

Morality, Altruism and Aggression

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Moral Development
Behaviour and Moral Development
Prosocial Behaviour and Altruism
The Development of Aggression

Introduction

Learning to make fair judgements, to act as a responsible member of society, and to show respect for others is a core of what it is to be human. Learning moral rules, and learning how to act according to them is therefore a central part of children's development that feeds in to affect their relationships with others and their psychological well-being. It is frequently assumed that an understanding of right or wrong grows out of a child's interactions with others. However, there are many different interactions and very different types of social interaction that have a moral dimension. For instance, the threat of punishment from a parent and the opportunity to engage in a shared game with a peer offer very different contexts for moral learning.

This chapter considers how moral understanding and behaviour develops, and how this relates to children's prosocial reasoning and altruistic acts, and in turn to how children display or restrain

themselves from acts of aggression. The chapter begins with a discussion of two classic theories of moral development – those of Piaget and Kohlberg. We explore the research evidence supporting these theories and some of the criticisms of them. In particular, the importance of cultural differences for our understanding of morality and moral development is considered. More recent approaches, which distinguish different domains of social reasoning are discussed, before turning to consider the links between moral reasoning, affect and behaviour.

The chapter then considers pro- and antisocial behaviour and its development, examining evidence of marked gender differences in each and how positive behaviour can be nurtured and encouraged, and negative behaviour diminished through development. We will discuss gender differences in how people display aggression, alongside questions about the origins of aggressive behaviour.

MORAL DEVELOPMENT

Every society has a system of rules about the rightness and wrongness of certain acts. In every culture, one of the most basic tasks of socialization is communicating ethical standards to the developing child and shaping and enforcing the practice of 'good' behaviour. Adults expect children to learn these rules and to act according to them. Such rules are vital for a well-functioning society and for maintaining good relationships between individuals.

Most adults (and children) will have a pretty good idea of what sorts of things are right and wrong (good and bad). However, deciding about the morally correct or fairest course of action in real-world situations can often be less than straightforward, and moral issues have great potential to generate heated discussion and conflict. Philosophers, judges and politicians spend considerable energy debating ethical issues or deciding on the most ethical course of action. The task of developing an understanding of morality is therefore a potentially complex one that requires that children grasp what the rules are, how they are justified, and when they should be applied. But it also requires an appreciation that people often have conflicting perspectives on an issue which sometimes cannot be easily resolved.

Only when children or adolescents have developed a certain level of moral understanding can society regard them as fully morally responsible. So many psychological approaches to the topic have focused on the development of moral reasoning and judgement. Of course, a child's (and indeed, an adult's) behaviour may not always be consistent with their moral understanding. Complementary research on self-control and conscience have explored the circumstances under which children may not always act as they know they should (e.g. Kochanska, 2002). We consider this research later in the chapter.

Empirical research into moral reasoning can be divided into three basic aspects of morality: cognitive, behavioural and emotional. The cognitive component involves knowledge of ethical

rules and judgements of the ‘goodness’ or ‘badness’ of various acts. The behavioural component refers to people’s actual behaviour in situations that invoke or relate to ethical issues. The emotional component focuses on people’s feelings about situations and behaviours that involve moral and ethical decisions. As we will see, these same three components help us understand many aspects in the development of altruism and of aggression.

In general, studies of moral behaviour in children have investigated activities that most adults consider wrong, such as lying or cheating and failing to delay gratification, to resist temptation or to control aggression.

More recently, researchers have also studied positive behaviours, such as sharing, helping, cooperating, and performing prosocial or altruistic acts. Studies of the emotional dimension of morality have also traditionally focused on negative aspects, such as feelings of guilt after a transgression, but more recent work has focused on emotions such as **empathy** for other people’s misfortunes or distress.

Jean Piaget and Lawrence Kohlberg argued that moral development was fundamentally an issue of understanding moral rules. Piaget’s explanations involved many of his principles and processes of cognitive growth we discussed in Chapter 9, although he emphasized the importance of children’s social relations in moral reasoning and development. Kohlberg based his theory on Piaget’s but, in contrast, argued that moral development was underpinned only by cognitive processes.

In Chapter 9 we discuss Piaget’s theory in relation to cognitive processes; his work on moral judgement connects with this in terms of his interest in epistemological questions and constructivism in the theory. In Chapter 13, we also discuss some of Kohlberg’s work outside of moral judgement, proposing a model for the development of gender understanding.

empathy The capacity to experience the same emotion that someone else is experiencing.

Piaget’s theory of the development of moral judgement

Piaget proposed that the child’s moral concepts evolve in an unvarying sequence through three stages. The first, *premoral* or *amoral stage* lasts until about the age of 5; the *stage of moral realism* lasts from about 6 to about 10 years of age; and the third stage of *morality of reciprocity*, or *autonomous morality*, lasts from age 11 onwards. One cannot reach the stage of moral reciprocity without first passing through the stage of moral realism. According to Piaget, mature morality includes both an understanding and acceptance of social rules and a concern for equality and reciprocity in human relationships; these qualities form the basis of justice. For Piaget, then, children’s understanding of and involvement in social relations is fundamentally important to understanding moral rules. Piaget investigated children’s developing moral judgement in several ways: first by studying how children come to grasp and understand how rules work in the games they play with one another, then by asking children to make and justify their moral judgements in response to moral **vignettes**. Piaget focused on how children understood the rules of games because, he argued, understanding the system of rules for a game was similar to understanding moral rules. In a game, the rules only make sense because they allow everyone to take part. If players no longer bother to follow the rules, the game becomes meaningless. From his early focus on rules of games, he moved on to look at more recognizable moral understanding.

In his theory Piaget proposed that preschool children are in a **premoral stage**; they show little concern for, or awareness of, rules. By the time they are 5 years, however, children move into the stage of **moral realism**, in which they develop great concern and respect for rules. For moral realists, rules come from authority figures, usually a child’s parents. Children see rules as immutable, unchanging, and not to be questioned. The rigidity and inflexibility in children’s views about rules mirrors children’s attitudes to the rules of games. For instance, in a game of marbles or hopscotch, children would regard the rules as sacrosanct even if a new rule or adaptation would improve the game.

Children who are in the moral realism stage (also sometimes referred to as *moral heteronomy*) believe that the consequences of an action, or the likely reaction of an authority figure, are most relevant when deciding whether an act was right or wrong (good or bad); they don’t

vignette A short story that depicts a scenario or situation about which the child has to comment, discuss or make a judgement.

premoral stage Piaget’s first stage of moral development, in which the child shows little concern for rules (also referred to as the amoral stage).

moral realism Piaget’s second stage of moral development, in which the child shows great respect for rules but applies them quite inflexibly.

Piaget argued that the development of understanding of moral rules was similar to the ways in which children learned the rules of games.

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consider the perpetrator's intentions (to do something good or bad) as the key issue in making moral judgements. This is because young children's moral realism is a consequence of *egocentric thinking* – the inability to perceive situations as others may – and they see morality as a one-way street; rules are given from an adult authority figure to a child. Older children, on the other hand, have a finer appreciation of the ways in which morality relates to subjectivity and mutual or reciprocal relations between people. In this sense, children who reason using a morality of reciprocity understand that morality is a two-way street; rules work because we all agree (and intend) to abide by them.

morality of reciprocity Morality in which moral judgements should be made on the basis of equality and fairness between people, and equal justice for all.

Piaget argues that a **morality of reciprocity** begins to emerge in older children at about the age of 11. In terms of understanding rules of common games, children now believe that a rule can be changed to make the game better or more fun, but only if everyone agrees to it. They realize that obedience to authority is neither necessary nor always desirable. There is also a shift towards the peer group as a relevant concern in making moral judgements. It is this shift in terms of what morality is used for – from regulating adult–child to regulating peer relations – that is the important driver for development. For instance, from around 11 years children begin to regard peer solidarity as an important moral concern. This *autonomous morality* is characterized and underpinned by a belief in mutual respect for others, rather than the unilateral respect for adult authority that was evident in younger years. Children in this stage also believe in 'equalitarianism' – that is, they believe that there should be equal justice for all.

Some of the shifts in attitude from the stage of moral realism to the stage of moral reciprocity are vividly illustrated in Piaget's account of his investigations, *The Moral Judgment of the Child* (1932). Piaget would read paired stories (vignettes) to a child and then ask the child if the children in each story were equally guilty, which child was the naughtier, and why.

Story I.

A little boy who is called John is in his room. He is called to dinner. He goes into the dining room. But behind the door there [is] a chair, and on the chair there [is] a tray with 15 cups on it. John couldn't have known that there was all this behind the door. He goes in, the door knocks against the tray, 'bang' to the 15 cups and they all get broken!

Story II.

Once there was a little boy whose name was Henry. One day when his mother was out he tried to get some jam out of the cupboard. He climbed up on a chair and stretched out his arm. But the jam was too high up and he couldn't reach it and have any. But while he was trying to get it, he knocked over a cup. The cup fell down and broke. (Piaget, 1932, p. 122)

Clearly, Henry tried to deceive his mother. But the child in the stage of moral realism regards John as less ethical because he broke more cups, even though John's act was an accident and unintentional. This was because, for younger children, the child judged the rightness or wrongness on the likely reaction of the adult to the event, or on the amount of material damage done. So

whether or not the children were being naughty or not, or were doing something they shouldn't, was not seen as morally 'relevant' for the younger children. For the older children, however, what was important was whether a child was intentionally doing something disobedient, rather than what reaction a parent may have to the events.

How well has Piaget's theory fared since 1932? In many studies investigators find regular age trends in the development of moral judgement from moral realism to reciprocity. Although these findings lend support to the general developmental sequence, some findings also suggest that Piaget underestimated the cognitive capacities of young children. This research suggests that in judging the behaviour of others even 6-year-old children are able to consider an actor's intentions when the situation is described in a way they can comprehend. For example, when Chandler *et al.* (1973) presented stories to 6 year olds by videotape rather than orally, the younger children responded to the intentions of the actors as well as older children did. Viewing the scenarios probably helps younger children by providing them with more information, such as facial expressions that signal emotional states; these additional clues can help younger ones better infer the actor's intentions. Indeed, recent research with infants (Woodward, 1998, 2005; Gergely & Csibra, 2003), shows that even 8 month olds are able to perceive the intentions of others. This suggests that the development of an ability to understand the intentions of others is unlikely to be the most important factor driving moral development between 5 and 11 years of age. However, it is important to remember that Piaget did not claim that young children could not understand an actor's intentions. Rather, they felt these were not relevant to moral judgements. Instead, younger children felt an adult's reaction was the important determinant of wrong or right.

Piaget's initial investigations may have some methodological flaws, but his key contribution is arguing that social and cognitive processes intersect in terms of moral development. At around 10–11 years, children move from the view of morality as a one-way street where adults dominate, to a two-way, reciprocal process where what is right or wrong depends on what we, as a society of equals, agree upon. This **two moral worlds view** (Youniss & Damon, 1992) does appear to correspond closely to age-related changes in children's social relationships. Piaget's early work on the topic also drew attention to the importance of rules and cognitive processes in moral judgement – themes that were subsequently picked up by Lawrence Kohlberg.

We discuss the development of social relationships, a topic closely related to the development of moral understanding, in Chapter 13.

two moral worlds view

The view that there is a fundamental shift from heteronomous morality (morality is determined by adults and authority figures) to an autonomous morality (morality where we all participate and agree on moral rules as members of society).

Kohlberg's cognitive theory of moral development

Kohlberg (1969, 1985) based his theory of moral development on Piaget's. However, Kohlberg sought to refine and expand the stages involved in the developmental model, and also extended the age period covered. Like Piaget, Kohlberg believed that the child's cognitive capabilities determine the development of moral reasoning and that moral development builds on concepts grasped in preceding stages. However, unlike Piaget, Kohlberg did not believe that moral judgements and development were intimately connected to children's involvement in social relations.

To test his theory, Kohlberg began by interviewing boys between the ages of 10 and 16, presenting them with a series of moral dilemmas in which they had to choose either to obey rules and authority or to ignore them and respond to the needs and welfare of other people. Here is a representative story presented to Kohlberg's young participants.

Heinz needs a particular expensive drug to help his dying wife. The pharmacist who discovered and controls the supply of the drug has refused Heinz's offer to give him all the money he now has, which would be about half the necessary sum, and to pay the rest later. Heinz must now decide whether or not to steal the drug to save his wife; that is, whether to obey the rules and laws of society or to violate them to respond to the needs of his wife. What should Heinz do, and why?

Development was a consequence of increasing cognitive ability and being able to resolve ethical dilemmas, or conflicts between moral rules, such as those in the *Heinz and the Druggist*

dilemma above. On the basis of his findings, Kohlberg formulated a series of three broad levels of moral development and subdivided these into six stages. Each stage was based not only on participants' choices of either an obedient or a need-serving act but on the reasons participants gave and on the ways they justified their choices. Table 14-1 presents these levels and stages of moral development. Kohlberg argued that although the sequence of all six stages is fixed – that is, all people pass through the stages in the same order – they may occur in different people at different ages. Moreover, many people never attain the highest level of moral judgement, and even some adults continue to think in immature terms.

Table 14-1 Kohlberg's stages of moral development

| Level I Preconventional morality | |
|--|--|
| Stage 1 | |
| Obedience and punishment orientation | To avoid punishment, the child defers to prestigious or powerful people, usually the parents. The morality of an act is defined by its physical consequences. |
| Stage 2 | |
| Naive hedonistic and instrumental orientation | The child conforms to gain rewards. The child understands reciprocity and sharing, but this reciprocity is manipulative and self-serving. |
| Level II Conventional morality: conventional rules and conformity | |
| Stage 3 | |
| Good boy morality | The child's good behaviour is designed to maintain approval and good relations with others. Although the child is still basing judgements of right and wrong on others' responses, he is primarily concerned with their approval and disapproval. It is to maintain goodwill that he conforms to families' and friends' standards. |
| Stage 4 | |
| Authority and morality that maintain the social order | The person blindly accepts social conventions and rules and believes that if society accepts these rules, they should be maintained to avoid censure. He now conforms not just to other individuals' standards but to the social order. |
| Level III Postconventional morality: self-accepted moral principles | |
| Stage 5 | |
| Morality of contract, individual rights, and democratically accepted law | Morality is based on an agreement among individuals to conform to norms that appear necessary to maintain the social order and the rights of others. However, because this is a social contract, it can be modified when people within a society rationally discuss alternatives. |
| Stage 6 | |
| Morality of individual principles and conscience | People conform both to social standards and to internalized ideals. Their intent is to avoid self-condemnation rather than criticism by others. People base their decisions on abstract principles involving justice, compassion, and equality. |

Source: Kohlberg, 1969

preconventional level Kohlberg's first level of moral development, in which he sees the child's behaviour as based on the desire to avoid punishment and gain rewards.

Kohlberg saw behaviour at the **preconventional level** as based on the desire to avoid punishment and gain rewards (see Table 14-1, Level I). At Level II, the **conventional level**, although children identify with their parents and conform to what they regard as right or wrong, what they have internalized is the motive to conform, not the notion of ethical standards. It is only at Level

III, the **postconventional level**, that moral judgement is rational and internalized and that conduct is controlled by an internalized ethical code that is relatively independent of others' approval or castigation. At this level, moral conflict is resolved in terms of broad ethical principles, and violating these principles results in guilt and self-condemnation.

In Kohlberg's studies (Kohlberg, 1985; Colby & Kohlberg, 1987), young children gave more preconventional (Level I) responses, and older children gave more postconventional responses (Figure 14-1). Although as we've said, Kohlberg predicted no specific level of response at any particular age, the general sequence of stages was followed in these participants' responding. The sequence should be invariant across cultures, Kohlberg asserted, although the ultimate level attained may vary among cultures and for individuals within the same society. Once a person has attained a high level of moral cognition, especially Stage 6, he or she will not regress and go back to earlier stages.

Gilligan (1982) argued that Kohlberg failed to take account of possible differences in the moral orientations of females and males. Citing the fact that women usually score lower than men on Kohlberg's tests, and making the observation that Kohlberg's studies included only male participants, Gilligan (1982) suggested that 'the very traits that traditionally have defined the 'goodness' of women are those that mark them as deficient in moral development' (p. 18). Researchers have rated most women's moral judgements on these tests at Stage 3. In this stage, the person is motivated primarily to maintain the goodwill and approval of others, although she or he is beginning to accept the notion of social regulations and to judge behaviours in terms of whether people conform to or violate these rules.

According to Gilligan, Kohlberg's theory focused too much on reason, rules and logic as the basis of moral judgements, partly because he studied only males. Gilligan argued that women tend to take a caring and interpersonal approach to moral judgements, whereas men tend to emphasize more abstract concepts such as individual rights and principles of justice. This is because boys and girls acquire different orientations – justice and care orientations respectively – through different socialization experiences. Because the primary caregiver is often female, girls more readily identify with an adult, and an early age develop a focus on relationships. Boys lack the same opportunities for identification, and hence become more independent and focus less on rules rather than the socio-emotional aspects of relationships.

Gilligan's theory is intuitively appealing. It is certainly the case that Kohlberg's failure to include women in his research was a serious omission. However, studies using both hypothetical and real-life situations have yielded no clear baseline gender differences in moral reasoning (Jaffe & Hyde, 2000). In fact, the sort of issue under consideration, other contextual factors, and gender role – the social norms and stereotypes associated with gender – are better predictors of whether an individual will use care or justice orientations when making moral judgements (Sochting, Skoe & Marcia, 1994; Haviv & Leman, 2002).

Although gender may pose problems for Kohlberg's theory, the notion that children proceed through the stages of moral judgement in an invariant fashion has received general, empirical support (Rest *et al.*, 2000; Walker *et al.*, 2001; Turiel, 2006). A powerful

conventional level

Kohlberg's second level of moral development, in which the child's behaviour is designed to solicit others' approval and maintain good relations with them. The child accepts societal regulations unquestioningly and judges behaviour as good if it conforms to these rules.

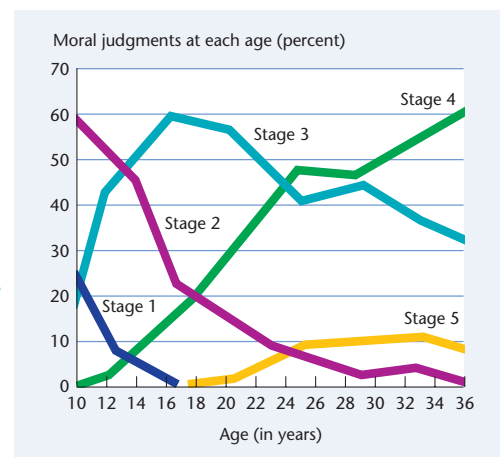
postconventional level

Kohlberg's third level of moral development, in which the child's judgements are rational and his conduct is controlled by an internalized ethical code that is relatively independent of the approval or disapproval of others.

Figure 14-1 How does moral reasoning evolve into adulthood?

Although Level I reasoning was significant in preadolescence, Stage 1 disappeared in the teens and Stage 2 had virtually disappeared by 30. At age 36, Level II, Stage 4 reasoning was the most common, and Level III was barely represented, with a small percentage of Stage 5 responses.

Source: adapted from Colby *et al.*, 1983.



longitudinal study of participants' moral reasoning over 20 years (from childhood well into adulthood) using data from Kohlberg's original sample of boys, found that but two participants moved from lower to higher stages, and no one skipped stages (Colby *et al.*, 1983). Although the vast majority stopped at Stage 4, a few (10%) continued to develop their moral reasoning in their twenties, reaching Stage 5 in young adulthood (Figure 14-1). None, however, reached Stage 6. The dominant pattern of moral reasoning in most adults appears to be conventional (Level II, Stage 3 or 4).

A more controversial claim is that the pattern of moral development is universal. Again, empirical support for Kohlberg's theory has been remarkably strong. For instance, studies in Turkey (Nisan & Kohlberg, 1982), Taiwan (Lei & Cheng, 1989), and Israel (Snarey *et al.*, 1985) showed that individuals, regardless of their cultural background, developed through the stage sequence in the same manner. In addition, few participants skipped a stage or regressed to a lower stage. However, there are cultural differences. In New Guinea, people place community obligations over individual rights; in India, people emphasize the sacredness of all forms of life. It is also important to note that in some cultures, particularly those in the developing world, moral reasoning levels are generally lower than in Western Europe and North America (Snarey, 1985). This has led some theorists to claim that Kohlberg's focus on individual rights and obligations may fail to recognize how moral understanding and moral norms differ between cultures, often in subtle yet important ways (Shweder *et al.*, 1997; Snarey & Hooker, 2006).

People's moral judgements also differ depending on the way questions are presented. When an issue is couched in abstract form, rather than embedded in a realistic description of a particular situation or conflict, respondents are more likely to support the default position (Helwig, 2003, 2006). For example, when children were simply asked whether they endorsed freedom of speech and religion, nearly all said they did. However, when they were asked the same question in a context in which these freedoms conflicted with other liberties, such as freedom from physical and psychological harm, results were quite different. Fewer children endorsed freedom of speech. Moral judgements involve the need to balance competing moral issues, and Kohlberg's original stories oversimplified the nature of the dilemmas people face in everyday moral decision making.

There is also difficulty with Kohlberg's assertion that moral reasoning is underpinned by cognitive (rational) processes. Emler, Renwick and Malone (1983) asked undergraduate students to complete a measure of moral reasoning and then scored their responses according to Kohlberg's scale. The researchers also asked the students to complete a questionnaire on political beliefs (e.g. right wing, centrist, left wing). Students who rated themselves as left wing scored higher on the moral reasoning measure than others. However, Emler and colleagues then asked the same students to complete the measure imagining they were the opposite political orientation. This time, the right-wing students (pretending to be left wing) scored higher. Emler's study suggests that there may be political bias in Kohlberg's measure. The study also demonstrates that Kohlberg's exclusive emphasis on cognitive processes neglects to consider how factors other than cognitive ability affect moral judgements and reasoning.

Distinguishing moral judgements from other social rules

Children must learn many rules for behaviour. At the same time that they learn moral rules against cheating, lying, and stealing, they learn many other **social-convention rules**: table manners, kinds of dress, modes of greeting, forms of address, and other rules of etiquette. According to Elliot Turiel (1983, 2002, 2006), children make clear distinctions between these two kinds of rules. In one study of preschool-age children, researchers asked children how wrong it would be to hit someone, to lie, or to steal (moral rules) and how wrong it would be to address teachers by their first names, for a boy to enter a girls' bathroom, or to eat lunch with one's fingers (social-convention rules) (Nucci

social-convention rules Socially based rules about everyday conduct.

& Turiel, 1978). Children and adolescents from second grade to college consistently viewed the moral violations as more wrong than the violations of social convention. Even children as young as 3 can distinguish moral rules from social-convention rules (Smetana & Braeges, 1990). Children view moral violations as more wrong than conventional rule violations, and think that breaking moral rules should lead to more serious punishments.

Research confirms that children tend to identify the same set of core moral issues regardless of their culture, whereas social conventions are seen as more arbitrary, relative, and vary across cultures (Helwig 2006; Turiel, 2006). When asked if it would be acceptable to steal in a country that had no laws against stealing, children as young as 6 thought it was still wrong to steal. However, they thought that people in different countries could play games by different rules (Turiel *et al.*, 1987). Cross-cultural research from many countries including Brazil, India, Indonesia, Korea, Nigeria and Zambia, suggests that children and adolescents make a consistent distinction between moral and social-conventional rules (Wainryb, 2006).

How do children learn to distinguish between moral and other transgressions? Children learn from their parents at a very early age that the consequences of eating your spaghetti with your hands or spilling your milk or wearing your shirt inside out are different from those of taking your brother's toy or pulling your younger sister's hair. Mothers of 2 year olds responded to social-convention violations with rules about social order and social regulation that focused on the disorder that the act created ('Look at the mess you made!'). They responded to moral transgressions by focusing on the consequences of the acts for other's rights and welfare or by making perspective-taking requests ('Think how you would feel if somebody hit you!') (Smetana, 1995). Children therefore learn to make the moral-conventional distinction by experience and observing a connection between acts and their consequences (Davidson, Turiel & Black, 1983).

Parents influence adolescents as well as young children. Teenagers understand and accept that parents may legitimately regulate their moral behaviour (Smetana, 1995). They even accept some parental regulation of social-convention matters (Smetana, 2005). However, they do not agree that parents have a right to regulate personal matters such as their appearance, friendship choices and spending decisions. Conflicts most often arise in this area, and they arise with increasing frequency as the adolescent grows older (Smetana, 2000). Conflicts that mix social-convention and personal issues – for example, cleaning one's own room – are more intense.

Other socializing agents, including teachers and peers, play a part, too. Smetana (1997) found that 2- and 3-year-olds in a child-care centre reacted more emotionally and retaliated more often in the face of moral transgressions than when confronting social convention transgressions. The 3 year olds were likely to make statements about rights ('That's not fair' or 'The rules say that you can't do that'), a major accomplishment. In sum, children can distinguish among different kinds of violations and can do so at a surprisingly early age.

However, as with Kohlberg's theory, Turiel's approach has been criticized for a failure adequately to consider cross-cultural issues. Although there may well be core moral themes that occur in almost all societies, it is a rather different matter to say that the distinction between morality and convention is always the same. For instance, most cultures have a moral prohibition on killing, but how does this help us understand whether a society that has a death penalty for those convicted of murder (killing as a form of punishment or retribution) is a more just, humane, or ethical one than a society that does not? Moral judgements are almost always intermeshed with social, historical and other contextual factors which mean that a binary morality-convention distinction is always likely to be rather too simplistic. In this respect, Shweder, Mahapatra and Miller (1987) point out that in some societies the boundaries between morality and convention are not so clear cut. How people understand and think about moral rules, and the personal significance of them, may well vary in subtle yet important ways across cultures. These concerns bring into question the usefulness of the morality-convention distinction.

BEHAVIOUR AND MORAL DEVELOPMENT

The maturity of the child's moral judgement does not necessarily predict how the child will actually behave; moral judgement and moral behaviour are often unrelated, especially in young children (Blasi, 1983; Straughan, 1986). Often, behaviour is impulsive and not guided by rational and deliberate thought (Burton, 1984; Walker, 2004). In older children and adults, moral judgements and moral behaviour are more likely to be linked (Kochanska *et al.*, 2002). People who have reached Kohlberg's Level III (Stages 5 and 6) are less likely to cheat than those at lower levels, less likely to inflict pain on others, and more likely to endorse free speech and due process, and to oppose capital punishment (Kohlberg & Candee, 1984; Gibbs *et al.*, 1995; Judy & Nelson, 2000).

Rest *et al.* (2000) proposed a four-step process involved in executing a moral action. In Step 1, the child interprets the situation in terms of how other people's welfare could be affected by his or her possible actions. In Step 2, the child figures out what the ideally moral course of action would be, given the possibilities in Step 1. In Step 3, the child decides what to do and, finally, in Step 4, the child actually performs the action chosen. So far, we have considered Steps 1 and 2; in the next section, we explore Steps 3 and 4. That is, we focus on the action, or behavioural, component of moral development – deciding what to do and doing it.

Self-regulation and the delay of gratification

self-regulation The child's ability to control behaviour on her own without reminders from others.

control phase According to Kopp, the first phase in learning self-regulation, when children are highly dependent on caregivers to remind them about acceptable behaviours.

self-control phase According to Kopp, the second phase in learning self-regulation, when the child becomes able to comply with caregiver expectations in the absence of the caregiver.

self-regulation phase According to Kopp, the third phase in learning self-regulation, when children become able to use strategies and plans to direct their own behaviour and to delay gratification.

self-delay gratification To put off until another time possessing or doing something that gives one pleasure.

One goal for parents is to help children **self-regulate**, or control behaviour on their own, without reminders from others. The self-regulating aspect of moral development involves children learning to inhibit or direct their actions so as to conform to moral rules. Life is full of temptations, traps, and tugs that pull young children away from the right courses of action (as stipulated by moral rules). Children's ability to resist these forces is most likely an interaction of both their own emerging cognitive and representational capacities and the guidance that parents, siblings, and other socializing agents provide.

How does this capacity to monitor and regulate one's own behaviour develop? According to Kopp (1982, 2002), it begins with a **control phase**, when 12- to 18-month-old children first initiate, maintain, modulate, or cease acts when an adult makes a demand. In this phase, children are highly dependent on the caregiver for reminder signals about acceptable behaviours. In the **self-control phase**, children gain the ability to comply with caregiver expectations in the absence of external reminders. Presumably, this is because the development of representational thinking and recall memory permits these children to remember family rules and routines. In the **self-regulation phase**, children become able to use strategies and plans to direct their behaviour and to help them resist temptation and to **self-delay gratification**. Kopp demonstrated these developmental changes by showing children attractive objects such as a toy telephone and telling them not to touch the objects right away. Children who were 18 months old were able to wait only 20 seconds, 24 month olds waited 70 seconds and 30 month olds waited nearly 100 seconds before touching the attractive but forbidden object (Vaughn *et al.*, 1984). Kopp and other researchers extended the study of self-regulation through the preschool period and confirmed the progression in self-control (Kochanska *et al.*, 2001; Kopp, 2002).

Although all children progress from control by others through self-control to self-regulation, some progress more rapidly and achieve higher levels of control than others. Some children reach the self-regulation phase by 4 or 5 years of age, whereas others continue to rely on adult control to comply with rules. Children who are self-

regulators have a stronger sense of 'moral self'; they endorse and internalize parental values and rules, and they make conscious efforts to control their behaviour, even when it requires giving up or postponing pleasurable outcomes (Kochanska *et al.*, 2001; Kochanska, 2002). When they were infants, self-regulators were better at inhibiting their actions.

The development of self-control is also promoted by the actions of parents and other caregivers. Consistent and carefully timed punishment, as well as the provision of a rationale for compliance, helps increase children's resistance to temptation (Parke, 1977; Kuczynski *et al.*, 1997). It also helps when an adult shifts their control strategies from physical techniques such as distraction to verbal modalities such as explanations, bargaining, and reprimands as the child grows older (Kuczynski *et al.*, 1987). This adjusted parental input heightens the child's own abilities to use verbally based control strategies (Kopp, 2002). In addition, a mutually responsive orientation involving cooperation and shared positive affect between mother and child aids in conscience development. Children who, as toddlers, enjoyed this kind of mother-child or father-child relationship developed a higher level of **conscience** – internalized values and standards of behaviour – at 3 and 5 years of age than children in a less mutually responsive parent-child relationships (Kochanska *et al.*, 2008; Kochanska & Murray, 2000).

conscience The child's internalized values and standards of behaviour.

The affective side of morality

The development of moral behaviour also involves emotions. We have all experienced 'feeling bad' when we break a rule. We may feel remorse, shame or guilt. Do children have these same emotional reactions? Kochanska and her colleagues (2002) tested young children at 22, 33 and 45 months. They presented each child with an object that belonged to the experimenter (e.g. a favourite stuffed animal the experimenter had kept from her childhood or a toy she had assembled herself) and asked the child to be very careful with it. However, the objects had been 'rigged' and fell apart as soon as a child began to handle them. Even at 22 months, children 'looked' guilty when the mishap occurred; they frowned, froze, or became upset. At older ages, children were better at masking their guilty reactions; they expressed fewer overt negative emotions. Instead, guilt leaked out in the form of subtle signs such as changes in posture, squirming, hanging the head, and other indications of arousal and upset. When they were later tested at 56 months, the children who had displayed more guilty reactions were less likely to play with forbidden toys than children who had not shown any guilty feelings.

Moral judgements also overlap with emotional processes. Moral transgressions or prosocial acts can lead to anxiety, fear, disgust and elation to name just a few. Think about how the work on moral judgements and emotion connects with studies and theories of emotional development in Chapter 7.

Children who displayed more guilt in the Kochanska study were also more fearful in scary situations, such as climbing a ladder, falling backward on a trampoline, or interacting with a clown. In other research as well, 6- and 7-year-old children who were fearful as infants were rated by their parents as more prone to guilt and shame (Rothbart *et al.*, 1994). Analyses of Kochanska's data suggested that fearful temperament contributes to guilt proneness, which in turn serves to inhibit children's tendency to violate rules. In contrast, fearless children do not experience remorse, guilt, or shame if they violate rules, and because they feel no guilt, the lack of guilt does not deter them from future rule violations.

While we may like to think of ourselves as rational moral thinkers, it may well be the case that our moral judgements and behaviour are frequently affected by emotions and other, personal considerations. For instance, Wark and Krebs (1996) found that people tend to be more forgiving of a moral transgression when it concerns a personal issue than when they are making judgements of behaviour of others (i.e. in the third person). When making moral judgements about matters closer to home we may not be as objective and impartial as we would like to think. Moreover, emotions and intuitions may have a strong, hidden influence on our judgements. Haidt (2001) has proposed a *social intuitionist model* of moral reasoning and behaviour which argues that morals are frequently affected by social processes, are instinctive (intuitive), and are frequently underpinned by emotional considerations. Adults and children may often make up the reasons for a particular action afterwards to explain or justify behaviour, rather than thinking beforehand and then acting accordingly. Haidt's approach suggests that whilst we may use reason to explain or account for our moral judgements, the judgements themselves may stem from more automatic processes. Thus moral judgement may frequently be grounded in more basic, automatic, and even biological (or at least neurophysiological) processes (see Blair, 2003).

RESEARCH CLOSE-UP

BOX 14-1

Are psychopaths immoral?

Source: Blair, R.J.R. (1995) A cognitive developmental approach to morality: Investigating the psychopath. *Cognition*, 57, 1.29.

Introduction:

Do psychopaths know they are bad, or do they even recognize the existence of morality? Blair sought to explore how far three theoretical positions on moral reasoning and development could explain the immoral behaviour of psychopaths. These positions included the suggestion that such individuals lack the capacity for moral emotions, that they are unable to inhibit violent acts (Blair's own approach), or that they are unable to distinguish moral and conventional acts (cf. Turiel's (1983) domain specificity approach).

Method:

Ten psychopaths and ten non-psychopaths (all white men) were interviewed as part of the study. All participants were inmates at prisons and special secure hospitals in the United Kingdom (Broadmoor and Ashworth Special Hospitals). The two groups were established based on their scores on a measure of psychopathy, the Psychopathy Checklist (PCL; Hare, 1985). All but one of the ten individuals in the psychopath group (i.e. those who had scored high on the PCL measure) had killed.

Participants were tested on moral stories or vignettes that sought to assess the distinction between moral and social or conventional rule-breaking. These stories included moral ones about a child hitting another child, pulling another child's hair, or breaking a swing or a piano. Conventional stories concerned a boy wearing a skirt, talking at school or turning your back on a teacher. Participants were asked whether the action was OK, whether it was bad and (if so) how bad, and why. Finally they were asked the 'rule contingency' question that was whether it would be OK for someone to commit the act if it was condoned or permitted by an adult (teacher). This story assesses whether children see rules as changeable (social conventional) or absolute and unchangeable (moral). The vignettes were closely based on those used by Turiel and colleagues.

Results:

Figure 14-2 shows the mean ratings for the psychopath and non-psychopath groups of permissibility (whether it is OK or not), seriousness (how bad it was) and modifiability (whether it could be changed if an adult permitted) for moral and conventional stories.

While non-psychopaths distinguished moral and conventional aspects of questions on all elements, there were no differences between psychopaths' evaluations of the distinction. In fact, it appeared that the psychopaths judged conventional transgressions in a similar way to moral transgressions, non-psychopaths distinguished the two and saw conventional transgressions as less serious and more changeable. Other data supported this view: of the ten individuals in each group, six of the psychopaths and only one non-psychopath made no distinction between morality and convention, whereas two psychopaths compared to eight non-psychopaths made a clear distinction between the two.

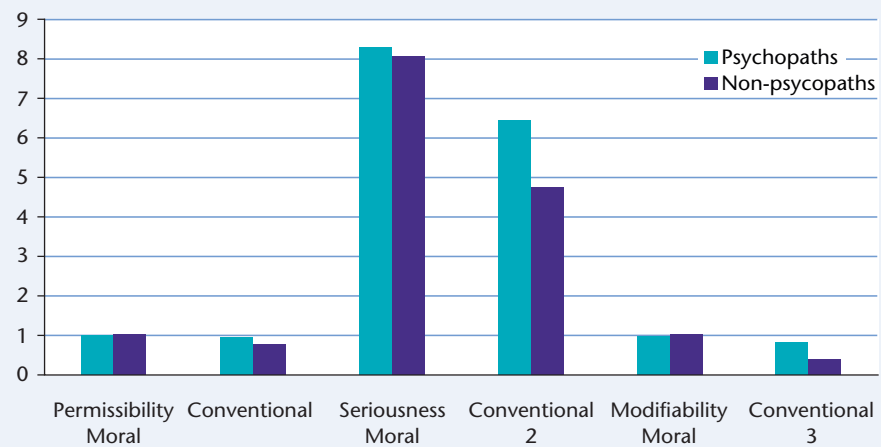


Figure 14-2 Mean ratings for psychopaths and non-psychopaths for permissibility, seriousness and modifiability judgement on moral and conventional stories

Continued

Discussion:

In one respect, the findings were consistent with Blair's hypotheses, which predicted that psychopaths would be unable to distinguish moral and conventional transgressions. However, what was surprising that the psychopaths did not judge moral transgressions as *less* important than the non-psychopaths did. Rather, the psychopaths judged transgressions of social convention as equally serious as moral transgressions. Blair argues that this failure to distinguish moral and conventional transgressions is consistent with his suggestion that psychopaths lack an ability to inhibit violent acts. Moreover, the study raises questions for Turiel's claim that there is a universal distinction between moral and conventional domains based on experience of the distinction through development. However, it seems unlikely that psychopaths have never experienced the two different types of act (moral and conventional). Psychopaths appear to be distinguished from non-psychopaths, most clearly, in their failure to consider the welfare of others.

PROSOCIAL BEHAVIOUR AND ALTRUISM

Prosocial behaviour is behaviour that is intended to benefit another person or people. It may be motivated by egoistic, practical, or other-orientated concerns. Altruistic behaviour is also behaviour that is designed to help someone else. However, **altruism** is generally considered not to be motivated by self-interest. What distinguishes altruistic behaviour from prosocial behaviour is the willingness to help another without any thought of compensation. Altruistic acts are therefore motivated by internalized values, goals, and self-rewards rather than by the expectation of concrete or social rewards. Research has demonstrated that we see the beginnings of prosocial behaviour in quite young children, whereas truly altruistic behaviour occurs only later on (Eisenberg *et al.*, 2006).

prosocial behaviour

Behaviour designed to help or benefit other people.

altruism An unselfish concern for the welfare of others.

Research suggests that the roots of prosocial behaviour appear very early in development (Warneken & Tomasello, 2009). Even in infancy children show things to others or share their toys. Among 12- to 18-month-old children, showing and giving toys to a variety of other people (mothers, fathers, and strangers) is common (e.g. Hay, 1994). Children engage in these early sharing activities without prompting or direction and without being reinforced by praise.

Sharing and showing are not the only ways young children reveal their capacity for prosocial action. From an early age, children engage in a range of behaviour such as caring for siblings, helping with housework, or comforting others in distress (Hastings *et al.*, 2007). Children between 10 and 12 months old typically become agitated or cry in response to another child's distress, but they make little effort to help the other child. By the time they're 13 or 14 months old, however, they often approach and comfort another child in distress. This comforting, though, may not be specific to the source of distress. By 18 months, children not only approach a distressed person but also offer specific kinds of help. For example, they may offer a toy to a child with a broken toy or comfort a mother who has hurt herself. By age 2, children engage in a wide range of prosocial actions, including verbal advice ('Be careful'), indirect helping (getting their mother to retrieve the baby's rattle), sharing (giving food to a sister), distraction (closing a picture book that has made their mother sad), and protection or defence (trying to prevent another from being injured, distressed or attacked) (Garner *et al.*, 1994; Lamb & Zakhireh, 1997; van der Mark *et al.*, 2002).

Children do not always show prosocial reactions to others' distress, and indeed they sometimes laugh or behave aggressively or even become distressed themselves (Radke-Yarrow & Zahn-Waxler, 1983; Zahn-Waxler *et al.*, 1992; Lamb & Zakhireh, 1997). However, based on a *meta-analysis* of many relevant studies, Eisenberg *et al.* (2006) found clear evidence that as children grow older they are generally more likely to engage in prosocial behaviours. Specifically, prosocial behaviour increases from infancy and the preschool years through middle childhood to adolescence. Prosocial behaviour not only increases with age; it also appears to be linked with cognitive maturation. Toddlers who display self-recognition are more empathic and prosocial



One way children exhibit prosocial behaviour is through the sharing of toys.

Source: © dcdp

empathic Able to experience the same emotion that someone else is experiencing.

(Zahn-Waxler *et al.*, 2001); preschool children who are able to take another person's perspective are more prosocial (Zahn-Waxler *et al.*, 1995). Prosocial behaviour also increases as children learn to detect other people's emotional cues and realize that they need help (Eisenberg *et al.*, 2006).

Children's tendencies to donate to needy children, to assist an adult (e.g. by helping pick up paper clips), and to offer others help are consistent across the early years of schooling (Eisenberg *et al.*, 2006). During adolescence, prosocial behaviour towards peers is relatively stable (Wentzel *et al.*, 2004), as is young adults' valuing of concern for others (Pratt *et al.*, 2004). Thus preschoolers who are prosocial tend to continue to be prosocial throughout development (Baumrind, 1971).

There also appear to be gender differences in prosocial behaviour. However, gender influences vary depending on the type of prosocial behaviour (Fabes & Eisenberg, 1996). Girls tend to be more **empathic** than boys, especially as they get older (Zahn-Waxler *et al.*, 2001). Yet it is interesting to note that gender differences are more pronounced when the data are derived from self-reports and reports by family members and peers than in data gathered by observational techniques (Hastings *et al.*, 2005). This suggests that some gender differences reflect people's conceptions of what boys and girls are *supposed* to be like rather than how they actually behave (Hastings *et al.*, 2007). Parents do stress the importance of politeness and prosocial behaviour more for daughters than for sons (Maccoby, 1998). Moreover, when girls behave prosocially, parents attribute such behaviours to inborn tendencies, whereas they attribute boys' prosocial behaviours to the influences of the environment and socialization. These findings do not mean that gender differences are *only* in the eye of the self or the beholder; rather, cultural stereotypes and beliefs that girls are in some way 'better behaved' contribute to the gender differences researchers have found (Hastings *et al.*, 2007).

Another factor that contributes to gender differences in prosocial behaviour is culture. In particular, culture can modify how gender roles are viewed. For instance, Carlo *et al.* (1996) found that there was a clear association between a feminine gender role (i.e. how close an individual is in terms of their own beliefs and norms and stereotypes associated with gender) and prosocial reasoning in a Brazilian sample than there was in the USA. There are different cultural norms in terms of what sorts of prosocial behaviour men and women (boys and girls) should exhibit. For example, in western societies children are typically given very few child-care responsibilities. However, girls tend to play with dolls and thus pick up nurturing skills which the boys rarely display. But in societies where women were expected to play an important role in agricultural work, both boys and girls look after younger siblings and there are few gender differences in nurturance (Whiting, 1983). Cultural differences in parental practice are important too. Whiting (1983) also found that in a sample from Tarong, in the Philippines, where fathers give significant help to mothers in looking after children, there were few gender differences in boys' and girls' levels of nurturance. In contrast, girls rather than boys are very clearly expected to care for younger siblings in Juxtaguaca in Mexico. In this context, where labour is strictly divided along gender lines, gender differences in children were greatest.

Consider how gender stereotypes are a strong influence on children's development across domains. These stereotypes can be communicated by parents, peers or the media. These same stereotypes may well underlie many gender differences in moral and prosocial behaviour. Chapter 13 discusses gender development in more detail

Determinants of prosocial development

Some evolutionary psychologists argue that human beings have a biological predisposition to respond with empathy and are biologically prepared to engage in prosocial behaviour because being part of a group provides additional protection and support, and increases the chances of individual survival (Sober & Wilson, 1998). As evidence of this, helping and sharing are seen among many infrahuman animals; for example, Preston and deWaal (2002) report both empathy and consoling behaviour in chimpanzees. It has also been claimed that the fact that human newborns cry in response to the cries of other infants is evidence of such a biological predisposition to behave in an empathic fashion (Hoffman, 1981, 2000).

RESEARCH CLOSE-UP**BOX 14-2****Is altruism instinctive?**

Source: Warneken, F. & Tomasello, M. (2006) Altruistic helping in human infants and young chimpanzees. *Science*, 311, 1301–1303.

Introduction:

Many researchers, philosophers and others have argued that the expression of altruism – helping others or performing a positive act with no immediate benefit to oneself – is unique to human beings. A key aim for the present study was to compare whether or how far young children and non-human primates (chimpanzees) offer assistance to someone who needs it. Most previous research with chimpanzees has suggested that they are highly competitive, rather than altruistic or cooperative in their behaviour. However, much of this research is based on studies that involve food – a highly desirable commodity for chimpanzees – which might obscure altruistic tendencies. Research evidence from studies with children and infants suggests that young children and infants appear to respond to other people's distress, sometimes trying to comfort them. However, a further key contribution from the present study was that the researchers sought to explore whether young children offer instrumental help – actively assisting someone to perform an action – when it is needed or desired.

Method:

Twenty-four 18-month-old infants (either prelinguistic or just linguistic) were presented with ten different situations. In each of these situations the adult, male experimenter had difficulty achieving a goal. For instance, the adult tries without success to reach something he had dropped, or is blocked from putting some magazines away in a cupboard. Each situation was matched to a control task where the adult had no difficulty achieving the goal. The control tasks ensured that infants' responses were just due to a desire to see the adult repeat the task or put things back the way they were. The tasks were also repeated with three young chimpanzees (36, 54 and 54 months old) who had been raised in captivity by humans. In no tasks did infants or the chimpanzees receive or expect to receive any benefits for their help. Hence, helping behaviour could be interpreted as altruistic.

Results:

By comparing the infants' actions in the control and experimental versions of the task, the researchers showed that only two of the 24 human infants failed to help the adult at all, and this was significant in six of the ten tasks. This help took various forms, such as handing or retrieving objects that the adult couldn't reach, and opening the cabinet door. In contrast to the human infants, the chimpanzees engaged in instrumental help in some of the tasks, but only those that required reaching for an object.

Discussion:

The study demonstrates that infants offer instrumental help in a variety of different situations, and so have a strong capacity to behave in altruistic ways. The study also demonstrated instrumental helping in non-human primates, specifically chimpanzees. However, the chimpanzees only helped on reaching tasks, and this may be because trying to get an out-of-reach object offers clearer cues about the intentions or goals of the person requiring help. These strong cues mean that the reaching scenario amounted to a cognitively simpler task than the others. The authors conclude that there are certainly differences between humans and other species in terms of the level, frequency and types of cooperative behaviour that they display. However, there is evidence of helping behaviour in chimpanzees, human's closest evolutionary relatives, which suggests that the capacity for altruism is not uniquely human.

There is also evidence that individual differences in prosocial behaviour may have a genetic basis. Identical, or monozygotic, twins are more alike in prosocial behaviour (Davis *et al.*, 1994) and empathic concern (Zahn-Waxler *et al.*, 1998) than are fraternal, or dizygotic, twins. Other studies of identical twins underscore the combined role of genetic and environmental factors in the development of children's prosocial behaviour (Hastings *et al.*, 2005). For example, in a

study of identical preschool-age twins, Deater-Deckard *et al.* (2001) found that both genetic and environmental factors (e.g. maternal supportive and punitive behaviours) contributed to children's prosocial behaviour. Further support for the genetic basis of prosocial behaviour comes from the study of children with genetic abnormalities. Children who have Williams syndrome (marked by loss of the long arm of chromosome 7) are more sociable, empathic, sympathetic and prosocial than children who do not have Williams (Mervis & Klein-Tasman, 2000; Semal & Rosner, 2003). Twin studies suggest that genetic influences become more important with age (Scourfield *et al.*, 2004). In other words, genetically inherited tendencies to be more or less prosocial are more evident in older children.

Temperament may also play a role in the likelihood of children's sympathetic responding and prosocial behaviour, just as it appears to influence children's ability to inhibit undesirable responses. For example, highly inhibited 2 year olds became more upset by another's distress than their less inhibited peers (Young *et al.*, 1999). Similarly, children who can regulate their emotions better, as indexed by measures of heart rate, are more likely to exhibit comforting behaviour (Eisenberg *et al.*, 1996).

Sources of environmental influence on prosocial behaviour include the family, peers and the media. Laboratory studies in which children see people donate to or share with others, as well as real-life situations in which parents, peers and others model prosocial behaviours, demonstrate that children acquire prosocial behaviours through social learning (e.g. Hay, 1994; Hart & Fegley, 1995). Daughters whose mothers are sensitive to their emotions, who try to find out why they feel bad and listen to them when they are anxious and upset, display more prosocial behaviour; for example, they will comfort an infant in distress (Eisenberg *et al.*, 1993). The way that mothers talk about emotions matters, too. Preschoolers whose mothers explain their own feelings when they are sad display more prosocial behaviour (Denham, 1998; Denham *et al.*, 2007). In addition, children who have opportunities to engage in prosocial actions, by volunteering at homeless shelters, for example, develop more prosocial attitudes and behaviour (Johnson *et al.*, 1998; Metz *et al.*, 2003; Pratt *et al.*, 2003).

As the study in Box 14-3 shows, parents' child-rearing practices also contribute to children's prosocial behaviour. Parents who use power-assertive techniques (e.g. physical punishment) and little reasoning and who show little warmth are unlikely to have altruistic children. In a study in the Netherlands, Dekovic and Janssens (1992) found that democratic parenting (parenting that is warm, supportive, and demanding and that provides guidance and positive feedback) was linked to more prosocial behaviour in children as rated by both teachers and peers. Studies in other countries have, similarly, indicated that when parents were negative and controlling and intolerant of children's distress, children were less empathic and prosocial (Asbury *et al.*, 2003; Strayer & Roberts, 2004).

APPLIED DEVELOPMENTAL PSYCHOLOGY

BOX 14-3

How parents can teach children prosocial behaviour

To find out how children learn to react in helpful ways when they have caused distress in another person or when they see another person suffering, Carolyn Zahn-Waxler and her colleagues (1979) devised a clever scheme. They trained mothers of 18 month olds to tape-record their children's reactions to others' distress that the children themselves either caused or witnessed. The mothers recorded both the child's and their own behaviour over a 9-month period, during which observers occasionally visited the home to check on the accuracy of the mothers' records. The researchers also asked the mothers to simulate distress from time to time: for example, mothers might pretend to be sad (sobbing briefly), to be in pain (bumping their feet or heads, saying 'Ouch' and rubbing the injured parts), or to suffer respiratory distress (coughing/choking).

How did the children respond to others' distress? Overall, whether they had hurt someone else or merely witnessed another person's distress, they reacted in a helpful fashion about a third of the time. However, some children responded in most distress situations (between 60% and 70%), whereas others failed to respond at all.

Continued

Mothers' reactions to their own children's harmful behaviour towards others, as well as to the sight of another person's distress, were related to their children's helpful behaviour in distress situations. Some mothers linked a child's behaviour with its consequences for the child's victim; the children of these mothers were more likely to respond in a helpful way when they caused harm to someone. These mothers might say, for example, in a clear but objective manner, 'Tom's crying because you pushed him.' Other mothers' discussions of distress situations had strong emotional overtones, and these explanations appeared to be even more effective. The children of these mothers were more likely to intervene in bystander situations when they did not cause any harm but saw that someone else was upset. These mothers might say something like, 'You must never poke anyone's eyes' or 'When you hurt me, I don't want to be near you. I am going away from you.'

More recent studies have confirmed these findings. For example, children of mothers who pointed out a peer's personal distress in an affectively charged manner tended to react in a sad fashion (Denham *et al.*, 1994). However, some maternal tactics were ineffective in encouraging prosocial behaviour. For example, physical restraint (simply moving away from the child or moving the child away from a victim), unexplained prohibitions ('Stop that!'), or physical punishment, may even interfere with the development of prosocial behaviour. These researchers also found that when mothers showed anger as they delivered their disciplinary reasoning and tried to induce guilt in children, preschoolers were unlikely to engage in parent-directed prosocial actions.

Prosocial and altruistic behaviour can begin early, and parents play an important role. They can facilitate and encourage the child's emerging altruistic behaviour by helping children make connections between their own actions and others' emotional states.

Parents who explicitly model prosocial behaviour and provide opportunities for children to perform these actions may be particularly successful in promoting altruism. A common way parents provide opportunities for learning prosocial behaviour is by assigning children responsibility for household tasks. Even 2 year olds will help adults in a variety of tasks such as cleaning, and setting tables (Rheingold, 1982). Allowing children to help in these ways may be important for their prosocial development.

Peers also act as models and shapers of children's prosocial behaviour. In one study, preschoolers who were exposed to prosocial peers at the beginning of the school year engaged in more prosocial peer interactions later in the year (Fabes *et al.*, 2002). However, in general, children who were less prosocial spent their time with other less prosocial children, while highly prosocial children played together. As a result of this 'prosocial segregation', children who are low in prosocial behaviour have few chances to learn more prosocial practices from their prosocial peers. Moreover, preschoolers who initiated more altruism received more altruism from their peers a year later, although the converse was not true. Only the state of being the recipient was not related to increases in receiving altruistic behaviour from peers. Being an active participant in being helpful and kind probably led to reciprocity of prosocial acts from peers (Persson, 2005).

In some cultures, children are given more responsibility for taking care of siblings and performing household tasks. What effect does this have? Cross-cultural studies of children from a wide range of societies – Mexico, Japan, India and Kenya – suggest that children who perform more domestic chores and spend more time caring for their infant brothers, sisters and cousins are more altruistic (Whiting & Whiting, 1975; Whiting & Edwards, 1988). Similar results have been found in cultures that stress communal values, such as that of the Aitutaki of Polynesia, the Papago Indian tribe in Arizona, and many Asian cultures (Chen, 2000; Zaff *et al.*, 2003; Eisenberg *et al.*, 2006). Further evidence of the role of culture comes from studies of children raised in Israeli kibbutzim, which stress prosocial and cooperative values. Children reared in these communal settings are more prosocial than their city-reared peers (Aviezer *et al.*, 1994).

Cultural norms, practices and traditions vary, and consequently prosocial behaviour and reasoning varies from one society to another (Hay, 1994). For instance, when given the choice of whether or how much money to distribute to unknown others, Chinese school children were slightly, but significantly, more generous than their German equivalents (Gummerum *et al.*, 2008).

Given that both gender roles, and moral and prosocial reasoning vary across culture, it is perhaps unsurprising that these different environmental factors interrelate to affect the sorts of judgements that children and adults make. A major challenge for researchers is to unpick the ways in which social and cultural processes feed in to specific judgements and behaviour.

Prosocial reasoning

prosocial reasoning Thinking and making judgements about prosocial issues.

Prosocial behaviour shifts in form and expression across development. These changes reflect changes in **prosocial reasoning**, which in turn reflect changes in children's cognitive development. Eisenberg and her colleagues (Eisenberg *et al.*, 1999, 2001b, 2006) proposed a model of the development of prosocial reasoning that is similar to the Kohlberg model of the development of moral reasoning. To test the model, they devised a number of hypothetical dilemmas. Here is a sample.

One day a girl named Mary was going to a friend's birthday party. On her way she saw a girl who had fallen down and hurt her leg. The girl asked Mary to go to her house and tell her parents so they could come and take her to the doctor. But if Mary did run and get the child's parents, she would be late to the birthday party and miss the ice cream, cake, and all the games. What should Mary do? Why?

hedonistic reasoning Making a decision to perform a prosocial act on the basis of expected material reward.

needs-orientated reasoning Reasoning in which children express concern for others' needs even though their own needs may conflict with those needs.

Eisenberg and her colleagues tested children when they were 4.5 and 11.5 years old, and again in early adulthood. As the children matured, they became less egocentric and more other orientated, and they became more capable of abstract reasoning about prosocial dilemmas. The first type of reasoning, shown in Table 14-2, was **hedonistic reasoning**, in which children based their decision to perform a prosocial act on the promise of material reward. This type of reasoning decreased with age. The second type of reasoning was **needs-orientated reasoning**. This was still a relatively simple type of reasoning in which children expressed concern for the needs of others, even though these needs conflicted with their own. It peaked in middle childhood and then levelled off. The higher types of reasoning listed in the table were empathic and prosocial; they all increased with age. Hedonistic reasoning was related to less sharing and empathy; needs-orientated reasoning was related to more prosocial behaviour; prosocial reasoning was related to more prosocial behaviour that required some cognitive reflection (Carlo *et al.*, 2003).

Researchers have found that there are cultural differences in prosocial reasoning, as there are differences in prosocial behaviour. For example, in Asian countries, people are often considered to take a more collective approach to social and interpersonal behaviour compared with people in Europe and North America, placing emphasis on the welfare of the group rather than of the individual. However, even within western countries there are differences in prosocial reasoning. In Germany and Israel, children are more likely than children in the United States to emphasize direct reciprocity, whereby they expect to receive payback for their prosocial actions (Eisenberg *et al.*, 1985); in Brazil, urban adolescents are less likely to use high-level prosocial reasoning than US teens (Eisenberg *et al.*, 2001). Clearly, cultural values not only shape prosocial behaviours but also organize the ways people think about their prosocial obligations to others.

THE DEVELOPMENT OF AGGRESSION

aggression Behaviour that intentionally harms other people by inflicting pain or injury on them.

Aggression refers to behaviour that is intended to and does harm to other people by inflicting upset, pain or injury on them. For many years, psychologists have puzzled over the knotty problem of aggression. Why do some children attack others? Why do some adults cheat, rob, attack, and murder others? Do patterns of aggression change over time, and if so, how? What roles do genes, families, peers, and the mass media play in the development of aggression? From a more applied perspective, some researchers have asked, how can we control aggression in our children?

Table 14-2 Evolution of prosocial reasoning

| Level | Age group | Orientation | Mode of prosocial reasoning |
|-------|---|--|---|
| 1 | Preschoolers and younger school children | Hedonistic, self-focused | Child is concerned with self-orientated consequences rather than moral considerations |
| 2 | Preschoolers and school children | Recognition of needs of others | Child expresses concern for the physical, material and psychological needs of others, even if these needs conflict with her own |
| 3 | School children and adolescents | Seeking others' approval and acceptance | Child uses stereotyped images of good and bad persons and behaviour and considerations of others' approval and acceptance in justifying prosocial or not helping behaviour |
| 4 | Older school children and adolescents | (a) Empathic | Child's judgements include evidence of sympathetic responding, self-reflective role taking, concern with the other's humanness, and guilt or positive affect related to the consequences of her actions |
| 5 | Minority of adolescents | (b) Transitional (empathic and internalized) | Child's justifications for helping or not helping involve internalized values, norms, duties or responsibilities, but may not be clearly expressed |
| 6 | Only a small minority of adolescents and virtually no school children | Strongly internalized | Child's justifications for helping or not helping are based on internalized values, norms or responsibilities, the desire to maintain individual and societal contractual obligations, and the belief in the dignity, rights, and equality of all individuals |

Source: adapted from Eisenberg, Lennon & Roth, 1983

A visit to any school will reveal striking age differences in the forms and frequency of aggressive behaviour. Preschool children are more likely to quarrel and fight over toys and possessions; this is **instrumental aggression**. Older children are more likely to exhibit **hostile aggression** – personally orientated aggressive acts in which the child criticizes, ridicules, tattles on, or calls the person names (Dodge *et al.*, 2006). This shift from fighting over things to fighting over human characteristics and behaviour may occur as older children acquire a greater ability to infer the intentions and motives of others (Ferguson & Rule, 1980). When older children recognize that another person wants to hurt them, they are more likely to retaliate by a direct assault than by an indirect attack on the aggressor's possessions.

Children also differ in how accurately they can 'read' another person's intentions. Some children, especially those who are highly aggressive, have more difficulty judging other people's intentions (Crick & Dodge, 1994). This is especially helpful in ambiguous situations, when children's intentions are not clearly either aggressive or prosocial. In such situations, boys who are rated by their classmates as more aggressive are likely to react in a hostile way – as if the other person intended to be aggressive. Aggressive boys see the world as a threatening and hostile place. The reason for their negative views may be based on their experience: aggressive boys not only commit more unprovoked aggressive acts, but they are also the targets of more aggressive attacks (Dodge & Frame, 1982). Researchers have found that aggressive children make more hostile attributions about other people's behaviour (Graham & Hudley, 1994; Guerra & Huesmann, 2003).

We can also characterize aggressive acts in terms of their causes, or in terms of who initiates them. Some children act aggressively only in response to being attacked, threatened or

instrumental aggression

Quarrelling and fighting with others over toys and possessions.

hostile aggression

Directing aggressive behaviour at a particular person or group, criticizing, ridiculing, telling tales or calling names.

reactive

aggression Aggressive behaviour as a response to attack, threat, or frustration.

proactive aggression The use of force to dominate another person or to bully or threaten others.

frustrated, displaying **reactive aggression**. These children are particularly likely to misinterpret others' intentions (Poulin & Boivin, 2000). Other children – playground bullies – show **proactive aggression**, using force to dominate another person or to threaten another to gain a prized object or possession. They are quite accurate in reading others' intentions, but they don't care about their intentions, just about dominating them. Like instrumental aggression, proactive aggression generally decreases across development (NICHD Early Child Care Research Network, 2004b).

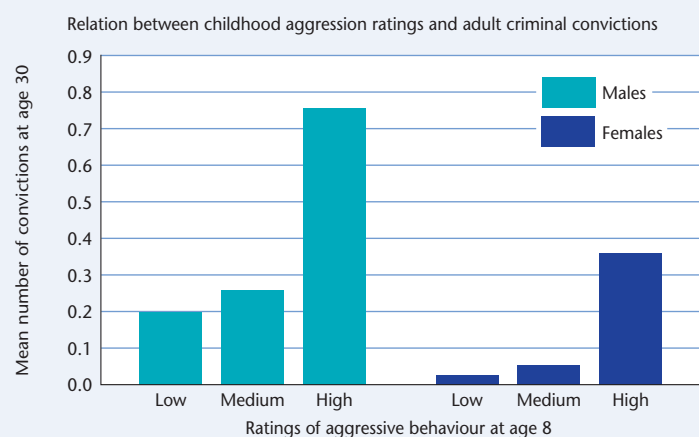
The ways children express their aggression also change over development. Toddlers rely more on physical attacks; older children, with their improved communication skills, are likely to be verbally rather than physically aggressive. This developmental shift is due not only to increased verbal skills but also to changes in adult expectations and rules. Most adults become less tolerant of physical aggression as children mature but are more likely to ignore a 'battle of words' even among older children. A few older children continue to express aggression physically, however; they fist fight at age 8, vandalize at age 12 and may commit even more serious aggressive acts into adulthood (Dodge *et al.*, 2006).

Although in general the level of aggression declines as children grow older, and learn to solve problems and conflicts through more socially acceptable means, individual differences in aggressiveness are quite stable over time, and those who are particularly aggressive in childhood are likely to remain so into adulthood (Dodge *et al.*, 2006). In one study of more than 600 children originally seen at 8 years of age, researchers found that the more aggressive 8 year olds were, at age 30, still more aggressive than their peers (Huesmann *et al.*, 1984; Bushman & Huesmann, 2001). The boys who were rated in childhood as aggressive were more likely as adults to have committed antisocial acts later in life such as being arrested for drunk driving, and abusing their wives; both boys and girls who were rated as aggressive as children were more likely to have criminal convictions by age 30 (see Figure 14-3). In other longitudinal studies, too, young children who were ill-tempered at age 3 had more problems with aggression 6 years later (Campbell, 2000); ill-tempered 8- to 10-year-old boys experienced more erratic work lives and more marital instability than their even-tempered peers by the time they were 40; ill-tempered girls also experienced more marital instability and were less adequate and more ill-tempered mothers (Caspi *et al.*, 1987; Kokko & Pulkkinen, 2000). Clearly, an early pattern of aggressive behaviour has some continuity across the lifespan.

Figure 14-3 The relation between childhood aggression and adult criminal behaviour

Among males, the correlation between highly aggressive behaviour in childhood and the number of criminal convictions in later life was .75, which is extremely high. The same correlations for boys who showed little or only moderate aggressiveness in childhood were much lower, as were all the same correlations for females. Note, however, that among females we see the same tendency of rising correlations as the degree of early aggression escalates.

Source: adapted from Huesmann *et al.*, 1984



Gender differences in aggression

Although there are few gender differences in aggression in infancy, by the time they are toddlers, boys are more likely than girls to instigate and be involved in aggressive incidents (Maccoby, 1998). This gender difference is evident not only across socioeconomic groups and reappears

in many different countries, including Britain, Canada, Ethiopia, India, Kenya, Switzerland, the Philippines, Mexico, New Zealand, the USA, Sweden, Finland and Japan (Whiting & Whiting, 1975; Björkqvist, Österman & Lagerspetz, 1993; Broidy *et al.*, 2003; Dodge *et al.*, 2006). Boys' and girls' aggression differs in important ways. Boys are more likely than girls to retaliate after being attacked (Darvill & Cheyne, 1981), and they are more likely to attack a male than a female (Barrett, 1979). Boys are more physically confrontational, and their expressions of physical aggression are more frequent than those of girls (Broidy *et al.*, 2003; Ostrov & Crick, 2006). Boys are less likely than girls to engage in negative self-evaluation, they are less likely to anticipate parental disapproval for acting aggressively, and they are also more likely to approve of aggression (Perry, Perry & Weiss, 1989; Huesmann & Guerra, 1997).

In attempting to resolve conflicts, girls tend to use such strategies as verbal objection and negotiation, methods that may make the escalation of a quarrel into overt aggression less likely (Eisenberg *et al.*, 1994). However, this does not mean that girls are not aggressive. Rather, girls use different tactics to achieve their goals. At the start of schooling, girls often use what is called **relational aggression**, or the damaging or destruction of interpersonal relationships (Underwood, 2003; Ostrov & Crick, 2006). Relational aggression often includes attempts to exclude peers from group participation, spread nasty rumours and gossip about negative attributes. Often, children may seek to ostracize others, rather than directly confront them. As girls enter adolescence, they tend to make increasing use of the aggressive strategy of excluding others from social cliques (Crick *et al.*, 1999, 2004; Underwood, 2003; Xie *et al.*, 2005). Although relational aggression becomes more common as girls get older, even preschool girls show significantly more relational aggression and are less overtly aggressive than boys (Crick *et al.*, 1997).

Relational aggression is significantly related to social and psychological maladjustment; boys and girls who engage in this type of aggression are more likely to be rejected by their peers (Crick *et al.*, 2004; Ostrov & Crick, 2006). Although this kind of aggression may be less overt, other children notice it, and they may ostracize those who engage in it, creating a vicious cycle of conflict between cliques and groups. More girls than boys view this type of aggression as hurtful and even view it as hurtful as physical aggression (Galen & Underwood, 1997; Underwood, 2003). Boys tend to view physical aggression as more hurtful. Table 14-3 and Figure 14-4 illustrate some of the differences between these two types of aggression and between girls' and boys' use of these behaviours.



Girls are more likely to use verbal tactics when having a disagreement, rather than overt aggression. Boys are more physically aggressive.

Source: © Rivendellstudios

relational aggression

Damaging or destroying interpersonal relationships by such means as excluding another, or gossiping about or soiling another's reputation.

Table 14-3 Some characteristics of overt and relational aggression in school children

| Overt aggressors | Relational aggressors |
|--|--|
| Hit, kick, punch other children | Try to make other children dislike a certain child by spreading rumours |
| Say unkind things to insult others or put them down | Exclude another person from a group of friends |
| Tell other children that they will beat them up unless the children do what they say | Tell friends that they will stop liking them unless the friends do what they say |
| Push and shove others | Ignore the person or stop talking to him or her |
| Call other children nasty names | Try to keep certain people out of their own group during activity or play time |

Source: Crick, 1997; Ostrov & Crick, 2006

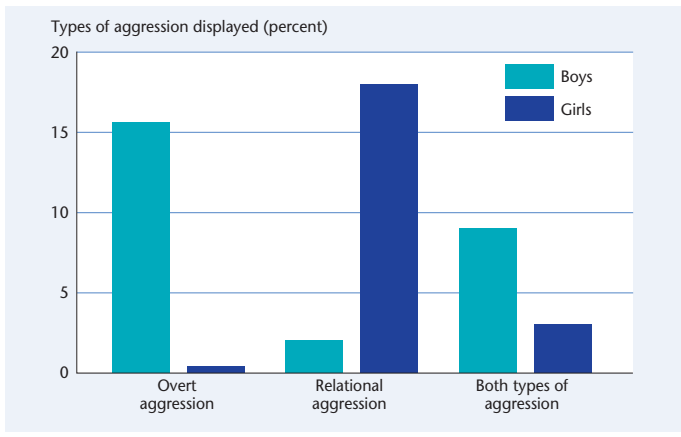


Figure 14-4 Aggression in boys and girls

Boys and girls do not differ greatly in the *amount* of aggression they express, but they express it in quite different ways.

Source: based on Crick & Grotpeter, 1995

Biological origins of aggressive behaviour

There are many biological factors that can influence behaviour. This is certainly the case with aggressive behaviour. Our genetic inheritance ultimately starts this process, by giving rise to the proteins which cause the development of particular neural structures, and important chemicals in the body (hormones and neurotransmitters). Nonetheless, the interaction between genes, environment and chemicals in the body is a complex one and by no means one way (e.g. hormones can also influence whether particular genes are 'switched on'). Nonetheless, studies of twins give support to the view that there is an important role for genetic factors in aggression (Rhee & Waldman, 2002; Dionne *et al.*, 2003). Dionne and her colleagues found that, according to parents' ratings of aggressive behaviour, 18-month-old Canadian

identical twins were more similar than non-identical twins. Research with adolescents yields similar findings. Research in the Netherlands, Sweden and Britain has obtained similar results (Van Den Oord *et al.*, 1994; Eley *et al.*, 1999).

One of the important ways genes can influence aggression is through their interaction with hormones such as testosterone (e.g. by increasing their production, or increasing the nervous system's sensitivity to them). The link between hormones and aggression can be seen rather clearly in adolescence, when hormone levels rise (Moeller, 2001). Brooks and Reddon (1996) found that adolescent violent offenders had higher levels of testosterone than non-violent or even sexual offenders. In a study of 15- to 17-year-old boys in Sweden, Olweus *et al.* (1988) also found a link between testosterone and aggression. Boys whose blood showed higher levels of testosterone rated themselves as more likely to respond aggressively to provocations and threats from others and were also more impatient or irritable. This increased their readiness to engage in unprovoked and destructive kinds of aggressive behaviour (e.g. to start fights or say hostile things without provocation).

Tremblay *et al.* (1998) found another link between testosterone and aggression. In this case, testosterone was related to body mass, which in turn was linked to increased physical aggression. Even when researchers controlled for child-rearing practices, these hormonal effects held. Boys rated as tough and who were seen by their peers as social leaders had the highest testosterone levels, although they were not necessarily higher in everyday aggression. Tough, dominant boys, however, may be more likely to respond aggressively to provocation by lower status peers.

Hormones may affect aggression in girls as well (Brook *et al.*, 2001). Levels of hormones, especially estradiol, that increase during puberty were positively linked with adolescent girls' expressions of anger and aggression during interactions with their parents (Inoff-Germain *et al.*, 1988).

Interestingly, other work has suggested that there may be reciprocal effects; that is, dominance or success in conflict may lead to a rise in testosterone levels (Schaal *et al.*, 1996). For example, winning a judo contest leads to increases in testosterone levels, but losing results in a drop in levels of this hormone (McCaul *et al.*, 1992; Dodge *et al.*, 2006).

Serotonin, a neurotransmitter that is involved in emotional states and the regulation of attention, has also been linked with aggression in both humans and animals (Herbert & Martinez, 2001). Modulation of levels of serotonin and the brain's receptivity to it are another way genetic variation can influence levels of aggression. In one two-year study, Kruesi *et al.* (1992) found a negative relation between the severity of children's physically aggressive behaviour and levels of

the neurotransmitter serotonin; the lower the level of serotonin, the higher the level of aggression. However, a combination of low levels of serotonin and a history of family conflict was evident in the most violent offenders, a reminder that the environment and biological factors operate together (Moffitt & Caspi, 2006).

Biological and environmental influences on aggressive behaviour

Temperament (itself influenced by biological and genetic factors) is also linked with aggressive behaviour. Infants with difficult temperaments – those who are irritable, whiny, unpredictable, hard to soothe, and prone to negative affect – are more likely to develop aggressive behaviour patterns at later ages (Rothbart & Bates, 2006).

However, it's very important to remember that biological factors do not act independently of the social environmental context; their influence on aggressive behaviour is exacerbated under certain conditions, such as a provoking and threatening situation or a high-risk environment (Raine, 2002; Dodge *et al.*, 2006). A Swedish study of adopted children illustrates the interaction of biology and environment (Cloninger *et al.*, 1978, 1982). When both the child's biological and adoptive parents were criminals, 40% of the adopted boys were likely to engage in criminal acts. If only the biological parent was a criminal, this declined to 12%; if only the adoptive parent was a criminal, it declined still further to 7%. If neither parent was a criminal, the proportion of adopted males who engaged in criminal acts dropped to only 3%. A similar gene–environment interaction was found for girls.

A study of more than 4000 males in Denmark also illustrates the interaction of biology and environment on aggression. In this study, a combination of birth complications and early rejection by the mother predicted that adolescents would be involved in violent crime by the time they were 19 years old. Among the young offenders who had experienced both risk factors, 40% became violent, whereas only 20% of those who experienced only one risk factor committed violent crimes (Raine *et al.*, 1998). Finally, a study of Australian 15 year olds tells a similar story: The most aggressive adolescents were those who were exposed to both biological risks (e.g. maternal smoking during pregnancy, low birth weight, and difficult temperament) and environmental risks (e.g. poverty, harsh discipline, family instability) (Brennan *et al.*, 2003). This wealth of evidence clearly supports the view that biology and social environments operate together to produce aggressive children.

The debate over whether aggressive behaviour is caused by environmental or biological processes mirrors the nature–nurture debate throughout developmental psychology and introduced in Chapter 1.

RESEARCH CLOSE-UP

BOX 14-4

The changing relationship between internalizing and externalizing behaviour: shyness and aggression from childhood to early adulthood

Source: Hutteman, R., Denissen, J.J.A., Asendorpf, J.B. & van Aken, M.A.G. (2009) Changing dynamics in personality: A multiwave longitudinal study of the relationship between shyness and aggressiveness from childhood to early adulthood. *Development and Psychopathology*, 21, 1083–1094.

Introduction:

Aggression is often characterized as an *externalizing behaviour* – that is, difficulties or problems that are experienced by individuals are displayed or become evident in some sort of social or public settings, and the difficulties affect behaviour directed towards others. In contrast, *internalizing behaviour* is self-directed and entails consequences for the self. For instance, anxiety or depression would be an example of internalizing behaviour. A number of psychological disorders can be characterized as internalizing (e.g. avoidant personality disorder) or externalizing (e.g. antisocial personality disorder) while others such as borderline personality disorder involve both internalizing and externalizing behaviours.

Research suggests a complex developmental relation between internalizing and externalizing behaviour. For instance, some studies have found evidence to suggest that internalizing tendencies might protect children from developing externalizing problems. Other studies have found the two behaviours to co-occur with, for instance, both conduct problems and depression co-occurring over the course of childhood and adolescence.

Continued

The present study sought to explore the interplay between an externalizing behaviour, i.e. aggressiveness, and an internalizing behaviour, i.e. shyness.

Method:

The researchers recruited 230 boys and girls as participants from Munich, Germany. The main caregiver (usually the mother) rated their child on their shyness and aggressiveness when children were 4, 5, 6, 7, 8, 10 and 12 years of age. At 17 and 23 years of age both parents rated their child. Researchers also collected data from participants on the quality of their social relationships at age 17, and interviewed participants about transitions in their lives. The researchers used a cross-lagged design, to explore the relationship between ratings at younger ages and subsequent ratings at older ages.

Results:

The association both within and between ratings of shyness and aggressiveness at the different ages are shown in Figure 14-5. In childhood, the pattern of the relation between shyness and aggressiveness (the internalizing and externalizing behaviours) remains fairly predictable. That is, children who were shy at age 6 years became less aggressive at 7 years; similarly, shy children at 8 years were less aggressive at 10 years. However, between 17 years and 23 years there was an interesting change in the direction of this relation. Specifically, the adolescents who had been shy at 17 years actually showed significant increases in their aggressiveness at 23 years. Moreover, interestingly, this finding of a shift between 17 and 23 years was only evident for adolescents who had low levels of support from their parents or who spent little time in part-time work.

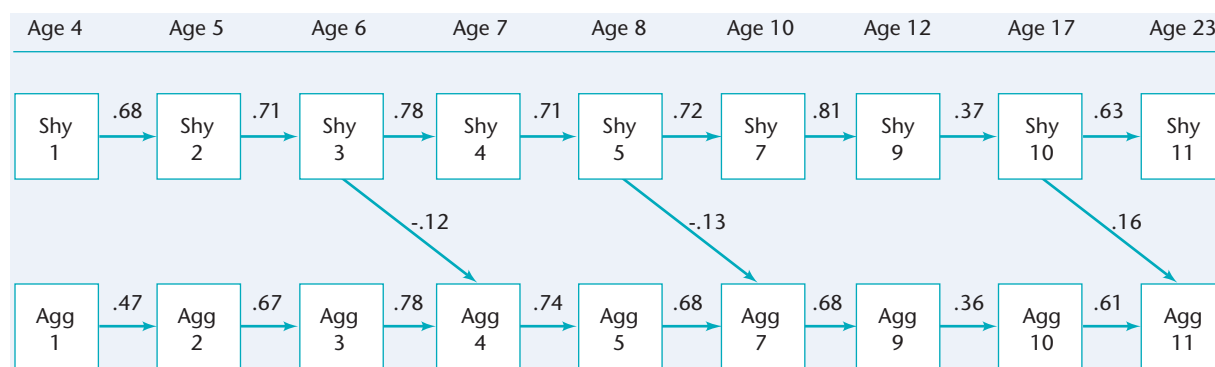


Figure 14-5 The cross-lagged model of stability and cascade effects between shyness and aggressiveness from age 4 to 23; all displayed paths are significant at $p < .05$

Discussion:

The study indicates that the way in which difficulties are expressed changes with development. The researchers argue that the results support the 'acting out' theory in that shyness in adolescence is subsequently revealed by showing aggression in adulthood. Moreover, environment and context may play an important role by interacting with individual differences. For instance, displays aggression may be condoned more in certain contexts, and similarly some contexts may cause people to feel more social anxiety and be more shy than others. Clearly parental support and a sense of fulfilment from work are associated with problem behaviours outside the home in early adulthood. The findings also run against the 'failure theory', which suggests that externalizing behaviour results in failed social interactions which, in turn, can lead to social withdrawal and shyness.

This research has important implications for developmental and clinical psychology because it demonstrates how different forms of externalizing and internalizing behaviour are not fixed, but interrelate in often complex ways from childhood. Therapists need to consider these developmental changes, as well as the importance of person–environment interactions, when seeking to address problem behaviours.

Parenting and aggression

Although most parents do not view themselves as actively encouraging aggressive behaviour, some parents deliberately teach their children, especially boys, to ‘defend’ themselves or to ‘be a man’ (Anderson, 1998). But this is not the only way children learn aggression from their parents. When parents argue or fight with one another and, especially, fail to resolve their conflicts in positive ways, their children frequently notice, and may pick up subtle messages about the limits of acceptable behaviour.

In addition, parents’ methods for punishing or disciplining their children may contribute to their children’s aggression. Parents who use physical punishment such as smacking or slapping are likely to have aggressive, hostile children. This is especially the case when that punishment is inconsistent (Cohen & Brook, 1995; Patterson, 2002), or when the parent–child relationship lacks warmth (Deater-Deckard & Dodge, 1997; Caspi & Moffitt, 2006). Some researchers have suggested that the link between physical punishment and aggressive behaviour consists not so much in the physical act, but in the message that this form of punishment sends to a child about their relationship specifically, and norms in other relationships more generally (Lansford *et al.*, 2004).

In a meta-analysis of over 300 studies, Gershoff (2002) found that the use of physical punishment was associated with a raft of negative outcomes for the child, including higher levels of aggression and lower levels of moral reasoning and poorer mental health. The only, arguably, beneficial outcome was that children who had received this form of punishment were more quickly compliant than those who had not. Thus, there may be limited benefits of physical punishment in the short term, but it seems that these are benefits for the parent rather than for the child. The weight of evidence suggests that, in the longer term, physical punishment does damage. Consequently, many European countries now prohibit the use of physical punishment as a form of discipline.

Researchers have found that the family environments of aggressive and non-aggressive children are strikingly different (Patterson, 1982, 2002). Aggressive children’s parents tend to be erratic and inconsistent in their use of punishment for deviant behaviours and ineffective in rewarding children for prosocial behaviours. They punish their sons more often, even when the children are behaving appropriately. Such inept parenting practices often lead to cycles of mutually coercive behaviour. Children are not passive victims in this process; they often develop behaviour patterns in which they quite purposely use aversive behaviours – such as whining and being difficult or committing directly aggressive acts – to coerce parents into giving them what they want. Children learn that such coercive behaviours can help them control the behaviour of other family members, including that of siblings. When sibling pairs engage in coercive exchanges, especially if the older sibling is already delinquent, the younger sibling is more likely to become delinquent too (Slomkowski *et al.*, 2001). A combination of rejecting parenting and sibling conflict is an especially potent recipe for later conduct problems (Garcia *et al.*, 2000). The most appropriate model of discipline recognizes that parents, siblings and children all influence one another and all contribute to the development of aggression.

Parents not only influence their own children; their influence often continues across generations. Scaramella and Conger (2003) examined patterns of parent–adolescent interaction and then re-examined these same adolescents when they became parents themselves. The investigators found that adolescents who received hostile parenting were more likely to repeat this style of angry and coercive parenting with their 2 year olds. In turn, their toddlers exhibited more problem behaviours, including aggression. Cross-generational continuity was not inevitable, however. One factor that affected cross-generation consistency was the 2 year old’s emotional reactivity (i.e. how much the child reacted to parental

The use of physical punishment is associated with certain forms of parenting such as authoritarian (in Baumrind’s typology), which we discuss in more detail in Chapter 12.



Whether her parents have smacked her or a sibling in her presence, this little girl has clearly received the message that misbehaviour is to be physically punished

Source: © Myrleen Ferguson Cate / PhotoEdit

control with an angry emotional reaction). In families in which the young child was high in negative emotional reactivity, there was continuity in hostile parenting from one generation to the next, but when the child was less emotionally reactive, there was no link across generations.

Lack of parental monitoring is also associated with high rates of delinquency (Pettit *et al.*, 2001; Patterson, 2004). Children's development of aggressive behaviour may depend as much on parents' awareness of activities in the surrounding community and their efforts to control negative aspects of these activities as on their direct child-rearing practices. Laird *et al.* (2003) found that when parents and adolescents spend more time together and have a more enjoyable relationship monitoring is higher and antisocial behaviour is less likely.

Developmental trajectories of aggression

Patterson and his colleagues showed how children progress from aggression problems in early childhood to full-fledged delinquency in adolescence (Figure 14-6). A negative trajectory starts as a consequence of the early experience of poor parental disciplinary practices and lack of monitoring (Patterson *et al.*, 1989). When these children enter school, two things typically happen: their peer group rejects them, and they experience academic failure (Ladd *et al.*, 1999; Buhs & Ladd, 2001; Ladd, 2005). In late childhood and early adolescence, these now antisocial children seek out deviant peers who, in turn, provide further training in antisocial behaviour and opportunities for delinquent activities (Dishion *et al.*, 2001; Coie, 2004). Among adolescents, aggression is in some cases not only tolerated but admired and viewed as 'cool' (Cillessen & Mayeaux, 2004b). In spite of their status among their peers, antisocial youth are more likely to be school dropouts, to experience marital problems and to end up in jail (Patterson & Bank, 1989).

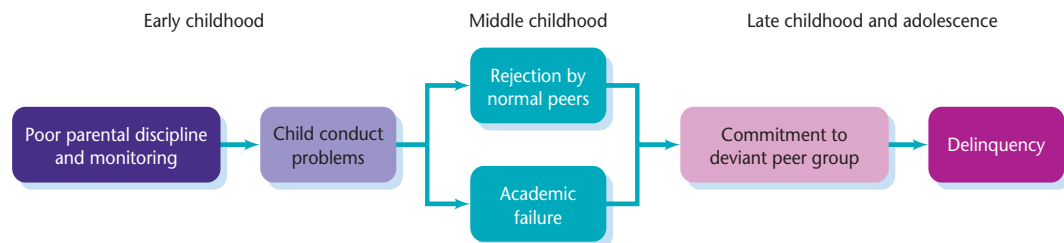


Figure 14-6 The origins and progression of antisocial behaviour

Note that parents, peers and school all play a role in the emergence of antisocial behaviour, but do so at different stages in development.

Source: adapted from Patterson, DeBarshyshe & Ramsey, 1989

If the family environment is already encouraging antisocial behaviour before children are 5 or 6 years old, they are more likely to develop serious and persistent delinquent behaviour than if they start on the deviance road at a later age – in middle to late adolescence (Dishion *et al.*, 2001; Moffitt, 2003). These late starters may have avoided the social rejection and school failure common among early starters as well as early family encouragement of antisocial behaviour. Early starters also may be at greater risk owing to biological factors. Children who experience perinatal or birth complications, maternal illness during pregnancy, poor infant temperament, limited language understanding and deficits in executive functioning – combined with social risks such as poverty – are the most likely to be aggressive adolescents at age 15 (Brennan *et al.*, 2003). Early starters are also ten times more often boys than girls (Moffitt *et al.*, 2001; Moffitt, 2003).

Children may also learn about aggression from TV and other media. Several researchers have argued that exposure to aggressive models on TV can increase children's aggressive behaviour (Bushman & Huesmann, 2001; Comstock & Scharrer, 2006). Heavy doses of TV violence can also affect children's attitudes, leading them to view violence as an acceptable and effective way to solve interpersonal conflict (Dominick & Greenberg, 1972). There is a research consensus, from studies in several societies, of a link between TV violence and aggression; in Australia,

Finland, Great Britain, Israel and the Netherlands, Poland (Huesmann & Miller, 1994; Bushman & Huesmann, 2001). Moreover, it seems that the total time spent watching TV in adolescence and early adulthood is positively associated with greater aggression (Johnson *et al.*, 2002).

Other sources of aggressive behaviour

Although the idea of a link is broadly endorsed by researchers, a major challenge for research in the area is to demonstrate that viewing violent TV, and other media *causes* aggression in children. Many studies in the area rely on children's or their parents' reports of their viewing and aggression, or on observational techniques that are sometimes liable to bias or inaccuracy. Experimental studies are difficult to conduct ethically, and those that have been carried out tend to be based in laboratories that do not always satisfactorily mirror real-world viewing patterns or experiences. Research in the area often involves careful analysis of and longitudinal studies of viewing and behaviour. An example of one such study (Huesmann *et al.*, 2003) examined the relations between TV violence and viewing at ages 6 to 10 years and participants' aggressive behaviour 15 years later as adults. The researchers found that exposure to violence as a child was associated with aggression in adulthood for both men and women. Aggression was also higher if participants identified with aggressive characters in a TV show, or if they perceived violence to be realistic. The association held even when other social factors such as socioeconomic status, intelligence and parenting were controlled.

Frequent viewers of TV violence may also become immune to violence on TV (i.e. they show less emotional reaction when viewing televised aggression) (Cantor, 2000) and indifferent to real-life violence (Drabman & Thomas, 1976). Exposure to TV violence affects children differently depending on their cognitive abilities. Children who were told that a violent film clip was real (a newsreel of an actual riot) later reacted more aggressively than children who believed that the film was a Hollywood production (Atkin, 1983). As children develop and are able to make the fiction–reality distinction, many TV programmes may have less impact (Bushman & Huesmann, 2001).

Unsurprisingly, it has also been suggested that video and computer games influence aggressive behaviour as well (Comstock & Scharrer, 2006). Empirical evidence suggests a clear association between violent video games and aggressive behaviour (Krahe & Moller, 2004; Anderson *et al.*, 2007) as well as desensitization to actual violence (Carnagey *et al.*, 2007). Although there is a clear connection between TV and video game violence and aggressive behaviour, a further confounding factor in making causal links is that certain individuals may be drawn towards violent viewing and games. Thus, individuals predisposed to viewing violent content may seek out and watch more of it. For instance, video games are designed for boys tend to be more violent, preferred by boys, and played more often.

RESEARCH CLOSE-UP

BOX 14-5

Is aggression socially learned?

Source: Bandura, A., Ross, D. & Ross, S.A. (1961) Transmission of aggression through imitation of aggressive behaviours. *Journal of Abnormal and Social Psychology*, 63, 575–582.

Introduction:

Bandura proposed that children learn through social processes such as social conditioning and from observation or adult models. How might this apply in the context of children's aggressive behaviour? Specifically, do children pick up aggressive behaviour from watching adults engaging in such behaviour? In a now classic study, Bandura tested the hypothesis that children would exhibit more aggressive behaviour if they observed an adult model behaving aggressively.

Continued

Method:

The researchers tested 36 girls and 36 boys who were enrolled at the Stanford University Nursery School, ranging in age from 37 to 69 months. On average the children involved were 52 months old (a little over 4 years). The experimenters matched children in terms of ratings of aggressive behaviour by a researcher and teacher at the nursery, based on their behaviour during interactions with other children at the nursery school.

Participants were divided into an *aggressive* and a *non-aggressive* condition, as well as a control group. Children were brought individually to a room and entered with an adult 'model'. The adult engaged in a task involving making potato prints and stickers to make a picture scene. There were both male and female adult models.

In the aggressive group, the adult model then went to another corner of the room where there were some other toys and a 3-foot tall Bobo doll (a doll that balances to remain upright, even when knocked over). The adult began by assembling the toys but after a minute began 'aggressing' towards the Bobo doll, punching it on the nose, hitting it on the head with a mallet and kicking it about the room. The sequence of events was repeated three times and was accompanied by the adult being verbally aggressive. The whole testing session lasted 10 minutes.

In the non-aggressive condition the adult model simply assembled the picture and then played with the toys. The children in the control group had no interaction with an adult model.

Children were given a brief aggression arousal procedure ostensibly to ensure that children had some motivation or stimulation to act in an aggressive way in the subsequent post-test. Children were then tested to see if they would imitate the adult model. The child was taken to another room containing a number of attractive toys, but after two minutes the experimenter returned and told the child she could no longer play with these toys. Instead, the experimenter told her that she could play with toys in another room. In this final room there were toys that might be used for aggressive or non-aggressive actions, including the Bobo doll, mallet and peg board, and a tether ball with a face painted on it, hanging from the ceiling. Children spent 20 minutes in the room, and their behaviour was observed and coded to identify imitative aggressive acts such as kicks and strikes towards the Bobo doll. Imitative non-aggressive acts and non-imitative acts of aggression and non-aggression were also assessed and coded.

Results:

The number of acts by boys and girls in each condition are detailed in Table 14-4. Often findings from this study are presented as indicating that all children simply followed the aggressive adult model. However, as the data in Table 14-4 show, the picture is rather more complicated than that. Statistical analyses showed that children in the aggression condition differed from non-aggressive and control children in their imitative physical, verbal and non-verbal behaviour in the post-test. For non-imitative aggression and partial imitation, however, results were less clear cut. It appears that children did imitate the adult model's aggression in quite specific ways.

Some other interesting findings were that boys seemed to show greater levels of aggression, and particularly when paired with an aggressive male model.

Discussion:

The study gives strong evidence to suggest that children copy adults in terms of displays of aggression. This appears to be particularly a matter of direct imitation of certain acts rather than some generalized aggression. However, there are important methodological considerations that could limit the applicability of the study to wider situations. The study was conducted in a laboratory-type setting and this may not mirror the sorts of day-to-day situations in which children might experience or witness adult aggression. Children may feel a greater need to comply with adult norms in such a situation. However, there would appear to be a good case to suggest that witnessing acts of aggression in a more natural setting or as a more commonplace act might lead to even more aggression from children than in this rather unusual environment. Wider testing of these processes in

Continued

Table 14-4 The mean aggression scores for experimental and control participants

| | Experimental groups | | | | Control |
|-------------------------------|---------------------|------------|----------------|------------|---------|
| | Aggressive | | Non-aggressive | | |
| | Female model | Male model | Female model | Male model | |
| Imitative physical aggression | | | | | |
| Girls | 5.5 | 7.2 | 2.5 | 0.0 | 1.2 |
| Boys | 12.4 | 25.8 | 0.2 | 1.5 | 2.0 |
| Imitative verbal aggression | | | | | |
| Girls | 13.7 | 2.0 | 0.3 | 0.0 | 0.7 |
| Boys | 4.3 | 12.7 | 1.1 | 0.0 | 1.7 |
| Mallet aggression | | | | | |
| Girls | 17.2 | 18.7 | 0.5 | 0.5 | 13.1 |
| Boys | 15.5 | 28.8 | 18.7 | 6.7 | 13.5 |
| Punches Bobo doll | | | | | |
| Girls | 6.3 | 16.5 | 5.8 | 4.3 | 11.7 |
| Boys | 18.9 | 11.9 | 15.6 | 14.8 | 15.7 |
| Non-imitative aggression | | | | | |
| Girls | 21.3 | 8.4 | 7.2 | 1.4 | 6.1 |
| Boys | 16.2 | 36.7 | 26.1 | 22.3 | 24.6 |
| Aggressive gun play | | | | | |
| Girls | 1.8 | 4.5 | 2.6 | 2.5 | 3.7 |
| Boys | 7.3 | 15.9 | 8.9 | 16.7 | 14.3 |

different contexts helps to secure the findings and inferences about processes of social learning of aggression that are found in this study.

Methodological refinements aside, it is unlikely that such a study could be conducted today because of ethical concerns. It is now widely accepted that adult aggression is associated with displays of aggression in children, or other psychological harm or damage. These ethical concerns are underscored by some observations from Bandura's own report where he noted how some children reacted with surprise to acts of aggression. Specifically, children tended to comment on the ways in which female aggressive adult models violated sex role norms. One remarked, for example, 'Who is that lady? That's not the way for a lady to behave. Ladies are supposed to act like ladies ...' and 'You should have seen what that girl did in there. She was acting just like a man'. Although gendered expectations for physical aggression no doubt exist today, Bandura's study may be dated not only in approach to research ethics, but also to its attitudes to women's and men's behaviour.



Bobo Doll from: <http://www.oxfordschoolblogs.co.uk/psychcompanion/blog/tag/bobo/>

Peers, especially deviant peers, can encourage other children's aggressive tendencies. Researchers have found that if a child's friends engage in disruptive behaviour (e.g. disobedience or truancy), the child is more likely to engage in either overt delinquent behaviour (e.g. fighting) or covert delinquent behaviour (e.g. stealing) both concurrently and a year later (Keenan *et al.*,

1995; Thornberry *et al.*, 2003). Displays of aggressive behaviour may also depend upon how far a young person feels part of a group, or how visible he or she is within a group (Ellis & Zarbatany, 2007). Peer group influence can become more marked in adolescence. There is some evidence suggesting that in adolescence children (especially boys) are, in fact, rather tolerant of indirect aggression – sometimes, it is even associated with greater peer acceptance and popularity (Salmivalli, Kaukiainen & Lagerspetz, 2000).

Other environmental conditions such as living in a poor, high-crime neighbourhood increase children's aggression, but these effects interact with other social contextual factors such as family functioning which, in turn, is associated with poverty and unemployment. In study of children with an average age of 9 years, Kupersmidt *et al.* (1995) found that living in a middle-class neighbourhood acted as a protective factor in limiting the aggression displayed by children from high-risk families. However, there was a downside: these children tended to be more likely to be rejected by their peers, perhaps because their backgrounds and behaviour did not conform to the norms within the wider community.

Control of aggression

How can we control children's aggression? One of the most persistent beliefs about aggression is that if people have ample opportunity to engage in aggressive acts they will be less likely to act on hostile aggressive urges. This process, whether it is actual or symbolic, is known as

catharsis Discharging aggressive impulses by engaging in actual or symbolic aggressive acts that do not impinge on another person.

catharsis. The central idea is that if aggressive urges build up in an individual a violent outburst will occur, unless this accumulating reservoir of aggressive energy is drained. The implications are clear: provide people with a safe opportunity to behave aggressively, and the likelihood of antisocial aggression will be reduced. In clinical circles, there is widespread belief in catharsis. People are often encouraged to express aggression in group therapy sessions. There are punching bags on many wards in mental hospitals and Bobo dolls, pounding boards, and toy guns and knives in play therapy rooms.

However, most studies suggest that aggressive experiences may promote rather than 'drain off' aggressive urges. In a classic test of the issue, Mallick and McCandless (1966) allowed third-grade children to shoot a toy gun after being frustrated by a peer who interfered with a task they were working on. Another group of children were allowed to work on arithmetic problems after the peer upset them. Then all the children were given a chance to express their aggression towards the peer who had upset them. The researchers used a rigged procedure in which children thought they were delivering a shock to the other child; in reality, of course, they were not delivering shocks to anyone. Whether the children, after being frustrated by the peer, had shot the toy gun or worked on math problems made little difference in their delivery of 'shocks'. Thus, catharsis did not explain any reduction in aggression.

Another group of methods that have been suggested to reduce aggressive behaviour are described as *cognitive modification strategies*. According to the social information-processing approach to aggression, aggressive children may behave in a hostile and inappropriate fashion because they are **socially unskilled**; that is, they're not very good at solving interpersonal problems (Dodge *et al.*, 2006). In several studies, researchers who asked children and adolescents to come up with solutions to conflict problems in social situations found that aggressive participants in the studies offered fewer solutions than their non-aggressive peers (Crick & Dodge, 1994; Gifford-Smith & Rabiner, 2004).

Moreover, the proposals that aggressive children and adolescents suggested were generally less effective than those less aggressive individuals offered.

Making aggressive children and adolescents aware of the negative consequences of aggression for themselves and others through modelling and explanations can reduce aggression, and teaching and encouraging children to use alternative problem-solving behaviours such as cooperation or turn taking have also been found to reduce aggression (Chittenden, 1942; Guerra *et al.*, 1997). One study found that teaching children how to read another person's behaviour more

socially unskilled Being unskilled at solving interpersonal problems.

accurately – especially helping them to reduce if not wholly give up their biases towards making hostile attributions about other people and their behaviour – led to a decrease in aggression among African-American boys (Hudley & Graham, 1993). This approach is especially effective with reactively aggressive children, who are poor at reading other people's intentions. Empathy and sympathy also play important roles in the control of aggression. There is a clear link between sympathy, empathy and lower levels of aggression in children, as well as less delinquency in adolescents (Laible *et al.*, 2000; Strayer & Roberts, 2004). Training children and adolescents to be more empathic and sensitive to the views, perspectives and feelings of others can be an effective way of reducing their aggression (Guerra *et al.*, 1997).

Some psychologists are putting these findings into practical use. Curricula have been developed to improve the social problem-solving skills of aggressive children, and some success has been reported in studies in both the United States and Sweden (Weissberg & Greenberg, 1998; Stevahn *et al.*, 2000). Researchers found that when teachers taught lessons in conflict resolution to their 6 and 12 year olds, these children were less aggressive over time (Aber *et al.*, 2003). The children made fewer hostile attributions, showed fewer conduct problems, and exhibited less aggressive behaviour and more prosocial behaviour. Box 14-6 describes an example of a successful school-based intervention programme.

APPLIED DEVELOPMENTAL PSYCHOLOGY

BOX 14-6

Reducing bullying in schools

Bullying is a worldwide problem (Smith *et al.*, 2004). What is bullying? 'Bullying is aggression directed repeatedly and specifically towards a specific victim who is, in most cases, weaker than the bully' (Schneider, 2000, p. 106). Between 15% and 30% of children report being victims of bullying (Fonzi *et al.*, 1999; Smith *et al.*, 2004). In fact, according to a Canadian observational study (Craig & Pepler, 1997), an incident of bullying occurs every seven minutes in a typical school. Physical or direct bullying (e.g. pushing, hitting) occurs more often among boys, whereas verbal or indirect bullying (e.g. name-calling, excluding others) is more common among girls. Bullying increases through the early years of schooling, up to adolescence and beyond. Bullying in the workplace is increasingly a concern. Not only is bullying hurtful to children who experience it at the time; both bullying and being bullied are related to poorer emotional and social adjustment (Juvonen *et al.*, 2003).



Verbal 'or indirect' bullying is more common among girls.

Source: © sjlocke

What can be done about this problem? One of the most ambitious efforts comes from Dan Olweus (1993), who launched a nationwide campaign to reduce bullying in schools in Norway and Sweden. The programme enunciated four primary goals: (1) increase awareness of the problem of aggression among the general public and provide schools with information to increase their knowledge about aggressive behaviour; (2) get teachers and parents actively involved in the programme; (3) develop clear classroom rules to combat aggressive behaviour, such as *We will not bully others*; *We will help students who suffer bullying by others*; *We will include students who have been excluded*, and (4) provide support and protection for the victims of aggression.

Because it is well known that parents, teachers and children themselves may all contribute to the levels and kinds of aggressive behaviour children display, the programme was designed to target all three groups. The programme's main components were as follows.

- A booklet was prepared for school personnel that described the nature and scope of aggression in the schools and that offered practical suggestions about what teachers and other school personnel could do to control or prevent aggressive behaviour. For example, the booklet stressed the importance of increasing not only teachers' awareness of their responsibility to control interpersonal aggression in school but the awareness of other adult personnel as well and the importance of providing more adequate supervision of students during play times.

Continued

The booklet encouraged teachers to intervene in bullying situations, and to give students the clear message that 'aggression is not acceptable in our school'. In addition, the booklet's guidelines advised teachers to initiate serious talks with victims, their aggressors and the children's parents if aggressive attacks persisted.

- A four-page folder was designed to address all parents, giving them basic information and in particular offering assistance to parents of both victims and aggressors.
- A video cassette was prepared, showing episodes from the everyday lives of two children who were victims of aggressive attacks.
- Students were asked to fill out a short questionnaire anonymously, providing information about the frequency of aggressor/victim problems in the school and describing the ways teachers and parents had responded, including how aware they were of the problem and how ready to take action to deal with it.

Although the programme was made available to all schools in Norway and Sweden, the researchers based their detailed evaluation of its effectiveness on data from about 2500 children in classes in 42 primary and junior high schools in Bergen, Norway. Did this multilevel cross-national campaign aimed at reducing aggression work? The answer was clearly yes.

Both 8 and 20 months after the intervention programme was initiated, the levels of aggressive behaviour the researchers reported were markedly reduced. Fewer children reported being attacked by others, and fewer children reported that they themselves had acted aggressively. Peer ratings told a similar story: classmates reported that both the 'number of students being bullied in the class' and 'the number of students bullying others' showed a marked drop. In addition, general antisocial behaviour such as vandalism, theft and truancy declined significantly, and student satisfaction with school life rose appreciably. Similar programmes have been launched in many countries with at least some success (Juvonen *et al.*, 2003; Smith *et al.*, 2004). Although we can't be sure just which aspects of these programmes (class rules, teacher awareness, parental intervention) were most important in achieving these effects, intervention clearly can make a difference in reducing this worrisome problem.

SUMMARY

The socialization of moral beliefs and behaviour is one of the main tasks in all cultures. Psychological research has focused on the three basic components of morality: cognitive, behavioural and emotional. Piaget proposed a three-stage approach: the *premoral stage*, the stage of *moral realism*, and the stage ruled by a *morality of reciprocity*, also called *autonomous morality*. Moral absolutism characterizes moral realism. In contrast, children in the stage of reciprocity recognize intentionality and the arbitrariness of social rules in their moral judgements. For Piaget, the essence of morality consisted in children's understanding of social relations and the rules that guided conduct within them.

Kohlberg proposed a theory of the development of moral judgement in which each of three levels contains two stages. The order of development is fixed and invariant, and movement is generally from lower levels – the *preconventional* and *conventional levels* – towards a higher one: postconventional level. Moral judgements continue to develop into adulthood, but few individuals reach the most advanced level (Stages 5 and 6). Gilligan suggested that Kohlberg's model emphasizes a masculine orientation, focusing on rights and logic, whereas an interpersonal and caring orientation may more accurately describe women's moral reasoning and judgements. Kohlberg's theory may be flawed in some ways. The theory's third level is controversial; relatively few people reach this level and, in particular, the sixth stage of moral reasoning. In addition, cross-cultural research suggests that Kohlberg's theory is culture-bound. *Social-convention rules*, such as table manners and forms of address, are distinct from moral rules and follow a different developmental course; in fact, children learn quite early to distinguish these kinds of rules from each other. Moral judgements do not always lead to moral behaviour, particularly among very young children.

Self-regulation, the ability to inhibit one's impulses and to behave according to social or moral rules, proceeds through three stages: the *control phase*, the *self-control phase* and the *self-regulation phase*. In the latter phase, children become capable of *delaying gratification*. Children can learn to use strategies and plans to help them postpone rewards and attend to a task at hand. The development of *conscience* is linked with children's



achievement of self-regulatory capacities. Both self-regulation and conscience are linked with mother–child relationships that are positive, responsive and cooperative.

Prosocial behaviour begins very early; helping, sharing and exhibiting emotional reactions to the distress of others appear in the first and second years of life. *Altruism* may also appear quite early. Parents influence the emergence of *altruistic behaviour* by their direct teaching in ‘distress’ situations, by providing models, and by arranging for opportunities to behave in prosocial ways. Girls tend to be more prosocial than boys, but gender differences depend on the type of prosocial behaviour being expressed. Children’s *prosocial reasoning* evolves over time through a number of stages, including *hedonistic reasoning* and *needs-orientated reasoning*, as values and norms become increasingly internalized.

Aggression undergoes important developmental shifts: younger children show more *instrumental aggression*, whereas older children display more person-orientated or *hostile aggression*. Children’s ability to correctly infer intent in others – which varies among individual children – may account, in part, for these shifts. *Proactive aggression*, which is used to dominate another person, decreases across development more than *reactive aggression*, which occurs in response to being attacked. The expression of aggression changes over time, becoming more verbal as children mature, but the amount and quality of aggression remain fairly stable. Clear gender differences in aggression are evident, with boys instigating and retaliating more than girls. Girls are more likely to use *relational aggression* than boys, who are more likely to use physical aggression. Aggression is moderately stable over age for both sexes.

Certain parental disciplinary practices, especially ineffectual and erratic physical punishment, contribute to high levels of aggression in children. Lack of parental monitoring of children is another contributor to later aggressive behaviour or even serious delinquency. Biological influences on aggression include genetic, temperamental and hormonal factors. All of these factors find expression in interaction with the environment. Association with deviant peers can increase the possibility that a child will engage in aggressive or delinquent activities. Poverty and high-crime neighbourhoods can also promote aggressive behaviour.

Catharsis theory, the belief that behaving aggressively against a safe target can reduce aggression, has been seriously challenged by research evidence. Strategies that involve cognitive modification may be more successful. Some aggressive children who are *socially unskilled* may be helped to learn more prosocial behaviours through teaching them how to read others’ behaviour more accurately and encouraging them to be more sensitive to the views and feelings of others. Increasing children’s awareness of the harmful effects of aggression is an effective control technique, as are eliciting cooperation and improving the problem-solving skills of aggressive children.

EXPLORE AND DISCUSS

1. Are there two moral worlds: one where children feel obliged to obey the rules of adults, and one where they can act more freely and make moral judgements for themselves?
2. Morality has behavioural, emotional and cognitive components. When a child is confronted with a moral problem, how do you think each of these components comes into play?
3. Altruistic behaviour involves helping or assisting others. Do you think acting in this manner has a positive effect on the actor? On the person receiving the help? Explain your answers.
4. Do children ‘learn’ aggression by watching adults behaving aggressively?
5. Violence in schools has received a great deal of attention in the mass media. How can we explain and reduce bullying?



RECOMMENDED READING

Classic

Bandura, A., Ross, D. & Ross, S.A. (1961) Transmission of aggression through imitation of aggressive behaviours. *Journal of Abnormal and Social Psychology*, 63, 575–582.

Kohlberg, L. (1969) Stages and sequences: the cognitive development approach to socialization. In Goslin, D.A. (ed.) *Handbook of socialization theory of research*. Chicago, IL: Rand McNally, pp. 347–480.

Piaget, J. (1932) *The moral judgement of the child*. London: Routledge & Kegan Paul.

Contemporary

Eisenberg, N., Morris, A.S., McDaniels, B. & Spinrad, T.L. (2009) Moral cognitions and prosocial responding in adolescence. *Handbook of adolescent psychology*. Wiley.

Haidt, J. (2001) The emotional dog and its rational tail: A social intuitionist approach to moral judgement. *Psychological Review*, 108, 814–834.

Salmivalli, C. & Nieminen, E. (2002) Proactive and reactive aggression among school bullies, victims, and bully victims. *Aggressive Behaviour*, 28, 30–44.



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