First friendships serve as important contexts for acquiring emotional and social skills, including understanding of emotion, capacity to solve social problems, and morality. Chapter 10 considers these and other facets of emotional and social development in early childhood.
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 their first 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 for the beanbag 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 Lynette 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 consider the complex conditions that support good parenting or lead it to break down, including the serious and widespread problems of child abuse and neglect.

Erikson’s Theory: 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 the affection of parents, 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. Now let's look closely at each of these aspects of development.

10.1 What personality changes take place during Erikson’s stage of initiative versus guilt?

**Self-Understanding**

As we saw in Chapter 7, infants and toddlers make strides in acquiring body self-awareness. Psychological self-awareness emerges in early childhood, as language development enables children to talk about their own subjective experience of being. In Chapter 9, we noted that preschoolers acquire a vocabulary for talking about their inner mental lives and refine their understanding of mental states. As self-awareness strengthens, children 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. This mental representation of the self has profound implications for children's emotional and social lives, influencing their preferences for activities and social partners and their vulnerability to stress.

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

**Foundations of Self-Concept**

Ask a 3- to 5-year-old to tell you about him- or herself, 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 Tinkertoy set, and I made this big, big tower.” Preschoolers' self-concepts largely consist of observable characteristics, such as their name, physical appearance, possessions, and everyday behaviors (Harter, 2012; Watson, 1990).

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 a battery of such statements coincides with maternal reports of their personality traits, indicating that older preschoolers have a sense of their own timidity, agreeableness, and positive or negative affect (Brown et al., 2008). As further support for this emerging grasp of personality, when given a trait label (“shy,” “mean”), 4-year-olds infer appropriate motives and feelings. For example, they know that a shy person doesn’t like to be with unfamiliar people (Heyman & Gelman, 1999). 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 seems to foster a more positive, coherent early self-concept. In one study, 4-year-olds with a secure attachment to their mothers were more likely than their insecurely attached agemates to describe themselves in favorable terms at age 5—with statements reflecting agreeableness and positive affect (Goodvin et al., 2008). Also, recall from Chapter 9 that securely attached preschoolers participate in more elaborative parent–child conversations about personally experienced events, which help them understand themselves (see page 330). When, in past-event conversations, a child discovers that she finds swimming, getting together with friends, and going to the zoo fun, she can begin to connect these specific experiences into a general understanding of “what I enjoy.” The result is a clearer image of herself (Fivush, 2011).

Elaborative reminiscing that focuses on young children’s internal states—their thoughts, feelings, and subjective experiences—plays an especially important role in early self-concept development. Although preschoolers rarely describe themselves with reference to personality traits, they are more likely to mention traits (“I’m smart,” “I’m really strong!”) and typical emotions (“My brother makes me feel cranky”) if their parents talk to them about causes and consequences of internal states (“Tell mommy why you were crying”) (Wang, Doan, & Song, 2010). Also, 4- and 5-year-olds describe their emotional tendencies more favorably—“I’m not scared, not me!”—if their parents reminisce with them about times when they successfully resolved upsetting feelings (Goodvin & Romdall, 2013). By emphasizing the personal meaning of past events, conversations about internal states facilitate development of 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 on page 360 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. Around age 4, children first become certain that a video image of themselves replayed shortly after it was filmed is still “me” (Povinelli, 2001). Similarly, when researchers asked 3- to 5-year-olds to imagine a future event (walking next to a waterfall) and to envision a future personal state by choosing from three items (a raincoat, money, a blanket) the one they need to bring with them, performance—along with future-state justifications (“I’m gonna get wet”)—increased sharply from age 3 to 4 (Atance & Meltzoff, 2005).

**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. **TAKE A MOMENT…** Make a list of your own self-judgments. Notice that, besides a global appraisal of your worth as a person, you have a variety of separate self-evaluations concerning different activities. 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 well in school, making friends, getting along with parents, and treating others kindly (Marsh, Ellis, & Craven, 2002). But young children lack the cognitive maturity necessary to develop a global sense of self-esteem. They are not yet able to assimilate the judgments of other people, and they cannot combine information about their competencies in different domains. Thus, their self-appraisals are fragmented. Also, because they have difficulty distinguishing between their desired and their actual competence, they usually rate their own ability as extremely high and often underestimate task difficulty, as Sammy did when he asserted, despite his many misses, that he was great at beanbag throwing (Harter, 2012).

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 with a history of parental criticism of their worth and performance give up easily when faced with challenges and express shame and despondency after failing (Kelley, Brownell, & Campbell, 2000). When preschool nonpersisters use dolls to act out an adult’s reaction to failure, they anticipate disapproval—saying, for example, “He’s punished because he can’t do the puzzle” (Burhans & Dweck, 1995). They are also likely to report that their parents berate them for making small mistakes (Heyman, Dweck, & Cain, 1992). 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 9, page 324), and pointing out effort and improvement in children’s work or behavior.
Emotional Development

Gains in representation, language, and self-concept support emotional development in early childhood. Between ages 2 and 6, children make strides in the emotional abilities that, collectively, researchers refer to as emotional competence (Denham et al., 2011; Saarni et al., 2006). 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

Preschoolers’ vocabulary for talking about emotion expands rapidly, and they use it skillfully to reflect on their own and others’ behavior. Here are some excerpts from conversations in which 2-year-olds and 6-year-olds commented on emotionally charged experiences:

Two-year-old: [After father shouted at child, she became angry, shouting back.] “I’m mad at you, Daddy. I’m going away. Good-bye.”

Two-year-old: [Commenting on another child who refused to nap and cried.] “Mom, Annie cry. Annie sad.”

Six-year-old: [In response to mother’s comment, “It’s hard to hear the baby crying.”] “Well, it’s not as hard for me as it is for you.” [When mother asked why] “Well, you like Johnny better than I do! I like him a little, and you like him a lot, so I think it’s harder for you to hear him cry.”

Six-year-old: [Trying to comfort a small boy in church whose mother had gone up to communion.] “Aw, that’s all right. She’ll be right back. Don’t be afraid. I’m here.” (Bretherton et al., 1986, pp. 536, 540, 541)

COGNITIVE DEVELOPMENT AND EMOTIONAL UNDERSTANDING As these examples show, young preschoolers refer to causes, consequences, and behavioral signs of emotion, and over time their understanding becomes more accurate and complex (Thompson, Winer, & Goodvin, 2011). By age 4 to 5, they 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 9, 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 one who is tearful and withdrawn is sad (Widen & Russell, 2011). And they are beginning to realize that thinking and feeling are interconnected—that a person reminded of a
previous sad experience is likely to feel sad and that unpleasant feelings can be eased by changing one's thoughts (Davis et al., 2010; Lagattuta, Wellman, & Flavell, 1997; Sayfan & Lagattuta, 2009). Furthermore, they 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 shown 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). As in their approach to Piagetian tasks, young children focus on the most obvious aspect of a complex emotional situation to the neglect of other relevant information.

SOCIAL EXPERIENCE AND EMOTIONAL UNDERSTANDING The more parents label emotions, explain them, and express warmth and enthusiasm when conversing with preschoolers, the more “emotion words” children use and the better developed their emotional understanding (Fivush & Haden, 2005; Laible & Song, 2006). Discussions focusing on negative experiences or involving disagreements are particularly helpful.

In one study, mothers engaged in more detailed dialogues about causes of emotion and more often validated their preschoolers’ feelings when discussing negative (as opposed to positive) topics. And the more elaborate the discussions, the higher the children scored in emotional understanding (Laible, 2011). In another study, when mothers explained feelings, negotiated, and compromised during conflicts with their 2½-year-olds, their children, 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 also modeling mature communication skills. Furthermore, preschoolers who are securely attached better understand emotion (Thompson, 2011).

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). As children learn about emotion from interacting with adults, they engage in more emotion talk with siblings and friends (Hughes & Dunn, 1998). And 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 also contributes to preschoolers’ improved emotional self-regulation, or ability to manage the experience and expression of emotion (Cole, Armstrong, & Pemberton, 2010). By age 3 to 4, children verbalize a variety of strategies for adjusting their emotional arousal to a more comfortable level (Thompson & Goodvin, 2007). For example, they know they can blunt emotions by restricting sensory input (covering their eyes or ears to block out a scary sight or sound), talking to themselves (“Mommy said she’ll be back soon”), or changing their goals (deciding that they don’t want to play anyway after being excluded from a game).

As children use these strategies, emotional outbursts decline. Effortful control—in particular, inhibiting impulses and shifting attention—is vital in managing emotion in early childhood. Three-year-olds who can distract themselves when frustrated tend to become
cooperative school-age children with few problem behaviors (Gilliom et al., 2002). By age 3, effortful control predicts children’s skill at portraying an emotion they do not feel—for example, reacting cheerfully after receiving an undesirable gift (Kieras et al., 2005). These emotional “masks” are largely limited to the positive feelings of happiness and surprise. Children of all ages (and adults as well) find it harder to act sad, angry, or disgusted than pleased (Denham, 1998). To promote good social relations, most cultures teach children to communicate positive feelings and inhibit unpleasant ones.

Temperament affects the development of emotional self-regulation. Children who experience negative emotion intensely find it harder to inhibit feelings and shift attention away from disturbing events. They are more likely to be anxious and fearful, respond with irritation to others’ distress, react angrily or aggressively when frustrated, and get along poorly with teachers and peers (Eisenberg, Smith, & Spinrad, 2011; Raikes et al., 2007).

To avoid social difficulties, emotionally reactive children must develop effective emotion-regulation strategies. By watching parents manage their feelings, children learn strategies for regulating their own. Parents who are in tune with their own emotional experiences tend to be supportive and patient 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). And because emotionally reactive children become increasingly difficult to rear, they are often targets of ineffective parenting, which compounds their poor self-regulation.

Adult–child conversations that prepare children for difficult experiences also foster emotional self-regulation (Thompson & Goodman, 2010). Parents who discuss what to expect and ways to handle anxiety offer coping strategies that children can apply. Nevertheless, preschoolers’ vivid imaginations and incomplete grasp of the distinction between appearance and reality make fears common in early childhood. Consult Applying What We Know above for ways adults can help young children manage fears.

### 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 (as Sammy did) to the possibility of such feedback. As a result, they more often experience self-conscious emotions—feelings that involve injury to or enhancement of their sense of self (see Chapter 7). 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 messages from 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 (Lindsay-Hartz, de Rivera, & Mascolo, 1995; Mills, 2005). 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—invoking 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 360, 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 (Friedlmeyer, 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 (Spinrad & Eisenberg, 2009). 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!” As the ability to take the perspective of others improves, empathic responding increases.

Yet empathy—feeling with another person and responding emotionally in a similar way—does not always yield acts of kindness and helpfulness. For some children, empathizing with an upset adult or peer escalates into personal distress. In trying to reduce these feelings, the child focuses on her 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, Fabes, & Spinrad, 2006; Eisenberg et al., 1998). 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 develop empathic concern in the context of secure parent–child attachment relationships (Murphy & Laible, 2013). When parents are warm, encourage emotional expressiveness, and show sensitive, empathic concern for their preschoolers’ feelings, children react with concern to others’ distress—a response that persists into adolescence and young adulthood (Michalik et al., 2007; Strayer & Roberts, 2004; Taylor et al., 2013). Besides modeling 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 disrupts the development of empathy at an early age—particularly among children who are poor emotion regulators and who therefore respond to parental hostility with especially high personal distress (Valiente et al., 2004). In one study, physically abused preschoolers at a child-care center rarely expressed concern at a peer’s unhappiness but, rather, reacted with fear, anger, and physical attacks (Klimes-Dougan & Kistner, 1990). The children’s behavior resembled their parents’ insensitive responses to the suffering of others.

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

Ask Yourself

- REVIEW What do preschoolers understand about emotion, and how do cognition and social experience contribute to their understanding?
- CONNECT Cite ways that parenting contributes to preschoolers’ self-concept, self-esteem, emotional understanding, emotional self-regulation, self-conscious emotions, and empathy and sympathy. Do you see any patterns? Explain.
- APPLY On a hike with his family, 5-year-old Ryan became frightened when he reached a very steep section of the trail. His father gently helped him climb up while saying, “Can you be brave? Being brave is when you feel scared but you do it anyway.” What aspect of emotional development is Ryan’s father trying to promote, and why is his intervention likely to help Ryan?

Peer Relations

As children become increasingly self-aware and better at communicating and understanding the thoughts and feelings of others, 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, they 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, a limited form of social participation 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 Parten suggested 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.

**TAKE A MOMENT...** Watch preschool children move from one type of play to another in a play group or classroom. You will see that they often transition from onlooker to parallel to cooperative play and back again (Robinson et al., 2003). Preschoolers seem to use parallel play as a way station. To successfully join the ongoing play of peers, they often first engage in parallel play nearby, easing into the group’s activities—a strategy that increases the likelihood of being accepted. Later, they may return to parallel play as a respite from the high demands of complex social interaction and as a crossroad to new activities.

Although nonsocial activity declines with age, it is still the most frequent form among 3- to 4-year-olds. Even among kindergartners it continues to occupy about one-third of children’s free-play time. Both solitary and parallel play remain fairly stable from 3 to 6 years, accounting for as much of the young child’s play as highly social, cooperative interaction (Rubin, Fein, & Vandenberg, 1983).

We now understand it is the type, not the amount, of solitary and parallel play that changes during early childhood. In studies of preschoolers’ play in Taiwan and the United States, researchers rated the cognitive maturity of nonsocial, parallel, and cooperative play by applying the categories shown in Table 10.1. 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 large amounts of time playing alone is developing normally. But only certain types of nonsocial activity—aimless wandering, hovering near peers, and functional play involving immature, 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). Their parents frequently overprotect them, criticize their social awkwardness, and unnecessarily control their play activities instead of patiently encouraging them to approach other children and helping them form at least one rewarding friendship, which protects against persisting...
adjustment problems (Guimond et al., 2012; Rubin, Bukowski, & Parker, 2006; Rubin, Burgess, & Hastings, 2002). 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 experience peer ostracism, with boys at greater risk for rejection than girls (Coplan & Arbeau, 2008).

But other preschoolers with low rates of peer interaction are not socially anxious or impulsive. They simply prefer to play alone, and their solitary activities are positive and constructive. Teachers encourage such play by setting out art materials, books, puzzles, and building toys. Children who spend much time at these activities are usually well-adjusted, and when they do play with peers, they show socially skilled behavior (Coplan & Armer, 2007). Still, a few preschoolers who engage in age-appropriate solitary play—again, 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 9, sociodramatic play—an advanced form of cooperative play—becomes especially common over the preschool years and supports cognitive, emotional, and social development. 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, they can better understand others’ feelings and regulate their own (Meyers & Berk, 2014). Finally, preschoolers spend much time negotiating roles and rules in sociodramatic play. To create and manage complex plots, they must resolve disputes through discussion and 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 gains in emotional competence one year later (Lindsey & Colwell, 2013). Both sociodramatic play and rough-and-tumble play require children to understand emotions, exercise self-control, and respond to other children’s verbal and nonverbal 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 passive, reticent behaviors among their playmates (Chen et al., 2006; French et al., 2011). In Chapter 7, we saw that until recently, cultural values that discourage self-assertion led to positive evaluations of shyness in China.
(see page 260). 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 village and tribal cultures, described on page 326 in Chapter 9. Mayan parents, for example, do not promote children’s play—yet Mayan children are socially competent. 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. **TAKE A MOMENT...** Jot down a description of what friendship means to you. You probably pictured a mutual relationship involving companionship, sharing, understanding of thoughts and feelings, and caring for and comforting one another 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” and with whom you spend a lot of time playing. Yet their ideas about friendship are far from mature. Four- to 7-year-olds regard friendship as pleasurable play and sharing of toys. But friendship does not yet have a long-term, enduring quality based on mutual trust (Damon, 1988; Hartup, 2006). “Mark’s my best friend,” Sammy would declare on days when the boys got along well. But when a dispute arose, he would reverse himself: “Mark, you’re not my friend!” When researchers asked preschoolers to identify their best friends—the children they most liked to play with—less than one-third mentioned the same best friend one year later, and only about one-fourth identified playmates who reciprocally named them as best friends (Eivers et al., 2012).

Nevertheless, interactions between young friends are unique. Preschoolers give twice as much reinforcement—greetings, praise, and compliance—to children they identify as friends, and they also receive more from them. Friends play together in more complex ways and are more cooperative and emotionally expressive—talking, laughing, and looking at each other more often than nonfriends do (Hartup, 2006; Vaughn et al., 2001). And early childhood friendships offer social support: Children who begin kindergarten with friends in their class or 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.

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. These behaviors, in turn, promote gains in achievement (Ladd, Birch, & Buhs, 1999;
Ladd, Buhs, & Seid, 2000). Of course, kindergartners with friendly, prosocial behavioral styles make new friends easily, whereas those with weak emotional self-regulation skills and argumentative, aggressive, or peer-avoidant styles establish poor-quality relationships and make few friends.

In Chapter 7, we indicated that certain genetically influenced temperamental traits—negative mood, emotional reactivity, and weak effortful control—place children at risk for adjustment problems, including peer difficulties (Boivin et al., 2013). But recall, also, that environment—in particular, parenting quality—contributes profoundly to outcomes for these children. Early childhood classroom contexts also make a difference. In research in which identical-twin pair members’ kindergarten experiences differed, those encountering peer rejection or conflict-ridden teacher relationships performed less well academically in first grade than their twin counterparts with more favorable classroom social experiences (Vitaro et al. 2012).

The capacity to form mutually rewarding friendships, cooperate with peers, and build positive ties with teachers enables young children to integrate themselves into classroom environments in ways that foster both academic and social competence. Socially competent preschoolers are more motivated and persistent, consistently exceeding their less socially skilled peers in language, literacy, and math scores in the early school grades (Walker & Henderson, 2012; Ziv, 2013). Because social maturity in early childhood contributes to later academic performance, readiness for kindergarten must be assessed in terms of not only academic skills but also social skills.

Positive peer interactions among young children occur most often in unstructured situations such as free play, making it important for preschools 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, impulsive, emotionally negative, and aggressive children, who are at high risk for social difficulties (Brendgen et al., 2011; McClelland et al., 2007). In studies involving several thousand 4-year-olds in public preschools in six states, teacher sensitivity and emotional support were potent predictors of children’s social competence 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 345)—create classroom conditions that make positive teacher and peer relationships more likely.

Social Problem Solving

As noted earlier, children, even those who are best friends, come into conflict—events that provide invaluable learning experiences in resolving disputes constructively. Preschoolers’ disagreements only rarely result in hostile encounters. Although friends argue more than other peers do, they are also more likely to work out their differences through negotiation and to continue interacting (Rubin et al., 2011).

**TAKE A MOMENT…** At your next opportunity, observe preschoolers’ play, noting disputes over objects (“That’s mine!” “I had it first!”), entry into and control over play activities (“I’m on your team, Jerry.” “No, you’re not!”), and disagreements over facts, ideas, and beliefs (“I’m taller than he is.” “No, you aren’t!”). Children take these matters quite seriously. Social conflicts provide repeated occasions for social problem solving—generating and applying strategies that prevent or resolve disagreements, resulting in outcomes that are both acceptable to others and beneficial to the self. To engage in social problem solving, children must bring together diverse social understandings.
FIGURE 10.1 An information-processing model of social problem solving. The model is circular because children often engage in several information-processing activities at once—for example, interpreting information as they notice it and continuing to consider the meaning of another’s behavior while they generate and evaluate problem-solving strategies. The model also takes into account the impact of mental state on social information processing—in particular, children’s knowledge of social rules, their representations of past social experiences, and their expectations for future experiences. Peer evaluations and responses to enacted strategies are also important factors in social problem solving. (Adapted from N. R. Crick & K. A. Dodge, 1994, “A Review and Reformulation of Social Information-Processing Mechanisms in Children’s Social Adjustment,” Psychological Bulletin, 115, 74–101, Figure 2 [adapted], p. 76. Copyright © 1994 by the American Psychological Association. Reprinted with permission of the American Psychological Association and Nicki Crick.)

THE SOCIAL PROBLEM-SOLVING PROCESS Nicki Crick and Kenneth Dodge (1994) organize the steps of social problem solving into the circular model shown in Figure 10.1. Notice how this flowchart takes an information-processing approach, clarifying exactly what a child must do to grapple with and solve a social problem. It enables identification of processing deficits, so intervention can be tailored to meet individual needs.

Social problem solving profoundly affects peer relations. Children who get along well with agemates interpret social cues accurately, formulate goals (helping or cooperating with peers) that enhance relationships, and have a repertoire of effective problem-solving strategies—for example, politely asking to play, requesting an explanation when they do not understand a peer’s behavior, and working out a compromise when faced with peer disagreement. In contrast, children with peer difficulties often hold biased social expectations. Consequently, they attend selectively to social cues (such as hostile acts) and misinterpret others’ behavior (view an unintentional jostle as hostile). Their social goals (satisfying an impulse, getting even with or avoiding a peer) often lead to strategies that damage relationships (Dodge, Coie, & Lynam, 2006; Meece & Mize, 2011). They might barge into a play group without asking, use threats and physical force, or fearfully hover around peers’ activities.

Children improve greatly in social problem solving over the preschool and early school years. Between ages 2 and 4, they increasingly display positive emotion and sociable behavior when negotiating with peers (Walker et al., 2013). Five- to 7-year-olds tend to rely on persuasion and compromise, to think of alternative strategies when an initial one does not work, and to resolve disagreements without adult intervention (Mayeux & Cillessen, 2003). Sometimes they suggest creating new, mutual goals, reflecting awareness that how they solve current problems will influence the future of the relationship (Yeates, Schultz, & Selman, 1991). By kindergarten, the accuracy and effectiveness of each component of social problem solving are related to socially competent behavior (Dodge et al., 1986).

ENHANCING SOCIAL PROBLEM SOLVING Intervening with children who have weak social problem-solving skills can foster development in several ways. Besides improving peer relations, effective social problem solving offers children a sense of mastery in the face of
stressful life events. It reduces the risk of adjustment difficulties in children from low-SES and troubled families (Goodman, Gravitt, & Kaslow, 1995).

In one intervention—the Promoting Alternative Thinking Strategies (PATHS) curriculum for preschool children—teachers provide children with weekly lessons in the ingredients of social problem solving. Using stories, puppet characters, discussion, and role-play demonstrations, they teach such skills as detecting others’ feelings, planning sequences of action, generating effective strategies, and anticipating probable outcomes. In evaluations of PATHS, preschoolers who completed 30 lessons in their Head Start classrooms scored higher than no-intervention controls in accurately “reading” others’ emotions, inferring how others are likely to feel based on situational cues, selecting competent solutions to social conflicts, and cooperating and communicating with peers (Bierman et al., 2008; Domitrovich, Cortes, & Greenberg, 2007).

### 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** Outside preschool, child care, and kindergarten, young children depend on parents to help them establish rewarding peer associations. 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 encourage them to be good “hosts” who consider their playmates’ needs.

Parents also influence children’s peer interaction skills by offering guidance on how to act toward others. Their 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., 2004b).

**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 interactions; larger peer networks; and warmer, more supportive friendships throughout childhood and adolescence (Laible, 2007; Lucas-Thompson & Clarke-Stewart, 2007; Wood, Emmerson, & Cowan, 2004). The sensitive, emotionally expressive communication that contributes to attachment security may be responsible. In several studies, highly involved, emotionally positive parent–child conversations and play predicted prosocial behavior and positive peer relations in preschool children (Clark & Ladd, 2000; Lindsey & Mize, 2000).

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 in the next section, you will learn more about how parenting contributed to Robbie’s peer problems.
Foundations of Morality

Young children’s behavior provides many examples of their budding moral sense. In Chapter 4, we noted that newborn (and older) infants often cry in response to the cries of other babies, a possible precursor of empathy. And after watching scenes in which one puppet helps another by returning a dropped ball while a second takes the ball away, babies as young as 3 months overwhelmingly preferred (looked longer at) the helpful character over the hinderer (Hamlin & Wynn, 2011). They seem implicitly drawn to the “nice” guy and repelled by the “mean” guy.

By the middle of the second year, toddlers expect others to act fairly, by dividing resources equally among recipients (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 and to accommodate the needs of others. 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 16 in Chapter 1), 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, whereas parental warmth and responsiveness predict greater guilt following transgressions (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, especially noting their distress and making clear that the child caused it. For example, a parent might say, “If you keep pushing him, he’ll fall down and cry” or “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 damages 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, in the following ways:

- 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, induction encourages empathy and sympathetic concern, which motivate prosocial behavior.
- Giving children reasons for changing their behavior encourages them to adopt moral standards because those standards make sense.
- Children who consistently experience induction may form a *script* for the negative emotional consequences of harming others: Child causes harm, inductive message points out harm, child feels empathy for victim, child makes amends (Hoffman, 2000). The script deters future transgressions.

In contrast, discipline that relies too heavily on threats of punishment or withdrawal of love makes children so anxious and 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, Fabes, & Spinrad, 2006; Padilla-Walker, 2008). Nevertheless, warnings, disapproval, and commands are sometimes necessary to get an unruly child to listen to an inductive message (Grusec, 2006).

**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 and conscience development in anxious, fearful preschoolers (Kochanska et al., 2002). But with fearless, impulsive children, gentle discipline has little impact. As a result, parents of preschoolers high in externalizing behavior
are unlikely to use induction, relying instead on power assertive methods including physical punishment. But power assertion also works poorly. It undermines the child’s capacity for effortful control, which strongly predicts 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 (Kim et al., 2014; Kochanska & Kim, 2014). When children are so low in anxiety that parental disapproval causes them little discomfort, a close parent–child bond provides an alternative foundation for morality. It motivates children to listen to parents as a means of preserving an affectionate, supportive relationship.

In sum, to foster early moral development, parents must tailor their disciplinary strategies to their child’s personality. Does this remind you of goodness of fit, discussed in Chapter 7? Return to page 259 to review this idea.

THE ROLE OF GUILT Although little support exists for Freudian ideas about conscience development, Freud was correct that guilt motivates moral action. By the end of toddlerhood, guilt reactions are evident, and preschoolers’ assertions reveal that they have internalized the parent’s moral voice: “Didn’t you hear my mommy? We’d better not play with these toys.”

Inducing empathy-based guilt (expressions of personal responsibility and regret, such as “I’m sorry I hurt him”) by explaining that the child is causing someone distress and has disappointed the parent is a means of influencing children without using coercion. Empathy-based guilt reactions are associated with stopping harmful actions, repairing damage caused by misdeeds, and engaging in future prosocial behavior (Eisenberg, Eggum, & Edwards, 2010). At the same time, parents must help children deal with guilt feelings constructively—by guiding them to make up for immoral behavior rather than minimizing or excusing it (Bybee, Merisca, & Velasco, 1998).

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, building on foundations that emerge during early childhood.

Social Learning Theory

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

IMPORTANCE OF MODELING Operant conditioning—reinforcement for good behavior, in the form of approval, affection, and other rewards—is not enough for children to acquire moral responses. For a behavior to be reinforced, it must first occur spontaneously. Yet many prosocial acts—sharing, helping, comforting an unhappy playmate—occur so rarely at first that reinforcement cannot explain their rapid development in early childhood. Rather, social learning theorists believe that children learn to behave morally largely through modeling—by observing and imitating people who demonstrate appropriate behavior (Grusec, 1988). Once children acquire a moral response, such as sharing or telling the truth, reinforcement in the form of praise for the act (“That was a very nice thing to do”) and for the child’s character (“You’re a very kind and considerate boy”) increases its frequency (Mills & Grusec, 1989).

Nevertheless, certain characteristics of models affect children’s willingness to imitate:

- Warmth and responsiveness. Preschoolers are more likely to copy 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 the preschool years, 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.

EFFECTS OF PUNISHMENT Many parents realize that angrily yelling at, slapping, and spanking children 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 or 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 were out of sight, Robbie usually engaged in the unacceptable behavior again. 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., 2006, 2013; Bender et al., 2007; Kochanska, Aksan, & Nichols, 2003; Lynch et al., 2006).

Repeated harsh punishment has several undesirable side effects:

• Parents often spank in response to children’s aggression. Yet the punishment itself models aggression!

• Harshly treated children react with anger, resentment, and a chronic sense of being personally threatened, which prompts a focus on the self’s distress rather than a sympathetic orientation to others’ needs.

• Children who are frequently punished develop a more conflict-ridden and less supportive parent–child relationship and also learn to avoid the punitive parent (McLoyd & Smith, 2002; Shaw, Lacourse, & Nagin, 2005). Consequently, the parent’s effectiveness at teaching desirable behaviors is substantially reduced.

• By stopping children’s misbehavior temporarily, harsh punishment gives adults immediate relief, reinforcing them for using coercive discipline. 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, Strauss, & 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 (Erath et al., 2006; Knafo & Plomin, 2006). 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; Taylor et al., 2010).

On average, the negative effects of physical punishment are small after controlling for the factors just mentioned (Fergusson, 2013). But physical punishment affects children with vulnerable temperaments more negatively than others. For example, in a longitudinal study extending from 15 months to 3 years, early corporal punishment predicted externalizing behavior problems in preschoolers of diverse temperaments, but negative outcomes were more pronounced among temperamentally difficult children (see Figure 10.2) (Mulvaney & Mebert, 2007). Similar findings emerged from a twin study in which physical punishment was most detrimental for children at high genetic risk for behavior problems (Boutwell et al., 2011). Take a moment… Return to page 85 in Chapter 2 to review findings indicating that good parenting can shield children genetically 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. households reveal that although corporal punishment increases from infancy to age 5 and then declines, it is high at all ages (see Figure 10.3) (Gershoff et al., 2012; Straus & Stewart, 1999). Furthermore, over the past 40 years, the prevalence of physical punishment has remained stable among preschoolers and declined only slightly (remaining high) among school-age children (Zolotor et al., 2011). And more than one-fourth of physically punishing U.S. parents report having used a hard object, such as a brush or a belt (Gershoff, 2002).

A prevailing American belief is that corporal punishment, if implemented by caring parents, is harmless, perhaps even beneficial. In one opinion poll, 72 percent of adults agreed that it is “OK to spank a child” (Survey USA, 2005). But as the Cultural Influences box on the following page 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 playing outside or 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 punishment, they can increase its effectiveness in three ways:

- **Consistency.** Permitting children to act inappropriately on some occasions but scolding them on others confuses children, and the unacceptable act persists (Acker & O’Leary, 1996).
- **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. This approach leads to far greater reduction in misbehavior than using punishment alone (Larzelere et al., 1996).

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**FIGURE 10.2** Relationship of parental corporal punishment at age 15 months to externalizing behavior, by child temperament. Corporal punishment was associated with increased externalizing behavior (anger and aggression) for both easy and difficult children, even after controlling for family and parenting characteristics. The rise in externalizing behavior was greater for difficult children—a difference also evident in a follow-up during first grade. (From M. K. Mulvaney & C. J. Mebert, 2007, “Parental Corporal Punishment Predicts Behavior Problems in Early Childhood,” *Journal of Family Psychology, 21*, p. 394. Copyright © 2007 by the American Psychological Association. Reprinted with permission of the American Psychological Association.)

**FIGURE 10.3** Prevalence of corporal punishment by child’s age. Estimates are based on the percentage of parents in a nationally representative U.S. sample of nearly 1,000 reporting one or more instances of spanking, slapping, pinching, shaking, or hitting with a hard object in the past year. Physical punishment increases sharply during early childhood and then declines, but it is high at all ages. (From M. A. Straus & J. H. Stewart, 1999, “Corporal Punishment by American Parents: National Data on Prevalence, Chronicity, Severity, and Duration in Relation to Child and Family Characteristics,” *Clinical Child and Family Psychology Review, 2*, p. 59. Adapted with kind permission from Springer Science and Business Media and the author.)
**Cultural Influences**

**Ethnic Differences in the Consequences of Physical Punishment**

In an African-American community, six elders, all of whom 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 elder 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. 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 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 Caucasian-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, such as time out, and the positive parenting strategies listed on page 378, are far more effective (Simons, Simons, & Su, 2013). But it is noteworthy that the meaning and impact of physical discipline vary sharply with its intensity, context of warmth and support, and cultural approval.

**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, behaving responsibly, playing fairly in games, and considering others’ welfare (Kochanska et al., 2005, 2008). Parent–child closeness leads children to heed parental demands because children feel a sense of commitment to the relationship.

Consult Applying What We Know on page 378 for ways to parent positively. Parents who use these strategies focus on long-term social and life skills—cooperation, problem solving, and consideration for others. As a result, 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, 2010; Helwig & Turiel, 2011).

Preschoolers’ Moral Understanding

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).

Furthermore, preschoolers in diverse cultures 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 (unprovoked hitting, stealing an apple) as more wrong than violations of social conventions (eating ice cream with your fingers). They also say that moral violations would still be wrong even if an adult did not see them and no rules existed to prohibit them because they harm others (Smetana et al, 2012). 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 (Lourenco, 2003; Popluler et al., 2011). 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. How do they do so? According to cognitive-developmental theorists, they actively make sense of their experiences (Helweg & Turiel, 2011). They observe that after a moral offense, peers respond with strong negative emotion, describe their own injury or loss, tell another child to stop, or retaliate. And an adult who intervenes is likely to call attention to the rights and feelings of the victim. In contrast, violations of social convention elicit less intense peer reactions. And in these situations, adults usually demand obedience without explanation or point to the importance of keeping order.

**SOCIAL EXPERIENCE AND MORAL UNDERSTANDING** Cognition and language support preschoolers’ moral understanding, but social experiences are vital. Disputes with siblings and peers over rights, possessions, and property allow preschoolers to 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 handle rule violations (Turiel & Killen, 2010). And they benefit greatly from adult–child discussions of moral issues. Children who are advanced in moral thinking tend to have parents who adapt their communications about fighting, honesty, and ownership to what their children can understand, tell stories with moral implications, encourage prosocial behavior, and gently stimulate the child to think further, without being hostile or critical (Janssens & Dekovic, 1997; Walker & Taylor, 1991).

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 (Dodge, Coie, & Lynam, 2006; Nærde 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 (Dodge, Cole, & Lynam, 2006; 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 indirectly inflicts physical harm. 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 friendship by saying behind someone’s back, “Don’t play with her; she’s a nerd,” does so indirectly.

In early childhood, verbal aggression gradually replaces physical aggression as language develops and adults and peers react negatively and strongly to physical attacks (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; Lussier, Corrado, & Tzoumakis, 2012). 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 score higher. 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. Children sometimes assert their sense of self through these encounters, which become important learning experiences as adults intervene and teach social problem solving (Vaughn et al., 2003). But some children—especially those who are emotionally negative, impulsive, and disobedient—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; Crick, Ostrov, & Werner, 2006; 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. The same child-rearing practices that undermine moral internalization—love withdrawal, power assertion, physical punishment, negative comments and emotions, and inconsistency—are linked to aggression...
from early childhood through adolescence, in children of both sexes and 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), a parent with an unstable personality, or a temperamentally difficult child (Dodge, Coie, & Lynam, 2006). Typically, the parent threatens, criticizes, and punishes, and the child whines, yells, and refuses until the parent "gives in." At the end of each exchange, both parent and child get relief from stopping the unpleasant behavior of the other, so the behaviors repeat and escalate.

As these cycles become more frequent, they generate anxiety and irritability among other family members, who soon join in the hostile interactions. Compared with siblings in typical families, preschool siblings who have critical, punitive parents are more aggressive toward one another. Physically, verbally, and relationally destructive sibling conflict, in turn, quickly spreads to peer relationships, contributing to poor impulse control and antisocial behavior by the early school years (Garcia et al., 2000; Miller et al., 2012; Ostrov, Crick, & Stauffacher, 2006).

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 severely disrupted (Eisenberg, Eggum, & Edwards, 2010). Consequently, they lash out when disappointed, frustrated, or faced with a sad or fearful victim.

**SOCIAL INFORMATION-PROCESSING DEFICITS**  Children who are products of these family processes soon acquire a distorted view of the social world. Those who are high in reactive aggression often see hostile intent where it does not exist—in situations where peers’ intentions are unclear, where harm is accidental, and even where peers are trying to be helpful (Lochman & Dodge, 1998; Orobi de Castro et al., 2002). When such children feel threatened (for example, a researcher tells them that a peer they will work with is in a bad mood and might pick a fight), they are especially likely to interpret accidental mishaps as hostile (Williams et al., 2003). As a result, they make many unprovoked attacks, which trigger aggressive retaliations.

Children high in proactive aggression have different deficits in social information processing. Compared with agemates, they believe there are more benefits and fewer costs for engaging in destructive acts (Arsenio, 2010; Dodge et al., 1997). And they are more likely to think that aggression "works," producing material rewards and reducing others’ unpleasant behaviors (Arsenio & Lemerise, 2001; Goldstein & Tisak, 2004). Thus, they callously use aggression to advance their own goals and are relatively unconcerned about causing suffering in others—an aggressive style associated with later, more severe conduct problems, violent behavior, and delinquency (Marsee & Frick, 2010).

**TAKE A MOMENT...**  Return to the information-processing model of social problem solving on page 370. Notice how reactive aggression is linked to deficiencies in recognizing and interpreting social cues. In contrast, proactive aggression is associated with deficiencies in formulating social goals (caring more about satisfying one’s own needs than getting along with others) and generating and evaluating strategies (engaging in aggression and evaluating it favorably) (Arsenio, 2010). A substantial number of aggressive children engage in both reactive and proactive acts, while others largely display one type (Fite et al., 2008).

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 16.

**MEDIA AND AGGRESSION**  In the United States, 57 percent of TV programs between 6 a.m. and 11 p.m. 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 (Center for Communication and Social Policy, 1998). Verbally and relationally aggressive acts are particularly frequent in reality
TV violence increases the likelihood of hostile thoughts and emotions and tolerance of real-world aggression. Playing violent video and computer games has similar effects.

TV shows (Coyne, Robinson, & Nelson, 2010). And violent content is 9 percent above average in children's programming, with cartoons being the most violent.

Reviewers of thousands of studies—using a wide variety of research designs, methods, and participants from diverse cultures—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 & Scharrr, 2006). 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.

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 early 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 10.4) (Graber et al., 2006; Huesmann et al., 2003; Johnson et al., 2002). Aggressive children and adolescents have a greater 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 and use of males as lead characters. But even in nonaggressive children, violent TV sparks hostile thoughts and behavior; its impact is simply less intense.

Furthermore, media violence “hardens” children to aggression, making them more willing to tolerate it in others (Anderson et al., 2003, 2010). Viewers quickly habituate, responding with reduced arousal and greater acceptance when exposed to real-world instances.

Preschoolers, as we saw in Chapter 9, spend much time watching educational programs for young children. Although beneficial for cognitive and academic progress, high exposure to educational programs is associated with a rise in relational aggression in young children (Ostrov, Gentile, & Mullins, 2013). The likely reason is that these programs often present social-conflict scenes, in a well-intentioned effort to model social problem solving. But preschoolers have difficulty connecting characters’ relational conflicts to their eventual favorable resolutions, so they readily imitate the relationally aggressive acts they see. When brief explanations are inserted, alerting young viewers to an educational program’s prosocial message, they more often respond as intended (Mares & Acosta, 2010).

The ease with which screen media can manipulate children’s beliefs and behavior has led to strong public pressure to improve its content. In Canada, a nationwide broadcasting code bans from children’s shows realistic scenes of violence that minimize consequences and cartoons with violence as the central theme. Further, violent programming intended for adults cannot be shown on Canadian channels before 9 p.m. In the United States, however, the First Amendment right to free speech has hampered efforts to regulate TV broadcasting (and many Canadian children have access to violent TV fare on U.S. channels).

As a result, parents bear most responsibility for regulating their children's exposure to media violence and other inappropriate content. In the United States, TV programs are rated for violent and sexual content, and since 2000 new TV sets have been required to contain the V-chip, which allows parents to block undesired material. And parents can control children’s Internet access by using filters or programs that monitor website visits.
Yet surveys of U.S. parents indicate that 20 to 30 percent of preschoolers and 40 percent of school-age children experience no limits on TV or computer use at home. Some children begin visiting websites without parental supervision as early as age 4 (Rideout & Hamel, 2006; Roberts, Foehr, & Rideout, 2005; Varnhagen, 2007). Also, parents often model excessive, inappropriate screen media use. In a naturalistic study of adults with children in fast food restaurants, almost one-third of the adults spent the entire meal absorbed with mobile devices instead of engaging with the children in their care (Radesky et al., 2014).

To help parents improve their children’s “media diet,” one group of researchers devised a 12-month intervention in which they guided parents in replacing violent programs with age-appropriate 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.

### APPLYING WHAT WE KNOW

#### Regulating Screen Media Use

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>EXPLANATION</th>
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<tbody>
<tr>
<td>Limit TV viewing and computer and tablet use.</td>
<td>Parents should provide clear rules limiting children’s TV viewing and computer and tablet use 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.</td>
</tr>
<tr>
<td>Avoid using screen media as a reward.</td>
<td>When media access is used as a reward or withheld as punishment, children become increasingly attracted to it.</td>
</tr>
<tr>
<td>When possible, watch TV and view online content with children, helping them understand what they see.</td>
<td>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.</td>
</tr>
<tr>
<td>Link TV and online content to everyday learning experiences.</td>
<td>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 books about animals, or new ways of observing and caring for the family pet.</td>
</tr>
<tr>
<td>Model good media practices.</td>
<td>Parents’ media behavior influences children’s behavior. Parents should avoid excessive TV and computer use, limit their own exposure to harmful media content, and limit mobile device use during family interactions.</td>
</tr>
<tr>
<td>Use a warm, rational approach to child rearing.</td>
<td>Children of warm parents who make reasonable demands for mature behavior prefer media experiences with educational and prosocial content and are less attracted to violent programming.</td>
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### HELPING CHILDREN AND PARENTS CONTROL AGGRESSION

Treatment for aggressive children must begin early, before their antisocial behavior becomes well-practiced and difficult to change. Breaking the cycle of hostilities between family members and promoting effective ways of relating to others is crucial. The coercive cycles of punitive parents and aggressive children are so persistent that these children often are punished when they do behave appropriately!

Leslie suggested that Robbie’s parents see a family therapist, who observed their ineffective practices and coached them in alternatives. They learned not to give in to Robbie, to pair commands with reasons, and to replace verbal insults and spankings with more effective punishments, such as time out and withdrawal of privileges. The therapist also encouraged Robbie’s parents to be warmer and to give him attention and approval for prosocial acts. Finally, she helped them with their marital problems. This, in addition to their improved ability to manage Robbie’s behavior, greatly reduced tension and conflict in the household.

Parent training programs based on social learning theory have been devised to improve parenting in families like Robbie’s. In one highly effective approach called Incredible Years, parents complete 18 weekly group sessions facilitated by two professionals, who teach parenting techniques for promoting children’s academic, emotional, and social skills and for managing disruptive behaviors. Sessions include coaching, modeling, and practicing effective
parenting behaviors—experiences aimed at interrupting parent–child destructive interaction while promoting positive relationships and competencies (Webster-Stratton & Reid, 2010). A special focus is positive parenting, including attention, encouragement, and praise for pro-social 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 8- to 12-year 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 a playmate’s 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 participated in a social problem-solving intervention as well (return to pages 370–371 to review).

Finally, relieving stressors that stem from poverty and neighborhood disorganization and providing families with social supports help prevent childhood aggression (Boyle & Lipman, 2002; Bugental, Curpuz, & Schwartz, 2012). When parents better cope with difficulties in their own lives, interventions aimed at reducing children's aggression are even more effective.

### Ask Yourself

- **REVIEW** What experiences help preschoolers differentiate moral imperatives, social conventions, and matters of personal choice?
- **CONNECT** What must parents do to foster conscience development in fearless, impulsive children? How does this illustrate the concept of goodness of fit (see pages 259–260 in Chapter 7)?
- **APPLY** Alice and Wayne want their two young 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

**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 Behaviors

Even before children can label their own sex consistently, they have begun to acquire subtle associations with gender that most of us hold—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 7 that around age 2, children use such words as boy, girl, lady, and man appropriately. As soon as gender categories are established, children sort out what they mean in terms of activities and behaviors.

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 in personality traits as well. 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 understanding self-conscious emotions and at inflicting indirect relational aggression (Bosacki & Moore, 2004; Else-Quest, 2012; Underwood, 2003).

Between ages 3 and 4, gender-stereotyped beliefs strengthen—so much so that many children apply them as blanket rules rather than flexible guidelines (Halim, Ruble, & Tamis-LeMonda, 2013). When children were asked whether gender stereotypes could be violated, half or more of 3- and 4-year-olds answered “no” to clothing, hairstyle, certain play styles (girls playing roughly), 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—in particular, their difficulty coordinating conflicting sources of information (Trautner et al., 2005). Most preschoolers do not yet realize that characteristics associated with one’s sex—activities, toys, occupations, hairstyle, and clothing—do not determine whether a person is male or female. They have trouble understanding that males and females can be different in terms of their bodies but similar in many other ways.

**Biological Influences on Gender Typing**

The sex differences in play and personality traits just described 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 a preference for same-sex playmates—are widespread among mammalian species (de Waal, 1993, 2001). According to an evolutionary perspective, the adult life of our male ancestors was 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. Evolutionary theorists claim that family and cultural forces can influence the intensity of genetically based sex differences, leading some individuals to be more gender-typed than others. But experience cannot eradicate those aspects of gender typing that served adaptive functions in human history (Konner, 2010; Maccoby, 2002).

Experiments with animals reveal that prenatally administered androgens increase active play and suppress maternal caregiving in both male and female mammals (Sato et al., 2004). 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” behaviors—a preference for trucks and blocks over dolls, for active over quiet play, and for boys as playmates—even when their parents encourage them to engage in gender-typical play (Berenbaum & Beltz, 2011; Cohen-Bendahan, van de Beek, & Berenbaum, 2005). Maternal stress during pregnancy—such as unemployment, divorce, or death of a close relative—may influence prenatal hormones, and it has been linked to “masculine” behaviors among preschool girls (Barrett et al., 2014). Similarly, boys with reduced prenatal androgen exposure (due to hereditary defects or maternal contact with industrial chemicals that interfere with androgen production) tend to engage in “feminine” behaviors, including toy choices, play behaviors, and preference for girl playmates (Jürgensen et al., 2007; Swan et al., 2010).

Eleanor Maccoby (1998) argues that biologically based sex differences, which affect children’s play styles, lead children to choose same-sex playmates whose interests and behaviors are compatible with their own. 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, who desire to run, climb, play-fight, compete, and build up and knock down (Fabes, Martin, & Hanish, 2003). 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

In a study following almost 14,000 British children from ages 2½ to 13, gender-typed behavior rose steadily over early childhood and persisted into early adolescence, with the most gender-typed young preschoolers showing the sharpest increase (Golombok et al., 2008; 2012). A wealth of evidence reveals that environmental forces—at home, at school, and in the community—build on genetic influences to promote vigorous gender typing in early childhood.

THE FAMILY  Beginning at birth, parents have different expectations of sons than of daughters (see Chapter 7). Many parents prefer that their children play with “gender-appropriate” toys (Blakemore & Hill, 2008). 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 (guns, cars, tools, and footballs) and their daughters toys that emphasize nurturance, cooperation, and physical attractiveness (dolls, tea sets, and jewelry) (Leaper, 1994; Leaper & Friedman, 2007). Fathers of preschoolers report more physical interactions—chasing, playing ball, playing outdoors—with sons, and more literacy activities—singing, reading, storytelling—with daughters (Leavell et al., 2011). Parents also 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, they 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). For example, when playing housekeeping, mothers engage in high rates of supportive emotion talk with girls.

As these findings suggest, language is a powerful indirect means for teaching children about gender stereotypes. Earlier we saw that most young children hold rigid beliefs about gender. Although their strict views are due in part to cognitive limitations, they also draw on relevant social experiences to construct these beliefs. Even parents who believe strongly in gender equality unconsciously use language that highlights gender
distinctions and informs children about traditional gender roles (see the Social Issues box on pages 388–389).

Of the two sexes, boys are more gender-typed. Fathers, especially, tend to insist 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). Yet some parents have more flexible views. Recognizing the negative effects of restrictive norms for males, they want their sons to be comfortable expressing feelings. As one father explained: “I’m more reserved than my wife emotionally. I realize that it is better to have our son be more open emotionally. . . . So, that’s a challenge. You want him to open up, and you have to do the same thing. I’m not used to doing that” (Parker et al., 2012, p. 61).

Parents who hold nonstereotyped values and behave accordingly have children who are less gender-typed (Brody, 1997; Tenenbaum & Leaper, 2002). Young children with gay or lesbian parents are less gender-typed than agemates with heterosexual parents, perhaps because of their parents’ more egalitarian gender norms (Fulcher, Sutfin, & Patterson, 2008; Goldberg, Kashy, & Smith, 2012).

Other family members may also reduce gender typing. For example, children with older, other-sex siblings have many more opportunities to imitate and participate in “cross-gender” activities and, as a result, are less gender-typed in play preferences, attitudes, and personality traits (McHale et al., 2001; Rust et al., 2000).

**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!”

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**  Children’s same-sex peer associations make the peer context an especially potent source of gender-role learning. 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., 2011, 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. When girls communicate assertively with commands, other girls tend to respond with aggression (Hanish et al., 2012).
Children Learn About Gender Through Mother–Child Conversations

In an investigation of the power of language to shape children’s beliefs and expectations about gender, mothers were asked to converse with their 2- to 6-year-olds about picture books containing images of male and female children and adults engaged in various activities, half consistent and half inconsistent with gender stereotypes. Each picture was accompanied by the question, “Who can X?” where X was the activity on the page.

One mother, who believed in gender equality, turned to a picture of a boy driving a boat and asked, “Who’s driving the boat?”

Her 4-year-old son replied, “A sail-man.”

The mother affirmed, “A sail-man. Yup, a sailor.” Then she asked, “Who can be a sailor? Boys and girls?”

“Boys,” the child replied.

“Boys . . . OK,” the mother again affirmed.

The child stated more decisively, “Only boys.”


A detailed analysis of picture-book conversations revealed that mothers’ directly expressed attitudes about gender stereotypes were neutral, largely because, like this mother, they typically posed questions to their children. But by age 4, children often voiced stereotypes, and—nearly one-third of the time—mothers affirmed them! Some mothers either moved on with the conversation or repeated the question, as in the conversation above, but rarely—just 2 percent of the time—did they explicitly counter a child’s stereotype, and usually only when the book itself included stereotype-inconsistent pictures.

Although the researchers did not ask mothers to discuss gender, the mothers called attention to it even when they did not need to do so. In the English language, many nouns referring to people convey age-related information (kid, baby, 2-year-old, preschooler, teenager, grownup, senior), whereas only a few encode gender (male, female, sister, brother, aunt, uncle). Yet when using a noun to refer to a person, mothers explicitly called attention to gender more than half the time, even though the people shown in the books varied as much in age (children versus adults) as in gender. Mothers labeled gender, either with nouns or with pronouns (which in English always refer to gender), especially often when conversing with 2-year-olds: “Is that a he or a she?” “That’s a boy.” “There’s a girl.” Such statements encourage toddlers to sort their social world into gender categories, even when the statements themselves do not explicitly convey stereotypes.

Girls soon find that gentle tactics succeed with other girls but not with boys, who ignore their courteous overtures (Leaper, 1994). 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 strengthen gender segregation and gender-stereotyped activities (Martin et al., 1999, 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 shared knowledge, beliefs, interests, and behaviors (Maccoby, 2002; Ruble, Martin, & Berenbaum, 2006).

**THE BROADER SOCIAL ENVIRONMENT** Although children’s everyday environments have changed to some degree, they continue to present many examples of gender typing—in occupations, leisure activities, media portrayals, and achievements of men and women. For example, although today’s TV programs include more career-oriented women than in the past, female characters continue to be young, attractive, caring, emotional, and victimized and to be seen in romantic and family contexts. In contrast, male characters are usually dominant and powerful. Stereotypes are especially prevalent in cartoons and computer games. These media depictions contribute to young children’s biased beliefs about roles and behaviors suitable for males and females (Halim, Ruble, & Tamis-LeMonda, 2013; Leaper, 2013).
As we will see next, children do more than imitate the many gender-linked responses they observe. They 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 **androgyne**, 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, perhaps because many typically feminine traits are not highly valued by society (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 &...
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 over time, even if clothing, hairstyle, and play activities change. Then children use this knowledge to guide their behavior (Kohlberg, 1966).

When 3- to 5-year-olds are asked such questions as “When you (a girl) grow up, could you ever be a daddy?” or “Could you be a boy if you wanted to?” they freely answer yes. And children younger than age 6 who watch an adult dressing a doll in “other-gender” clothing typically insist that the doll’s sex has also changed (Chauhan, Shastri, & Mohite, 2005; Fagot, 1985). Mastery of gender constancy occurs in a three-step sequence: gender labeling (correct naming of one’s own and others’ sex), gender stability (understanding that gender remains the same over time), and gender consistency (realization that gender is not altered by superficial changes in clothing or activities). Full attainment of gender constancy is strongly related to ability to pass Piagetian conservation and verbal appearance–reality tasks (see page 314 in Chapter 9) (De Lisi & Gallagher, 1991; Trautner, Gervai, & Nemeth, 2003). Indeed, gender constancy tasks can be considered a type of appearance–reality problem, in that children must distinguish what a person looks like from who he or she really is.

Is cognitive-developmental theory correct that gender constancy is responsible for children’s gender-typed behavior? Evidence for this assumption is weak. Although outcomes are not entirely consistent, some evidence suggests that gender constancy actually contributes to the emergence of more flexible gender-role attitudes during the school years (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 to gender typing 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, & Szskrybalo, 2002). Young 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.

We have seen that individual differences exist in the extent to which children endorse gender-typed views. Figure 10.6 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 approach it, explore it, and learn more about it. If he answers “no,” he will respond by avoiding 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.

To examine the consequences of gender-schematic processing, researchers showed 4- and 5-year-olds gender-neutral toys that varied in attractiveness. An adult labeled some as boys’ toys and others as girls’ toys, leaving a third group unlabeled. Most children engaged
in gender-schematic reasoning, preferring toys labeled for their gender and predicting that same-sex peers would also like those toys (Martin, Eisenbud, & Rose, 1995). Highly attractive toys, especially, lost their appeal when they were labeled as for the other gender.

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 supporting such a stereotype. At least partly for this reason, young children’s gender schemas contain both culturally 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.

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. But most aspects of gender typing are not built into human nature (Ruble, Martin, & Berenbaum, 2006).

Because young children’s cognitive limitations lead them to assume that cultural practices determine gender, parents and teachers are wise to delay preschoolers’ exposure to gender-stereotyped messages. Adults can begin by limiting traditional gender roles in their own behavior and 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 language that conveys gender stereotypes and can shield children from media presentations that do the same.

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 nontraditional 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 in the next section, a rational approach to child rearing promotes healthy, adaptable functioning in many other areas as well.

Ask Yourself

- **REVIEW** Explain how the social environment and young children’s cognitive limitations contribute to rigid gender stereotyping in early childhood.
- **CONNECT** In addition to gender-stereotyped beliefs, what other aspects of young children’s social understanding tend to be rigid and one-sided in early childhood?
- **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?

Child Rearing and Emotional and Social Development

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 and reinforcing 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 gathered information on child rearing by watching parents interact with their preschoolers (Baumrind, 1971). 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 10.2 shows how child-rearing styles differ in these features. Let’s discuss each style in turn.

**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. When necessary, authoritative parents exercise firm, reasonable control called confrontive 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. They avoid using coercive control, which is arbitrary, rigid, intrusive, and punitive.

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; Mackey, Arnold, & Pratt, 2001; Milevsky et al., 2007; Steinberg, Darling, & Fletcher, 1995).

**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 their 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 form, which (like parental psychological control) damages 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 when they feel like it and watch as much television as they want. They do not have to learn good manners or do 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 are 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 4, page 153). Even with less extreme parental disengagement, children and adolescents display many problems—poor emotional self-regulation, school achievement difficulties, and antisocial behavior (Aunola, Stattin, & Nurmi, 2000; Schroeder et al., 2010).

**What Makes Authoritative Child Rearing Effective?**

Like other 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; Kochanska, Philibert, & Barry, 2009; Larzelere, Cox, & Mandara, 2013). With fearful, inhibited children, parents must suppress their tendency to overprotect and take over solving the child's social problems. Instead, inhibited children benefit from extra encouragement to be assertive and express their autonomy (Nelson et al., 2006b; Rubin & Burgess, 2002).

Longitudinal research indicates that among children of diverse temperaments, authoritative child rearing in the preschool years predicts maturity and adjustment in adolescence, whereas authoritarian or permissive child rearing predicts adolescent immaturity and adjustment difficulties. And a variant of authoritativeness 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 (Beyers et al., 2003).

Cultural Variations

Although authoritative parenting is broadly advantageous, ethnic minority parents often have distinct child-rearing beliefs and practices reflecting 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). High control reflects the Confucian belief in strict discipline, respect for elders, and socially desirable behavior, taught by deeply involved parents. 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; Pomerantz & Wang, 2009; Pong, Johnston, & Chen, 2010; Sorkhabi & Mandara, 2013).

In Hispanic families, Asian Pacific Island families, and Caribbean families of African and 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 (Halgunseth, Ispa, & Rudy, 2006; Harrison et al., 1994; Roopnaraine & Evans, 2007). Hispanic fathers typically spend much time with their children and are warm and sensitive (Cabrera & Bradley, 2012). In Caribbean families that immigrated to the United States, fathers’ authoritativeness—but not mothers’—predicted preschoolers’ literacy and math skills, probably because Caribbean fathers take a larger role in guiding their children’s academic progress (Roopnaraine et al., 2006).

Although wide variation exists, low-SES African-American parents tend to expect immediate obedience. They believe 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 (Mason et al., 2004). Recall, also, that a history of mild physical punishment is associated with a reduction in antisocial behavior among African-American youths but with an increase among Caucasian Americans (refer to the Cultural Influences box on page 377). 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 context. As we have seen, many factors contribute to good parenting:
personal characteristics of the child and parent, SES, 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, nearly 700,000 U.S. children (9 out of every 1,000) were identified as victims (U.S. Department of Health and Human Services, 2013). 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 78 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, 2013). 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 6 percent, and the remainder are perpetrated by parents’ unmarried partners, school personnel, camp counselors, 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, 2013). Because many sexual abuse victims are identified in middle childhood, we will pay special attention to this form of maltreatment in Chapter 13.

**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 that abuse or neglect will occur. Table 10.3 summarizes factors associated with child maltreatment.

**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.
Maltreating parents are less skillful than other parents in handling discipline confrontations and getting children to cooperate in working toward common goals. 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 to their children’s misbehavior or developmental problems with abuse. Other factors combine with these conditions to prompt an extreme response. Unmanageable parental stress is strongly associated with maltreatment. Abusive parents respond 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 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). These parents lack “life-lines” 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 376). Many countries—including Austria, Croatia, Cyprus, Denmark, Finland, Germany, Israel, Latvia, Norway, Spain, Sweden, and Uruguay—have outlawed corporal
punishment, a measure that dampens both physical discipline and abuse (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 attachment security, 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, severe depression, aggressive behavior, peer difficulties, substance abuse, and violent crime (Gould et al., 2010; Kaplow & Widom, 2007; 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, including emotional insecurity (see page 69 in Chapter 2), and to aggression as a way of solving problems.

Furthermore, demeaning parental messages, in which children are ridiculed, humiliated, rejected, or terrorized, result in low self-esteem, high anxiety, self-blame, and efforts to escape from extreme psychological pain—at times severe enough to lead to attempted suicide in adolescence. At school, maltreated children present serious discipline problems (Wolfe, 2005). Their noncompliance, poor motivation, and cognitive immaturity interfere with academic achievement, further undermining their chances for life success.

Finally, repeated 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, 2007; Hart & Rubia, 2012; 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, including teaching high-risk parents effective child-rearing strategies, providing direct experience with children in high school child development courses, and developing broad social programs aimed at improving economic conditions and community services.

We have seen that providing social supports to families is effective in easing parental stress. This approach sharply reduces child maltreatment as well. A trusting relationship with another person is the most important factor in preventing mothers with childhood histories of abuse from repeating the cycle with their own children (Egeland, Jacobvitz, & Sroufe, 1988). 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 responsible child-rearing skills.

Early intervention aimed at strengthening both child and parent competencies can improve parenting practices, thereby preventing child maltreatment (Howard & Brooks-Gunn, 2009). 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 to meet their own and their children's needs (Healthy Families America, 2011). In an evaluation in which over 600 families were randomly assigned to intervention and control groups, Healthy Families home visitation alone reduced only neglect, not abuse (Duggan et al., 2004). But adding a cognitive component dramatically increased its impact. When home visitors helped parents change negative appraisals of their children—by countering inaccurate interpretations (for example, that the baby is behaving with malicious intent) and by working on solving child-rearing problems—physical punishment and abuse dropped sharply after one year of intervention (see Figure 10.7) (Bugental et al., 2002). Another home-visiting program shown to reduce child abuse and neglect is the Nurse–Family Partnership, discussed on page 114 in Chapter 3 (Olds et al., 2009).

Still, many experts believe that child maltreatment cannot be eliminated as long as violence is widespread and harsh physical punishment is regarded as acceptable. In addition, combating poverty and its diverse correlates—family stress and disorganization, inadequate food and medical care, teenage parenthood, low-birthweight babies, and parental hopelessness—would protect many children.

Although more cases reach the courts than in decades past, child maltreatment is difficult to prove. Usually, the only witnesses are the child victims or other loyal family members. And even when the evidence is strong, judges hesitate to impose the ultimate safeguard against further harm: permanently removing the child from the family. There are several reasons for their reluctance. First, in the United States, government intervention into family life is viewed as a last resort. Second, despite destructive family relationships, maltreated children and their parents usually are attached to one another, and neither desires separation. Finally, the U.S. legal system tends to regard children as parental property rather than as human beings in their own right, and this also has stood in the way of court-ordered protection.

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. Nearly half suffered from physical abuse, including beatings, drownings, suffocation, or shaken baby syndrome, in which shaking an infant or young child inflicts brain and neck injuries. About 70 percent were neglected, some so severely that it caused their deaths (U.S. Department of Health and Human Services, 2013). 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.

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**Ask Yourself**

- **REVIEW** Summarize findings on ethnic variations in child-rearing styles. Is the concept of authoritative parenting useful for understanding effective parenting across cultures? Explain.

- **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?
citing factors that influence those changes.
Expressing emotion during early childhood, during Erikson’s stage of initiative versus guilt?

Self-Understanding (p. 358)

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

Emotional Development (p. 361)

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

Summary

Erikson’s Theory: Initiative versus Guilt (p. 357)

10.1 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 and trying new skills through play and experiencing supportive child rearing that fosters a secure (but not overly strict) conscience.

Peer Relations (p. 365)

10.4 Describe peer sociability, friendship, and social problem solving 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 and then to associative and cooperative play. Nevertheless, both solitary and parallel play remain common.
- With age, sociodramatic play occurs more often, supporting cognitive, emotional, and social development. Cultural valuing of group harmony versus individual autonomy influences play, as do beliefs about the importance of play.
- Preschoolers view friendship in concrete, activity-based terms. Compared to other peer interactions, those with friends are more cooperative and emotionally expressive. Early childhood friendship and peer acceptance contribute to academic and social adjustment in kindergarten.

Foundations of Morality (p. 372)

10.5 What are the central features of psychoanalytic, social learning, and cognitive-developmental approaches to moral development?
- The psychoanalytic perspective emphasizes the emotional side of moral development. Although guilt is an important motivator of moral action, contrary to Freud’s theory, discipline promoting fear of punishment and loss of parental love does not foster conscience development. Induction is far more effective.
- Social learning theory focuses on how children learn moral behavior through reinforcement and modeling. Effective adult models of morality are warm, powerful, and consistent in what they say and do.
- Alternatives such as time out and withdrawal of privileges can help parents avoid the undesirable side effects of harsh punishment. When parents use punishment, they can increase its effectiveness by being consistent, maintaining a warm parent–child relationship, and offering explanations. The most effective discipline encourages good conduct by building a mutually respectful bond with the child.
- 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, but they tend to reason rigidly about morality.
- Through sibling and peer interaction, children work out their first ideas about justice and fairness. Parents who discuss moral issues with their children help them reason about morality.

10.6 Describe the development of aggression in early childhood, including family and media influences.
- 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 (where girls’ aggression tends to concentrate).
- Ineffective discipline and a conflict-ridden family atmosphere promote children’s aggression. Children high in reactive aggression see hostility where it does not exist, making many unprovoked attacks. Those high in proactive aggression callously use it to advance their own goals—a style that predicts severe conduct problems. Media violence also triggers aggression.
10.8 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, then organize these into gender-linked ideas about themselves. Cognitive-developmental theory suggests that gender constancy must be mastered before children develop 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-stereotyped preferences and behaviors, they form masculine and feminine categories, or gender schemas, that they apply to themselves and their world.

10.9 Describe the impact of child-rearing styles on development, and explain why authoritative parenting is effective.
- Three features distinguish the major child-rearing styles: (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, confrontive rather than coercive control, and gradual autonomy granting account for the effectiveness of the authoritative style. Psychological control is associated with authoritarian parenting and contributes to adjustment problems.

10.10 Discuss the multiple origins of child maltreatment, its consequences for development, and prevention strategies.
- Child maltreatment is related to factors within the family, community, and larger culture. Maltreating parents use ineffective discipline and hold a negatively biased view of their child. Unmanageable parental stress and social isolation greatly increase the chances that abuse and neglect will occur. When a society approves of force and violence as a means for solving problems, child abuse is promoted.
- Maltreated children are impaired in attachment security, emotional self-regulation, empathy and sympathy, self-concept, social skills, and academic motivation. They are also likely to suffer central nervous system damage. Successful prevention of child maltreatment requires efforts at the family, community, and societal levels.

### Important Terms and Concepts

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