

Sample Chapter

Development Through the Lifespan, 7/e

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ISBN: 9780134419695

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Chapter begins on next page >

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chapter 8



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Emotional and Social Development in Early Childhood

During the preschool years, children make great strides in understanding the thoughts and feelings of others, and they build on these skills as they form first friendships—special relationships marked by attachment and common interests.



What's ahead in **chapter 8**

Erikson's Theory: Initiative versus Guilt Self-Understanding

Foundations of Self-Concept • Emergence of Self-Esteem

■ **CULTURAL INFLUENCES** Cultural Variations in Personal Storytelling: Implications for Early Self-Concept

Emotional Development

Understanding Emotion • Emotional Self-Regulation • Self-Conscious Emotions • Empathy and Sympathy

Peer Relations

Advances in Peer Sociability • First Friendships • Peer Relations and School Readiness • Parental Influences on Early Peer Relations

Foundations of Morality and Aggression

The Psychoanalytic Perspective • Social Learning Theory • The Cognitive-Developmental Perspective • The Other Side of Morality: Development of Aggression

■ **CULTURAL INFLUENCES** Ethnic Differences in the Consequences of Physical Punishment

Gender Typing

Gender-Stereotyped Beliefs and Behaviors • Biological Influences on Gender Typing • Environmental Influences on Gender Typing • Gender Identity • Reducing Gender Stereotyping in Young Children

■ **BIOLOGY AND ENVIRONMENT** Transgender Children

Child Rearing and Emotional and Social Development

Styles of Child Rearing • What Makes Authoritative Child Rearing Effective? • Cultural Variations • Child Maltreatment



As the children in Leslie's classroom moved through the preschool years, their personalities took on clearer definition. By age 3, they voiced firm likes and dislikes as well as new ideas about themselves. "Stop bothering me," Sammy said to Mark, who had reached for Sammy's beanbag as Sammy aimed it toward the mouth of a large clown face. "See, I'm great at this game," Sammy announced with confidence, an attitude that kept him trying, even though he missed most of the throws.

The children's conversations also revealed early notions about morality. Often they combined statements about right and wrong with forceful attempts to defend their own desires. "You're 'posed to share," stated Mark, grabbing the beanbag out of Sammy's hand.

"I was here first! Gimme it back," demanded Sammy, pushing Mark. The two boys struggled until Leslie intervened, provided an extra set of beanbags, and showed them how they could both play.

As the interaction between Sammy and Mark reveals, preschoolers quickly become complex social beings. Young children argue, grab, and push, but cooperative exchanges are far more frequent. Between ages 2 and 6, first friendships form, in which children converse, act out complementary roles, and learn that their own desires for companionship and toys are best met when they consider others' needs and interests.

The children's developing understanding of their social world was especially apparent in their growing attention to the dividing line between male and female. While Priti and Karen cared for a sick baby doll in the housekeeping area, Sammy, Vance, and Mark transformed the block corner into a busy intersection. "Green light, go!" shouted police officer Sammy as Vance and Mark pushed large wooden cars and trucks across the floor. Already, the children preferred peers of their own gender, and their play themes mirrored their culture's gender stereotypes.

This chapter is devoted to the many facets of early childhood emotional and social development. We begin with Erik Erikson's theory, which provides an overview of personality change in the preschool years. Then we consider children's concepts of themselves, their insights into their social and moral worlds, their gender typing, and their increasing ability to manage their emotional and social behaviors. Finally, we ask, What is effective child rearing? And we discuss the complex conditions that support good parenting or lead it to break down, including the serious and widespread problems of child abuse and neglect. ●



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Erikson's Theory: Initiative versus Guilt

8.1 What personality changes take place during Erikson's stage of initiative versus guilt?

Erikson (1950) described early childhood as a period of “vigorous unfolding.” Once children have a sense of autonomy, they become less contrary than they were as toddlers. Their energies are freed for tackling the psychological conflict of the preschool years: **initiative versus guilt**. As the word *initiative* suggests, young children have a new sense of purposefulness. They are eager to tackle new tasks, join in activities with peers, and discover what they can do with the help of adults. They also make strides in conscience development.

Erikson regarded play as a means through which young children learn about themselves and their social world. Play permits preschoolers to try new skills with little risk of criticism and failure. It also creates a small social organization of children who must cooperate to achieve common goals. Around the world, children act out family scenes and highly visible occupations—police officer, doctor, and nurse in Western societies, rabbit

hunter and potter among the Hopi Indians, hut builder and spear maker among the Baka of West Africa (Gaskins, 2013).

Recall that Erikson's theory builds on Freud's psychosexual stages (see Chapter 1, page 15). In Freud's Oedipus and Electra conflicts, to avoid punishment and maintain parents' affection, children form a *superego*, or conscience, by *identifying* with the same-sex parent. As a result, they adopt the moral and gender-role standards of their society. For Erikson, the negative outcome of early childhood is an overly strict superego that causes children to feel too much guilt because they have been threatened, criticized, and punished excessively by adults. When this happens, preschoolers' exuberant play and bold efforts to master new tasks break down.

Although Freud's ideas are no longer accepted as satisfactory explanations of conscience development, Erikson's image of initiative captures the diverse changes in young children's emotional and social lives. Early childhood is, indeed, a time when children develop a confident self-image, more effective control over their emotions, new social skills, the foundations of morality, and a clear sense of themselves as boy or girl.



Self-Understanding

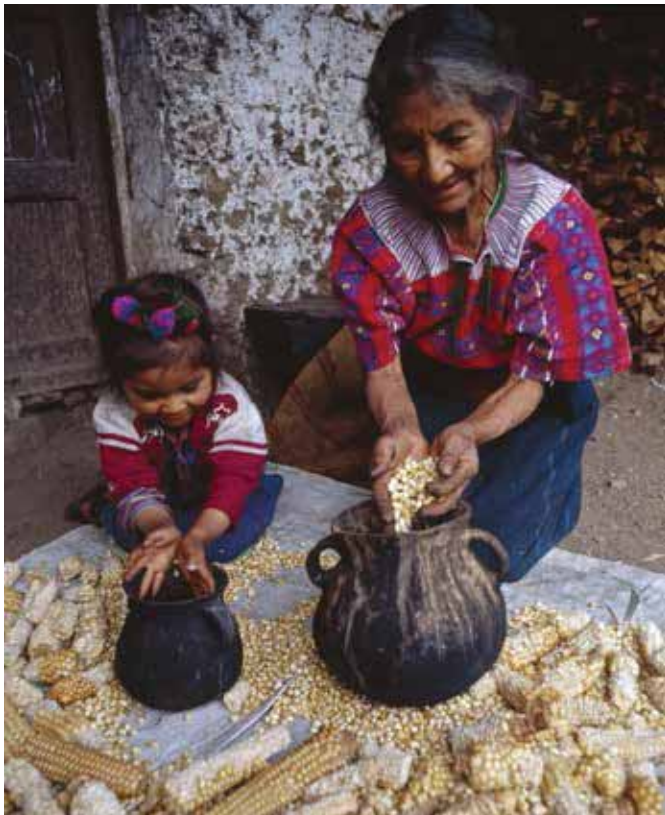
8.2 Describe the development of self-concept and self-esteem in early childhood.

The development of language enables young children to talk about their own subjective experience of being. In Chapter 7, we noted that young children acquire a vocabulary for talking about their inner mental lives and refine their understanding of mental states. As self-awareness strengthens, preschoolers focus more intently on qualities that make the self unique. They begin to develop a **self-concept**, the set of attributes, abilities, attitudes, and values that an individual believes defines who he or she is.

Foundations of Self-Concept

Ask a 3- to 5-year-old to tell you about himself, and you are likely to hear something like this: “I'm Tommy. I'm 4 years old. I can wash my hair all by myself. I have a new Lego set, and I made this big, big tower.” Preschoolers' self-concepts consist largely of observable characteristics, such as their name, physical appearance, possessions, and everyday behaviors (Harter, 2012).

By age 3½, children also describe themselves in terms of typical emotions and attitudes (“I'm happy when I play with my friends”; “I don't like scary TV programs”; “I usually do what Mommy says”), suggesting a beginning understanding of their unique psychological characteristics (Eder & Mangelsdorf, 1997). And by age 5, children's degree of agreement with such statements coincides with maternal reports of their personality traits, indicating that older preschoolers have a sense of their own



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A Guatemalan 3-year-old pretends to shell corn. By acting out family scenes and highly visible occupations, young children around the world develop a sense of initiative, gaining insight into what they can do and become in their culture.



Cultural Influences

Cultural Variations in Personal Storytelling: Implications for Early Self-Concept

Preschoolers of many cultural backgrounds participate in personal storytelling with their parents. Striking cultural differences exist in parents' selection and interpretation of events in these narratives, affecting the way children view themselves.

In one study, researchers spent hundreds of hours over a two-year period studying the storytelling practices of six middle-SES Irish-American families in Chicago and six middle-SES Chinese families in Taiwan. From extensive videotapes of adults' conversations with the children from ages 2½ to 4, the investigators identified personal stories and coded them for content, quality of their endings, and evaluation of the child (Miller, Fung, & Mintz, 1996; Miller et al., 1997, 2012b).

Parents in both cultures discussed pleasurable holidays and family excursions in similar ways and with similar frequency. But five times more often than the Irish-American parents, the Chinese parents told long stories about their preschooler's previous misdeeds—using impolite language, writing on the wall, or playing in an overly rowdy way. These narratives, often sparked by a current misdeed, were conveyed with warmth and caring, stressed the impact of misbehavior on others

(“You made Mama lose face”), and often ended with direct teaching of proper behavior (“Saying dirty words is not good”). By contrast, in the few instances in which Irish-American stories referred to transgressions, parents downplayed their seriousness, attributing them to the child's spunk and assertiveness.

Early narratives about the child launch preschoolers' self-concepts on culturally distinct paths (Miller, 2014). Influenced by Confucian traditions of strict discipline and social obligations, Chinese parents integrated these values into their stories, affirming the importance of not disgracing the family and explicitly conveying expectations for improvement in the story's conclusion. Although Irish-American parents disciplined their children, they rarely dwelt on misdeeds in storytelling. Rather, they cast the child's shortcomings in a positive light, perhaps to promote self-esteem.

Whereas most Americans believe that favorable self-esteem is crucial for healthy development, Chinese adults generally see it as unimportant or even negative—as impeding the child's willingness to listen and be corrected (Miller et al., 2002). Consistent with



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A Chinese mother speaks gently to her child about proper behavior. Chinese parents often tell preschoolers stories that point out the negative impact on others of the child's misdeeds. The Chinese child's self-concept, in turn, emphasizes social obligations.

this view, the Chinese parents did little to cultivate their child's individuality. Instead, they used storytelling to guide the child toward responsible behavior. Hence, the Chinese child's self-image emphasizes obligations to others, whereas the American child's is more autonomous.

timidity, agreeableness, and positive or negative affect (Brown et al., 2008). But most preschoolers do not yet say, “I'm helpful” or “I'm shy.” Direct references to personality traits must wait for greater cognitive maturity.

A warm, sensitive parent-child relationship fosters a more positive, coherent early self-concept. Recall from Chapter 7 that securely attached preschoolers participate in more elaborative parent-child conversations about personally experienced events, which help them understand themselves (see page 242). Elaborative reminiscing that focuses on children's internal states—thoughts, feelings, and subjective experiences—plays an especially important role in early self-concept development. For example, when parents reminisce with preschoolers about times they successfully resolved upsetting feelings, 4- and 5-year-olds describe their emotional tendencies more favorably (“I'm not

scared—not me!”) (Goodvin & Romdall, 2013). By emphasizing the personal meaning of past events, conversations about internal states facilitate self-knowledge.

As early as age 2, parents use narratives of past events to impart rules, standards for behavior, and evaluative information about the child: “You added the milk when we made the mashed potatoes. That's a very important job!” (Nelson, 2003). As the Cultural Influences box above reveals, these self-evaluative narratives are a major means through which caregivers imbue the young child's self-concept with cultural values.

As they talk about personally significant events and as their cognitive skills advance, preschoolers gradually come to view themselves as persisting over time—a change evident in their improved ability to anticipate their own future states and needs. When asked to select from three items (a raincoat, money, a

blanket) the one they need to bring with them to a future event (walking next to a waterfall), children's performance—along with future-state justifications (“I’m gonna get wet”)—increased sharply between ages 3 and 4 (Atance & Meltzoff, 2005). And by age 5, children better understand that their future preferences are likely to differ from their current ones. Most realize that when they grow up, they will prefer reading newspapers to reading picture books and drinking coffee to drinking grape juice (Bélanger et al., 2014). By the end of the preschool years, children can set aside their current state of mind and take a future perspective.

Emergence of Self-Esteem

Another aspect of self-concept emerges in early childhood: **self-esteem**, the judgments we make about our own worth and the feelings associated with those judgments. These evaluations are among the most important aspects of self-development because they affect our emotional experiences, future behavior, and long-term psychological adjustment.

By age 4, preschoolers have several self-judgments—for example, about learning things in school, making friends, getting along with parents, and treating others kindly (Marsh, Ellis, & Craven, 2002). But they lack the cognitive maturity to combine these evaluations into a global sense of self-esteem. Also, because they have difficulty distinguishing between their desired and their actual competence, they usually rate their own ability as extremely high and underestimate task difficulty, as Sammy did when he asserted, despite his many misses, that he was great at beanbag throwing (Harter, 2012).



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This preschooler confidently prepares to slide down the pole of a playground jungle gym. Her high self-esteem contributes greatly to her initiative in mastering new skills.

High self-esteem contributes greatly to preschoolers' initiative during a period in which they must master many new skills. By age 3, children whose parents patiently encourage while offering information about how to succeed are enthusiastic and highly motivated. In contrast, children whose parents criticize their worth and performance give up easily when faced with challenges and express shame and despondency after failing (Kelley, Brownell, & Campbell, 2000). Adults can avoid promoting these self-defeating reactions by adjusting their expectations to children's capacities, scaffolding children's attempts at difficult tasks (see Chapter 7, page 235), and pointing out effort and improvement in children's behavior.



Emotional Development

8.3 Identify changes in understanding and expressing emotion during early childhood, citing factors that influence those changes.

Gains in representation, language, and self-concept support emotional development in early childhood. Between ages 2 and 6, children make strides in emotional abilities that, collectively, researchers refer to as *emotional competence* (Denham et al., 2011). First, preschoolers gain in emotional understanding, becoming better able to talk about feelings and to respond appropriately to others' emotional signals. Second, they become better at emotional self-regulation—in particular, at coping with intense negative emotion. Finally, preschoolers more often experience *self-conscious emotions* and *empathy*, which contribute to their developing sense of morality.

Parenting strongly influences preschoolers' emotional competence. Emotional competence, in turn, is vital for successful peer relationships and overall mental health.

Understanding Emotion

Early in the preschool years, children refer to causes, consequences, and behavioral signs of emotion (Thompson, Winer, & Goodvin, 2011). Over time, their understanding becomes more accurate and complex.

By age 4 to 5, children correctly judge the causes of many basic emotions (“He’s happy because he’s swinging very high”; “He’s sad because he misses his mother”). Preschoolers' explanations tend to emphasize external factors over internal states, a balance that changes with age (Rieffe, Terwogt, & Cowan, 2005). In Chapter 7, we saw that after age 4, children appreciate that both desires and beliefs motivate behavior. Once these understandings are secure, children's grasp of how internal factors can trigger emotion expands.

Preschoolers are good at inferring how others are feeling based on their behavior. For example, they can tell that a child who jumps up and down and claps his hands is probably happy and that a child who is tearful and withdrawn is sad (Widen & Russell, 2011). And they are beginning to realize that thinking

and feeling are interconnected—that focusing on negative thoughts (“I broke my arm, so now I have to wear this itchy cast that makes it hard to play”) is likely to make a person feel worse, but thinking positively (“Now I have a cool cast my friends can write their names on!”) can help a person feel better (Bamford & Lagattuta, 2012). Furthermore, preschoolers come up with effective ways to relieve others’ negative emotions, such as hugging to reduce sadness (Fabes et al., 1988). Overall, preschoolers have an impressive ability to interpret, predict, and change others’ feelings.

At the same time, preschoolers have difficulty interpreting situations that offer conflicting cues about how a person is feeling. When asked what might be happening in a picture of a happy-faced child with a broken bicycle, 4- and 5-year-olds tended to rely only on the emotional expression: “He’s happy because he likes to ride his bike.” Older children more often reconciled the two cues: “He’s happy because his father promised to help fix his broken bike” (Gnepp, 1983; Hoffner & Badzinski, 1989). This capacity requires improved executive function—retaining in working memory two conflicting sources of information while drawing on one’s knowledge base to integrate them.

The more parents label and explain emotions and express warmth when conversing with preschoolers, the more “emotion words” children use and the better developed their emotion understanding (Fivush & Haden, 2005; Laible & Song, 2006). Discussions of negative experiences or disagreements are particularly helpful because they evoke more elaborative dialogues that include validation of children’s feelings (Laible, 2011). In one study, mothers who explained emotions and negotiated and compromised during conflicts with their 2½-year-olds had children who, at age 3, were advanced in emotional understanding and used similar strategies to resolve disagreements (Laible & Thompson, 2002). Such dialogues seem to help children reflect

on the causes and consequences of emotion while modeling mature communication skills.

Knowledge about emotion helps children in their efforts to get along with others. As early as 3 to 5 years of age, it is related to friendly, considerate behavior, constructive responses to disputes with agemates, and perspective-taking ability (Garner & Estep, 2001; Hughes & Ensor, 2010; O’Brien et al., 2011). And as children learn about emotion from interacting with adults, they engage in more emotion talk with agemates and siblings. Preschoolers who refer to feelings when interacting with playmates are better liked by their peers (Fabes et al., 2001). Children seem to recognize that acknowledging others’ emotions and explaining their own enhance the quality of relationships.

Emotional Self-Regulation

Language, along with preschoolers’ growing understanding of the causes and consequences of emotion, contributes to gains in *emotional self-regulation* (Thompson, 2015). By age 3 to 4, children verbalize a variety of strategies for alleviating negative emotion that they tailor to specific situations (Davis et al., 2010; Dennis & Kelemen, 2009). For example, they know they can restrict sensory input (cover their eyes or ears to block out a scary sight or sound), talk to themselves (“Mommy said she’ll be back soon”), change their goals (decide that they don’t want to play anyway after being excluded from a game), or repair the situation (“stop fighting and share” to resolve a conflict with a peer). The effectiveness of preschoolers’ recommended strategies improves with age.

As children use these strategies, emotional outbursts decline. Gains in executive function—in particular, inhibition, flexible shifting of attention, and manipulating information in working memory—contribute greatly to managing emotion in early childhood. Three-year-olds who can distract themselves when upset and focus on how to handle their feelings tend to become cooperative school-age children with few problem behaviors (Gilliom et al., 2002).

By watching parents manage emotion, children learn strategies for regulating their own. Parents who are in tune with their own emotional experiences tend to be supportive with their preschoolers, offering suggestions and explanations of emotion-regulation strategies that strengthen children’s capacity to handle stress (Meyer et al., 2014; Morris et al., 2011). In contrast, when parents rarely express positive emotion, dismiss children’s feelings as unimportant, and fail to control their own anger, children’s emotion management and psychological adjustment suffer (Hill et al., 2006; Thompson & Meyer, 2007).

Adult–child conversations that prepare children for difficult experiences by discussing what to expect and ways to handle anxiety also foster emotional self-regulation (Thompson & Goodman, 2010). Nevertheless, preschoolers’ vivid imaginations and incomplete grasp of the distinction between fantasy and reality make fears common in early childhood. See Applying What We Know on page 262 for ways to help young children manage fears.



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Warm, elaborative conversations in which parents label and explain emotions enhance preschoolers’ emotional understanding.



Applying what we Know

Helping Children Manage Common Fears of Early Childhood

FEAR	SUGGESTION
Monsters, ghosts, and darkness	Reduce exposure to frightening stories and TV programs until the child is better able to understand that fantastical beings are not real. “Search” the child’s room for monsters, showing him that none are there. Use a night-light, sit by the child’s bed until he falls asleep, and tuck in a favorite toy for protection.
Preschool or child care	If the child resists going to preschool but seems content once there, the fear is probably separation. Provide a sense of warmth and caring while gently encouraging independence. If the child fears being at preschool, find out why—the teacher, the children, or a crowded, noisy environment. Provide support by accompanying the child and gradually lessening the amount of time you stay.
Animals	Do not force the child to approach a dog, cat, or other animal that arouses fear. Let the child move at her own pace. Demonstrate how to hold and pet the animal, showing that when treated gently, the animal is friendly. If the child is larger than the animal, emphasize this: “You’re so big. That kitty is probably afraid of <i>you!</i> ”
Intense fears	If a child’s fear is intense, persists for a long time, interferes with daily activities, and cannot be reduced in any of the ways just suggested, it has reached the level of a <i>phobia</i> . Sometimes phobias are linked to family problems and require counseling. Other phobias diminish without treatment as the child’s emotional self-regulation improves.

Self-Conscious Emotions

One morning in Leslie’s classroom, a group of children crowded around for a bread-baking activity. Leslie asked them to wait patiently while she got a baking pan. But Sammy reached over to feel the dough, and the bowl tumbled off the table. When Leslie returned, Sammy looked at her, then covered his eyes with his hands and said, “I did something bad.” He felt ashamed and guilty.

As their self-concepts develop, preschoolers become increasingly sensitive to praise and blame or to the possibility of such feedback. They more often experience *self-conscious emotions*—feelings that involve injury to or enhancement of their sense of self (see Chapter 6). By age 3, self-conscious emotions are clearly linked to self-evaluation (Lagattuta & Thompson, 2007; Lewis, 1995). But because preschoolers are still developing standards of excellence and conduct, they depend on the messages of parents, teachers, and others who matter to them to know *when* to feel proud, ashamed, or guilty, often viewing adult expectations as obligatory rules (“Dad said you’re ‘posed to take turns”) (Thompson, Meyer, & McGinley, 2006).

When parents repeatedly comment on the worth of the child and her performance (“That’s a bad job! I thought you were a good girl!”), children experience self-conscious emotions intensely—more shame after failure, more pride after success. In contrast, when parents focus on how to improve performance (“You did it this way; now try doing it that way”), they induce moderate, more adaptive levels of shame and pride and greater persistence on difficult tasks (Kelley, Brownell, & Campbell, 2000; Lewis, 1998).

Among Western children, intense shame is associated with feelings of personal inadequacy (“I’m stupid”; “I’m a terrible person”) and with maladjustment—withdrawal and depression

as well as intense anger and aggression toward those who participated in the shame-evoking situation (Muris & Meesters, 2014). In contrast, guilt—when it occurs in appropriate circumstances and is neither excessive nor accompanied by shame—is related to good adjustment. Guilt helps children resist harmful impulses, and it motivates a misbehaving child to repair the damage and behave more considerately (Mascolo & Fischer, 2007; Tangney, Stuewig, & Mashek, 2007). But overwhelming guilt—involving such high emotional distress that the child cannot make amends—is linked to depressive symptoms as early as age 3 (Luby et al., 2009).

Finally, the consequences of shame for children’s adjustment may vary across cultures. As illustrated in the Cultural Influences box on page 259, people in Asian societies, who tend to define themselves in relation to their social group, view shame as an adaptive reminder of an interdependent self and of the importance of others’ judgments (Friedlmeier, Corapci, & Cole, 2011).

Empathy and Sympathy

Empathy is another emotional capacity that becomes more common in early childhood. It serves as a motivator of **prosocial, or altruistic, behavior**—actions that benefit another person without any expected reward for the self (Eisenberg, Spinrad, & Knafo-Noam, 2015). Compared with toddlers, preschoolers rely more on words to communicate empathic feelings, a change that indicates a more reflective level of empathy. When a 4-year-old received a Christmas gift that she hadn’t included on her list for Santa, she assumed it belonged to another little girl and pleaded with her parents, “We’ve got to give it back—Santa’s made a big mistake. I think the girl’s crying ‘cause she didn’t get her present!”

Yet for some children, empathizing—*feeling with* an upset adult or peer and responding emotionally in a similar way—does not yield acts of kindness and helpfulness but, instead, escalates into personal distress. In trying to reduce these negative feelings, the child focuses on his own anxiety rather than on the person in need. As a result, empathy does not lead to **sympathy**—feelings of concern or sorrow for another’s plight.

Temperament plays a role in whether empathy prompts sympathetic, prosocial behavior or a personally distressed, self-focused response. Children who are sociable, assertive, and good at regulating emotion are more likely to help, share, and comfort others in distress. But poor emotion regulators less often display sympathetic concern and prosocial behavior (Eisenberg, Spinrad, & Knafo-Noam, 2015; Valiente et al., 2004). When faced with someone in need, they react with behavioral and physiological distress—frowning, lip biting, thumb sucking, comfort seeking, a rise in heart rate, and a sharp increase in EEG brain-wave activity in the right cerebral hemisphere, which houses negative emotion—indications that they are overwhelmed by their feelings (Liew et al., 2010; Pickens, Field, & Nawrocki, 2001).

Preschoolers’ empathic concern strengthens in the context of a secure parent–child attachment relationship (Murphy & Laible, 2013). When parents are warm and sensitive and respond to their preschoolers’ feelings with empathy and sympathy, children react with concern to others’ distress—a response that persists into adolescence and early adulthood (Michalik et al., 2007; Newton et al., 2014; Taylor et al., 2013). Besides modeling empathy and sympathy, parents can teach children the importance of kindness and can intervene when they display inappropriate emotion—strategies that predict high levels of sympathetic responding (Eisenberg, 2003).

In contrast, angry, punitive parenting can disrupt the development of empathy and sympathy at an early age (Knafo &

Plomin, 2006). Physically abused preschoolers, who experience negative parenting to an extreme, rarely express concern at a peer’s unhappiness but, rather, are likely to withdraw or react with verbal and physical attacks (Anthonysamy & Zimer-Gembeck, 2007). Their behavior resembles their parents’ insensitive responding to others’ suffering.



Peer Relations

8.4 Describe peer sociability and friendship in early childhood, along with cultural and parental influences on early peer relations.

As children become increasingly self-aware and better at communicating and understanding others’ thoughts and feelings, their skill at interacting with peers improves rapidly. Peers provide young children with learning experiences they can get in no other way. Because peers interact on an equal footing, children must keep a conversation going, cooperate, and set goals in play. With peers, children form friendships—special relationships marked by attachment and common interests. Let’s look at how peer interaction changes over the preschool years.

Advances in Peer Sociability

Mildred Parten (1932), one of the first to study peer sociability among 2- to 5-year-olds, noticed a dramatic rise with age in joint, interactive play. She concluded that social development proceeds in a three-step sequence. It begins with **nonsocial activity**—unoccupied, onlooker behavior and solitary play. Then it shifts to **parallel play**, in which a child plays near other children with similar materials but does not try to influence their behavior. At the highest level are two forms of true social interaction. In **associative play**, children engage in separate activities but exchange toys and comment on one another’s behavior. Finally, in **cooperative play**, a more advanced type of interaction, children orient toward a common goal, such as acting out a make-believe theme.

Follow-Up Research on Peer Sociability. Longitudinal evidence indicates that these play forms emerge in the order suggested by Parten but that later-appearing ones do not replace earlier ones in a developmental sequence (Rubin, Bukowski, & Parker, 2006). Rather, all types coexist in early childhood.

During classroom free-play periods, preschoolers often transition from onlooker to parallel to cooperative play and back again (Robinson et al., 2003). They seem to use parallel play as a way station—a respite from the demands of complex social interaction and a crossroad to new activities. And although nonsocial activity declines with age, it is still the most frequent form among 3- to 4-year-olds and accounts for one-third of kindergartners’ free-play time. Also, both solitary and parallel play remain fairly stable from 3 to 6 years, accounting for as much of the child’s play as cooperative interaction (Rubin, Fein, & Vandenberg, 1983).



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As children’s language skills and capacity to take the perspective of others improve, empathy also increases, motivating prosocial, or altruistic, behavior.



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Four-year-olds (left) engage in parallel play. Cooperative play (right) develops later than parallel play, but preschool children continue to move back and forth between the two types of sociability, using parallel play as a respite from the complex demands of cooperation.

We now understand that the *type*, not the amount, of solitary and parallel play changes during early childhood. In studies in Taiwan and the United States, researchers rated the *cognitive maturity* of nonsocial, parallel, and cooperative play, using the categories shown in Table 8.1. Within each of Parten's play types, older children displayed more cognitively mature behavior than younger children (Pan, 1994; Rubin, Watson, & Jambor, 1978).

Often parents wonder whether a preschooler who spends much time playing alone is developing normally. But only *certain types* of nonsocial activity—aimless wandering, hovering near peers, and functional play involving repetitive motor action—are cause for concern. Children who behave reticently, by watching peers without playing, are usually temperamentally inhibited—high in social fearfulness (Coplan & Ooi, 2014). And preschoolers who engage in solitary, repetitive behavior (banging blocks, making a doll jump up and down) tend to be immature, impulsive children who find it difficult to regulate anger and aggression (Coplan et al., 2001). In the classroom, both reticent and impulsive children tend to experience peer ostracism (Coplan & Arbeau, 2008).

But other preschoolers with low rates of peer interaction are not socially anxious or impulsive. They simply like to play alone, and their solitary activities are positive and constructive. Children who prefer solitary play with art materials, puzzles, and building toys are typically well-adjusted youngsters who, when they do play with peers, show socially skilled behavior (Coplan & Armer, 2007). Still, a few preschoolers who engage in such age-appropriate solitary play—more often boys—are rebuffed by peers (Coplan et al., 2001, 2004). Perhaps because quiet play is inconsistent with the “masculine” gender role, boys who engage in it are at risk for negative reactions from both parents and peers and, eventually, for adjustment problems.

As noted in Chapter 7, *sociodramatic play*—an advanced form of cooperative play—becomes especially common over the preschool years. In joint make-believe, preschoolers act out and respond to one another's pretend feelings. They also explore and gain control of fear-arousing experiences when they play doctor or pretend to search for monsters in a magical forest. As a result, sociodramatic play helps them understand others' feelings and regulate their own (Meyers & Berk, 2014). Furthermore, preschoolers spend much time negotiating roles and rules in socio-

TABLE 8.1
Developmental Sequence of Cognitive Play Categories

PLAY CATEGORY	DESCRIPTION	EXAMPLES
Functional play	Simple, repetitive motor movements with or without objects, especially common during the first two years	Running around a room, rolling a car back and forth, kneading clay with no intent to make something
Constructive play	Creating or constructing something, especially common between 3 and 6 years	Making a house out of toy blocks, drawing a picture, putting together a puzzle
Make-believe play	Acting out everyday and imaginary roles, especially common between 2 and 6 years	Playing house, school, or police officer; acting out storybook or television characters

Source: Rubin, Fein, & Vandenberg, 1983.

dramatic play. To create and manage complex plots, they must resolve disputes through compromise.

When researchers observed free-play periods in preschools, they found that girls participated more in sociodramatic play, whereas boys participated more in friendly, vigorous interactions called *rough-and-tumble play*. Each type of play was associated with expressions of positive emotion and predicted children's emotional understanding and self-regulation one year later (Lindsey & Colwell, 2013). Both sociodramatic play and rough-and-tumble play require children to exercise self-control and to respond to peers' verbal and nonverbal emotional cues. We will return to the topic of rough-and-tumble play in Chapter 11.

Cultural Variations. Peer sociability takes different forms, depending on the relative importance cultures place on group harmony as opposed to individual autonomy (Chen, 2012). For example, children in India generally play in large groups. Much of their behavior is imitative, occurs in unison, and involves close physical contact—a play style requiring high levels of cooperation. In a game called *Bhatto Bhatto*, children act out a script about a trip to the market, touching one another's elbows and hands as they pretend to cut and share a tasty vegetable (Roopnarine et al., 1994).

As another example, young Chinese children—unlike their North American agemates, who tend to reject reticent peers—are typically accepting of quiet, reserved behavior by their playmates (Chen et al., 2006; French et al., 2011). In Chapter 6, we saw that until recently, cultural values that discourage self-assertion led to positive evaluations of shyness in China (see page 195). Apparently, this benevolent attitude is still evident in the play behaviors of young Chinese children.

Cultural beliefs about the importance of play also affect early peer associations. Caregivers who view play as mere entertainment are less likely to provide props or to encourage pretend than those who value its cognitive and social benefits (Gaskins, 2014). Recall the description of children's daily lives in a Mayan village culture on page 237 in Chapter 7. When Mayan children do pretend, their play themes are *interpretive* of daily life—involving a limited number of scripts that reflect everyday roles and experiences. Children in industrialized, urban contexts more often engage in *inventive* play, generating make-believe scenarios unconstrained by actual experience (Gaskins, 2013). Perhaps Western-style sociodramatic play, with its elaborate materials and wide-ranging imaginative themes, is particularly important for social development in societies where the worlds of adults and children are distinct. It may be less crucial in village cultures where children participate in adult activities from an early age.

First Friendships

As preschoolers interact, first friendships form that serve as important contexts for emotional and social development. To adults, friendship is a mutual relationship involving companionship, sharing, understanding of thoughts and feelings, and caring for and comforting each other in times of need. In addition, mature friendships endure over time and survive occasional conflicts.

Preschoolers understand something about the uniqueness of friendship. They say that a friend is someone “who likes you,” with whom you spend a lot of time playing, and with whom you share toys. But friendship does not yet have a long-term, enduring quality based on mutual trust (Damon, 1988a; Hartup, 2006). “Mark’s my best friend,” Sammy declared on days when the boys got along well. But when a dispute arose, he reversed himself: “Mark, you’re not my friend!” Nevertheless, preschool friendships can be remarkably stable across early childhood, as long as peers remain in the same social group. In one study, nearly one-third mentioned the same best friends—the children they like to play with most—a year later (Dunn, 2004a; Eivers et al., 2012).

Already, interactions between preschoolers who mutually name each other as friends are especially positive, reflecting greater support and intimacy than do other peer relationships (Furman & Rose, 2015; Hartup, 2006). Preschoolers give far more reinforcement—greetings, praise, and compliance—to their friends, and they also receive more from them. Friends are also more cooperative and emotionally expressive—talking, laughing, and looking at each other more often than nonfriends do.

As early as the preschool years, children with a mutual friendship are better adjusted and more socially competent (Shin et al., 2014). Furthermore, children entering kindergarten who have friends in their class or who readily make new friends adjust to school more favorably (Ladd, Birch, & Buhs, 1999; Proulx & Poulin, 2013). Perhaps the company of friends serves as a secure base from which to develop new relationships, enhancing children's feelings of comfort in the new classroom.



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Agta village children in the Philippines play a tug-of-war game. Large-group, highly cooperative play occurs more often in societies that value group harmony over individual autonomy.

Peer Relations and School Readiness

The ease with which kindergartners make new friends and are accepted by classmates predicts cooperative participation in classroom activities and self-directed completion of learning tasks (Ladd, Buhs, & Seid, 2000). Socially competent preschoolers are more motivated and persistent, exceeding their less socially skilled peers in academic performance in kindergarten and the early school grades (Walker & Henderson, 2012; Ziv, 2013). Because social maturity in early childhood contributes to academic performance, readiness for kindergarten must be assessed in terms of not only academic skills but also social skills.

Young children's positive peer interactions occur most often in unstructured situations such as free play, making it important for preschools and kindergartens to provide space, time, materials, and adult scaffolding to support child-directed activities (Booren, Downer, & Vitiello, 2012). Warm, responsive teacher-child interaction is also vital, especially for shy children and for impulsive, emotionally negative, and aggressive children, who are at high risk for social difficulties (Brendgen et al., 2011; Vitaro et al., 2012). In studies involving several thousand 4-year-olds in public preschools in six states, teacher sensitivity and emotional support were strong predictors of children's social competence, both during preschool and in a follow-up after kindergarten entry (Curby et al., 2009; Mashburn et al., 2008). Along with excellent teacher preparation, other indicators of program quality—small group sizes, generous teacher-child ratios, and developmentally appropriate daily activities (see page 248 in Chapter 7)—create classroom conditions that make positive teacher and peer relationships more likely.

Parental Influences on Early Peer Relations

Children first acquire skills for interacting with peers within the family. Parents influence children's peer sociability both *directly*, through attempts to influence children's peer relations, and *indirectly*, through their child-rearing practices and play.

Direct Parental Influences. Preschoolers whose parents frequently arrange informal peer play activities tend to have larger peer networks and to be more socially skilled (Ladd, LeSieur, & Profilet, 1993). In providing play opportunities, parents show children how to initiate peer contacts. And parents' skillful suggestions for managing conflict, discouraging teasing, and entering a play group are associated with preschoolers' social competence and peer acceptance (Mize & Pettit, 2010; Parke et al., 2004).

Indirect Parental Influences. Many parenting behaviors not directly aimed at promoting peer sociability nevertheless influence it. For example, secure attachments to parents are linked to more responsive, harmonious peer interaction, larger peer networks, and warmer, more supportive friendships during the



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Parents' play with children, especially same-sex children, contributes to social competence. By playing with his father as he would with a peer, this child acquires social skills that facilitate peer interaction.

preschool and school years (Laible, 2007; Lucas-Thompson & Clarke-Stewart, 2007; Wood, Emmerson, & Cowan, 2004). The sensitive, emotionally expressive communication that contributes to attachment security is likely responsible.

Warm, collaborative parent-child play seems particularly effective for promoting peer interaction skills. During play, parents interact with their child on a "level playing field," much as peers do. And perhaps because parents play more with children of their own sex, mothers' play is more strongly linked to daughters' competence, fathers' play to sons' competence (Lindsey & Mize, 2000; Pettit et al., 1998).

As we have seen, some preschoolers already have great difficulty with peer relations. In Leslie's classroom, Robbie was one of them. Wherever he happened to be, comments like "Robbie ruined our block tower" and "Robbie hit me for no reason" could be heard. As we take up moral development and aggression in the next section, you will learn more about how parenting contributed to Robbie's peer problems.

Ask yourself

CONNECT How does emotional self-regulation affect the development of empathy and sympathy? Why are these emotional capacities vital for positive peer relations?

APPLY Three-year-old Ben lives in the country, with no other preschoolers nearby. His parents wonder whether it is worth driving Ben into town once a week to participate in a peer play group. What advice would you give Ben's parents, and why?

REFLECT What did your parents do, directly and indirectly, that might have influenced your earliest peer relationships?



Foundations of Morality and Aggression

8.5 What are the central features of psychoanalytic, social learning, and cognitive-developmental approaches to moral development?

8.6 Describe the development of aggression in early childhood, including family and media influences and effective approaches to reducing aggressive behavior.

Young children's behavior provides many examples of their budding moral sense. We have seen that toddlers show empathic concern for others in distress and will try to help. They also expect others to act fairly, by dividing resources equally among peers (Geraci & Surian, 2011). As children reach age 2, they often use language to evaluate their own and others' actions: "I naughty. I wrote on the wall" or (after being hit by another child) "Connie not nice." And we have seen that children of this age share toys, help others, and cooperate in games—early indicators of considerate, responsible, prosocial attitudes.

Adults everywhere take note of this developing capacity to distinguish right from wrong. Some cultures have special terms for it. The Utku Indians of Hudson Bay say the child develops *ihuma* (reason). The Fijians believe that *vakayalo* (sense) appears. In response, parents hold children more responsible for their actions (Dunn, 2005). By the end of early childhood, children can state many moral rules: "Don't take someone's things without asking!" "Tell the truth!" In addition, they argue over matters of justice: "You sat there last time, so it's my turn." "It's not fair. He got more!"

All theories of moral development recognize that conscience begins to take shape in early childhood. And most agree that at first, the child's morality is *externally controlled* by adults. Gradually, it becomes regulated by *inner standards*. Truly moral individuals do not do the right thing just to conform to others' expectations. Rather, they have developed compassionate concerns and principles of good conduct, which they follow in many situations.

Each major theory of development emphasizes a different aspect of morality. Psychoanalytic theory stresses the *emotional side* of conscience development—in particular, identification and guilt as motivators of good conduct. Social learning theory focuses on how *moral behavior* is learned through reinforcement and modeling. Finally, the cognitive-developmental perspective emphasizes *thinking*—children's ability to reason about justice and fairness.

The Psychoanalytic Perspective

Recall that according to Freud, young children form a *superego*, or conscience, by *identifying* with the same-sex parent, whose moral standards they adopt. Children obey the superego to avoid *guilt*, a painful emotion that arises each time they are tempted to misbehave. Moral development, Freud believed, is largely complete by 5 to 6 years of age.

Today, most researchers disagree with Freud's view of conscience development. In his theory (see page 14), fear of punishment and loss of parental love motivate conscience formation and moral behavior. Yet children whose parents frequently use threats, commands, or physical force tend to violate standards often and feel little guilt (Kochanska et al., 2005, 2008). And if a parent withdraws love after misbehavior—for example, refuses to speak to or states a dislike for the child—children often respond with high levels of self-blame, thinking "I'm no good" or "Nobody loves me." Eventually, to protect themselves from overwhelming guilt, these children may deny the emotion and, as a result, also develop a weak conscience (Kochanska, 1991; Zahn-Waxler et al., 1990).

Inductive Discipline. In contrast, conscience formation is promoted by a type of discipline called **induction**, in which an adult helps make the child aware of feelings by pointing out the effects of the child's misbehavior on others. For example, a parent might say, "She's crying because you won't give back her doll" (Hoffman, 2000). When generally warm parents provide explanations that match the child's capacity to understand, while firmly insisting that the child listen and comply, induction is effective as early as age 2. Preschoolers whose parents use it are more likely to refrain from wrongdoing, confess and repair damage after misdeeds, and display prosocial behavior (Choe, Olson, & Sameroff, 2013; Volling, Mahoney, & Rauer, 2009).

The success of induction may lie in its power to motivate children's active commitment to moral standards. Induction gives children information about how to behave that they can use in future situations. By emphasizing the impact of the child's actions on others, it encourages empathy and sympathetic concern. And giving children reasons for changing their behavior encourages them to adopt moral standards because those standards make sense.

In contrast, discipline that relies too heavily on threats of punishment or withdrawal of love makes children so anxious and



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A teacher uses inductive discipline to explain to a child the impact of her transgression on others, pointing out classmates' feelings. Induction encourages empathy, sympathetic concern, and commitment to moral standards.

frightened that they cannot think clearly enough to figure out what they should do. As a result, these practices do not get children to internalize moral rules and—as noted earlier—also interfere with empathy and prosocial responding (Eisenberg, Spinrad, & Knafo-Noam, 2015).

The Child's Contribution. Although good discipline is crucial, children's characteristics also affect the success of parenting techniques. Twin studies suggest a modest genetic contribution to empathy (Knafo et al., 2009). More empathic children require less power assertion and are more responsive to induction.

Temperament is also influential. Mild, patient tactics—requests, suggestions, and explanations—are sufficient to prompt guilt reactions in anxious, fearful preschoolers (Kochanska et al., 2002). But with fearless, impulsive children, gentle discipline has little impact. Power assertion also works poorly. It undermines children's effortful control, or capacity to regulate their emotional reactivity, which is linked to good conduct, empathy, sympathy, and prosocial behavior (Kochanska & Aksan, 2006). Parents of impulsive children can foster conscience development by ensuring a warm, harmonious relationship and combining firm correction of misbehavior with induction (Kochanska & Kim, 2014). When children are so low in anxiety that parental disapproval causes them little discomfort, a close parent-child bond motivates them to listen to parents as a means of preserving an affectionate, supportive relationship.

The Role of Guilt. Although little support exists for Freudian ideas about conscience development, Freud was correct that guilt motivates moral action. Inducing *empathy-based guilt*—expressions of personal responsibility and regret, such as “I'm sorry I hurt him”—by explaining that the child is harming someone and has disappointed the parent is particularly effective (Eisenberg, Eggum, & Edwards, 2010). Empathy-based guilt reactions are associated with stopping harmful actions, repairing damage caused by misdeeds, and engaging in future prosocial behavior.

But contrary to what Freud believed, guilt is not the only force that compels us to act morally. Nor is moral development complete by the end of early childhood. Rather, it is a gradual process that extends into adulthood.

Social Learning Theory

According to social learning theory, morality does not have a unique course of development. Rather, moral behavior is acquired through modeling, just like any other set of responses.

Importance of Modeling. Many studies show that having helpful or generous models increases young children's prosocial responses. Nevertheless, certain characteristics of models affect children's willingness to imitate:

- *Warmth and responsiveness.* Preschoolers are more likely to copy the prosocial actions of warm, responsive (as opposed to cold, distant) adults (Yarrow, Scott, & Waxler, 1973).

Warmth seems to make children more attentive and receptive to the model and is itself an example of a prosocial response.

- *Competence and power.* Children admire and therefore tend to imitate competent, powerful models—especially older peers and adults (Bandura, 1977).
- *Consistency between assertions and behavior.* When models say one thing and do another—for example, announce that “it's important to help others” but rarely engage in helpful acts—children generally choose the most lenient standard of behavior (Mischel & Liebert, 1966).

Models are most influential in the early years. In one study, toddlers' eager, willing imitation of their mothers' behavior predicted moral conduct (not cheating in a game) and guilt following transgressions at age 3 (Forman, Aksan, & Kochanska, 2004). At the end of early childhood, children who have had consistent exposure to caring adults tend to behave prosocially whether or not a model is present (Mussen & Eisenberg-Berg, 1977). They have internalized prosocial rules from repeated observations and encouragement by others.

At the same time, reinforcing young children with attention or praise appears unnecessary to induce them to help others. Most 2-year-olds will readily help an unfamiliar adult obtain an out-of-reach object, regardless of whether their parent encourages them, remains silent, or is absent from the room (Warneken & Tomasello, 2013). And giving children material rewards for helping undermines their prosocial responding (Warneken & Tomasello, 2009). Children who are materially rewarded come to expect something in return for helping and, therefore, rarely help spontaneously, out of kindness to others.

Effects of Punishment. Many parents realize that yelling at, slapping, and spanking children for misbehavior are ineffective disciplinary tactics. A sharp reprimand or physical force to restrain or move a child is justified when immediate obedience is necessary—for example, when a 3-year-old is about to run into the street. In fact, parents are most likely to use forceful methods under these conditions. But to foster long-term goals, such as acting kindly toward others, they tend to rely on warmth and reasoning (Kuczynski, 1984; Lansford et al., 2012). And in response to serious transgressions, such as lying and stealing, they often combine power assertion with reasoning (Grusec, 2006).

Frequent punishment promotes immediate compliance but not lasting changes in behavior. For example, Robbie's parents often punished by hitting, shouting, and criticizing. But as soon as they stopped punishing and turned away, Robbie—like most children subjected to corporal punishment—misbehaved again (Holden, Williamson, & Holland, 2014). The more harsh threats, angry physical control, and physical punishment children experience, the more likely they are to develop serious, lasting problems. These include weak internalization of moral rules; depression, aggression, antisocial behavior, and poor academic performance in childhood and adolescence; and depression, alcohol abuse, criminality, physical health problems, and family

violence in adulthood (Afifi et al., 2013; Bender et al., 2007; Kochanska, Aksan, & Nichols, 2003).

Repeated harsh punishment has wide-ranging undesirable side effects:

- Parents often spank in response to children's aggression. Yet the punishment itself models aggression!
- Harshly treated children develop a chronic sense of being personally threatened, which prompts a focus on their own distress rather than a sympathetic orientation to others' needs.
- Children who are frequently punished learn to avoid the punitive parent, who, as a result, has little opportunity to teach desirable behaviors.
- By stopping children's misbehavior temporarily, harsh punishment gives adults immediate relief. For this reason, a punitive adult is likely to punish with greater frequency over time, a course of action that can spiral into serious abuse.
- Children, adolescents, and adults whose parents used *corporal punishment*—physical force that inflicts pain but not injury—are more accepting of such discipline (Deater-Deckard et al., 2003; Vitrup & Holden, 2010). In this way, use of physical punishment may transfer to the next generation.

Although corporal punishment spans the SES spectrum, its frequency and harshness are elevated among less-educated, economically disadvantaged parents (Giles-Sims, Straus, & Sugarman, 1995; Lansford et al., 2009). And consistently, parents with conflict-ridden marriages and with mental health problems (who are emotionally reactive, depressed, or aggressive) are more likely to be punitive and also to have hard-to-manage children, whose disobedience evokes more parental harshness (Berlin et al., 2009; Taylor et al., 2010). But even after controlling for child, parenting, and family characteristics that might otherwise account for the relationship, longitudinal findings reveal a link between physical punishment and later child and adolescent aggression (Lansford et al., 2011; Lee et al., 2013; MacKenzie et al., 2013).

Physical punishment affects children with certain temperaments more than others. In a longitudinal study extending from 15 months to 3 years, early corporal punishment predicted externalizing behavior in preschoolers of diverse temperaments, but negative outcomes were considerably greater for temperamentally difficult children (Mulvaney & Mebert, 2007). Similar findings emerged in a twin study in which physical punishment was most detrimental for children at high genetic risk for behavior problems (Boutwell et al., 2011). Return to page 70 in Chapter 2 to review findings indicating that good parenting can shield children at risk for aggression and antisocial activity from developing those behaviors.

In view of these findings, the widespread use of corporal punishment by American parents is cause for concern. Surveys of nationally representative samples of U.S. families reveal that

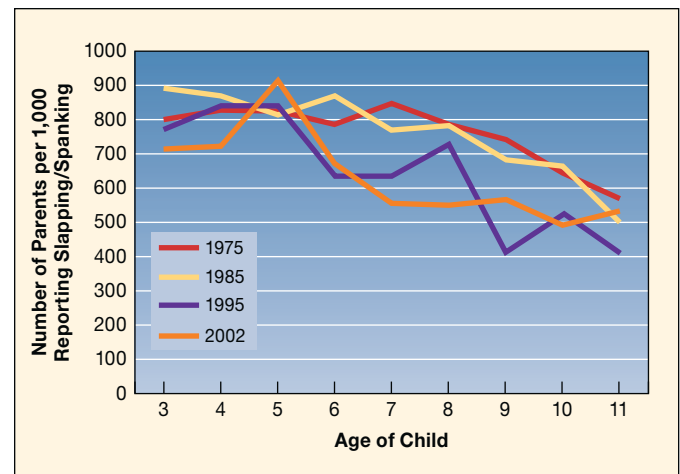


FIGURE 8.1 Prevalence of corporal punishment in early and middle childhood by year of survey. Five large surveys of U.S. parents show little change in use of corporal punishment over nearly three decades. Estimates are based on the number of parents per 1,000 reporting one or more instances of spanking or slapping their child during the past year. Rates are not shown for infants and toddlers, though other evidence indicates that 50 to 80 percent experience physical punishment. (From A. J. Zolotor, A. D. Theodore, D. K. Runyan, J. J. Chang, & A. L. Laskey, 2011, "Corporal Punishment and Physical Abuse: Population-Based Trends for Three- to 11-Year-Old Children in the United States," *Child Abuse Review*, 20, p. 61. Reprinted by permission of John Wiley & Sons, Ltd.)

although corporal punishment typically increases from infancy to age 5 and then declines, it is high at all ages (see Figure 8.1) (Gershoff et al., 2012; Straus & Stewart, 1999; Zolotor et al., 2011). Furthermore, more than one-third of physically punishing parents report having used a hard object, such as a brush or a belt.

A prevailing American belief is that corporal punishment, if implemented by caring parents, is harmless, perhaps even beneficial. But as the Cultural Influences box on page 270 reveals, this assumption is valid only under conditions of limited use in certain social contexts.

Alternatives to Harsh Punishment. Alternatives to criticism, slaps, and spankings can reduce the side effects of punishment. A technique called **time out** involves removing children from the immediate setting—for example, by sending them to their rooms—until they are ready to act appropriately. When a child is out of control, a few minutes in time out can be enough to change behavior while also giving angry parents time to cool off (Morawska & Sanders, 2011). Another approach is *withdrawal of privileges*, such as watching a favorite TV program. Like time out, removing privileges allows parents to avoid using harsh techniques that can easily intensify into violence.

When parents do decide to use mild punishment, they can increase its effectiveness in three ways:

- **Consistency.** Permitting children to act inappropriately on some occasions but scolding them on others confuses them, and the unacceptable act persists (Acker & O'Leary, 1996).



Cultural Influences

Ethnic Differences in the Consequences of Physical Punishment

In an African-American community, six older adults, who had volunteered to serve as mentors for parents facing child-rearing challenges, met to discuss parenting issues at a social service agency. Their attitudes toward discipline were strikingly different from those of the white social workers who had brought them together. Each mentor argued that successful child rearing required appropriate physical tactics. At the same time, they voiced strong disapproval of screaming or cursing at children, calling such out-of-control parental behavior “abusive.” Ruth, the oldest and most respected member of the group, characterized good parenting as a complex combination of warmth, teaching, talking nicely, and disciplining physically. She related how an older neighbor advised her to handle her own children when she was a young parent:

She said to me says, don't scream ... you talk to them real nice and sweet and when they do something ugly ... she say you get a nice little switch and you won't have any trouble with them and from that day that's the way I raised 'em. (Mosby et al., 1999, pp. 511–512)

In several studies, corporal punishment predicted externalizing problems similarly among white, black, Hispanic, and Asian children (Gershoff et al., 2012; MacKenzie et al., 2013). But other studies point to ethnic variations. In one longitudinal investigation, researchers followed several hundred families, collecting information from mothers on disciplinary strategies and from teachers on children's problem behaviors from kindergarten through fourth grade (Lansford et al., 2012). Regardless of ethnicity, reasoning was the most common approach to discipline, spanking the least common. But predictors and outcomes of spanking varied, depending on family ethnicity.

Among white families, externalizing behavior in kindergarten predicted parental physical punishment in first through third grades, which in turn led to more externalizing behavior by fourth grade. In contrast, among African-American families, kindergarten externalizing



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In African-American families, physical discipline is often culturally approved, generally mild, and delivered in a context of parental warmth. As a result, children may view it as an effort to encourage maturity, not as an act of aggression.

behavior was unrelated to later physical punishment, and physical punishment did not augment externalizing behavior (Lansford et al., 2012). The investigators concluded that white parents more often use physical discipline in reaction to challenging behaviors, causing those behaviors to escalate. African-American parents, in contrast, seem to use physical punishment to prevent child difficulties, thereby reducing its negative consequences.

Consistent with this interpretation, African-American and European-American parents report meting out physical punishment differently. In black families, such discipline is typically culturally approved, mild, delivered in a context of parental warmth, accompanied by verbal teaching, and aimed at helping children become responsible adults. White parents, in contrast, usually consider physical punishment to be wrong, so when they resort to it, they are often highly agitated and rejecting of the child (Dodge, McLoyd, & Lansford, 2006; LeCuyer et al., 2011). As a result, most black children may view spanking as a practice carried out with their best interests in mind, whereas white children may regard it as an act of aggression.

In support of this view, when several thousand ethnically diverse children were followed from the preschool through the early school years, spanking was associated with a rise in behavior problems if parents were cold and rejecting, but not if they were warm and supportive (McLoyd & Smith, 2002). In another study, spanking predicted depressive symptoms only among a small number of African-American children whose mothers disapproved of the practice and, as a result, tended to use it when they were highly angry and frustrated (McLoyd et al., 2007).

These findings are not an endorsement of physical punishment. Other forms of discipline, including time out, withdrawal of privileges, and the positive parenting strategies listed on page 271, are far more effective. In adolescence, ethnic differences in physical punishment fade: It is broadly associated with depression and misconduct among teenagers (Wang & Kenny, 2014). But it is noteworthy that the meaning and impact of physical discipline to children can vary sharply with its intensity level, context of warmth and support, and cultural approval.



Applying what we Know

Positive Parenting

STRATEGY	EXPLANATION
Use transgressions as opportunities to teach.	When a child engages in harmful or unsafe behavior, intervene firmly, and then use induction, which motivates children to make amends and behave prosocially.
Reduce opportunities for misbehavior.	On a long car trip, bring back-seat activities that relieve children's restlessness. At the supermarket, converse with children and let them help with shopping. Children then learn to occupy themselves constructively when options are limited.
Provide reasons for rules.	When children appreciate that rules are rational, not arbitrary, they are more likely to strive to follow the rules.
Arrange for children to participate in family routines and duties.	By joining with adults in preparing a meal, clearing the table, or raking leaves, children develop a sense of responsible participation in family and community life and acquire many practical skills.
When children are obstinate, try compromising and problem solving.	When a child refuses to obey, express understanding of the child's feelings ("I know it's not fun to clean up"), suggest a compromise ("You put those away, I'll take care of these"), and help the child think of ways to avoid the problem in the future. Responding firmly but kindly and respectfully increases the likelihood of willing cooperation.
Encourage mature behavior.	Express confidence in children's capacity to learn and appreciation for effort and cooperation: "You gave that your best!" "Thanks for cleaning up on your own!" Adult encouragement fosters pride and satisfaction in succeeding, thereby inspiring children to improve further.

Sources: Berk, 2001; Grusec, 2006.

- *A warm parent–child relationship.* Children of involved, caring parents find the interruption in parental affection that accompanies punishment especially unpleasant. They want to regain parental warmth and approval as quickly as possible.
- *Explanations.* Providing reasons for mild punishment helps children relate the misdeed to expectations for future behavior (Larzelere et al., 1996). This approach leads to a far greater reduction in misbehavior than using punishment alone.

Positive Relationships, Positive Parenting. The most effective forms of discipline encourage good conduct—by building a mutually respectful bond with the child, letting the child know ahead of time how to act, and praising mature behavior. When sensitivity, cooperation, and shared positive emotion are evident in joint activities between parents and preschoolers, children show firmer conscience development—expressing empathy after transgressions, playing fairly in games, and considering others' welfare (Kochanska et al., 2008; Thompson, 2014). Parent–child closeness leads children to heed parental demands because the child feels a sense of commitment to the relationship.

See Applying What We Know above for ways to parent positively. After experiencing a training program in these strategies, parents felt more confident about their ability to handle child-rearing challenges and were less approving of physical punish-

ment (Durrant et al., 2014). When parents focus on promoting children's long-term social and life skills—cooperation, problem solving, and consideration for others—they greatly reduce the need for punishment.

The Cognitive-Developmental Perspective

The psychoanalytic and behaviorist approaches to morality focus on how children acquire ready-made standards of good conduct from adults. In contrast, the cognitive-developmental perspective regards children as *active thinkers* about social rules. As early as the preschool years, children make moral judgments, deciding what is right or wrong on the basis of concepts they construct about justice and fairness (Gibbs, 2010a; Helwig & Turiel, 2011).

Young children have some well-developed ideas about morality. As long as researchers emphasize people's intentions, 3-year-olds say that a person with bad intentions—someone who deliberately frightens, embarrasses, or otherwise hurts another—is more deserving of punishment than a well-intentioned person. They also protest when they see one person harming another (Helwig, Zelazo, & Wilson, 2001; Vaish, Missana, & Tomasello, 2011). Around age 4, children know that a person who expresses an insincere intention—saying, "I'll come over and help you rake leaves," while not intending to do so—is lying (Maas, 2008). And 4-year-olds approve of telling the truth and disapprove of lying, even when a lie remains undetected (Bussey, 1992).



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This preschooler understands that his choice of a toy is a matter of personal choice, distinct from moral imperatives and social conventions.

Furthermore, preschoolers distinguish **moral imperatives**, which protect people's rights and welfare, from two other types of rules and expectations: **social conventions**, customs determined solely by consensus, such as table manners and politeness rituals (saying "please" and "thank you"); and **matters of personal choice**, such as choice of friends, hairstyle, and leisure activities, which do not violate rights and are up to the individual (Killen, Margie, & Sinno, 2006; Nucci & Gingo, 2011; Smetana, 2006). Interviews with 3- and 4-year-olds reveal that they consider moral violations (stealing an apple) as more wrong than violations of social conventions (eating ice cream with your fingers). And preschoolers' concern with personal choice, conveyed through statements like "I'm gonna wear *this* shirt," serves as the springboard for moral concepts of individual rights, which will expand greatly in middle childhood and adolescence.

Young children's moral reasoning tends to be *rigid*, emphasizing salient features and consequences while neglecting other important information. For example, they have difficulty distinguishing between accidental and intentional transgressions (Killen et al., 2011). And they are more likely than older children to claim that stealing and lying are always wrong, even when a person has a morally sound reason for engaging in these acts (Lourenço, 2003). Furthermore, their explanations for why hitting others is wrong are simplistic and centered on physical harm: "When you get hit, it hurts, and you start to cry" (Nucci, 2008).

Still, preschoolers' ability to distinguish moral imperatives from social conventions is impressive. Researchers speculate that children's commitment to the wrongness of moral transgressions builds on their early concern for others' welfare. With language and cognitive development—especially, in theory of mind and in understanding of emotion—older preschoolers start to reason morally by referring to others' perspectives and feelings. In

several studies, understanding of false belief was associated with 4- and 5-year-olds' moral justifications that focused on the harmed individual's emotions and well-being (Dunn, Cutting, & Demetriou, 2000; Lane et al., 2010). But advances in theory of mind, though influencing preschoolers' explanations, are not sufficient to account for gains in moral understanding.

In addition, morally relevant social experiences are vital, contributing to gains in both theory of mind and moral understanding and to their integration (Killen & Smetana, 2015). Disputes with siblings and peers over rights, possessions, and property allow preschoolers to express emotions and perspectives, negotiate, compromise, and work out their first ideas about justice and fairness. Children also learn from warm, sensitive parental communication and from observing how adults respond to children's rule violations (Turiel & Killen, 2010). Children who are advanced in moral thinking tend to have parents who adapt their discussions about fighting, honesty, and ownership to what their children can understand, tell stories with moral implications, point out injustices, encourage prosocial behavior, and gently stimulate the child to think further, without being hostile or critical (Dunn, 2014; Janssens & Deković, 1997).

Preschoolers who verbally and physically assault others, often with little or no provocation, are already delayed in moral reasoning (Helwig & Turiel, 2004). Without special help, such children show long-term disruptions in moral development, deficits in self-control, and ultimately an antisocial lifestyle.

The Other Side of Morality: Development of Aggression

Beginning in late infancy, all children display aggression from time to time, and as opportunities to interact with siblings and peers increase, aggressive outbursts occur more often (Naerde et al., 2014). By the second year, aggressive acts with two distinct purposes emerge. Initially, the most common is **proactive** (or *instrumental*) **aggression**, in which children act to fulfill a need or desire—to obtain an object, privilege, space, or social reward, such as adult or peer attention—and unemotionally attack a person to achieve their goal. The other type, **reactive** (or *hostile*) **aggression**, is an angry, defensive response to provocation or a blocked goal and is meant to hurt another person (Eisner & Malti, 2015; Vitaro & Brendgen, 2012).

Proactive and reactive aggression come in three forms, which are the focus of most research:

- **Physical aggression** harms others through physical injury—pushing, hitting, kicking, or punching others, or destroying another's property.
- **Verbal aggression** harms others through threats of physical aggression, name-calling, or hostile teasing.
- **Relational aggression** damages another's peer relationships through social exclusion, malicious gossip, or friendship manipulation.

Although verbal aggression is always direct, physical and relational aggression can be either *direct* or *indirect*. For example, hitting injures a person directly, whereas destroying property inflicts physical harm indirectly. Similarly, saying, “Do what I say, or I won’t be your friend,” conveys relational aggression directly, while spreading rumors, refusing to talk to a peer, or manipulating friendships by saying behind someone’s back, “Don’t play with her; she’s a nerd,” do so indirectly.

Physical aggression rises sharply between ages 1 and 3 and then diminishes as verbal aggression replaces it (Alink et al., 2006; Vitaro & Brendgen, 2012). And proactive aggression declines as preschoolers’ improved capacity to delay gratification enables them to resist grabbing others’ possessions. But reactive aggression in verbal and relational forms tends to rise over early and middle childhood (Côté et al., 2007; Tremblay, 2000). Older children are better able to recognize malicious intentions and, as a result, more often retaliate in hostile ways.

By age 17 months, boys are more physically aggressive than girls—a difference found throughout childhood in many cultures (Baillargeon et al., 2007; Card et al., 2008). The sex difference is due in part to biology—in particular, to male sex hormones (androgens) and temperamental traits (activity level, irritability, impulsivity) on which boys exceed girls. Gender-role conformity is also important. For example, parents respond far more negatively to physical fighting in girls (Arnold, McWilliams, & Harvey-Arnold, 1998).

Although girls have a reputation for being both verbally and relationally more aggressive than boys, the sex difference is small (Crick, Ostrov, & Werner, 2006; Crick et al., 2006). Beginning in the preschool years, girls concentrate most of their

aggressive acts in the relational category. Boys inflict harm in more variable ways. Physically and verbally aggressive boys also tend to be relationally aggressive (Card et al., 2008). Therefore, boys display overall rates of aggression that are much higher than girls’.

At the same time, girls more often use indirect relational tactics that—in disrupting intimate bonds especially important to girls—can be particularly mean. Whereas physical attacks are usually brief, acts of indirect relational aggression may extend for hours, weeks, or even months (Nelson, Robinson, & Hart, 2005; Underwood, 2003). In one instance, a 6-year-old girl formed a “pretty-girls club” and—for nearly an entire school year—convinced its members to exclude several classmates by saying they were “dirty and smelly.”

An occasional aggressive exchange between preschoolers is normal. But children who are emotionally negative, impulsive, and disobedient and who score low in cognitive abilities—especially, language and executive function skills necessary for self-regulation—are at risk for early, high rates of physical or relational aggression (or both) that can persist. Persistent aggression, in turn, predicts later internalizing and externalizing difficulties and social skills deficits, including loneliness, anxiety, depression, peer relationship problems, and antisocial activity in middle childhood and adolescence (Côté et al., 2007; Eisner & Malti, 2015; Ostrov et al., 2013).

The Family as Training Ground for Aggressive Behavior.

“I can’t control him, he’s impossible,” Robbie’s mother, Nadine, complained to Leslie one day. When Leslie asked if Robbie might be troubled by something happening at home, she discovered that his parents fought constantly and resorted to harsh, inconsistent discipline. Parental power assertion, critical remarks, physical punishment, and inconsistency are linked to aggression from early childhood through adolescence in many cultures, with most of these practices predicting both physical and relational forms (Côté et al., 2007; Gershoff et al., 2010; Kuppens et al., 2013; Nelson et al., 2013; Olson et al., 2011).

In families like Robbie’s, anger and punitiveness quickly create a conflict-ridden family atmosphere and an “out-of-control” child. The pattern begins with forceful discipline, which occurs more often with stressful life experiences (such as economic hardship or an unhappy marriage), parental mental health problems, or a temperamentally difficult child (Eisner & Malti, 2015). Typically, the parent threatens, criticizes, and punishes, and the child angrily resists until the parent “gives in,” so the behaviors repeat and escalate.

As these cycles generate anxiety and irritability among other family members, they join in the hostile interactions. Compared with siblings in typical families, preschool siblings who have critical, punitive parents are more aggressive toward each other. Destructive sibling conflict, in turn, spreads to peer relationships, contributing to poor impulse control and antisocial behavior by the early school years (Miller et al., 2012).



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These preschoolers display proactive aggression, pushing and grabbing as they argue over a game. As children learn to compromise and share, and as their capacity to delay gratification improves, proactive aggression declines.

Boys are more likely than girls to be targets of harsh, inconsistent discipline because they are more active and impulsive and therefore harder to control. When children who are extreme in these characteristics are exposed to emotionally negative, inept parenting, their capacity for emotional self-regulation, empathic responding, and guilt after transgressions is seriously disrupted (Eisenberg, Eggum, & Edwards, 2010). Consequently, they lash out when disappointed, frustrated, or faced with a sad or fearful victim.

Children subjected to these family processes acquire a distorted view of the social world, often seeing hostile intent where it does not exist and, as a result, making many unprovoked attacks (Lochman & Dodge, 1998; Orbio de Castro et al., 2002). And some, who conclude that aggression “works” to access rewards and control others, callously use it to advance their own goals and are unconcerned about causing suffering in others—an aggressive style associated with later more severe conduct problems, violent behavior, and delinquency (Marsee & Frick, 2010).

Highly aggressive children tend to be rejected by peers, to fail in school, and (by adolescence) to seek out deviant peers. Together, these factors contribute to the long-term stability of aggression. We will consider this life-course path of antisocial activity in Chapter 12.

Media Violence and Aggression. In the United States, an estimated 60 percent of TV programs contain violent scenes, often portraying repeated aggressive acts that go unpunished. TV victims of violence are rarely shown experiencing serious harm, and few programs condemn violence or depict other ways of solving problems (Calvert, 2015; Center for Communication and Social Policy, 1998). Verbally and relationally aggressive acts are particularly frequent in reality TV shows (Coyné, Robinson, & Nelson, 2010). And violent content is 10 percent above average in children’s programming, with cartoons being the most violent.

LOOK and LISTEN

Watch a half-hour of cartoons and a prime-time movie on TV, and tally the number of violent acts, including those that go unpunished. How often did violence occur in each type of program? What do young viewers learn about the consequences of violence?

Reviewers of thousands of studies have concluded that TV violence increases the likelihood of hostile thoughts and emotions and of verbally, physically, and relationally aggressive behavior (Bushman & Huesmann, 2012; Comstock, 2008). A growing number of studies show that playing violent video and computer games has similar effects (Anderson et al., 2010; Hofferth, 2010). Although young people of all ages are susceptible, preschool and young school-age children are especially likely to imitate TV violence because they believe that much TV fiction is real and accept what they see uncritically.



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Watching TV violence increases the likelihood of hostile thoughts and emotions and aggressive behavior. Playing violent video and computer games has similar effects.

Violent programming not only creates short-term difficulties in parent and peer relations but also has lasting negative consequences. In several longitudinal studies, time spent watching TV in childhood and adolescence predicted aggressive behavior in adulthood, after other factors linked to TV viewing (such as prior child and parent aggression, IQ, parent education, family income, and neighborhood crime) were controlled (see Figure 8.2) (Graber et al., 2006; Huesmann et al., 2003; Johnson et al., 2002). Aggressive children and adolescents have a greater

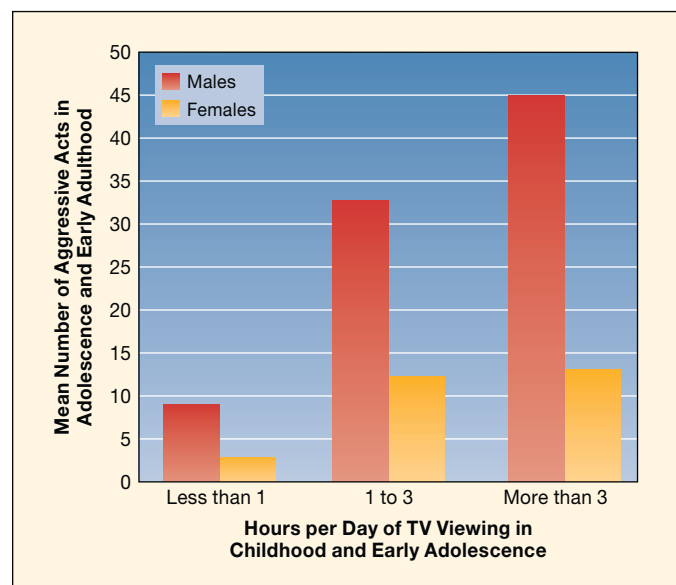


FIGURE 8.2 Relationship of television viewing in childhood and early adolescence to aggressive acts in adolescence and early adulthood. Interviews with more than 700 parents and youths revealed that the more TV watched in childhood and early adolescence, the greater the annual number of aggressive acts committed by the young person, as reported in follow-up interviews at ages 16 and 22. (Adapted from Johnson et al., 2002.)



Applying what we Know

Regulating Screen Media Use

STRATEGY	DESCRIPTION
Limit TV viewing and computer and tablet use.	Parents should provide clear rules limiting children's TV viewing and computer and tablet use, based on age guidelines and exposure to program and game content, and should stick to the rules. The TV or computer should not be used as a babysitter. Placing a TV or a computer in a child's bedroom substantially increases use and makes the child's activity hard to monitor.
Avoid using screen media as a reward.	When media access is used as a reward or withheld as a punishment, children become increasingly attracted to it.
When possible, watch TV and view online content with children, helping them understand what they see.	By raising questions about realism in media depictions, expressing disapproval of on-screen behavior, and encouraging discussion, adults help children understand and critically evaluate TV and online content.
Link TV and online content to everyday learning experiences.	Parents can extend TV and online learning in ways that encourage children to engage actively with their surroundings. For example, a program on animals might spark a trip to the zoo, a visit to the library for a book about animals, or new ways of observing and caring for the family pet.
Model good media practices.	Parents' media behavior influences children's behavior. Parents should avoid excessive media use, limit their own exposure to harmful content, and limit mobile device use during family interactions.

appetite for violent media fare. And boys devote more time to violent media than girls, in part because of male-oriented themes of conquest and adventure. But even in nonaggressive children, violent TV sparks hostile thoughts and behavior; its impact is simply less intense.

Surveys of U.S. parents indicate that 20 to 30 percent of preschoolers and about half of school-age children experience no limits on TV, computer, or tablet use (Rideout & Hamel, 2006; Roberts, Foehr, & Rideout, 2005; Varnhagen, 2007). And parents often model excessive, inappropriate use of screen media. In observations of adults with children in fast-food restaurants, almost one-third of the adults spent the entire meal absorbed with mobile devices rather than engaged with children in their care (Radesky et al., 2014).

To help parents improve their preschoolers' "media diet," one group of researchers devised a year-long intervention in which they guided parents in replacing violent programs with age-appropriate educational and prosocial programs. Compared to a control group, children in intervention families displayed lower rates of externalizing behavior and improved social competence (Christakis et al., 2013). Applying What We Know above lists strategies parents can use to regulate children's screen media use.

Helping Children and Parents Control Aggression.

Treatment for aggressive children is best begun early, before their behavior becomes well-practiced and difficult to change. Breaking the cycle of hostilities between family members and promoting effective ways of relating to others are crucial.

Leslie suggested that Robbie's parents enroll in a training program aimed at improving the parenting of children with

conduct problems. In one approach, called *Incredible Years*, parents complete 18 weekly group sessions facilitated by two professionals, who teach positive parenting techniques for promoting children's academic, emotional, and social skills and for managing disruptive behaviors (Webster-Stratton & Reid, 2010b). A special focus is positive parenting, including guidance and encouragement for prosocial behaviors.

Evaluations in which families with aggressive children were randomly assigned to either *Incredible Years* or control groups reveal that the program is highly effective at improving parenting and reducing child behavior problems. And the effects endure. In one long-term follow-up, 75 percent of young children with serious conduct problems whose parents participated in *Incredible Years* were well-adjusted as teenagers (Webster-Stratton, Rinaldi, & Reid, 2011).

At preschool, Leslie began teaching Robbie more successful ways of relating to peers, had him practice these skills, and praised him for using them. As opportunities arose, she encouraged Robbie to talk about playmates' feelings and to express his own. As he increasingly took the perspective of others, empathized, and felt sympathetic concern, his lashing out at peers declined (Izard et al., 2008). Robbie also participated in a social problem-solving intervention. Throughout the school year, he met weekly with Leslie and a small group of classmates to act out common conflicts using puppets, discuss alternatives for settling disputes, and practice successful strategies. Preschoolers who receive such training show gains in emotional and social competence still present after entering kindergarten (Bierman & Powers, 2009; Moore et al., 2015).

Finally, relieving stressors that stem from economic disadvantage and neighborhood disorganization and providing

families with social supports help prevent childhood aggression (Bugental, Corpuz, & Schwartz, 2012). When parents better cope with stressors in their own lives, interventions aimed at reducing children's aggression are more effective.

Ask yourself

CONNECT What must parents do to foster conscience development in fearless, impulsive children? How does this illustrate the concept of goodness of fit (see page 195 in Chapter 6)?

APPLY Alice and Wayne want their two children to become morally mature, caring individuals. List some parenting practices they should use and some they should avoid.

REFLECT Which types of punishment for a misbehaving preschooler do you endorse, and which types do you reject? Why?



Gender Typing

8.7 Discuss biological and environmental influences on preschoolers' gender-stereotyped beliefs and behavior.

8.8 Describe and evaluate major theories that explain the emergence of gender identity.

Gender typing refers to any association of objects, activities, roles, or traits with one sex or the other in ways that conform to cultural stereotypes (Blakemore, Berenbaum, & Liben, 2009). In Leslie's classroom, girls spent more time in the housekeeping, art, and reading corners, while boys gathered more often in spaces devoted to blocks, woodworking, and active play. Already, the children had acquired many gender-linked beliefs and preferences and tended to play with peers of their own sex.

The same theories that provide accounts of morality have been used to explain children's gender typing: *social learning theory*, with its emphasis on modeling and reinforcement, and *cognitive-developmental theory*, with its focus on children as active thinkers about their social world. As we will see, neither is adequate by itself. *Gender schema theory*, a third perspective that combines elements of both, has gained favor. In the following sections, we consider the early development of gender typing.

Gender-Stereotyped Beliefs and Behavior

Even before children can label their own sex consistently, they have begun to acquire common associations with gender—men as rough and sharp, women as soft and round. In one study, 18-month-olds linked such items as fir trees and hammers with males, although they had not yet learned comparable feminine

associations (Eichstedt et al., 2002). Recall from Chapter 6 that around age 2, children use such words as *boy*, *girl*, *lady*, and *man* appropriately. As soon as gender categories are established, young children's gender-typed learning accelerates.

Preschoolers associate toys, clothing, tools, household items, games, occupations, colors (pink and blue), and behaviors (physical and relational aggression) with one sex or the other (Banse et al., 2010; Giles & Heyman, 2005; Poulin-Dubois et al., 2002). And their actions reflect their beliefs, not only in play preferences but also in personality traits. As we have seen, boys tend to be more active, impulsive, assertive, and physically aggressive. Girls tend to be more fearful, dependent, emotionally sensitive, compliant, advanced in effortful control, and skilled at inflicting indirect relational aggression (Else-Quest, 2012).

During early childhood, gender-stereotyped beliefs strengthen—so much so that many children apply them as blanket rules rather than as flexible guidelines (Halim et al., 2013; Trautner et al., 2005). When children were asked whether gender stereotypes could be violated, half or more of 3- and 4-year-olds answered “no” to clothing, hairstyle, and play with certain toys (Barbie dolls and G.I. Joes) (Blakemore, 2003). Furthermore, most 3- to 6-year-olds are firm about not wanting to be friends with a child who violates a gender stereotype (a boy who wears nail polish, a girl who plays with trucks) or to attend a school where such violations are allowed (Ruble et al., 2007).

The rigidity of preschoolers' gender stereotypes helps us understand some commonly observed everyday behaviors. When Leslie showed her class a picture of a Scottish bagpiper wearing a kilt, the children insisted, “Men don't wear skirts!” During free play, they often exclaimed that girls can't be police officers and boys don't take care of babies. These one-sided judgments are a joint product of gender stereotyping in the environment and young children's cognitive limitations. Most



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Early in the preschool years, gender typing is well under way. Girls tend to play with girls and are drawn to toys and activities that emphasize nurturance and cooperation.

preschoolers do not yet realize that characteristics *associated with* being male or female—activities, toys, occupations, hair-style, and clothing—do not *determine* a person's sex.

Biological Influences on Gender Typing

The sex differences in personality traits and behavior described earlier appear in many cultures around the world (Munroe & Romney, 2006; Whiting & Edwards, 1988). Certain ones—male activity level and physical aggression, female emotional sensitivity, and preference for same-sex playmates—are widespread among mammalian species (de Waal, 2001). According to an evolutionary perspective, the adult life of our male ancestors was largely oriented toward competing for mates, that of our female ancestors toward rearing children. Therefore, males became genetically primed for dominance and females for intimacy, responsiveness, and cooperativeness (Konner, 2010; Maccoby, 2002). Evolutionary theorists claim that family and cultural forces can influence the intensity of biologically based sex differences. But experience cannot eradicate those aspects of gender typing that served adaptive functions in human history.

Experiments with animals reveal that prenatally administered androgens increase active play and aggression and suppress maternal caregiving in both male and female mammals (Arnold et al., 2009). Research with humans reveals similar patterns. Girls exposed prenatally to high levels of androgens, due to normal variation in hormone levels or to a genetic defect, show more “masculine” behavior—a preference for trucks and blocks over dolls, for active over quiet play, and for boys as playmates—even when parents encourage them to engage in gender-typical play (Berenbaum & Beltz, 2011; Hines, 2011). And boys with reduced prenatal androgen exposure, either because production by the testes is reduced or because body cells are androgen insensitive, tend to engage in “feminine” behaviors, including toy choices, play behaviors, and preference for girl playmates (Jürgensen et al., 2007; Lamminmaki et al., 2012).

Some researchers argue that biologically based sex differences, which affect children's play styles, cause children to seek out same-sex playmates whose interests and behaviors are compatible with their own (Maccoby, 1998; Mehta & Strough, 2009). Preschool girls like to play in pairs with other girls because they share a preference for quieter activities involving cooperative roles. Boys prefer larger-group play with other boys, due to a shared desire to run, climb, play-fight, compete, and build up and knock down.

Research confirms that preschoolers are drawn to peers who engage in similar levels of gender-typed activities. But they also like to spend time with same-sex peers regardless of type of activity—perhaps because they expect a playmate who is like themselves in so basic a way to be more enjoyable (Martin et al., 2013). At age 4, children spend three times as much time with same-sex as with other-sex playmates. By age 6, this ratio has climbed to 11 to 1 (Martin & Fabes, 2001).

Environmental Influences on Gender Typing

A wealth of evidence reveals that environmental forces—at home, at school, with peers, and in the community—build on genetic influences to promote vigorous gender typing in early childhood.

Parents. Beginning at birth, parents have different expectations of sons than of daughters. Many parents prefer that their children play with “gender-appropriate” toys (Blakemore & Hill, 2008). And they tend to describe achievement, competition, and control of emotion as important for sons and warmth, polite behavior, and closely supervised activities as important for daughters (Brody, 1999; Turner & Gervai, 1995).

Actual parenting practices reflect these beliefs. Parents give their sons toys that stress action and competition (cars, tools, footballs) and their daughters toys that emphasize nurturance, cooperation, and physical attractiveness (dolls, tea sets, jewelry) (Leaper, 1994; Leaper & Friedman, 2007). Fathers of preschoolers report more physical activities (chasing, playing ball) with sons and more literacy activities (reading, storytelling) with daughters (Leavell et al., 2011). Furthermore, parents tend to react more positively when a son plays with cars and trucks, demands attention, runs and climbs, or tries to take toys from others. When interacting with daughters, parents more often direct play activities, provide help, encourage participation in household tasks, make supportive statements (approval, praise, and agreement), and refer to emotions (Clearfield & Nelson, 2006; Fagot & Hagan, 1991; Leaper, 2000).

Furthermore, parents provide children with indirect cues about gender stereotypes through the language they use. In a study of picture book reading with toddlers and preschoolers, mothers frequently expressed *generic utterances*, which referred



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This father teaches his son carpentry skills. Of the two sexes, boys are more gender-typed. Fathers, especially, promote “masculine” behavior in their sons by insisting that they conform to gender roles.

to nearly all same-sex individuals as alike, ignoring exceptions (“Boys can be sailors.” “Most girls don’t like trucks.”) (Gelman, Taylor, & Nguyen, 2004). Children picked up these expressions from their mother’s speech, and older preschoolers often made stereotyped generic statements, which their mothers affirmed (Child: “Only boys can drive trucks.” Mother: “O.K.”).

Of the two sexes, boys are more gender-typed. Fathers, especially, are more insistent that boys conform to gender roles. They place more pressure to achieve on sons than on daughters and are less tolerant of “cross-gender” behavior in sons—more concerned when a boy acts like a “sissy” than when a girl acts like a “tomboy” (Blakemore & Hill, 2008; Wood, Desmarais, & Gugula, 2002).

Parents who hold nonstereotyped values and behave accordingly have children who are less gender-typed (Tenenbaum & Leaper, 2002). Children of gay or lesbian parents tend to be less gender-typed than agemates of heterosexual parents, perhaps because of their parents’ more gender-equitable expectations and behaviors (Fulcher, Sutfin, & Patterson, 2008; Goldberg, Kashy, & Smith, 2012).

Teachers. Teachers often act in ways that extend gender-role learning. Several times, Leslie caught herself emphasizing gender distinctions when she called out, “Will the girls line up on one side and the boys on the other?” or pleaded, “Boys, I wish you’d quiet down like the girls!” These practices increase preschoolers’ gender-stereotyped beliefs while reducing their liking for and willingness to play with other-sex peers (Hilliard & Liben, 2010).

Like parents, preschool teachers encourage girls to participate in adult-structured activities. Girls frequently cluster around the teacher, following directions, while boys are attracted to play areas where adults are minimally involved (Campbell, Shirley, & Candy, 2004). As a result, boys and girls engage in different

social behaviors. Compliance and bids for help occur more often in adult-structured contexts; assertiveness, leadership, and creative use of materials in unstructured pursuits.

As early as kindergarten, teachers give more overall attention (both positive and negative) to boys than to girls—a difference evident in diverse countries, including China, England, and the United States. They praise boys more for their academic knowledge but also use more disapproval and controlling discipline with them (Chen & Rao, 2011; Davies, 2008; Swinson & Harrop, 2009). Teachers seem to expect boys to misbehave more often—a belief based partly on boys’ actual behavior and partly on gender stereotypes.

Peers. The more preschoolers play with same-sex partners, the more their behavior becomes gender-typed—in toy choices, activity level, aggression, and adult involvement (Martin et al., 2013). By age 3, same-sex peers positively reinforce one another for gender-typed play by praising, imitating, or joining in. In contrast, when preschoolers engage in “cross-gender” activities—for example, when boys play with dolls or girls with cars and trucks—peers criticize them. Boys are especially intolerant of cross-gender play in other boys (Thorne, 1993). A boy who frequently crosses gender lines is likely to be ignored by other boys, even when he does engage in “masculine” activities.

Children also develop different styles of social influence in gender-segregated peer groups. To get their way in large-group play, boys often rely on commands, threats, and physical force. Girls’ preference for playing in pairs leads to greater concern with a partner’s needs, evident in girls’ use of polite requests, persuasion, and acceptance. Girls soon find that gentle tactics succeed with other girls but not with boys, who ignore their courteous overtures (Leaper, 1994; Leaper, Tenenbaum, & Shaffer, 1999). Boys’ unresponsiveness gives girls another reason to stop interacting with them.

Over time, children come to believe in the “correctness” of gender-segregated play and to perceive themselves as more similar to same-sex than other-sex peers, which further strengthens gender segregation and gender-stereotyped activities (Martin et al., 2011). As boys and girls separate, *in-group favoritism*—more positive evaluations of members of one’s own gender—becomes another factor that sustains the separate social worlds of boys and girls, resulting in “two distinct subcultures” of knowledge, beliefs, interests, and behaviors (Maccoby, 2002).

Although gender segregation is pervasive, cultural variations exist in the extent of gender-typed communication within such groups. African-American and Hispanic girls from low-SES families tend to be more assertive and independent when interacting with one another and with boys than are European-American girls (Goodwin, 1998). Similarly, in a comparison of Chinese and U.S. preschoolers’ play, Chinese girls used more direct commands and criticism when interacting with same- and other-sex peers (Kyratzis & Guo, 2001). In cultures where interdependence is highly valued, perhaps children do not feel a need to work as hard at maintaining same-sex peer relations through traditional interaction.



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In this preschool classroom, girls cluster around the teacher for instruction while boys play independently. As a result, children practice gender-typed behaviors—compliance and bids for attention by girls, assertiveness and leadership by boys.

The Broader Social Environment. Finally, children's everyday environments present many examples of gender-typed behavior—in occupations, leisure activities, media portrayals, and achievements of men and women. Media stereotypes, which are especially prevalent in cartoons and video games, contribute to young children's biased beliefs about roles and behaviors suitable for males and females (Calvert, 2015; Leaper, 2013). As we will see next, children soon come to view not just their social surroundings but also themselves through a “gender-biased lens”—a perspective that can seriously restrict their interests and learning opportunities.

Gender Identity

As adults, each of us has a **gender identity**—an image of oneself as relatively masculine or feminine in characteristics. By middle childhood, researchers can measure gender identity by asking children to rate themselves on personality traits. A child or adult with a “masculine” identity scores high on traditionally masculine items (such as *ambitious*, *competitive*, and *self-sufficient*) and low on traditionally feminine items (such as *affectionate*, *cheerful*, and *soft-spoken*). Someone with a “feminine” identity does the reverse. And a substantial minority (especially females) have a gender identity called **androgyny**, scoring high on both masculine and feminine personality characteristics.

Gender identity is a good predictor of psychological adjustment. “Masculine” and androgynous children and adults have higher self-esteem than “feminine” individuals (DiDonato & Berenbaum, 2011; Harter, 2012). Also, androgynous individuals are more adaptable—able to show masculine independence or feminine sensitivity, depending on the situation (Huyck, 1996; Taylor & Hall, 1982). The existence of an androgynous identity demonstrates that children can acquire a mixture of positive qualities traditionally associated with each gender—an orientation that may best help them realize their potential.

Emergence of Gender Identity. How do children develop a gender identity? According to *social learning theory*, behavior comes before self-perceptions. Preschoolers first acquire gender-typed responses through modeling and reinforcement and only later organize these behaviors into gender-linked ideas about themselves. In contrast, *cognitive-developmental theory* maintains that self-perceptions come before behavior. Over the preschool years, children acquire **gender constancy**—a full understanding of the biologically based permanence of their gender, including the realization that sex remains the same even if clothing, hairstyle, and play activities change. Then children use this knowledge to guide their gender-related behavior.

Children younger than age 6 who watch an adult dress a doll in “other-gender” clothing typically insist that the doll's sex has also changed (Chauhan, Shastri, & Mohite, 2005; Fagot, 1985). Full attainment of gender constancy is strongly related to ability to pass Piagetian conservation tasks (DiLisi & Gallagher, 1991). Indeed, gender constancy tasks can be considered a type of

conservation problem, in that children must conserve a person's sex despite a superficial change in his or her appearance.

Is cognitive-developmental theory correct that gender constancy is responsible for children's gender-typed behavior? Evidence for this assumption is weak. Some evidence suggests that attaining gender constancy actually contributes to more flexible gender-role attitudes, perhaps because children then realize that engaging in gender-atypical behavior cannot cause their sex to change (Ruble et al., 2007). But overall, the impact of gender constancy on gender typing is not great. As research in the following section reveals, gender-role adoption is more powerfully affected by children's beliefs about how close the connection must be between their own gender and their behavior.

Gender Schema Theory. **Gender schema theory** is an information-processing approach that combines social learning and cognitive-developmental features. It explains how environmental pressures and children's cognitions work together to shape gender-role development (Martin & Halverson, 1987; Martin, Ruble, & Szkrybalo, 2002). At an early age, children pick up gender-stereotyped preferences and behaviors from others. At the same time, they organize their experiences into *gender schemas*, or masculine and feminine categories, that they use to interpret their world. As soon as preschoolers can label their own gender, they select gender schemas consistent with it (“Only boys can be doctors” or “Cooking is a girl's job”) and apply those categories to themselves. Their self-perceptions then become gender-typed and serve as additional schemas that children use to process information and guide their own behavior.

We have seen that individual differences exist in the extent to which children endorse gender-typed views. Figure 8.3 on page 280 shows different cognitive pathways for children who often apply gender schemas to their experiences and those who rarely do (Liben & Bigler, 2002). Consider Billy, who encounters a doll. If Billy is a *gender-schematic child*, his *gender-salience filter* immediately makes gender highly relevant. Drawing on his prior learning, he asks himself, “Should boys play with dolls?” If he answers “yes” and the toy interests him, he will explore it and learn more about it. If he answers “no,” he will avoid the “gender-inappropriate” toy. But if Billy is a *gender-aschematic child*—one who seldom views the world in gender-linked terms—he simply asks himself, “Do I like this toy?” and responds on the basis of his interests.

Gender-schematic thinking is so powerful that when children see others behaving in “gender-inconsistent” ways, they often distort their memory to make it “gender-consistent.” For example, when shown a picture of a male nurse, they may remember him as a doctor (Martin & Ruble, 2004). And because gender-schematic preschoolers typically conclude, “What I like, children of my own sex will also like,” they often use their own preferences to add to their gender biases (Liben & Bigler, 2002). For example, a girl who dislikes oysters may declare, “Only boys like oysters!” even though she has never actually been given information promoting such a stereotype. At least partly for this reason, young children's gender schemas contain both culturally

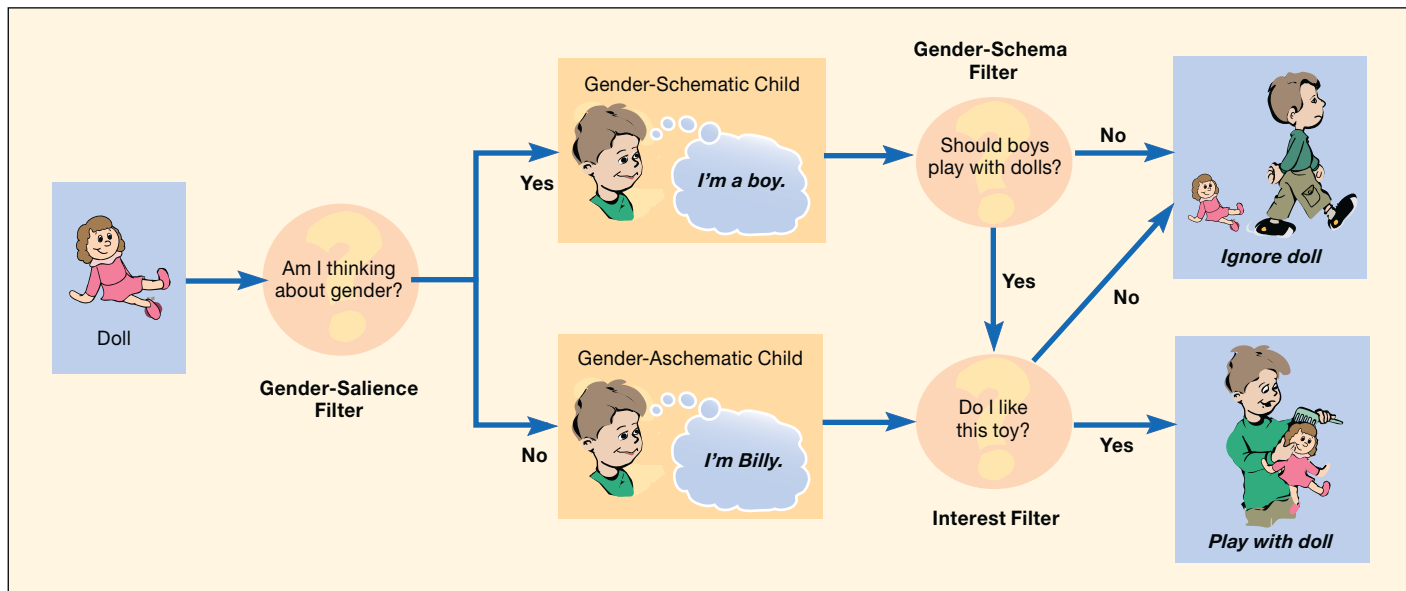


FIGURE 8.3 Cognitive pathways for gender-schematic and gender-aschematic children. In *gender-schematic children*, the gender-salience filter immediately makes gender highly relevant: Billy sees a doll and thinks, “I’m a boy. Should boys play with dolls?” Drawing on his experiences, he answers “yes” or “no.” If he answers “yes” and the doll interests him, he plays with the doll. If he answers “no,” he avoids the “gender-inappropriate” toy. *Gender-aschematic children* rarely view the world in gender-linked terms: Billy simply asks, “Do I like this toy?” and responds on the basis of his interests. (Reprinted by permission of Rebecca Bigler.)

standard and nonstandard ideas (Tenenbaum et al., 2010). Not until well into the school years do children’s gender schemas fully resemble those of adults.

Gender identity involves self-perceptions that build on a core sense of one’s own gender. A few children, however, express great discomfort with the gender they were assigned at birth and want to live as the other gender, expressing this desire as early as the preschool years. For research on transgender children, refer to the Biology and Environment box on the following page.

Reducing Gender Stereotyping in Young Children

How can we help young children avoid rigid gender schemas that restrict their behavior and learning opportunities? No easy recipe exists. Biology clearly affects children’s gender typing, channeling boys, on average, toward active, competitive play and girls toward quieter, more intimate interaction. At the same time, differential treatment of boys and girls begins as soon as they are born, amplifying biologically based tendencies and promoting a great many aspects of gender typing that are unrelated to human nature (Hines, 2015).

Because young children’s cognitive limitations lead them to assume that cultural practices determine gender, parents and teachers are wise to try to delay preschoolers’ exposure to gender-stereotyped messages. Adults can begin by limiting traditional gender roles in their own behavior and can provide children with nontraditional alternatives. For example, parents can take turns making dinner, bathing children, and driving the family car, and they can give their sons and daughters both trucks and dolls and both pink and blue clothing. Teachers can ensure that all children

spend time in mixed-gender play activities and unstructured pursuits, as children’s behavior tends to be less gender-typed in these contexts (Goble et al., 2012). Finally, adults can avoid using language that conveys gender stereotypes and can shield children from media presentations that do so.

Once children notice the vast array of gender stereotypes in their society, adults can point out exceptions. For example, they can arrange for children to see men and women pursuing non-traditional careers and can explain that interests and skills, not sex, should determine a person’s occupation. Research shows that such reasoning reduces children’s gender-biased views. By middle childhood, children who hold flexible beliefs about what boys and girls can do are more likely to notice instances of gender discrimination (Brown & Bigler, 2004). And as we will see next, a rational approach to child rearing promotes healthy, adaptable functioning in many other areas as well.

Ask yourself

CONNECT In addition to gender-stereotyped beliefs, what other aspects of preschoolers’ social understanding tend to be rigid and one-sided?

APPLY List findings indicating that language and communication—between parents and children, between teachers and children, and between peers—powerfully affect children’s gender typing. What recommendations would you make to counteract these influences?

REFLECT Would you describe your own gender identity as “masculine,” “feminine,” or “androgynous”? What biological and social factors might have influenced your gender identity?



Biology and Environment

Transgender Children

Jacob, who began life as a girl named Mia, firmly insisted at age 2, “I am a boy!” in opposition to his parents’ suggestion that he was merely “pretending.” At preschool, he became increasingly angry at being identified as a girl. When his teacher asked him to write his name, he would print M-I-A but then vigorously cross it out. Gradually, his parents sensed the strength of his expressed identity. With guidance from a therapist, they began following his lead, providing boys’ clothes, a short haircut, superhero action figures, and toy cars. At age 4, after his parents presented him with several options, one of which was living as a boy, he affirmed that he wanted to change his name to Jacob and go to a different school, where he could start a new public life as a boy (Lemay, 2015). “I want to be a boy always,” Jacob declared. His problematic behavior at home and school quickly subsided.

The number of transgender children, adolescents, and adults in Western nations, though few, has risen recently—perhaps because more stories like Jacob’s are appearing in the media and because seeking treatment has become more acceptable. Individuals dissatisfied with their natal (birth) sex who strongly identify as the other sex experience substantial distress—a condition called *gender dysphoria*. Estimates based on large samples of Dutch and North American children suggest that about 1.5 percent of natal boys and 2 percent of natal girls suffer from gender dysphoria (Ristori & Steensma, 2016; Van Beijsterveldt, Hudziak, & Boomsma, 2006). Some researchers speculate that the sex difference has to do with greater cultural acceptance of gender nonconformity in girls, leading girls who experience gender dysphoria to express it more readily.

People who change gender in adulthood often trace the emergence of their gender dysphoria to early childhood. Although contributing factors are not well understood, the prenatal hormone environment seems to play a role. For example, genetic females known to have been exposed to high levels of prenatal androgens are more likely than other women

to be transgender (Dessens, Slijper, & Drop, 2005). But many females prenatally exposed to high androgen levels, and many males exposed to low levels, do not express discomfort with their natal sex.

Although some studies claim that most cases of childhood gender dysphoria subside in adolescence and adulthood, their samples failed to distinguish between gender-dysphoric children and children who merely display gender-nonconforming behavior. Children who are severely troubled over the mismatch between their natal sex and core gender identity, who insist that they are the other gender, and who also engage in high levels of “other-gender” behavior generally experience persisting dysphoria (Ristori & Steensma, 2016; Steensma et al., 2011). These persisters are likely to transition mostly or entirely—as Jacob did—to their desired gender role.

Transgender children are not pretending, confused, or delayed in gender understanding. When questioned about their peer preferences, gender-typed object choices, and gender identity, their responses are identical to those of nontransgender age-mates who share their expressed gender (Olson, Key, & Eaton, 2015).

During early adolescence, gender dysphoria typically deepens as persisters encounter changes in their bodies and first feelings of sexual attraction (Leibowitz & de Vries, 2016). Some desire, and may be deemed eligible for, psychological and medical sex-change treatment, involving suppression of pubertal sex hormones, cross-sex hormone treatment after age 16, and surgery after age 18. Others go through a period of questioning, including hesitancy over invasive treatments, and take additional time to assess their feelings about



COURTESY OF MIMI LEMAY

Jacob, who began life as a girl, changed his name and transitioned to living as a boy in early childhood. Transgender children whose parents support their desire to express their identified gender are more content and better-adjusted.

transitioning physically (Steensma & Cohen-Kettenis, 2015). A number of these young people find their gender dysphoria so overwhelming that they eventually decide on treatment in their twenties and thirties.

Controversy exists over therapies for gender-dysphoric children. One approach is directed at lessening their cross-gender identity and behavior and increasing their comfort with their natal sex. These therapies, however, have yielded poor results (Adelson, 2012; Byne et al., 2012). Gender-dysphoric children react with heightened distress to efforts to suppress or deny their identified gender.

Increasing numbers of health professionals are convinced that therapies must be aimed at permitting children to follow their gender-identity inclinations and helping parents protect their children from the negative reactions of others. These efforts are motivated by the tragic circumstances of many contemporary transgender adults, who experienced family rejection and social ostracism from childhood on and who face high rates of unemployment, poverty, homelessness, depression, and suicide (Byne et al., 2012; Di Ceglie, 2014; Haas, Rodgers, & Herman, 2014). Current evidence suggests that embracing transgender children’s expressed identity leads to contented, better-adjusted children and adolescents. Follow-up research is needed to assess long-term outcomes in the coming generation of transgender adults.



Child Rearing and Emotional and Social Development

8.9 Describe the impact of child-rearing styles on development, and explain why authoritative parenting is effective.

8.10 Discuss the multiple origins of child maltreatment, its consequences for development, and prevention strategies.

In this and previous chapters, we have seen how parents can foster children's competence—by building a parent–child relationship based on affection and cooperation, by modeling mature behavior, by using reasoning and inductive discipline, and by guiding and encouraging mastery of new skills. Now let's put these practices together into an overall view of effective parenting.

Styles of Child Rearing

Child-rearing styles are combinations of parenting behaviors that occur over a wide range of situations, creating an enduring child-rearing climate. In a landmark series of studies, Diana Baumrind (1971) gathered information on child rearing by watching parents interact with their preschoolers. Her findings, and those of others who have extended her work, reveal three features that consistently differentiate an effective style from less

effective ones: (1) acceptance and involvement, (2) control, and (3) autonomy granting (Gray & Steinberg, 1999; Hart, Newell, & Olsen, 2003). Table 8.2 shows how child-rearing styles differ in these features.

Authoritative Child Rearing. The **authoritative child-rearing style**—the most successful approach—involves high acceptance and involvement, adaptive control techniques, and appropriate autonomy granting. Authoritative parents are warm, attentive, and sensitive to their child's needs. They establish an enjoyable, emotionally fulfilling parent–child relationship that draws the child into close connection. At the same time, authoritative parents exercise firm, reasonable control. They insist on mature behavior, give reasons for their expectations, and use disciplinary encounters as “teaching moments” to promote the child's self-regulation. Finally, authoritative parents engage in gradual, appropriate autonomy granting, allowing the child to make decisions in areas where he is ready to do so (Baumrind, 2013; Kuczynski & Lollis, 2002; Russell, Mize, & Bissaker, 2004).

Throughout childhood and adolescence, authoritative parenting is linked to many aspects of competence—an upbeat mood, self-control, task persistence, cooperativeness, high self-esteem, social and moral maturity, and favorable school performance (Amato & Fowler, 2002; Aunola, Stattin, & Nurmi, 2000; Gonzalez & Wolters, 2006; Jaffe, Gullone, & Hughes, 2010; Mackey, Arnold, & Pratt, 2001; Milevsky et al., 2007).

TABLE 8.2
Features of Child-Rearing Styles

CHILD-REARING STYLE	ACCEPTANCE AND INVOLVEMENT	CONTROL	AUTONOMY GRANTING
Authoritative	Is warm, responsive, attentive, and sensitive to the child's needs	Engages in adaptive behavioral control: Makes reasonable demands for mature behavior and consistently enforces and explains them	Permits the child to make decisions in accord with readiness Encourages the child to express thoughts, feelings, and desires When parent and child disagree, engages in joint decision making when possible
Authoritarian	Is cold and rejecting and frequently degrades the child	Engages in coercive behavioral control: Makes excessive demands for mature behavior, uses force and punishment Often uses psychological control, withdrawing love and intruding on the child's individuality and attachment to parents	Makes decisions for the child Rarely listens to the child's point of view
Permissive	Is warm but overindulgent or inattentive	Is lax in behavioral control: Makes few or no demands for mature behavior	Permits the child to make many decisions before the child is ready
Uninvolved	Is emotionally detached and withdrawn	Is lax in behavioral control: Makes few or no demands for mature behavior	Is indifferent to the child's decision making and point of view

Authoritarian Child Rearing. The **authoritarian child-rearing style** is low in acceptance and involvement, high in coercive control, and low in autonomy granting. Authoritarian parents appear cold and rejecting. To exert control, they yell, command, criticize, and threaten. “Do it because I said so!” is their attitude. They make decisions for their child and expect the child to accept their word unquestioningly. If the child resists, authoritarian parents resort to force and punishment.

Children of authoritarian parents are more likely to be anxious, unhappy, and low in self-esteem and self-reliance. When frustrated, they tend to react with hostility and, like their parents, use force to get their way. Boys, especially, show high rates of anger and defiance. Although girls also engage in acting-out behavior, they are more likely to be dependent, lacking interest in exploration, and overwhelmed by challenging tasks (Hart, Newell, & Olsen, 2003; Kakihara et al., 2010; Thompson, Hollis, & Richards, 2003). Children and adolescents exposed to the authoritarian style typically do poorly in school. However, because of their parents’ concern with control, they tend to achieve better and to commit fewer antisocial acts than peers with undemanding parents—that is, those whose parents use one of the two styles we will consider next (Steinberg, Blatt-Eisengart, & Cauffman, 2006).

In addition to unwarranted direct control, authoritarian parents engage in a more subtle type called **psychological control**, in which they attempt to take advantage of children’s psychological needs by intruding on and manipulating their verbal expressions, individuality, and attachments to parents. These parents frequently interrupt or put down the child’s ideas, decisions, and choice of friends. When they are dissatisfied, they withdraw love, making their affection contingent on the child’s compliance. Children subjected to psychological control exhibit adjustment problems involving both anxious, withdrawn behavior and defiance and aggression—especially the relational relationships through manipulation and exclusion (Barber, Stolz, & Olsen, 2005; Barber & Xia, 2013; Kuppens et al., 2013).

Permissive Child Rearing. The **permissive child-rearing style** is warm and accepting but uninvolved. Permissive parents are either overindulgent or inattentive and, thus, engage in little control. Instead of gradually granting autonomy, they allow children to make many of their own decisions at an age when they are not yet capable of doing so. Their children can eat meals and go to bed whenever they wish and can watch as much television as they want. They do not have to learn good manners or do any household chores. Although some permissive parents truly believe in this approach, many others simply lack confidence in their ability to influence their child’s behavior (Oyserman et al., 2005).

Children of permissive parents tend to be impulsive, disobedient, and rebellious. They are also overly demanding and dependent on adults, and they show less persistence on tasks, poorer

school achievement, and more antisocial behavior. The link between permissive parenting and dependent, nonachieving, rebellious behavior is especially strong for boys (Barber & Olsen, 1997; Steinberg, Blatt-Eisengart, & Cauffman, 2006).

Uninvolved Child Rearing. The **uninvolved child-rearing style** combines low acceptance and involvement with little control and general indifference to issues of autonomy. Often these parents are emotionally detached and depressed and so overwhelmed by life stress that they have little time and energy for children. At its extreme, uninvolved parenting is a form of child maltreatment called *neglect*. Especially when it begins early, it disrupts virtually all aspects of development (see Chapter 6, page 187). Even with less extreme parental disengagement, children and adolescents display many problems—poor emotional self-regulation, school achievement difficulties, depression, and antisocial behavior (Aunola, Stattin, & Nurmi, 2000; Schroeder et al., 2010).

What Makes Authoritative Child Rearing Effective?

Like all correlational findings, the association between authoritative parenting and children’s competence is open to interpretation. Perhaps parents of well-adjusted children are authoritative because their youngsters have especially cooperative dispositions. But although temperamentally fearless, impulsive children and emotionally negative children are more likely to evoke coercive, inconsistent discipline, extra warmth and firm control succeed in modifying these children’s maladaptive styles (Cipriano & Stifter, 2010; Larzelere, Cox, & Mandara, 2013). With inhibited, fearful children, parents must suppress their tendency to overprotect their child. Instead, inhibited children benefit from extra encouragement to be assertive and express their autonomy (Nelson et al., 2006; Rubin & Burgess, 2002).

Longitudinal research indicates that among children of diverse temperaments, authoritative child rearing predicts maturity and adjustment into adolescence. The warmth and caring that authoritative parents accord their children are linked to favorable child functioning in many cultures and seem universally necessary (Khaleque & Rohner, 2002). And a variant of authoritative-ness in which parents exert strong control over the child’s behavior—becoming directive but not coercive—yields just as favorable long-term outcomes as a more democratic approach (Baumrind, Larzelere, & Owens, 2010). Indeed, some children, because of their dispositions, require “heavier doses” of certain authoritative features.

In sum, authoritative child rearing seems to create a positive emotional context for parental influence in the following ways:

- Warm, involved parents who are secure in the standards they hold for their children model caring concern as well as confident, self-controlled behavior.

- Children are far more likely to comply with and internalize control that appears fair and reasonable, not arbitrary.
- By adjusting demands and autonomy granting to children's capacities, authoritative parents convey to children that they are competent and can do things successfully for themselves. In this way, parents foster favorable self-esteem and cognitive and social maturity.
- Supportive aspects of the authoritative style, including parental acceptance, involvement, and rational control, are a powerful source of *resilience*, protecting children from the negative effects of family stress and poverty (Luthar, Crossman, & Small, 2015).

LOOK and LISTEN

Ask several parents to explain their style of child rearing, inquiring about acceptance and involvement, control, and autonomy granting. Look, especially, for variations in amount and type of control over children's behavior along with parents' rationales.

Cultural Variations

Although authoritative parenting is broadly advantageous, ethnic minority parents often have distinct child-rearing beliefs and practices that reflect cultural values. Let's look at some examples.

Compared with Western parents, Chinese parents describe their parenting as more controlling. They are more directive in teaching and scheduling their children's time, as a way of fostering self-control and high achievement. Chinese parents may appear less warm than Western parents because they withhold praise, which they believe results in self-satisfied, poorly motivated children (Cheah & Li, 2010; Ng, Pomerantz, & Deng, 2014). Chinese parents report expressing affection and concern and using induction and other reasoning-oriented discipline as much as American parents do, but they more often shame a misbehaving child, withdraw love, and use physical punishment (Cheah et al., 2009; Shwalb et al., 2004). When these practices become excessive, resulting in an authoritarian style high in psychological or coercive control, Chinese children display the same negative outcomes as Western children: poor academic achievement, anxiety, depression, impaired self-regulation, and aggressive behavior (Chan, 2010; Lee et al., 2012; Pong, Johnston, & Chen, 2010; Sorkhabi & Mandara, 2013).

In Hispanic families, Asian Pacific Island families, and Caribbean families of African or East Indian origin, firm insistence on respect for parental authority is paired with high parental warmth—a combination suited to promoting cognitive and social competence and family loyalty (Roopnarine & Evans, 2007; Tamis-LeMonda & McFadden, 2010). Hispanic fathers



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In Caribbean families of African origins, respect for parental authority is paired with high parental warmth—a combination that promotes competence and family loyalty.

typically spend much time with their children and are warm and sensitive (Cabrera & Bradley, 2012).

Although wide variation exists, low-SES African-American parents tend to expect immediate obedience. They believe that strict parenting fosters self-control and vigilance in risky surroundings. African-American parents who use controlling strategies tend to have cognitively and socially competent children who view parental control as a sign of love and concern. And among African-American youths, controlling parenting protects against delinquency and disruptive behaviors at school (Mason et al., 2004; Roche, Ensminger, & Cherlin, 2007). Recall, also, that a history of mild physical punishment is not associated with behavior problems among African-American children (refer to the Cultural Influences box on page 270). Most African-American parents who use strict, “no-nonsense” discipline use physical punishment sparingly and combine it with warmth and reasoning.

These cultural variations remind us that child-rearing styles must be viewed in their larger contexts. As we have seen, many factors contribute to good parenting: personal characteristics of both child and parent, SES, access to extended family and community supports, cultural values and practices, and public policies.

As we turn to the topic of child maltreatment, our discussion will underscore, once again, that effective child rearing is sustained not just by the desire of mothers and fathers to be good parents. Almost all want to be. Unfortunately, when vital supports for parenting break down, children—as well as parents—can suffer terribly.

Child Maltreatment

Child maltreatment is as old as human history, but only in recent decades has the problem been widely acknowledged and studied. Perhaps public concern has increased because child maltreatment is especially common in large industrialized nations. In the most recently reported year, about 680,000 U.S. children (9 out of every 1,000) were identified as victims (U.S. Department of Health and Human Services, 2015b). Because most cases go unreported, the true figures are much higher.

Child maltreatment takes the following forms:

- **Physical abuse:** Assaults, such as kicking, biting, shaking, punching, or stabbing, that inflict physical injury
- **Sexual abuse:** Fondling, intercourse, exhibitionism, commercial exploitation through prostitution or production of pornography, and other forms of sexual exploitation
- **Neglect:** Failure to meet a child's basic needs for food, clothing, medical attention, education, or supervision
- **Emotional abuse:** Acts that could cause serious emotional harm, including social isolation, repeated unreasonable demands, ridicule, humiliation, intimidation, or terrorizing

Neglect accounts for about 80 percent of reported cases, physical abuse for 18 percent, emotional abuse for 9 percent, and sexual abuse for 9 percent (U.S. Department of Health and Human Services, 2015b). But these figures are only approximate, as many children experience more than one form.

Parents commit more than 80 percent of abusive incidents. Other relatives account for about 5 percent, and the remainder are perpetrated by parents' unmarried partners, child-care providers, and other adults. Infants, toddlers, and preschoolers are at greatest risk for neglect, physical abuse, and emotional abuse. Sexual abuse is perpetrated more often against school-age and early adolescent children. But each type occurs at every age (Trocmé & Wolfe, 2002; U.S. Department of Health and Human Services, 2015b). Because many sexual abuse victims are identified in middle childhood, we will pay special attention to this form of maltreatment in Chapter 10.

Origins of Child Maltreatment. Early findings suggested that child maltreatment was rooted in adult psychological disturbance (Kempe et al., 1962). But although child maltreatment is more common among disturbed parents, it soon became clear that a single “abusive personality type” does not exist. Parents who were abused as children do not necessarily become abusers (Jaffee et al., 2013). And sometimes even “normal” parents harm their children.

For help in understanding child maltreatment, researchers turned to *ecological systems theory* (see Chapters 1 and 2). They discovered that many interacting variables—at the family, community, and cultural levels—contribute. The more risks present, the greater the likelihood of abuse or neglect (see Table 8.3).

The Family. Within the family, children whose characteristics make them more challenging to rear are more likely to become targets of abuse. These include premature or very sick babies and children who are temperamentally difficult, are inattentive and overactive, or have other developmental problems. Child factors, however, only slightly increase the risk of abuse (Jaudes & Mackey-Bilaver, 2008; Sidebotham et al., 2003). Whether such children are maltreated largely depends on parents' characteristics.

TABLE 8.3
Factors Related to Child Maltreatment

FACTOR	DESCRIPTION
Parent characteristics	Psychological disturbance; alcohol and drug abuse; history of abuse as a child; belief in harsh physical discipline; desire to satisfy unmet emotional needs through the child; unreasonable expectations for child behavior; young age (most under 30); low educational level; lack of parenting skills
Child characteristics	Premature or very sick baby; difficult temperament; inattentiveness and overactivity; other developmental problems
Family characteristics	Low income or poverty; homelessness; marital instability; social isolation; partner abuse; frequent moves; large families with closely spaced children; overcrowded living conditions; presence of nonbiological caregivers; disorganized household; lack of steady employment; other signs of high life stress
Community	Characterized by violence and social isolation; few parks, child-care centers, preschool programs, recreation centers, or religious institutions to serve as family supports
Culture	Approval of physical force and violence as ways to solve problems

Sources: Centers for Disease Control and Prevention, 2015a; Wekerle & Wolfe, 2003; Whipple, 2006.



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High parental stress, low income and education, and extreme household disorganization are often associated with child maltreatment. Abusive parents are more likely to live in rundown neighborhoods that offer few sources of social support.

Maltreating parents are less skillful than other parents in handling discipline confrontations. They also suffer from biased thinking about their child. For example, they often attribute their baby's crying or their child's misdeeds to a stubborn or bad disposition, evaluate children's transgressions as worse than they are, and feel powerless in parenting—perspectives that lead them to move quickly toward physical force (Bugental & Happaney, 2004; Crouch et al., 2008).

Most parents have enough self-control not to respond with abuse to their child's misbehavior or developmental problems. Other factors combine with these conditions to prompt an extreme response. Abusive parents react to stressful situations with high emotional arousal. And low income, low education (less than a high school diploma), unemployment, alcohol and drug use, marital conflict, overcrowded living conditions, frequent moves, and extreme household disorganization are common in abusive and neglectful homes (Dakil et al., 2012; Wulczyn, 2009). These conditions increase the chances that parents will be too overwhelmed to meet basic child-rearing responsibilities or will vent their frustrations by lashing out at their children.

The Community. The majority of abusive and neglectful parents are isolated from both formal and informal social supports. Because of their life histories, many have learned to mistrust and avoid others and are poorly skilled at establishing and maintaining positive relationships. Also, maltreating parents are more likely to live in unstable, rundown neighborhoods that provide few links between family and community, such as parks, recreation centers, and religious institutions (Guterman

et al., 2009; Tomyr, Ouimet, & Ugnat, 2012). They lack “lifelines” to others and have no one to turn to for help during stressful times.

The Larger Culture. Cultural values, laws, and customs profoundly affect the chances that child maltreatment will occur when parents feel overburdened. Societies that view violence as an appropriate way to solve problems set the stage for child abuse.

Although the United States has laws to protect children from maltreatment, widespread support exists for use of physical force with children (refer back to page 269). Twenty-three European countries have outlawed corporal punishment, a measure that dampens both physical discipline and abuse (duRivage et al., 2015; Zolotor & Puzia, 2010). Furthermore, all industrialized nations except the United States prohibit corporal punishment in schools. The U.S. Supreme Court has twice upheld the right of school officials to use corporal punishment. Fortunately, 31 U.S. states and the District of Columbia have passed laws that ban it.

Consequences of Child Maltreatment. The family circumstances of maltreated children impair the development of emotional self-regulation, empathy and sympathy, self-concept, social skills, and academic motivation. Over time, these youngsters show serious adjustment problems—cognitive deficits including impaired executive function, school failure, deficits in processing emotional and social signals, peer difficulties, severe depression, aggressive behavior, substance abuse, and violent crime (Cicchetti & Toth, 2015; Nikulina & Widom, 2013; Stronach et al., 2011).

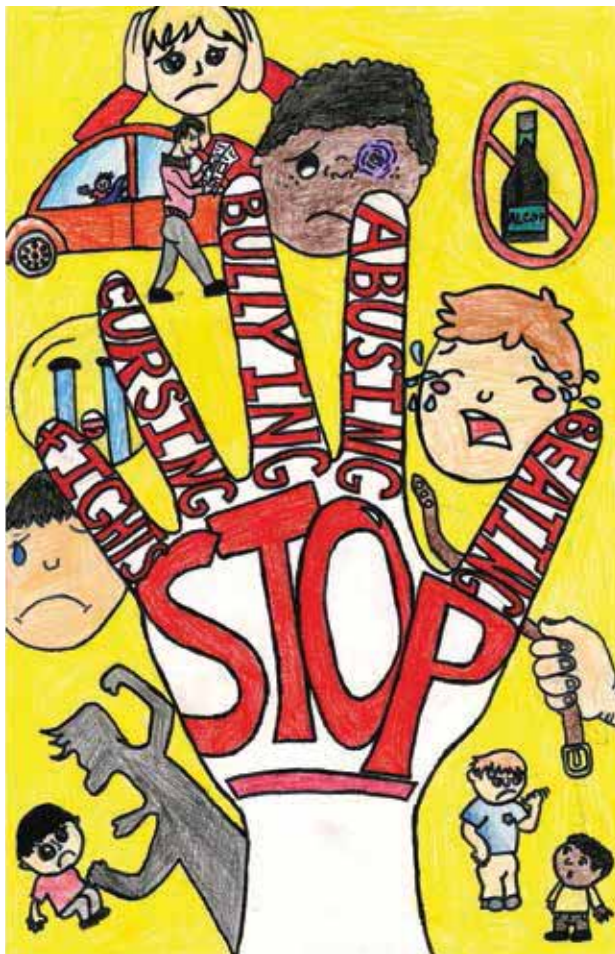
How do these damaging consequences occur? Recall our earlier discussion of hostile cycles of parent-child interaction. For abused children, these are especially severe. Also, a family characteristic strongly associated with child abuse is partner abuse (Graham-Bermann & Howell, 2011). Clearly, the home lives of abused children overflow with adult conduct that leads to profound distress and to use of aggression to solve problems.

Furthermore, the sense of abandonment conveyed by neglectful parenting and the humiliating, terrorizing behaviors of abusive adults result in low self-esteem, high anxiety, self-blame, and efforts to escape from extreme psychological pain—at times severe enough to lead to post-traumatic stress disorder (PTSD) and attempted suicide in adolescence. At school, maltreated children present serious discipline problems (Nikulina, Widom, & Czaja, 2011; Wolfe, 2005). Their noncompliance, poor motivation, and cognitive immaturity interfere with academic achievement, further undermining their chances for life success.

Finally, chronic abuse is associated with central nervous system damage, including abnormal EEG brain-wave activity; fMRI-detected reduced size and impaired functioning of the

cerebral cortex, corpus callosum, cerebellum, and hippocampus; and atypical production of the stress hormone cortisol—initially too high but, after months of abuse, often too low. Over time, the massive trauma of persistent abuse seems to blunt children’s normal physiological response to stress (Cicchetti & Toth, 2015; Jaffee & Christian, 2014). These effects increase the chances that cognitive and emotional problems will endure.

Preventing Child Maltreatment. Because child maltreatment is embedded in families, communities, and society as a whole, efforts to prevent it must be directed at each of these levels. Many approaches have been suggested, from teaching high-risk parents effective child-rearing strategies to developing broad social programs aimed at improving economic conditions and community services.



Each year, fourth to sixth graders across Los Angeles County enter a poster contest to celebrate Child Abuse Prevention Month. This recent winner urges parents not to commit acts of physical and emotional abuse. (Jonathan Chin, 0th Grade, Yaya Fine Art Studio, Temple City, CA. Courtesy ICAN Associates, Los Angeles County Inter-Agency Council on Child Abuse and Neglect, ican4kids.org.)

We have seen that providing social supports to families is effective in easing parental stress. This approach sharply reduces child maltreatment as well. Parents Anonymous, a U.S. organization with affiliate programs around the world, helps child-abusing parents learn constructive parenting practices, largely through social supports. Its local chapters offer self-help group meetings, daily phone calls, and regular home visits to relieve social isolation and teach child-rearing skills.

Early intervention aimed at strengthening both child and parent competencies can prevent child maltreatment. Healthy Families America, a program that began in Hawaii and has spread to 430 sites across the United States and Canada, identifies families at risk for maltreatment during pregnancy or at birth. Each receives three years of home visitation, in which a trained worker helps parents manage crises, encourages effective child rearing, and puts parents in touch with community services (Healthy Families America, 2011). In evaluations of sites verified to provide high-quality program delivery, parents randomly assigned to Healthy Families home visitation, compared with no-intervention controls, more often engaged their child in developmentally supportive activities and used effective discipline strategies; less often displayed harsh, coercive tactics; and reported less parenting stress—factors that reduce the risk of child maltreatment (Green et al., 2014; LeCroy & Krysik, 2011). Another home-visiting program that prevents child abuse and neglect is the Nurse–Family Partnership, discussed on page 90 in Chapter 3 (Olds et al., 2009).

Even with intensive treatment, some adults persist in their abusive acts. An estimated 1,600 U.S. children, most of them infants and preschoolers, die from maltreatment annually (U.S. Department of Health and Human Services, 2015b). When parents are unlikely to change their behavior, the drastic step of separating parent from child and legally terminating parental rights is the only justifiable course of action.

Child maltreatment is a sad note on which to end our discussion of a period of childhood that is so full of excitement, awakening, and discovery. But there is reason to be optimistic. Great strides have been made over the past several decades in understanding and preventing child maltreatment.

Ask yourself

CONNECT Which child-rearing style is most likely to be associated with inductive discipline, and why?

APPLY Chandra heard a news report about 10 severely neglected children, living in squalor in an inner-city tenement. She wondered, “Why would parents so mistreat their children?” How would you answer Chandra?

REFLECT How would you classify your parents’ child-rearing styles? What factors might have influenced their approach to parenting?



Summary / chapter 8

Erikson's Theory: Initiative versus Guilt (p. 258)

8.1 What personality changes take place during Erikson's stage of initiative versus guilt?

- Preschoolers develop a new sense of purposefulness as they grapple with Erikson's psychological conflict of **initiative versus guilt**. A healthy sense of initiative depends on exploring the social world through play, cooperating with peers to achieve common goals, and forming a conscience through identification with the same-sex parent.



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Self-Understanding (p. 258)

8.2 Describe the development of self-concept and self-esteem in early childhood.

- As preschoolers think more intently about themselves, they construct a **self-concept** consisting largely of observable characteristics and typical emotions and attitudes. A warm, sensitive parent-child relationship fosters a more positive, coherent early self-concept.
- Preschoolers' high **self-esteem** consists of several self-judgments and contributes to a mastery-oriented approach to the environment.

Emotional Development (p. 260)

8.3 Identify changes in understanding and expressing emotion during early childhood, citing factors that influence those changes.

- Preschoolers' impressive understanding of the causes, consequences, and behavioral signs of basic emotions is supported by cognitive and language development, secure attachment, and conversations about feelings.

- By age 3 to 4, children are aware of various strategies for emotional self-regulation. Temperament, parental modeling, and parental communication about coping strategies influence preschoolers' capacity to handle stress and negative emotion.
- As their self-concepts develop, preschoolers more often experience self-conscious emotions. They depend on feedback from parents and other adults to know when to feel these emotions.
- Empathy also becomes more common in early childhood. The extent to which empathy leads to **sympathy** and results in **prosocial**, or **altruistic**, behavior depends on temperament and parenting.

Peer Relations (p. 263)

8.4 Describe peer sociability and friendship in early childhood, along with cultural and parental influences on early peer relations.

- During early childhood, peer interaction increases as children move from **nonsocial activity** to **parallel play**, then to **associative** and **cooperative play**. Nevertheless, both solitary and parallel play remain common.
- Sociodramatic play seems especially important in societies where child and adult worlds are distinct. In collectivist cultures, play generally occurs in large groups and is highly cooperative.
- Interactions between preschool friends are unusually positive, but friendship does not yet have an enduring quality based on mutual trust. Early childhood social competence contributes to later academic performance.
- Parents affect peer sociability both directly, by influencing their child's peer relations, and indirectly, through their child-rearing practices.

Foundations of Morality and Aggression (p. 267)

8.5 What are the central features of psychoanalytic, social learning, and cognitive-developmental approaches to moral development?

- The psychoanalytic perspective stresses the emotional side of conscience development, especially identification and guilt as motivators of moral action. But contrary to Freud's view that morality develops out of fear of punishment and loss of parental love, conscience formation is promoted by **induction**, in which adults point out the effects of the child's misbehavior on others.

- Social learning theory focuses on how moral behavior is learned through modeling by warm, powerful, and consistent adults. Giving children material rewards undermines prosocial behavior.
- Alternatives to harsh punishment such as **time out** and withdrawal of privileges can help parents avoid undesirable side effects of punishment. Parents can increase the effectiveness of mild punishment by being consistent, maintaining a warm parent-child relationship, and offering explanations.
- The cognitive-developmental perspective views children as active thinkers about social rules. By age 4, children consider intentions in making moral judgments and distinguish truthfulness from lying. Preschoolers also distinguish **moral imperatives** from **social conventions** and **matters of personal choice**. However, they tend to reason rigidly about morality, focusing on outcomes and on physical harm.



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8.6 Describe the development of aggression in early childhood, including family and media influences and effective approaches to reducing aggressive behavior.

- During early childhood, **proactive aggression** declines while **reactive aggression** increases. Proactive and reactive aggression come in three forms: **physical aggression** (more common in boys), **verbal aggression**, and **relational aggression**.
- Ineffective discipline and a conflict-ridden family atmosphere promote children's aggression, as does media violence. Effective approaches to reducing aggressive behavior include training parents in effective child-rearing practices, teaching children conflict-resolution skills, helping parents cope with stressors in their own lives, and shielding children from violent media.

Gender Typing (p. 276)

8.7 Discuss biological and environmental influences on preschoolers' gender-stereotyped beliefs and behavior.

- **Gender typing** is well under way in early childhood. Preschoolers acquire a wide range of gender-stereotyped beliefs, often applying them rigidly.

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- Prenatal hormones contribute to boys' higher activity level and rougher play and to children's preference for same-sex playmates. But parents, teachers, peers, and the broader social environment also encourage many gender-typed responses.

8.8 Describe and evaluate major theories that explain the emergence of gender identity.

- Although most people have a traditional **gender identity**, some are **androgynous**, combining both masculine and feminine characteristics. Masculine and androgynous identities are linked to better psychological adjustment.

- According to social learning theory, preschoolers first acquire gender-typed responses through modeling and reinforcement and then organize these behaviors into gender-linked ideas about themselves. Cognitive-developmental theory suggests that children must master **gender constancy** before developing gender-typed behavior, but evidence for this assumption is weak.
- **Gender schema theory** combines features of social learning and cognitive-developmental perspectives. As children acquire gender-typed preferences and behaviors, they form masculine and feminine categories, or gender schemas, that they apply to themselves and their world.
- A few children express great discomfort with the gender they were assigned at birth and, as early as the preschool years, express a desire to live as the other gender.

Child Rearing and Emotional and Social Development (p. 282)

8.9 Describe the impact of child-rearing styles on development, and explain why authoritative parenting is effective.

- Three features distinguish **child-rearing styles**: degree of (1) acceptance and involvement, (2) control, and (3) autonomy granting. Compared with the **authoritarian**, **permissive**, and **uninvolved** styles, the **authoritative style** promotes cognitive, emotional, and social competence. Warmth, reasonable rather than coercive control, and gradual autonomy granting account for the effectiveness of this style. **Psychological control**, which is associated with authoritarian parenting, contributes to adjustment problems.

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8.10 Discuss the multiple origins of child maltreatment, its consequences for development, and prevention strategies.

- Maltreating parents use ineffective discipline, hold a negatively biased view of their child, and feel powerless in parenting. Unmanageable parental stress and social isolation greatly increase the likelihood of abuse and neglect. Societal approval of corporal punishment promotes child abuse.
- Maltreated children are impaired in emotional self-regulation, empathy and sympathy, self-concept, social skills, and academic motivation. The trauma of repeated abuse is associated with central nervous system damage and serious, lasting adjustment problems. Successful prevention requires efforts at the family, community, and societal levels.

Important Terms and Concepts

androgyny (p. 279)
 associative play (p. 263)
 authoritarian child-rearing style (p. 283)
 authoritative child-rearing style (p. 282)
 child-rearing styles (p. 282)
 cooperative play (p. 263)
 gender constancy (p. 279)
 gender identity (p. 279)
 gender schema theory (p. 279)
 gender typing (p. 276)

induction (p. 267)
 initiative versus guilt (p. 258)
 matters of personal choice (p. 272)
 moral imperatives (p. 272)
 nonsocial activity (p. 263)
 parallel play (p. 263)
 permissive child-rearing style (p. 283)
 physical aggression (p. 272)
 proactive aggression (p. 272)
 prosocial, or altruistic, behavior (p. 262)

psychological control (p. 283)
 reactive aggression (p. 272)
 relational aggression (p. 272)
 self-concept (p. 258)
 self-esteem (p. 260)
 social conventions (p. 272)
 sympathy (p. 263)
 time out (p. 269)
 uninvolved child-rearing style (p. 283)
 verbal aggression (p. 272)