of our inclusion criteria was to ensure that the data analyzed was that of the participants who correctly understood the story and provided the 'correct' answer to the moral concept question (e.g., lying is bad, telling the truth is good).

Chi-square analyses were then conducted to determine whether significant differences in children's moral reasoning regarding truth- and lie-telling occur based on whether the child was in the typically developing group of conduct problems group, and whether such distinctions differ based on gender.

Analysis of Antisocial Lie Story

Upon running the chi-square analyses using our initial coding system, including the seven categories of ignorance, rule-breaking, veracity, impact to self, impact to others, both types of impact, and unspecified, we encountered errors with lower than the necessary expected cell counts required to meet the statistical assumptions of the test (Table 2). Specifically, only 4 typically developing participants were coded in the ignorance category, only 3 children with conduct problems who mentioned impact to others, and only 3 participants overall who mentioned impact to both the self and others in their reasoning. To remedy this shortcoming and achieve the minimum required expected count while retaining the highest sample size possible,

we combined the categories of impact to self ($n = 44$), others ($n = 13$), and both ($n = 3$) into a single category along with the responses classified as "unspecified" ($n = 6$). We henceforth refer to this new category as the *general impact* category ($n = 66$), which encompasses consequences for the lie-teller and/or others as a result of telling an antisocial lie (e.g., getting into trouble, hurting those around them, breaking trust in a relationship, etc.). We also chose to exclude participants in the ignorance category from future analyses ($n = 4$). These changes meant we were unable to examine any potential group differences in whether children are more or less likely to reference the impact that antisocial lying has on oneself (the liar) versus others (the lie-recipient). However, it is important to note that the impact to others and impact to both categories represented less than 5% of all responses, suggesting that the effects of such differences, if they do indeed exist, would be incredibly small and likely of very little (if any) practical significance. Thus, with this revised coding system, we were left with three overarching categories for analysis: rule-breaking, veracity, and general impact.

Table 2

*Frequency of Each Rationale for Why Antisocial Lying is Bad Based on Conduct Problems*

		Ignorance	Rule-breaking	Veracity	Impact to Self	Impact to Others	Both Types of Impact	Unspecified
Participant Group	Typically Developing ($n = 221$)	4	21	154	31	10	2	3
	Conduct Problems ($n = 122$)	0	21	81	13	3	1	3
Total	($N = 343$)	4	42	235	44	13	3	6

Results indicated no significant main effect of conduct problems in children's moral reasoning rationales, $\chi^2(2, N = 343) = 4.74$, $p = .094$. Additionally, there was no significant main effect of gender observed, $\chi^2(2, N = 343) = 2.33$ $p = .311$. However, analyses revealed that a

significant interaction effect occurs between gender and conduct problems, such that differences

in children's moral reasoning about antisocial lying differed based on conduct problems for

males, $\chi^2(2, N = 341) = 7.12$, $p = .028$, but not females, $\chi^2(1, N = 160) = 0.03$, $p = .984$ (Figure

1).

Figure 1

Percentage of Moral Reasoning Types Used in the Antisocial Lie Story Separated by Gender
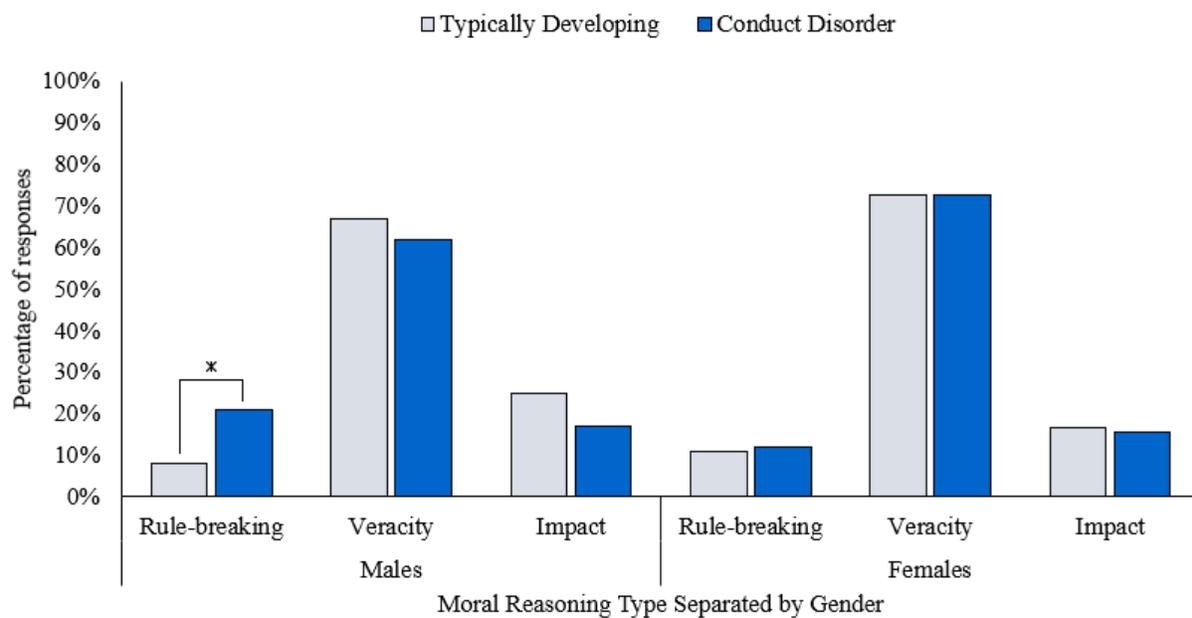
Post hoc analyses using Bonferroni correction revealed that, among males only, the

proportion of children with conduct problems who responded in the rule-breaking category was

significantly higher compared to typically developing children, $p < .05$. That is, 21% of males

with conduct problems indicated rule-breaking as a rationale for why telling a lie is bad, whereas

only 8% of typically developing males used the same rationale (Figure 1). That is, males with

conduct problems were more likely to reason that telling an antisocial lie is bad because the

transgression itself was bad, whereas typically developing males were more likely to use one of

the more sophisticated forms of reasoning (veracity or general impact). However, when these

more sophisticated forms of reasoning are examined individually, the proportion of males in the

veracity category did not significantly differ based on whether they were in the typically

developing (62%) or conduct problems (67%) group, suggesting that these children are just as

likely to reasoned that lying about a transgression is bad simply because lying itself is bad, $p >$

.05. Similarly, no significant differences were observed within the general impact category, $p >$

.05, indicating that the proportion of children with conduct problems (17%) who referenced how

telling the truth or a lie affects themselves and/or others did not significantly differ from

typically developing children (25%; Figure 1). The lack of significant differences observed

among females indicates that females with conduct problems reason about the morality of telling

an antisocial lie in a manner similar to how typically developing females do.

Confess to Misdeed Story

As with the data for the antisocial lying story, we encountered similar difficulties with the

confess to misdeed story data regarding insufficient cell counts (Table 2). We once again

combined the categories of impact to self ($n = 32$), impact to others ($n = 4$), both types of impact

($n = 0$), and unspecified ($n = 0$) into a single category and excluded responses in the ignorance

category. However, the cell counts observed using the revised categories of rule-breaking,

veracity, and general impact remained insufficient, meaning that we were unable to meet the

statistical assumptions required to conduct a chi-squared test with this data.

Table 3

Frequency of Each Rationale for Why Confessing to a Misdeed is Good Based on Conduct

Problems

		Ignorance	Rule-breaking	Veracity	Impact to Self	Impact to Others	Both Types of Impact	Unspecified
Participant Group	Typically Developing (*n* = 175)	2	6	143	22	2	0	0
	Conduct Problems (*n* = 100)	3	2	83	10	2	0	0
Total	(*N* = 275)	5	8	226	32	4	0	0

Discussion

The current study investigated whether children with conduct problems differ from

typically developing children in their moral understanding of antisocial truth- and lie-telling.

Typically developing children and children with conduct problems completed a moral reasoning

task examining their rationale behind why telling a truth or a lie in antisocial contexts is either

good or bad. Results demonstrated that, on their own, neither the presence of conduct problems

nor gender has a significant effect on the moral reasoning rationales provided by children.

However, the findings of this study suggest that there is a significant effect caused by the

interaction of conduct problems and gender in the moral reasoning rationales provided by

children. Specifically, males with conduct problems differed from typically developing males in

their moral reasoning, but these differences were not seen among females.

We had predicted that typically developing children would be more likely to refer to the

impact to others when evaluating truth- and lie-telling in moral dilemmas, whereas we predicted

that children with conduct problems would be more likely to refer to the impact to self. However,

we were unable to test this hypothesis in the present study because the data did not meet the

statistical assumptions of the test. After merging the impact to self, impact to others, both types of impact, and unspecified categories, we were able to meet the necessary minimum expected cell counts to analyze the data in the antisocial lie story, but not the confess to misdeed story. While this serves as a limitation of the current study, of note is that a cursory review of the descriptive data suggests that there do not seem to be major differences in the moral reasoning provided by typically developing children and children with conduct problems in this context.

Our second hypothesis, which stated that more females will be more likely to refer to the impact to others compared to males, who will be more likely to refer to the impact to self, was not supported by the findings of the present study. Our results found that children did not significantly differ in their moral reasoning based on gender. A reason for this could potentially be that although there is some evidence to suggest that there may be differences in moral reasoning with gender, that evidence is not very strong. There has been previous research linking females to an orientation of care and males to an orientation of justice when considering moral dilemmas (Ford & Lowery, 1986). However, Ford and Lowery (1986) make note of the fact that although this difference is seen, the orientation of care is not exclusive only to females, nor is the orientation of justice exclusive only to males. This conclusion was based their findings as well as on previous research by Brabeck (1983) who found that these gender differences are not consistently seen across all studies. Thus, in both their works, Bracbeck (1983) as well as Ford and Lowery (1986), emphasize that these differences are minimal and cannot be generalized specifically to males or females in their moral reasoning. Hence, this gender difference not being present consistently within the findings of our study.

Although we had no specific hypotheses for our third research question, which examined potential interactions between gender and conduct problems in children's moral evaluation

rationales, the findings related to it were significant. These results suggested a significant

difference among males with conduct problems compared to typically developing males in their

reasoning for evaluating telling an antisocial lie as bad. Specifically, compared to typically

developing males, males with conduct problems were more likely to focus on the morality of the

transgression itself, and not the morality of the actual lie or its consequences. Within the

category of rule-breaking, children are only referencing the morality of a transgression, which

does not truly answer the moral reasoning question of why telling the truth or a lie was bad, it

focuses solely on the transgression. It is for this reason that we argue that *rule-breaking* may be

considered the least-sophisticated form of reasoning compared to *veracity* and *general impact*,

which increase in sophistication respectively. Similarly, it could be argued that the *general*

impact category is more sophisticated than the *veracity* category because children go beyond just

consideration of the lie itself and articulate the implications and consequences of lying. As such,

the results of the current study may be interpreted to suggest that male children with conduct

problems do not understand the moral implications of their actions as well as typically

developing males.

However, these differences were not seen among females. This may suggest that females

with conduct problems are not lying more than typical girls because they think about lying

differently, as our findings show that this is not the case. This could be due to conduct disorder

being a gendered disorder that presents itself differently within males and females (American

Psychiatric Association, 2013; Berkout et al., 2011; Loeber et al., 2009a; Moore et al., 2017).

Overall, the most referenced category by both typically developing children and children with

conduct problems was *veracity.* In this category, children are only mentioning the act of lying

itself as being the reason it was good or bad rather than considering its impacts to the truth- or

lie-teller or the truth- or lie-recipient. Part of the reason for this could be that maybe kids within the age range of 6 to 13 years-old do not have a sophisticated understanding of why lying is bad. Alternatively, maybe they do not have the language ability to properly articulate and explain why they think it is good or bad. Overall, there was no dramatic difference seen in the rationales provided by typically developing children or children with conduct problems.

Theoretical and Clinical Implications

The present study has both theoretical and clinical implications. From a theoretical perspective, this research could aid in further research in developmental psychology in the domain of children and their morality. That is, looking further at the children's responses and assessing their sophistication and further structuring them in a hierarchical manner. Additionally, the findings of this research can aid in our understanding of moral reasoning in children with conduct problems. Determining different reasons why children with conduct problems perceive truth- and lie-telling to be good or bad may inform our knowledge of their morality in antisocial contexts. Thus, the findings of this study can add to our existing and future understanding of moral reasoning of children with conduct problems.

The results of the present study also have practical implications regarding the development of clinical interventions for conduct problems. Previous research has shown that the pattern of persistent and frequent lie-telling is more prevalent in children with conduct problems compared to typically developing children (American Psychiatric Association, 2013; Loeber et al., 2009a; Loeber et al., 2009b; Ostrov, 2006; Stouthamer-Loeber, 1986; Stouthamer-Loeber & Loeber, 1986; Zanette et al., 2020). Since this link between antisocial lie-telling and conduct disorder exists, understanding their reasoning behind why they consider lies in certain contexts good and others bad could help to inform intervention strategies for children with conduct

problems. Since our findings showed only a small difference between typically developing

children and children with conduct problems, changing their moral understanding of lying might

have an impact on their lying behaviours, but probably not substantially. These very minor

differences tell us that the reason why these kids are lying more is most likely not because of

their moral understanding. Therefore, using an intervention focused on targeting their

understanding of lying probably would not be successful. However, since this difference was

seen only among males, there is a chance that it may be effective for boys, but our findings

provide no evidence to suggest that it might be effective for girls. Overall, the insight provided

by these findings do not lie in the intervention strategies that could be used, but rather in those

that may not work and therefore, should not be used.

Limitations and Future Directions

The present study has important limitations that should be taken into consideration in

future research. First, this study was conducted using a sample size of 383 children, of which

after exclusion criteria were enforced, there was a remainder of 343 for the analysis of the

antisocial lie story and the 275 for the antisocial truth story. The potential underlying issue with

this is that the lack of an ample participant size may have been part of the reason differences

were not observed or why greater differences were not present.

Second, this study analyzed only the moral reasoning rationales provided in the antisocial

lie and truth contexts. The reason for this was because various research has found that children

with conduct disorder engage in more antisocial lie-telling (Loeber et al., 1992; Mugno et al.,

2019; Stouthamer-Loeber, 1986; Zanette et al., 2020). Therefore, we expected to see significant

differences in rationales for antisocial truth- and lie-telling evaluations between children with

and without conduct disorder. Regardless, due to differing social scenarios having different sorts

of impacts on the truth- or lie-teller and the truth- or lie-recipient, there may be more significant differences seen within different social contexts, such as within context of prosocial truth- or lie-telling.

Prosocial lies are told for prosocial purposes, such as to be polite or not hurt someone's feelings, making them generally more socially acceptable (Bussey, 1992; 1999; Lavoie et al., 2016; Lee, 2013; Popliger et al., 2011; Zanette et al., 2020). These types of lies tend to emerge a little later in development and become more common across childhood and into adolescence (Talwar et al., 2007; Xu et al., 2010; Malloy et al., 2018). Additionally, there is ample research evidence which suggests that typically developing children perceive prosocial lies as more socially acceptable than antisocial lies, and sometime perceive them to be more positive than telling the truth in certain scenarios (Heyman et al., 2009; Lavoie et al., 2016; Malloy et al., 2018; Popliger et al., 2011). There is an extensive amount of evidence suggesting this, such as research by Bussey (1999) where they found that typically developing children aged 4-11 years rate all lies negatively but rate prosocial lies less negatively than antisocial lies. Similarly, research by Xu et al. (2010) found that typically developing children aged 7-11 years rated lies for politeness purposes less negatively than lies not intended for politeness purposes. Broadening the scope of social scenarios could potentially present with more general significant differences as well as significant gender differences as well.

Future research which addresses the limitations of the present study will aid in further understanding moral reasoning in children with conduct disorder and how they differ from typically developing children. Additionally, it will help with the development of intervention strategies targeting antisocial lie-telling in children with conduct disorder.

Conclusions

The present study sought out to explore the differences in the rationales behind why children with conduct disorder and typically developing children judge truth- and lie-telling as either good or bad. We found that children with conduct disorder differed from typically developing children in their rationales for why they believe telling an antisocial lie is bad. However, this difference was observed only among males, whereas no such differences were observed among females. The present findings suggest that male children with conduct problems may not fully understand the moral implications of their actions when it comes to telling antisocial lies, which may contribute to why children with conduct problems tell antisocial lies more often compared to typically developing children (American Psychiatric Association, 2013; Loeber et al., 2009a; Ostrov, 2006; Stouthamer-Loeber, 1986; Stouthamer-Loeber & Loeber, 1986). The results of the present study add to our understanding of moral reasoning in children with and without conduct problems and may be used to inform future research within this domain as well as inform the development of clinical interventions targeting excessive antisocial lie-telling among children with conduct problems.

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Appendix A

The Child Behavior Checklist (CBCL)

The Child Behavior Checklist for Ages 6-18 form (Page 1), Copyright 2001 T. Achenbach, ASEBA, University of Vermont, 1 South Prospect St., Burlington, VT 05401-3456, www.ASEBA.org. UNAUTHORIZED COPYING IS ILLEGAL. 1-15 Edition - 201. Marked SAMPLE COPY DO NOT COPY.

Please print. Be sure to answer all items.

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)

☐None ☐1 ☐2 or 3 ☐4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?
(Do *not* include brothers & sisters) ☐Less than 1 ☐1 or 2 ☐3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	Average	Better	
a. Get along with his/her brothers & sisters?	☐	☐	☐	☐ Has no brothers or sisters
b. Get along with other kids?	☐	☐	☐	
c. Behave with his/her parents?	☐	☐	☐	
d. Play and work alone?	☐	☐	☐	

VII. 1. Performance in academic subjects. ☐ Does not attend school because _____

Check a box for each subject that child takes	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	☐	☐	☐	☐
b. History or Social Studies	☐	☐	☐	☐
c. Arithmetic or Math	☐	☐	☐	☐
d. Science	☐	☐	☐	☐
e. _____	☐	☐	☐	☐
f. _____	☐	☐	☐	☐
g. _____	☐	☐	☐	☐

Other academic subjects–for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

2. Does your child receive special education or remedial services or attend a special class or special school?

☐No ☐Yes—kind of services, class, or school:

3. Has your child repeated any grades? ☐No ☐Yes—grades and reasons:

4. Has your child had any academic or other problems in school? ☐No ☐Yes—please describe:

When did these problems start?

Have these problems ended? ☐No ☐Yes—when?

Does your child have any illness or disability (either physical or mental)? ☐No ☐Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

PAGE 2 *Be sure you answered all items.*

Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child *now or within the past 6 months*, please circle the *2* if the item is *very true or often true* of your child. Circle the *1* if the item is *somewhat or sometimes true* of your child. If the item is *not true* of your child, circle the *0*. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)   1 = Somewhat or Sometimes True   2 = Very True or Often True

0 1 2	1.	Acts too young for his/her age
0 1 2	2.	Drinks alcohol without parents' approval (describe): _____
0 1 2	3.	Argues a lot
0 1 2	4.	Fails to finish things he/she starts
0 1 2	5.	There is very little he/she enjoys
0 1 2	6.	Bowel movements outside toilet
0 1 2	7.	Bragging, boasting
0 1 2	8.	Can't concentrate, can't pay attention for long
0 1 2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____
0 1 2	10.	Can't sit still, restless, or hyperactive
0 1 2	11.	Clings to adults or too dependent
0 1 2	12.	Complains of loneliness
0 1 2	13.	Confused or seems to be in a fog
0 1 2	14.	Cries a lot
0 1 2	15.	Cruel to animals
0 1 2	16.	Cruelty, bullying, or meanness to others
0 1 2	17.	Daydreams or gets lost in his/her thoughts
0 1 2	18.	Deliberately harms self or attempts suicide
0 1 2	19.	Demands a lot of attention
0 1 2	20.	Destroys his/her own things
0 1 2	21.	Destroys things belonging to his/her family or others
0 1 2	22.	Disobedient at home
0 1 2	23.	Disobedient at school
0 1 2	24.	Doesn't eat well
0 1 2	25.	Doesn't get along with other kids
0 1 2	26.	Doesn't seem to feel guilty after misbehaving
0 1 2	27.	Easily jealous
0 1 2	28.	Breaks rules at home, school, or elsewhere
0 1 2	29.	Fears certain animals, situations, or places, other than school (describe): _____
0 1 2	30.	Fears going to school
0 1 2	31.	Fears he/she might think or do something bad

0 1 2	32.	Feels he/she has to be perfect
0 1 2	33.	Feels or complains that no one loves him/her
0 1 2	34.	Feels others are out to get him/her
0 1 2	35.	Feels worthless or inferior
0 1 2	36.	Gets hurt a lot, accident-prone
0 1 2	37.	Gets in many fights
0 1 2	38.	Gets teased a lot
0 1 2	39.	Hangs around with others who get in trouble
0 1 2	40.	Hears sound or voices that aren't there (describe): _____
0 1 2	41.	Impulsive or acts without thinking
0 1 2	42.	Would rather be alone than with others
0 1 2	43.	Lying or cheating
0 1 2	44.	Bites fingernails
0 1 2	45.	Nervous, highstrung, or tense
0 1 2	46.	Nervous movements or twitching (describe): _____
0 1 2	47.	Nightmares
0 1 2	48.	Not liked by other kids
0 1 2	49.	Constipated, doesn't move bowels
0 1 2	50.	Too fearful or anxious
0 1 2	51.	Feels dizzy or lightheaded
0 1 2	52.	Feels too guilty
0 1 2	53.	Overeating
0 1 2	54.	Overtired without good reason
0 1 2	55.	Overweight
	56.	Physical problems *without known medical cause:*
0 1 2		a. Aches or pains (*not* stomach or headaches)
0 1 2		b. Headaches
0 1 2		c. Nausea, feels sick
0 1 2		d. Problems with eyes (*not* if corrected by glasses) (describe): _____
0 1 2		e. Rashes or other skin problems
0 1 2		f. Stomachaches
0 1 2		g. Vomiting, throwing up
0 1 2		h. Other (describe): _____

PAGE 3   Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

0 = Not True (as far as you know)   1 = Somewhat or Sometimes True   2 = Very True or Often True

0 1 2   57. Physically attacks people
0 1 2   58. Picks nose, skin, or other parts of body (describe): _____

0 1 2   59. Plays with own sex parts in public
0 1 2   60. Plays with own sex parts too much

0 1 2   61. Poor school work
0 1 2   62. Poorly coordinated or clumsy

0 1 2   63. Prefers being with older kids
0 1 2   64. Prefers being with younger kids

0 1 2   65. Refuses to talk
0 1 2   66. Repeats certain acts over and over; compulsions (describe): _____

0 1 2   67. Runs away from home
0 1 2   68. Screams a lot

0 1 2   69. Secretive, keeps things to self
0 1 2   70. Sees things that aren't there (describe): _____

0 1 2   71. Self-conscious or easily embarrassed
0 1 2   72. Sets fires

0 1 2   73. Sexual problems (describe): _____

0 1 2   74. Showing off or clowning

0 1 2   75. Too shy or timid
0 1 2   76. Sleeps less than most kids

0 1 2   77. Sleeps more than most kids during day and/or night (describe): _____

0 1 2   78. Inattentive or easily distracted

0 1 2   79. Speech problem (describe): _____

0 1 2   80. Stares blankly

0 1 2   81. Steals at home
0 1 2   82. Steals outside the home

0 1 2   83. Stores up too many things he/she doesn't need (describe): _____

0 1 2   84. Strange behavior (describe): _____

0 1 2   85. Strange ideas (describe): _____

0 1 2   86. Stubborn, sullen, or irritable
0 1 2   87. Sudden changes in mood or feelings

0 1 2   88. Sulks a lot
0 1 2   89. Suspicious

0 1 2   90. Swearing or obscene language
0 1 2   91. Talks about killing self

0 1 2   92. Talks or walks in sleep (describe): _____

0 1 2   93. Talks too much

0 1 2   94. Teases a lot
0 1 2   95. Temper tantrums or hot temper

0 1 2   96. Thinks about sex too much
0 1 2   97. Threatens people

0 1 2   98. Thumb-sucking
0 1 2   99. Smokes, chews, or sniffs tobacco

0 1 2   100. Trouble sleeping (describe): _____

0 1 2   101. Truancy, skips school

0 1 2   102. Underactive, slow moving, or lacks energy
0 1 2   103. Unhappy, sad, or depressed

0 1 2   104. Unusually loud

0 1 2   105. Uses drugs for nonmedical purposes (*don't* include alcohol or tobacco) (describe): _____

0 1 2   106. Vandalism
0 1 2   107. Wets self during the day

0 1 2   108. Wets the bed
0 1 2   109. Whining

0 1 2   110. Wishes to be of opposite sex
0 1 2   111. Withdrawn, doesn't get involved with others

0 1 2   112. Worries

113. Please write in any problems your child has that were not listed above:
0 1 2   _____
0 1 2   _____
0 1 2   _____

PAGE 4   **Please be sure you answered all items.**

Appendix B

Moral Stories

Antisocial Lie Story

Narrator: This is Aisha. And this is her teacher, Mr. Jones. Mr. Jones gives Aisha a candy.

Mr. Jones: Aisha, do not eat the candy until you get home.

Narrator: Then he leaves the room to talk to another teacher. While Mr. Jones is out of the room,

Aisha eats the candy. Mr. Jones comes back into the room.

Mr. Jones: Did you eat the candy?

Aisha: No, I did not eat the candy.

Confess to Misdeed Story

Narrator: This is Jason. This is Jason's mom.

Jason: May I play outside?

Jason's Mom: No Jason, you cannot play outside right now, dinner is almost ready.

Narrator: Then she goes to make dinner. Jason wants to play ball, so he goes outside to play.

After a while, he goes back inside for dinner. Jason's mom comes in and asks him.

Jason's Mom: Jason, did you play outside?

Jason: Yes, I played outside.