

# 11

CHAPTER

# Self and Personality



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**FOR TOM CRUISE**, childhood was a painful period; he was abused by his father, diagnosed as dyslexic, regularly beaten up by bullies. A turning point in his life came when his mother finally stood up to his father and divorced him, teaching Cruise this lesson: "People can create their own lives," he said. "I saw how my mother created

hers and so made it possible for us to survive. . . . And I decided that I'm going to create, for myself, who I am, not what other people say I should be" (Rader, 2006, p. 7). After contemplating the priesthood, Cruise took a role in a student production at his high school, set off for New York, and in 2 years, at age 21, became a star

when the film *Risky Business* became a big success. Now a father and happy with Katie Holmes after two failed marriages, Cruise says he defines happiness this way: "It's being able to confront and overcome problems. It's not running away but trying to see life in its full glory" (Rader, 2006, p. 8).



Tom Cruise and Katie Holmes.



## 11.1 CONCEPTUALIZING THE SELF AND PERSONALITY

**Personality** is often defined as an organized combination of attributes, motives, values, and behaviors unique to each individual. Most people describe personalities in terms of relatively enduring personality traits such as sociability, independence, dominance, and so on. As you will see, though, there is more to personality than traits.

When you describe yourself, you may not be describing your personality so much as revealing your **self-concept**—your perceptions, positive or negative, of your unique attributes and traits as a person. We all know people who seem to have unrealistic self-conceptions—the fellow who thinks he is "God's gift to women" (who do not agree) or the woman who believes she is a dull plodder (but is actually brilliant). A closely related aspect of self-perception is **self-esteem**—your overall evaluation of your worth as a person, high or low, based on all the positive and negative self-perceptions that make up your self-concept. Self-concept is about "what I am," whereas self-esteem concerns "how good I am" (Harter, 1999). This chapter examines how self-concept and self-esteem change and remain the same over the life span. It also takes up the question of how adolescents pull together their various self-perceptions to form an **identity**—an overall sense of who they are, where they are heading, and where they fit into society.

### Principles of Personality Development

Dan McAdams and Jennifer Pals (2006) have outlined five principles that they believe define personality. They start with the assumption that each of us is in some ways like all other humans, in some ways like only some other humans (for example, the extraverts or the introverts), and in some ways unique. They suggest that to understand personality we must understand the following:

1. We all share a *human nature* that has been shaped by evolution and has helped humans adapt to their environments.
2. We differ from each other in **dispositional traits**, broad and relatively stable dimensions of personality such as extraversion–introversion along which humans differ in their thinking, feeling, and behavior.

Here is one human, Tom Cruise, putting together the life story that defines him as a unique person who overcame challenges to find out who he was. How would you tell your life story? Who are you, how have you changed over the years, and what do you think you will be like 20 years from now?

This chapter is about the self and the personality and the ways in which personalities, and perceptions of those personalities, change—and remain the same—over the life span. It is, in other words, about the issue of continuity (stability) and discontinuity (change) in human development (see Chapter 2). It is also about influences on and implications of our self-concepts and personalities. We begin by clarifying some terms and laying out key theoretical perspectives.

3. We also differ in **characteristic adaptations**, more situation-specific and changeable ways in which people adapt to their roles and environments, including motives, goals, plans, schemas, self-conceptions, stage-specific concerns, and coping mechanisms.

4. We differ too in **narrative identities**, unique and integrative “life stories” that we construct about our pasts and futures to give ourselves an identity and our lives meaning.

5. *Cultural and situational influences* help shape all of these aspects of personality; they have their weakest effects on dispositional traits and strongest effects on narrative identities or life stories.

Personality, then, includes ways in which we are like all other people (human nature), like some other people (those with similar dispositional traits and characteristic adaptations), and like no one else on the planet (with our unique life stories), as influenced by cultural and situational factors. As McAdams and Pals sum it up, “Personality is an individual’s unique variation on the general evolutionary design for human nature, expressed as a developing pattern of dispositional traits, characteristic adaptations, and integrative life stories complexly and differentially situated in culture (2006, p. 212).

## Theories of Personality

Although these five principles give us a starting point, there are different perspectives on the nature of personality development and how to study it. Consider some striking differences among these three major theoretical perspectives: psychoanalytic theory, trait theory, and social learning theory.

### Psychoanalytic Theory

Psychoanalytic theorists generally use in-depth interviews, dream analysis, and similar techniques to get below the surface of the person and her behavior and to understand the inner dynamics of personality. As you will recall from Chapter 2, Sigmund Freud believed that biological urges residing within the id push all children through universal stages of psychosexual development, starting with the oral stage of infancy and ending with the genital stage of adolescence. Freud did not see psychosexual growth continuing during adulthood. Indeed he believed that the personality was formed during the first 5 years of life and showed considerable continuity thereafter. Anxieties arising from harsh parenting, overindulgence, or other unfavorable early experiences, he said, would leave a permanent mark on the personality and reveal themselves in adult personality traits.

The psychosocial theory of personality development formulated by neo-Freudian Erik Erikson was also introduced in Chapter 2 and will be highlighted in this chapter. Like Freud, Erikson concerned himself with the inner dynamics of personality and proposed that the personality evolves through systematic stages that confront people with different challenges (Erikson 1963, 1968, 1982). Compared with Freud, however, Erikson placed more emphasis on social influences such as

peers, teachers, and cultures; the rational ego and its adaptive powers; possibilities for overcoming the effects of harmful early experiences; and the potential for growth during the adult years.

Erikson clearly did not agree with Freud that the personality is largely formed by the end of early childhood; he appreciated possibilities for personality change and development throughout the life span. Yet Freud, Erikson, and other psychoanalytic theorists agreed on this: *People everywhere progress through the same stages of personality development, undergoing similar personality changes at similar ages.*

### Trait Theory

The approach to personality that has most strongly influenced efforts to study it is trait theory, based on the psychometric approach that guided the development of intelligence tests (see Chapter 9). According to trait theorists, personality is a set of trait dimensions or continua along which people can differ (for example, sociable–unsociable, responsible–irresponsible). (You may want to complete the brief personality scale in the Explorations box before reading further.) To identify distinct trait dimensions, researchers construct personality scales and use the statistical technique of factor analysis to identify groupings of personality scale items that are correlated with each other but not with other groupings of items. Trait theorists assume that personality traits are relatively enduring; like psychoanalytic theorists, they expect to see carryover in personality over the years. Unlike psychoanalytic theorists, however, they do not believe that the personality unfolds in a series of stages.

How many personality trait dimensions are there? Just as scholars have disagreed about how many distinct mental abilities exist, they have disagreed about how many personality dimensions exist. However, a consensus has been forming around the idea that human personalities can be described in terms of a five-factor model, with five major dimensions of personality that have come to be called the **Big Five** (Digman, 1990; McCrae & Costa, 2003). These five personality dimensions—openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism—are described in ● **Table 11.1**. If you score the personality scale in the Explorations box, you will get a rough sense of where you fall on the Big Five trait dimensions.

Evidence suggests that all five of the Big Five trait dimensions are genetically influenced and emerge early in life, as we will see (McCrae & Costa, 2003; Krueger, Johnson, & Kling, 2006). The Big Five also seem to be universal; they capture personality differences in a variety of cultures (McCrae, 2004; McCrae et al., 2000). This is true even though levels of Big Five traits differ from culture to culture (for example, Europeans appear to be more extroverted on average than Asians or Africans) and even though traits may be expressed differently in different cultures (as when a Chinese extravert smiles to convey happiness but an American one like Tom Cruise jumps up and down). You will soon see what happens to these trait dimensions as we age.

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● TABLE 11.1 THE BIG FIVE PERSONALITY DIMENSIONS

| DIMENSION              | BASIC DEFINITION  | KEY CHARACTERISTICS   |
|------------------------|---|---|
| Openness to experience | Curiosity and interest in variety vs. preference for sameness | Openness to fantasy, esthetics, feelings, actions, ideas, values                        |
| Conscientiousness      | Discipline and organization vs. lack of seriousness           | Competence, order, dutifulness, striving for achievement, self-discipline, deliberation |
| Extraversion           | Sociability and outgoingness vs. introversion                 | Warmth, gregariousness, assertiveness, activity, excitement seeking, positive emotions  |
| Agreeableness          | Compliance and cooperativeness vs. suspiciousness             | Trust, straightforwardness, altruism, compliance, modesty, tender-mindedness            |
| Neuroticism            | Emotional instability vs. stability                           | Anxiety, hostility, depression, self-consciousness, impulsiveness, vulnerability        |

As a mnemonic device, notice that the first letters of the five dimensions spell *ocean*.  
SOURCE: Adapted from Costa & McCrae (1992).

### Social Learning Theory

Finally, social learning (or social cognitive) theorists such as Albert Bandura (1986; and see Chapter 2) and Walter Mischel (1973; Shoda & Mischel, 2000) not only reject the notion of universal stages of personality development but also have questioned the existence of enduring personality traits that show themselves in a variety of situations and over long stretches of the life span. Instead, they emphasize that people change if their environments change. An aggressive boy can become a warm and caring man if his aggression is no longer reinforced;

a woman who has been socially withdrawn can become more outgoing if she begins to socialize with friends who serve as models of outgoing, sociable behavior. From this perspective, personality is a set of behavioral tendencies shaped by interactions with other people in specific social situations.

Social learning theorists believe strongly in situational influences on behavior (Shoda & Mischel, 2000). They argue that consistency over time in personality is most likely if the social environment remains the same. Thus, if Rick the rancher continues to run the same ranch in the same small town for a lifetime, he might stay the “same old Rick.” However, most of

us experience changes in our social environments as we become older. Just as we behave differently when we are in a library than when we are in a bar, we become “different people” as we take on new roles, develop new relationships, or move to new locations.

An excellent example of this principle comes from research on the relationship between birth order and personality. How would you characterize firstborns? Second-borns? Last-borns? Many of us have strong beliefs about the differences; we think of firstborns as bossy and dominant, for example, and last-borns as rebellious and spoiled. Yet most research reveals few consistent differences between the personalities of firstborns and later-borns (Harris, 2000b). Why might we be misled into thinking such differences exist? Judith Rich Harris (2000b, 2006) notes that we see members of our families in a family context and observe real differences in personality *in that context*. Firstborns often *are* bossy and younger siblings may be rebellious when firstborns baby-sit younger siblings, for example. However, the differences in personality are created by the family context and do not necessarily carry over into other situations. The same firstborn may not be bossy in interactions with peers who are similar in age and competence and cannot be pushed around as easily as younger brothers and sisters. Different context, different personality.

This chapter explores continuity and discontinuity in self-conceptions and personality traits across the life span. When do infants become aware of themselves as unique individuals, and when do they begin to display unique personalities? What influences how children perceive and evaluate themselves, and to what extent can we detect in them the personalities they will have as adults? How do adolescents go about finding their identities as individuals? Finally, do people’s personalities and self-perceptions change systematically over the adult years, or do they remain essentially the same, and what does it all mean for their career development and adjustment?

## SUMMING UP

- Personality is an organized combination of attributes unique to the individual; self-concept is an individual’s perception of those attributes; self-esteem is an overall evaluation of self worth; and identity is an overall sense of who one is and how one fits with others.
- The five principles of personality of McAdams and Pals call attention to evolved human nature, dispositional traits, characteristic adaptations, unique narrative identities or life stories, and cultural and situational influences on personality.
- Psychoanalytic theorists explore inner dynamics of personality and universal, age-related personality changes, with Freud believing that the personality emerges in the first 5 years of life but Erikson seeing stagelike changes throughout the life span.
- Trait theorists emphasize the continuity of major dimensions of personality such as the Big Five, whereas social learning theorists question the existence of traits and call attention to the potential for discontinuity in personality caused by environmental change.

## CRITICAL THINKING

1. Sketch out a few major characteristics of your own personality in terms of these three components: dispositional traits, characteristic adaptations, and life story or narrative identity.
2. What might a psychoanalytic theorist and a social learning theorist have to say about how you got to be the way you are and what your personality will be like 20 years from now?

## 11.2 THE INFANT

When do infants display an awareness that they exist and a sense of themselves as distinct individuals? We will explore this issue and then look at infants’ unique “personalities.”

### The Emerging Self

Infants may be born without a sense of self, but they quickly develop an implicit, if not conscious, sense of self through their perceptions of their bodies and actions (Rochat & Striano, 2000). The capacity to differentiate self from world becomes even more apparent in the first 2 or 3 months of life as infants discover that they can cause things to happen. For example, 2-month-old infants whose arms are connected by strings to audiovisual equipment delight in producing the sight of a smiling infant’s face and the theme from *Sesame Street* by pulling the strings (Lewis, Alessandri, & Sullivan, 1990). When the strings are disconnected and they can no longer produce such effects, they pull harder and become frustrated and angry. Over the first 6 months of life, then, infants discover properties of their physical selves, distinguish between the self and the rest of the world, and appreciate that they can act upon other people and objects (Thompson, 1998).

In the second half of their first year, infants realize that they and their companions are separate beings with different perspectives, ones that can be shared (Thompson, 1998). This is illustrated by the phenomenon of *joint attention*, in which infants about 9 months or older and their caregivers share perceptual experiences by looking at the same object at the same time (Mitchell, 1997; Mundy & Aera, 2006). When an infant points at an object and looks toward her companions in an effort to focus their attention on the object, she shows awareness that self and other do not always share the same perceptions.

Around 18 months, infants recognize themselves visually as distinct individuals. To establish this, Michael Lewis and Jeanne Brooks-Gunn (1979) used an ingenious technique first used with chimpanzees to study *self-recognition*—the ability to recognize oneself in a mirror or photograph. Mother daubs a spot of blush or rouge on an infant’s nose and then places the infant in front of a mirror. If the infant has some mental image of his own face and recognizes his mirror image as himself, he should soon notice the red spot and reach for or wipe his own nose rather than the nose of the mirror image.

When infants 9 to 24 months old were given this mirror test, the youngest infants showed no self-recognition: they seemed to treat the image in the mirror as if it were “some other kid.” Some 15-month-olds recognized themselves, but only among 18- to 24-month-olds did most infants show clear evidence of self-recognition. They touched their noses rather than the mirror, apparently realizing that they had a strange mark on their faces that warranted investigation. They knew exactly who that kid in the mirror was. At the time they first pass the “mirror test” of self-recognition, infants also take more interest in watching a video of themselves than in watching a video of another infant (Nielsen, Dissanayake, & Kashima, 2003).

As babies develop, they also form a **categorical self**; that is, they classify themselves into social categories based on age, sex, and other visible characteristics, figuring out what is “like me” and what is “not like me.” Before they are 18 months old, toddlers can tell themselves apart from toddlers of the other sex or from older individuals but are less able to distinguish between photos of themselves and photos of other infants of the same sex. As they approach age 2, they also master this task (Brooks-Gunn & Lewis, 1981; Lewis & Brooks-Gunn, 1979). By 18 to 24 months, then, most infants have an awareness of who they



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Does this boy know that he is the fascinating tot in the mirror? Probably not if he is younger than 18 months, which is about when self-recognition is mastered by most toddlers.

are—at least as a physical self with a unique appearance and as a categorical self belonging to specific age and gender categories. They even begin to use their emerging language skills to talk about themselves and to construct stories about events in their lives, past and present (Thompson, 1998).

What contributes to self-awareness in infancy? First, the ability to recognize the self depends on *cognitive development* (Bertenthal & Fischer, 1978). Mentally retarded children are slow to recognize themselves in a mirror but can do so once they have attained a mental age of at least 18 months (Hill & Tomlin, 1981). Second, self-awareness depends on *social experiences*. Chimpanzees who have been raised without contact with other chimps fail to recognize themselves in a mirror as normal chimps do (Gallup, 1979). Moreover, human toddlers who have formed secure attachments to their parents are better able to recognize themselves in a mirror and know more about their names and genders than do toddlers whose relationships are less secure, further evidence that a sense of self grows out of social relationships (Pipp, Easterbrooks, & Harmon, 1992).

The critical role of social interaction in the development of the self was appreciated long ago by Charles Cooley (1902) and George Herbert Mead (1934). Cooley used the term **looking-glass self** to emphasize that our understanding of self is a reflection of how other people view and respond to us; that is, our self-concepts are the images cast by a social mirror.



AP Photo/National Academy of Sciences. Courtesy of Joshua Plotnik, Frans de Waal, and Diana Reiss

Humans, apes, dolphins, and elephants are all known to be capable of empathy and altruistic behavior when a companion needs help, attributes which are believed to require some degree of self-awareness and an ability to draw on knowledge of self to make inferences about companions. Because all but elephants had been shown to be self-aware, as judged by the ability to recognize themselves in a mirror, Joshua Plotnik, Frans de Waal, and Diana Reiss (2006) tried the mirror self-recognition task on elephants by installing a huge mirror at the Bronx Zoo. The result? The three elephants tested all took good looks inside their mouths in front of the mirror and one touched her trunk repeatedly to a white X planted on her cheek—evidence of mirror self-recognition in at least one elephant.

Through their actions and words, parents and other companions communicate to infants that they are babies and are either girls or boys. Later, social feedback helps children determine what they are like and what they can and cannot do well. Throughout life, we forge new self-concepts from the social feedback we receive, good and bad (Harter, 1999). Thus the development of the self is closely related to both cognitive development and social interaction, beginning in infancy.

Awareness of the self paves the way for many important emotional and social developments. Toddlers who recognize themselves in the mirror are more able than those who do not to talk about themselves and to assert their wills (DesRosiers et al., 1999). They are more likely to experience self-conscious emotions such as embarrassment—for example, if asked to show off by dancing in front of strangers (Lewis et al., 1989). Toddlers who have gained self-awareness are also more able to coordinate their own perspectives with those of other individuals—for example, to communicate with their playmates by imitating their actions (Asendorpf, Warkentin, & Baudonnière, 1996), to cooperate with peers to achieve common goals such as retrieving toys from containers (Brownell & Carriger, 1990), and to empathize with peers in distress (Eisenberg, Spinrad, & Sadovsky, 2006).

## Temperament

Even though it takes infants some time to become aware of themselves as individuals, they are individuals with distinctive personalities from the first weeks of life. The study of infant personality has centered on dimensions of **temperament**—early, genetically based tendencies to respond in predictable ways to events that serve as the building blocks of personality (see Rothbart & Bates, 2006). Learning theorists have tended to view babies as “blank slates” who can be shaped in any number of directions by their experiences. However, it is now clear that babies differ from the start in basic response tendencies. Temperament has been defined and measured in several ways, each of which gives us insights into baby personality (Rothbart & Bates, 2006).

### Easiness and Difficulty

One of the first attempts to characterize infant temperaments was the influential work of Alexander Thomas, Stella Chess, and their colleagues (Chess & Thomas, 1999; Thomas & Chess, 1986). These researchers gathered information about nine dimensions of infant behavior, including typical mood, regularity or predictability of biological functions such as feeding and sleeping habits, tendency to approach or withdraw from new stimuli, intensity of emotional reactions, and adaptability to new experiences and changes in routine. Based on the overall patterning of these temperamental qualities, most infants could be placed into one of three categories:

- **Easy temperament.** Easy infants are even tempered, typically content or happy, and open and adaptable to new

experiences such as the approach of a stranger or their first taste of strained plums. They have regular feeding and sleeping habits, and they tolerate frustrations and discomforts.

- **Difficult temperament.** Difficult infants are active, irritable, and irregular in their habits. They often react negatively (and vigorously) to changes in routine and are slow to adapt to new people or situations. They cry frequently and loudly and often have tantrums when they are frustrated by such events as being restrained or having to live with a dirty diaper.
- **Slow-to-warm-up temperament.** Slow-to-warm-up infants are relatively inactive, somewhat moody, and only moderately regular in their daily schedules. Like difficult infants, they are slow to adapt to new people and situations, but they typically respond in mildly, rather than intensely, negative ways. For example, they may resist cuddling by looking away from the cuddler rather than by kicking or screaming. They eventually adjust, showing a quiet interest in new foods, people, or places.

Of the infants in Thomas and Chess’s longitudinal study of temperament, 40% were easy infants, 10% were difficult infants, and 15% were slow-to-warm-up infants. The remaining third could not be clearly placed in one category because they shared qualities of two or more categories. Thomas and Chess went on to study the extent of continuity and discontinuity in temperament from infancy to early adulthood (Chess & Thomas, 1984; Thomas & Chess, 1986). Difficult infants who had fussed when they could not have more milk often became children who fell apart if they could not work mathematics problems correctly. By adulthood, however, an individual’s adjustment had little to do with her temperament during infancy, suggesting a good deal of discontinuity over this long time span (Guerin et al., 2003).

### Behavioral Inhibition

Jerome Kagan and his colleagues identified another aspect of early temperament that they believe is highly significant—**behavioral inhibition**, or the tendency to be extremely shy, restrained, and distressed in response to unfamiliar people and situations as opposed to uninhibited (Kagan, 1994; Kagan & Snidman, 2004; Reznick et al., 1986). In the language of the Big Five personality dimensions, inhibited children could be considered high in neuroticism and low in extraversion. Kagan (1989) estimates that about 15% of toddlers have this inhibited temperament, whereas 10% are extremely uninhibited, exceptionally eager to jump into new situations.

At 4 months, infants who will turn into inhibited toddlers wriggle and fuss and fret more than most infants in response to new sights and sounds such as a moving mobile (Fox et al., 2001). At 21 months, they take a long time to warm up to a strange examiner, retreat from unfamiliar objects such as a large robot, and fret and cling to their mothers, whereas uninhibited toddlers readily and enthusiastically engage with strang-

ers, robots, and all manner of new experiences (Kagan, 1994). As children, uninhibited youngsters are shy in a group of strange peers and afraid to try a balance beam. And of the children who had maintained the same temperament from age 2 to age 7, about half still had the same temperament as young adolescents, suggesting a fair amount of continuity in this dimension of temperament (Kagan, 1994).

Kagan and his colleagues have concluded that behavioral inhibition is biologically rooted. They have found that youngsters with an inhibited temperament show distinctive physiological reactions to novel events; for example, they become highly aroused (as indicated by high heart rates) in situations that barely faze other children (Kagan, 1994). Even as adults, individuals who were inhibited toddlers show stronger responses to novel faces in the part of the brain called the amygdala than do adults who were uninhibited early in life, whereas they respond no differently to familiar faces (Schwartz et al., 2003). The excitability of behaviorally inhibited children in response to novelty is probably genetically influenced. In one study (DiLalla, Kagan, & Reznick, 1994), the correlation between the inhibition scores of identical twins was strong (+0.82), and that for fraternal twins only moderate (+0.47). Possibly then, genes affect temperament by influencing the development of the nervous system and the way it responds to stimuli.

Behavioral inhibition is a risk factor for later anxiety disorders (Fox et al., 2005), but genes and environment interact to determine outcomes. If the parents of inhibited children overprotect their sensitive children from stress, or if they become angry and impatient with their timid children's behavior, these children do not learn to control their inhibition as they develop and they remain inhibited (Kagan, 1994). By contrast, when parents prepare inhibited youngsters for potentially upsetting experiences, then make reasonable but firm demands that they cope, early inhibition may be overcome.

### Surgency, Negative Affect, and Effortful Control

Finally, Mary Rothbart and her colleagues (Rothbart, Ahadi, & Evans, 2000; Rothbart & Derryberry, 2002; Putnam, Gartstein, & Rothbart, 2006) have defined infant temperament in terms of emotional reactions and the control or regulation of such reactions. They have identified three dimensions of temperament, the first two evident from infancy, the last emerging more clearly in toddlerhood or early childhood:

- **Surgency/extraversion**—the tendency to actively and energetically approach new experiences in an emotionally positive way (rather than to be inhibited and withdrawn)
- **Negative affectivity**—the tendency to be sad, fearful, easily frustrated, and irritable (as opposed to laid back and adaptable)
- **Effortful control**—the ability to sustain attention, control one's behavior, and regulate one's emotions (as opposed to an inability to regulate one's arousal and stay calm and focused)

● Table 11.2 shows the different ways of describing infant temperaments we have described. There are some clear similarities. Today, Rothbart's dimensions of temperament have become especially influential, probably because research suggests they share similarities with the Big Five dimensions used to describe adult personality. Surgency/extraversion clearly matches up with extraversion (and perhaps agreeableness too), negative affectivity with neuroticism, and effortful control with conscientiousness. Researchers have had difficulty confirming the dimensions of temperament (easy, difficult, slow to warm up) identified by Thomas and Chess, but accumulating evidence suggests that Rothbart and her colleagues are on the right track and that there are meaningful connections between temperament in infancy and early childhood and personality later in life (Saucier & Simonds, 2006; Shiner, 2006).

### Goodness of Fit

Differences in temperament appear to be rooted in genetically based differences in levels of certain neurotransmitters and in the functioning of the brain (Ebstein, Benjamin, & Belmaker, 2003). However, environment helps determine how adaptive particular temperamental qualities are and whether they persist (Rothbart & Bates, 2006). Much may depend on what Thomas and Chess call the **goodness of fit** between child and environment—the extent to which the child's temperament is compatible with the demands and expectations of the social world to which she must adapt.

A good example comes from observations of the Masai of East Africa (DeVries, 1984). In most settings, an easy temperament is likely to be more adaptive than a difficult one, but among the Masai during famine, babies with difficult temperaments outlived easy babies. Why? Perhaps because Masai parents believe that difficult babies are future warriors or perhaps because babies who cry loud and long get noticed and fed. As this example suggests, a particular temperament may be a good fit to the demands of one environment but maladaptive under other circumstances. The goodness-of-fit concept is an excellent example of the theme that individual predispositions and the environment interact to influence developmental outcomes.

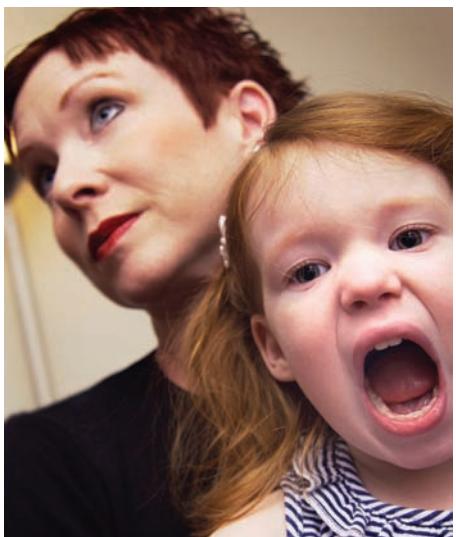
**TABLE 11.2 SUMMARY OF TEMPERAMENT CATEGORIES**

| RESEARCHERS      | DIMENSIONS OF TEMPERAMENT  |
|------------------|--|
| THOMAS AND CHESS | Easy temperament<br>Difficult temperament<br>Slow-to-warm-up temperament |
| KAGAN            | Behaviorally inhibited<br>Uninhibited                                    |
| ROTHBART         | Surgency/extraversion<br>Negative affectivity<br>Effortful control       |

The case of Carl, one of the children studied by Thomas and Chess, also illustrates the significance for later personality development of the match between a child's temperament and his social environment. Early in life, Carl was clearly a difficult child: "Whether it was the first bath or the first solid foods in infancy, the beginning of nursery and elementary school, or the first birthday parties or shopping trips, each experience evoked stormy responses, with loud crying and struggling to get away" (1984, p. 188). Carl's mother became convinced that she was a bad parent, but his father accepted and even delighted in Carl's "lusty" behavior. He patiently and supportively waited for Carl to adapt to new situations. As a result, Carl did not develop serious behavioral problems as a child and became a well-adjusted adult after weathering some adjustment problems when he started college.

If the fit between his difficult temperament and his parents' demands and expectations had been poor—for example if his parents had been impatient, angry, and overly demanding—research suggests Carl might have been headed for serious behavioral problems and poor adjustment (Guerin et al., 2003; Shiner, 2006). Recall Kagan's (1994) finding that behaviorally inhibited children remain inhibited if their parents are either overprotective or impatient but that they overcome their inhibition if their parents prepared them for potentially upsetting experiences and make reasonable but firm demands that they cope.

The moral for parents is clear: get to know your baby as an individual, and allow for his personality quirks. Infants' temperaments and their parents' parenting behaviors reciprocally influence one another and interact over time to steer the direction of later personality development (Sansan, Hemphill, & Smart, 2004). Teaching parents of irritable babies how to interpret their infants' cues and respond sensitively and appropriately to them can produce calmer infants who cry less and become less irritable preschoolers than temperamentally similar



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Difficult or behaviorally inhibited children may remain so if there is a "bad fit" between them and an impatient parent.

children whose parents do not receive training (van den Boom, 1995; Crockenberg & Leerkes, 2003).

## SUMMING UP

- Two- to three-month-olds discover they are physically distinct from the world around them and can act upon it, and by 18 to 24 months, toddlers show self-awareness and form a categorical self, thanks to both cognitive development and social experience.
- Each infant has distinct temperamental qualities sketched in the genetic code and expressed from the first days of life—qualities such as an easy, difficult, or slow-to-warm-up temperament; behavioral inhibition; or surgency/extraversion, negative affectivity, and effortful control.
- Early temperamental qualities may or may not be elaborated into later personality traits depending on the goodness of fit between the individual's predispositions and his social environment.

## CRITICAL THINKING

1. Gracie the toddler tends to become stressed when her routines are changed, a stranger comes to visit, or she is asked to try something she has never tried before. Using three different systems for analyzing temperament, help her parents understand her temperament.
2. The mirror test has become the main way of assessing self-awareness in infants. What do you see as the strengths and limitations of this approach? Can you think of any other way to assess infant self-awareness?

## 11.3 THE CHILD

Children's personalities continue to form, and children acquire much richer understandings of themselves as individuals, as they continue to experience cognitive growth and interact with other people. Ask children of different ages to tell you about themselves. You will find their responses amusing, and you will learn something about how children come to think about themselves as individuals.

### Elaborating on a Sense of Self

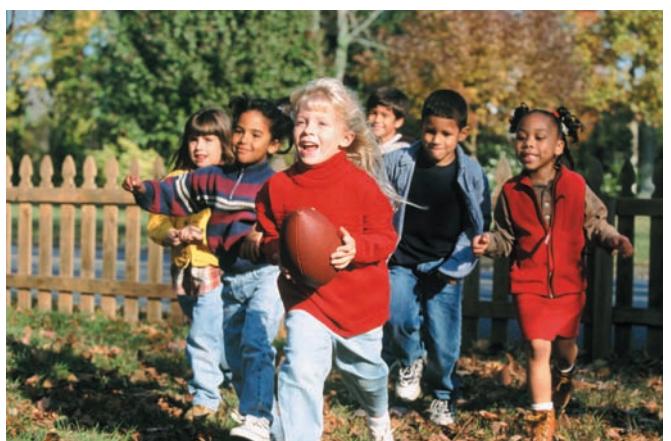
Once toddlers begin to talk, they can and do tell us about their emerging self-concepts. By age 2, some toddlers are already using the personal pronouns *I*, *me*, *my*, and *mine* (or their names) when referring to the self and *you* when addressing a companion (Lewis & Brooks-Gunn, 1979; Stipek, Gralinski, & Kopp, 1990). Toddlers also show their emerging categorical selves when they describe themselves in terms of age and sex ("Katie big girl"). Parent-child conversations that focus on past experiences and the emotions associated with them help young children pull together what they know of themselves into a consistent self-concept (Bird & Reese, 2006).

The preschool child's self-concept is concrete and physical (Damon & Hart, 1988; Harter, 2006). Asked to describe themselves, preschoolers dwell on their physical characteristics, their possessions, their physical activities and accomplishments, and their preferences. One exuberant 3-year-old described herself this way:

I'm 3 years old and I live in a big house with my mother and father and my brother, Jason, and my sister, Lisa. I have blue eyes and a kitty that is orange and a television in my own room. I know all of my ABC's, listen: A, B, C, D, E, F, G, H, J, L, K, O, M, P, Q, X, Z. I can run real fast. I like pizza and I have a nice teacher at preschool. I can count up to 100, want to hear me? I love my dog Skipper. (Harter, 1999, p. 37)

Few young children mention their psychological traits or inner qualities. At most, young children use global terms such as *nice* or *mean* and *good* or *bad* to describe themselves and others (Livesley & Bromley, 1973). However, their descriptions of their characteristic behavioral patterns and preferences ("I like to play by myself at school") may provide the foundation for their later personality trait descriptions ("I'm shy"; Eder, 1989).

Self-conceptions become more sophisticated around age 8, partly because of cognitive development (Harter, 2003, 2006). First, children begin to form social identities, defining themselves as part of social units ("I'm a Kimball, a second-grader at Brookside School, a Brownie Scout"; Damon & Hart, 1988). Second, they begin to describe their enduring qualities using personality trait terms such as *funny* and *smart* (Harter, 1999; Livesley & Bromley, 1973). Third, they are now capable of **social comparison**—of using information about how they compare with other individuals to characterize and evaluate themselves (Frey & Ruble, 1985; Pomerantz et al., 1995). The preschooler who said she could hit a baseball becomes the elementary-school child who says she is a better batter than her teammates.



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Preschool children emphasize the "active self" in their self-descriptions, noting things they can do but saying little about their psychological traits.

Young children often seem oblivious to information about how they compare with others and seem to have difficulty interpreting and acting on such information when they receive it (Butler, 1990). They tend to believe that they are the greatest, even in the face of compelling evidence that they have been outclassed. By contrast, first-grade children glance at each other's papers, ask "How many did you miss?", and say things like "I got more right than you did" (Frey & Ruble, 1985; Pomerantz et al., 1995).

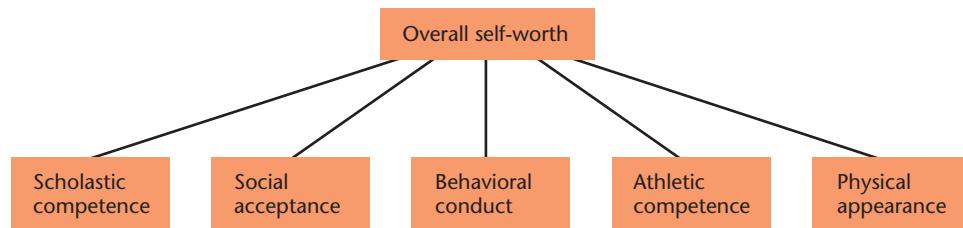
## Self-Esteem

As children amass a range of perceptions of themselves and engage in social comparisons, they begin to evaluate their worth. Susan Harter (1999, 2003, 2006) has developed self-perception scales for use across the life span and has found that self-concepts become more differentiated or multidimensional with age. Preschool children distinguish only two broad aspects of self-esteem: their competence (both physical and cognitive) and their personal and social adequacy (for example, their social acceptance). By mid-elementary school, children differentiate among five aspects of self-worth: scholastic competence (feeling smart or doing well in school); social acceptance (being popular or feeling liked); behavioral conduct (staying out of trouble); athletic competence (being good at sports); and physical appearance (feeling good-looking). When Harter's scale was given to third- through ninth-graders, even third-graders showed that they had well-defined positive or negative feelings about themselves. Moreover, children made clear distinctions between their competency in one area and their competency in another. They did not just have generally high or generally low self-esteem.

Thus self-esteem is *multidimensional* rather than unidimensional. As children organize their perceptions of themselves over the elementary-school years, they differentiate more sharply among distinct aspects of the self-concept. But self-esteem is also *hierarchical* in nature: children integrate self-perceptions in distinct domains to form an overall, abstract sense of self-worth (Harter, 1999; Marsh & Ayotte, 2003).

■ **Figure 11.1** shows the kind of self-esteem hierarchy that results, with global self-worth at the top and specific dimensions of self-concept below it.

The accuracy of children's self-evaluations increases steadily over the elementary-school years (Harter, 1999; Marsh, Craven, & Debus, 1999). Children as young as 5 already have some sense of whether they are worthy and lovable (Verschueren, Buyck, & Marcoen, 2001). However, the self-esteem scores of young children (4- to 7-year-olds) sometimes reflect their desires to be liked or to be good at various activities more than their true competencies (Harter, 2006). Overall, young children tend to have unrealistically positive views of themselves. Starting about age 8, partly because of cognitive development, children's self-evaluations become more accurate. For example, those with high scholastic self-esteem are more likely than those with low scholastic self-esteem to be rated as intellectually competent by their teachers, and those



**FIGURE 11.1** The multidimensional and hierarchical nature of self-esteem.

SOURCE: From S. Harter, Historical roots of contemporary issues involving self-concepts. In B. A. Bracken (Ed.), *Handbook of self-concept: Developmental, social, and clinical considerations*. Copyright © 1996 by Wiley. Reprinted with permission.

with high athletic self-esteem are frequently chosen by peers in sporting events (Harter, 1999).

At the same time, children are forming an ever grander sense of what they “should” be like—an **ideal self**. With age, the gap between the real self and the ideal self increases; older children therefore run a greater risk than younger children do of thinking that they fall short of what they should be (Glick & Zigler, 1985; Oosterwegel & Oppenheimer, 1993). Social comparisons that do not always come out well, a widening gap between the real self and the ideal self, and a tendency for parents and teachers to “raise the bar” and give older children more critical feedback than they give younger children contribute to both a decrease in self-esteem from early to middle childhood and wider differences among children in their levels of self-esteem (Harter, 2006).

### Influences on Self-Esteem

Why do some children develop higher self-esteem than others? Part of the answer lies in genes; like so most human characteristics, self-esteem is a heritable trait (Kamakura, Ando, & Ono, 2007). Unique experiences also influence self-esteem: some children discover that they are more competent than other children, and, apart from their competence, some children receive more positive social feedback (Harter, 1999).

Children who are more capable and socially attractive than other children experience more success in areas important to them and come out better in social comparisons. Thus, for example, achievement in school has a positive effect on academic self-concept; a positive academic self-concept, in turn, contributes to future academic achievement (Guay, Marsh, & Boivin, 2003; Marsh & Craven, 2006).

Even when two children are equally competent and do equally well in social comparisons, social feedback from parents, teachers, and peers can make a big difference in their self-perceptions. Most notably, children with high self-esteem tend to be securely attached to parents who are warm and democratic (Arbona & Power, 2003; Coopersmith, 1967). Parents who are loving, form secure attachments with their children, and frequently communicate approval and acceptance help their children think positively about themselves (Doyle, Markiewicz, et al., 2000). Saying, through words, looks, or actions, “You’re not important” or “Why can’t you be more like your older brother?” is likely to have the opposite effect. Need-

less to say, children who are mistreated or abused by their parents often have low self-esteem (Burack et al., 2006). This is the concept of the looking-glass self in action: children will form self-concepts that reflect the evaluations of significant people in their lives.

Parents whose children have high self-esteem also enforce clearly stated rules of behavior and allow their children to express their opinions and participate in decision making. This democratic parenting style most likely gives children a firm basis for evaluating their behavior and sends them the message that their opinions are respected. The relationship between high self-esteem and a warm, democratic parenting style has been observed in most ethnic groups in the United States and in other countries (Scott, Scott, & McCabe, 1991; Steinberg, Dornbusch, & Brown, 1992).

Once a child’s level of self-esteem has been established, it tends to remain surprisingly stable over the elementary-school years. Moreover, high self-esteem is positively correlated with a variety of measures of good adjustment (Coopersmith, 1967; Harter, 1999). Finally, interventions that focus on specific aspects of self-esteem such as self-esteem in mathematics can be effective in raising the self-esteem of children who are low in it (O’Mara et al., 2006). Despite evidence of the importance of self-esteem, though, William Damon (1994) and other observers believe that Americans go overboard in trying to make all children feel good about themselves. Self-esteem, Damon maintains, means nothing unless it grows out of one’s real achievements. Moreover, he argues, children need opportunities to learn not only about their strengths but about their limitations as they progress through school; giving them an inflated and unrealistic sense of their worth will do more harm than good in the end. Perhaps it is best to appreciate that self-esteem and performance influence one another reciprocally (Marsh & Craven, 2006). From this perspective, it will not work in the long run to tell children they are the greatest when they can see for themselves that they are not, but one can expect high achievement and high self-esteem to fuel one another.

### The Developing Personality

The biologically based response tendencies called temperament are increasingly shaped, with the help of the individual’s social experiences, into a predictable personality during child-

hood. Links between temperament in infancy and early childhood and later personality are increasingly being identified after many years in which temperament researchers and personality researchers went their separate ways (Halverson et al., 2003; Sanson, Hemphill, & Smart, 2004; Shiner, 2006).

For example, in a longitudinal study of 1000 children in New Zealand, Avshalom Caspi and his colleagues (Caspi, 2000; Caspi, Harrington, et al., 2003) found that inhibited 3-year-olds who are shy and fearful tend to become teenagers who are cautious and unassertive, and later become young adults who have little social support, tend to be depressed, and are barely engaged in life. By contrast, 3-year-olds who are difficult to control, irritable, and highly emotional tend to be difficult to manage later in childhood and end up as impulsive adolescents and adults who do not get along well with other people at home and on the job, are easily upset, get into scrapes with the law, and abuse alcohol. Finally, well-adjusted ("easy") 3-year-olds tend to remain well adjusted. Interestingly, the assessments of personality at age 3 that proved predictive of later personality and adjustment were made on the basis of only 90 minutes of observation by an adult examiner who did not know the child (see Pesonen et al., 2003).

Links between dimensions of temperament and Big Five personality trait dimensions are becoming clearer all the time. For example, behavioral inhibition in the preschool period is predictive of low extraversion (introversion) in middle childhood, and negative affectivity is related to later neuroticism (Hagekull & Bohlin, 1998; and see Shiner, 2006). An uninhibited temperament that embraces novelty may relate to later openness to experience, and the ability of infants to exert effortful control over their attention and arousal (for example, to calm themselves) appears to be linked to later conscientiousness (Rothbart, Ahadi, & Evans, 2000; Sanson, Hemphill, & Smart, 2004).

Researchers are finding that children as young as 5 to 7 can, if asked simple questions by a puppet, provide meaningful reports of their Big Five traits—reports that correlate in expected ways with ratings of their traits provided by parents and teachers and with their own behavior (Measelle et al., 2005). Moreover, Charles Halverson and his colleagues (2003) found that parents in all seven countries they studied describe children as young as age 3 in Big Five terms, also suggesting that these adult personality dimensions begin to show themselves in early childhood. Indeed, mothers' ratings of Big Five traits in their 3½-year-olds predict their behavior during childhood and self-ratings during adolescence in expected ways (Abe, 2005).

Despite this evidence, we cannot accept Freud's view that the personality is mostly formed by age 5. Correlations between early childhood traits and adult traits are usually quite small. Some dimensions of personality do not seem to "gel" until the elementary-school years, when they begin to predict adult personality and adjustment much better. Other aspects of personality do not seem to stabilize until adolescence or even early adulthood (Caspi & Roberts, 2001; McCrae & Costa, 2003). The older the individual, the more accurately personality traits predict later personality and adjustment.

## SUMMING UP

- Major changes in self-conceptions occur at about age 8 as children shift from describing their physical and active selves to talking about their psychological and social qualities. Other changes include increased social comparison, formation of a multidimensional and hierarchically organized self-concept with an overall sense of self-worth at the top, more accurate self-evaluations, and a widening ideal self-real self gap.
- Competence, positive social feedback from warm, democratic parents, and favorable social comparisons contribute to high self-esteem.
- Some aspects of temperament translate into Big Five personality traits and carry over into adulthood, but other aspects of personality do not gel until middle childhood or beyond.

## CRITICAL THINKING

1. Todd, age 5, has low self-esteem, his preschool teacher has concluded. What do you think he says about himself at this age that makes the teacher think so, and what do you hypothesize might have caused his low self-esteem?

## 11.4 THE ADOLESCENT

Perhaps no period of the life span is more important to the development of the self than adolescence. Adolescence is truly a time for "finding oneself," as research on adolescent self-conceptions, self-esteem, and identity formation illustrates.

### Self-Conceptions

Raymond Montemayor and Marvin Eisen (1977) learned a great deal about the self-concepts of children and adolescents from grades 4 to 12 by asking students to write 20 different answers to the question "Who am I?" How would you describe the age differences evident in these answers given by a 9-year-old, an 11½-year-old, and a 17-year-old (pp. 317–318)?

9-year-old: My name is Bruce C. I have brown eyes. I have brown hair. I love! sports. I have seven people in my family. I have great! eye sight. I have lots! of friends. I live at. . . . I have an uncle who is almost 7 feet tall. My teacher is Mrs. V. I play hockey! I'm almost the smartest boy in the class. I love! food. . . . I love! school.

11½-year-old: My name is A. I'm a human being. . . . a girl. . . . a truthful person. I'm not pretty. I do so-so in my studies. I'm a very good cellist. I'm a little tall for my age. I like several boys. . . . I'm old fashioned. I am a very good swimmer. . . . I try to be helpful. . . . Mostly I'm good, but I lose my temper. I'm not well liked by some girls and boys. I don't know if boys like me. . . .

17-year-old: I am a human being. . . . a girl. . . . an individual. . . . I am a Pisces. I am a moody person. . . . an indecisive person. . . . an ambitious person. I am a big curious person. . . .

I am lonely. I am an American (God help me). I am a Democrat. I am a liberal person. I am a radical. I am conservative. I am a pseudoliberal. I am an Atheist. I am not a classifiable person (i.e., I don't want to be).

There are remarkable differences between the self-descriptions of children and adolescents (Damon & Hart, 1988; Harter, 1999, 2003). First, self-descriptions become *less physical and more psychological* as children age (contrast "I have brown eyes," "I play hockey" with "I am lonely"). Second, self-portraits become *less concrete and more abstract*. Recall Piaget's theory that children begin to shift from concrete operational to formal operational thinking at about age 11 or 12. Children entering adolescence (11-to 12-year-olds) go beyond describing their traits in largely concrete terms ("I love food") and more often generalize about their broader personality traits ("I am a truthful person"). High-school students' self-descriptions are even more abstract, focusing not only on personality traits but also on important values and ideologies or beliefs ("I am a pseudoliberal").

Third, adolescents reflect more about what they are like; they are *more self-aware* than children are (Selman, 1980). Indeed, their new ability to think about their own and other people's thoughts and feelings can make them painfully self-conscious. Fourth, adolescents have a *more differentiated* self-concept than children. For example, the child's "social self," which reflects perceived acceptance by peers, splits into distinct aspects such as acceptance by the larger peer group, acceptance by close friends, and acceptance by romantic partners (Harter, 1999). Finally, older adolescents gain the ability to combine their differentiated self-perceptions into a *more integrated, coherent self-portrait*. Instead of merely listing traits, they organize their self-perceptions, including those that seem contradictory, into a coherent picture—a theory of what makes them tick. Adolescents who at first do not recognize inconsistencies in their behavior—for example, being cheerful in some situations, irritable in others—become bothered by such inconsistencies and then, in their later teens, are able to integrate these discrepant self-perceptions using concepts such as moodiness (Harter & Monsour, 1992).

In sum, from childhood to adolescence and over the course of adolescence, self-understandings become more psychological, abstract, differentiated, and integrated, and self-awareness increases. Many adolescents even become sophisticated personality theorists who reflect upon the workings of their own personalities and those of their companions.

## Self-Esteem

Self-esteem tends to decrease from childhood to early adolescence, partly because adolescents are more knowledgeable and realistic about their strengths and weaknesses (Jacobs et al., 2002; Robins et al., 2002), partly because they sometimes become temporarily unsure of themselves when they move from elementary school to middle school or junior high school (Cole et al., 2001), and partly because they become unhappy with their changing bodies (Paxton et al., 2006). This

dip in self-esteem affects only some teens, though. It is common among white females, especially those facing multiple stressors—for example, making the transition from elementary school to middle school, coping with pubertal changes, beginning to date, and perhaps dealing with a family move all at the same time (Gray-Little & Hafdahl, 2000; Simmons et al., 1987). Changes in body image may explain a lot, especially for girls who think they must look like ultra thin movie stars or models; the dip in self-esteem has been observed among both girls and boys who are dissatisfied with their changing bodies (Paxton et al., 2006).

Self-esteem can also be affected by the social context and the social comparisons an adolescent therefore makes. For example, Herbert Marsh and Kit-Tai Hau (2003) studied more than 100,000 15-year-olds in 26 countries to better understand the **big-fish-little-pond effect**. Holding factors such as academic competence equal, a student's academic self-concept tends to be less positive when the average academic achievement level of her classmates is high (when she is a small fish in a big pond) than when her school's average academic achievement level is low (when she is a big fish in a little pond).

The big-fish-little-pond effect suggests that making the transition from regular classes to classes for gifted students, or from an unselective high school to a selective college or university, could threaten an adolescent's self-esteem. Indeed, gifted children moved from regular classes into gifted programs sometimes do lose academic self-esteem (Marsh et al., 1995). Similarly, special education students tend to have higher academic self-esteem when they are placed in homogeneous special education classes than when they are placed in regular classes with higher-achieving classmates, despite other benefits that may come from including students with learning problems in the mainstream (Manning, Bear, & Minke, 2006; Marsh & Hau, 2003).

Overall, though, adolescence is not as hazardous to self-esteem as most people believe. Although some adolescents do experience drops in self-esteem in early adolescence, most emerge from this developmental period with higher self-esteem than they had at the onset (Donnellan, Trzesniewski, &



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Adolescents sometimes experiment with a variety of looks in their search for a sense of identity.

Robins, 2006; Robins et al., 2002). Apparently they are able to revise their self-concepts in fairly minor ways as they experience the physical, cognitive, and social changes of adolescence. Assuming that they have opportunities to feel competent in areas important to them and to experience the approval and support of parents, peers, and other important people in their lives, they are likely to feel good about themselves (Harter, 1999). It matters: As adults, adolescents with low self-esteem tend to have poorer physical and mental health, poorer career and financial prospects, and higher levels of criminal behavior than adolescents with high self-esteem (Trzesniewski et al., 2006).

## Forging a Sense of Identity

Erikson (1968) characterized adolescence as a critical period in the lifelong process of forming an identity as a person and proposed that adolescents experience the psychosocial conflict of **identity versus role confusion**. The concept of identity, explained at the start of the chapter, refers to a definition of who you are, where you are going, and where you fit into society. To achieve a sense of identity, the adolescent must somehow integrate the many separate perceptions that are part of the self-concept into a coherent sense of self and must feel that she is, deep down, the same person yesterday, today, and tomorrow—at home, at school, or at work (van Hoof, 1999). The search for identity involves grappling with many important questions: What kind of career do I want? What religious, moral, and political values can I really call my own? Who am I as a man or woman and as a sexual being? Where do I fit into the world? What do I really want out of my life?

If you have struggled with such issues, you can appreciate the uncomfortable feelings that adolescents may experience when they cannot seem to work out a clear sense of who they

are. Erikson believed that many young people in complex societies such as that of the United States experience a full-blown and painful “identity crisis.” There are many reasons they might do so. First, their bodies are changing and they must revise their body images (a part of their self-concepts) and adjust to being sexual beings. Second, cognitive growth allows adolescents to think systematically about hypothetical possibilities, including possible future selves. Third, social demands are placed on them to “grow up”—to decide what they want to do in life and to get on with it. According to Erikson (1968), our society supports youths by allowing them a **moratorium period**—a time during the high school and college years when they are relatively free of responsibilities and can experiment with different roles to find themselves (see Arnett, 2006). But our society also makes establishing an identity hard by giving youths a huge number of options and encouraging them to believe they can be anything they want to be.

## Developmental Trends

James Marcia (1966) expanded on Erikson’s theory and stimulated much research on identity formation by developing an interview procedure to assess where an adolescent is in the process of identity formation. Adolescents are classified into one of four identity statuses based on their progress toward an identity in each of several domains (for example, occupational, religious, and political–ideological). The key questions are whether an individual has experienced a *crisis* (or has seriously grappled with identity issues and explored alternatives) and whether he has achieved a *commitment* (that is, resolved the questions raised). On the basis of crisis and commitment, the individual is classified into one of the four identity statuses shown in ■ **Figure 11.2**.

### Commitment?

|                       | No Commitment Made  | Commitment Made  |
|-----------------------|---|--|
| No Crisis Experienced | <b>Diffusion Status</b><br><br>The individual has not yet thought about or resolved identity issues and has failed to chart directions in life. Example: “I haven’t really thought much about religion, and I guess I don’t know what I believe exactly.”   | <b>Foreclosure Status</b><br><br>The individual seems to know who he or she is but has latched onto an identity prematurely with little thought. Example: “My parents are Baptists, and I’m a Baptist; it’s just the way I grew up.”   |
| Crisis Experienced    | <b>Moratorium Status</b><br><br>The individual is experiencing an identity crisis, actively raising questions, and seeking answers. Example: “I’m in the middle of evaluating my beliefs and hope that I’ll be able to figure out what’s right for me. I’ve become skeptical about some of what I have been taught and am looking into other faiths for answers.” | <b>Identity Achievement Status</b><br><br>The individual has resolved his/her identity crisis and made commitments to particular goals, beliefs, and values. Example: “I really did some soul-searching about my religion and other religions, too, and finally know what I believe and what I don’t.” |

■ **FIGURE 11.2** The four identity statuses as they apply to religious identity.

How long does it take to achieve a sense of identity? Philip Meilman's (1979) study of college-bound boys between 12 and 18, 21-year-old college males, and 24-year-old young men provides an answer (see ▀ Figure 11.3). Most of the 12- and 15-year-olds were in either the identity diffusion status or the identity foreclosure status. At these ages, many adolescents simply have not yet thought about who they are—either they have no idea or they know that any ideas they do have are likely to change (the **diffusion status**, with no crisis and no commitment). Other adolescents have made commitments, may say things like “I'm going to be a doctor like my dad,” and appear to have their acts together. However, it becomes apparent that they have never thought through on their own what suits them best and have simply accepted identities suggested to them by their parents or other people (the **foreclosure status**, involving a commitment without a crisis).

As Figure 11.3 indicates, progress toward identity achievement becomes more evident starting at age 18. Notice that diffusion drops off steeply and more individuals begin to fall into the **moratorium status**. Now they are experiencing a crisis or actively exploring identity issues; now they may be questioning their religious upbringing, experimenting with drugs, changing majors or relationships, or putting outrageous postings in Facebook or MySpace, all to find themselves. Presumably, en-

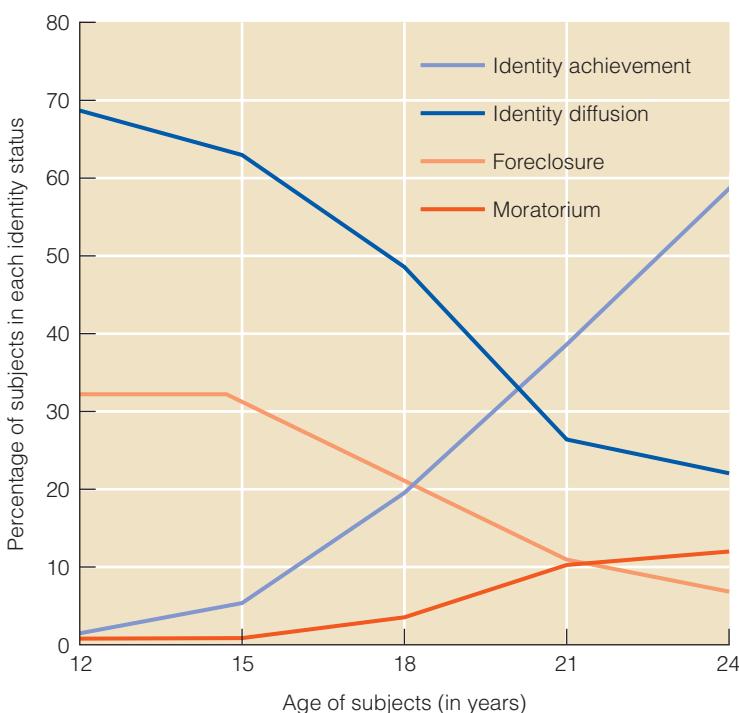
tering the moratorium status is a good sign; if the individual can not only raise questions but answer them, he will move to the **identity achievement status**. About 20% of the 18-year-olds, 40% of the college students, and slightly more than half of the 24-year-olds in Meilman's study had achieved a firm identity based on a careful weighing of alternatives.

Females progress toward achieving a clear sense of identity at about the same rate that males do. However, one reliable sex difference has been observed: Although college women are just as concerned about establishing a career identity as men are, they attach greater importance to and think more about the aspects of identity that center on sexuality, interpersonal relations, and balancing career and family goals (S. L. Archer, 1992; Kroger, 1997; Meeus et al., 1999). These concerns probably reflect the influence of traditional gender roles.

Judging from such research, identity formation *takes a long time*. Many young men and women move from the diffusion or the foreclosure status to the moratorium status and then achieve a sense of identity in their late teens or early 20s during the period of emerging adulthood (Waterman, 1982). But this is by no means the end of the identity formation process. Some adults continue in a moratorium status for years; others reopen the question of who they are after thinking they had all the answers earlier in life (Anthis & LaVoie, 2006; Kroger, 1996). Even in their 60s, some adults are reworking and strengthening their sense of identity (Zucker, Ostrove, & Stewart, 2002).

Identity formation not only takes a long time but *occurs at different rates in different domains of identity* (Kroger, 1996). For example, Sally Archer (1982) assessed the identity statuses of 6th- to 12th-graders in four domains: occupational choice, gender-role attitudes, religious beliefs, and political ideologies. Only 5% of the adolescents were in the same identity status in all four areas, and more than 90% were in two or three statuses across the four areas. Generally adolescents seem to make greater progress in sorting out their vocational identity than in exploring their religious or political identities (Coté, 2006).

Finally, the patterns of identity development discovered in longitudinal studies *are not always consistent with theory* (Meeus et al., 1999; van Hoof, 1999). For example, some youth slide backward before they move forward again (Reis & Youniss, 2004). In short, identity development is complex. It takes a long time, occurs at different rates in different domains, and does not always unfold in the theoretically expected way from diffusion or foreclosure to moratorium to identity achievement. In the Explorations box, we look at an alternative approach to studying identity—the life story, or narrative identity, approach.



**FIGURE 11.3** Percentage of subjects in each of James Marcia's four identity statuses as a function of age. Note that only 4% of the 15-year-olds and 20% of the 18-year-olds had achieved a stable identity.

SOURCE: From P. W. Meilman, Cross-sectional age changes in ego identity status during adolescence, *Developmental Psychology*, 15, pp. 230–231. Copyright 1997 American Psychological Association. Reprinted with permission from the American Psychological Association.

## Developing a Positive Ethnic Identity

The process of identity development includes forging an **ethnic identity**—a sense of personal identification with an ethnic group and its values and cultural traditions (Phinney, 1996, 2006; Umana-Taylor & Alfaro, 2006). Everyone has an ethnic and racial background, but members of minority groups tend to put more emphasis than white adolescents on defining who they are ethnically or racially. This is probably because major-

## THE NARRATIVE IDENTITY APPROACH TO PERSONALITY: LIFE STORIES

Picture your life as a book that tells your life story from your birth to your death. Outline the major scenes, describing the high and low points, the turning points that really defined who you are, and your dreams and fears for the future.

One of the principles of personality introduced at the start of this chapter is that people construct narrative identities, or life stories, that reconstruct their personal histories and imagine their futures. These coherent, integrative stories give their lives meaning and purpose (McAdams & Pals, 2006). What do these life stories look like, and how does the process of constructing a life story relate to the process of forming an identity in Erik Erikson's sense?

According to Dan McAdams (2005), a life story says "who I am, how I came to be, and where my life is going in the future" (p. 241). (Sounds like identity so far, doesn't it?) We start narrating our experiences at about age 2 and learn how to structure a story better as we get older. Emerging adulthood (roughly age 18–25) appears to be the prime time, though, for creating a life story that gives life purpose and direction—as well as for achieving a sense of identity. Life stories are then revised over the years and reflected upon in old age, and they become an important element of our unique personalities. In the chapter opener, you heard snippets from Tom Cruise's life story.

To study life stories, McAdams and other researchers ask people to do what you were asked to do at the start of this Explorations box—to talk or write about your past, present, and future. Stories are then coded for such qualities as their coherence, tone, and themes. McAdams has found that adults who tell "redemptive life stories" in which they overcome difficulties and go on to a better life (like Tom Cruise at the start of the chapter going from abused child to successful movie star and father) tend to be more satisfied with their lives and to have a stronger sense of generativity or caring in Erikson's sense than other adults.

Kate McLean and Michael Pratt (2006) directly compared James Marcia's identity status approach and the narrative identity-life story approach by asking young people to write about turning points in their lives and to answer questions aimed at establishing their identity statuses. The same questions were asked periodically beginning when the participants were 17-year-old high school students and concluding when they were age 23. The researchers coded the extent of "meaning making" in the life narratives—the extent to which individuals derived personal meaning from turning points such as the death of a loved one, falling in love, or landing a job and came to think differently about themselves as a result.

The study revealed clear connections between meaning making and identity statuses. Specifically, sophisticated meaning making in narratives was negatively correlated with being in the diffusion or foreclosure statuses and positively correlated with an index of overall identity achievement, as well as with optimism and a measure of Erikson's concept of generativity. Moreover, individuals who made progress in exploring identity at age 19 told more reflective turning point narratives at age 23, suggesting that forming an identity and constructing a meaningful life story are related.

In a review of research on narrative identity, James Birren and Johannes Schroots (2006) conclude that most people tell more positive than negative stories about themselves and that men focus more on work whereas women focus more on family and health themes. An interesting age difference also emerges: Older adults recall their pasts more positively and envision their futures more negatively than young adults do. Possibly they have come to terms with some of the bad things that happened to them years ago and, realistically, anticipate health-related problems as they age. How people construct their life stories probably influences not only their sense of well-being but, by incorporating their aspirations, the choices they make and their later life outcomes (Birren & Schroots, 2006). We are just beginning to learn how to decipher the stories people tell about themselves.

ity group members often do not think of themselves as having an ethnicity whereas minority group members become very aware of theirs (Bracey, Bamaca, & Umana-Taylor, 2004; Laursen & Williams, 2002).

The process begins in infancy as babies notice differences among people; in one study, 3-month-old Caucasian infants already showed a preference for looking at other Caucasian babies rather than at babies from other ethnic backgrounds (Kelly et al., 2005). African babies living in Israel show a similar preference for African faces, though not if they grow up among Caucasians, suggesting that babies form these preferences based on the faces they see most often (Bar-Haim et al., 2006).

During the preschool years, children learn more about different racial and ethnic categories and gradually become able to classify themselves correctly into one (Spencer & Markstrom-Adams, 1990). For example, Mexican American preschool children learn behaviors associated with their culture, such as how to give a Chicano handshake, but they often

do not know until about age 8 what ethnic labels apply to them, what they mean, or that their ethnicity will last a lifetime (Bernal & Knight, 1997).

In forming a positive ethnic identity, adolescents seem to proceed through the same identity statuses as they do in forming a vocational or religious identity (Phinney, 1993; Seaton, Scottham, & Sellers, 2006). School-age children and young adolescents say either that they identify with their racial or ethnic group because their parents and others in their ethnic group influenced them to do so (foreclosure status) or that they have not given the matter much thought (diffusion status). In their mid to late teens, many minority youths move into the moratorium and achievement statuses with respect to ethnic identity, although some regress backward too (Seaton, Scottham, & Sellers, 2006). Others do not reflect on their ethnic identity until their 20s, especially if they have grown up in a homogenous environment and have had little interaction with other ethnic and racial groups (Phinney, 2006).

Youth are most likely to explore ethnic identity issues, establish a positive ethnic identity, and enjoy high self-esteem when their parents socialize them regarding their ethnicity by teaching them about their group's cultural traditions, preparing them to live in a culturally diverse society, and even preparing them to deal with prejudice, at least as long as it does not make them overly angry and mistrustful (Hughes et al., 2006; Umana-Taylor, Bhanot, & Shin, 2006). By contrast, minority youth may have difficulty feeling good about themselves if they must deal with prejudice—if, for example, they are called racist names or treated by teachers as if they were incompetent (Nyborg & Curry, 2003).

Once formed, a positive ethnic identity can protect adolescents' self-concepts from the damaging effects of racial discrimination (Wong, Eccles, & Sameroff, 2003), breed high self-esteem (Bracey et al., 2004), and promote academic achievement and good adjustment (Laursen & Williams, 2002). Most minority adolescents cope well with the special challenges they face in identity formation. They settle their questions of ethnic identity, they resolve other identity issues around the same ages that European American youth do (Markstrom-Adams & Adams, 1995), and they wind up feeling at least as good about themselves (Gray-Little & Hafdahl, 2000). Even multiracial youth, who must figure out what it means to have a mixed heritage, appear to be as well-adjusted in most respects as other youth (Shih & Sanchez, 2005).

## Vocational Identity and Choice

I wanted to be a firefighter, then I touched a spark. I'm too afraid. I wanted to be a teacher, then I babysat for a 4-year-old. I'm too impatient. I wanted to be a model, then I looked in the mirror. I'm too short.

I know, I know—I can be anything I want when I am all grown up. But I am rapidly approaching all grown up and I see

less of what I can be and more of what I cannot be. (Kelly Witte, *The Washington Post*, April 2, 2006, p. D1)

Vocational identity is a central aspect of identity with major implications for adult development. How do adolescents choose careers that express their sense of self as they prepare for adulthood? Children under about age 10 actively explore vocational possibilities but are not very realistic in their choices; they may want to be zookeepers, professional basketball players, firefighters, rock stars, or whatever else strikes them as glamorous and exciting (Ginzberg, 1972, 1984; Hartung, Porfeli, & Vondracek, 2005). As Linda Gottfredson (1996) emphasizes, children make important progress, though, beginning to narrow their ideas about future careers to those consistent with their emerging self-concepts—as humans rather than as bunnies or ninja turtles, as males rather than as females, and so on. As early as kindergarten, for instance, boys choose traditionally masculine occupations, and girls choose traditionally female occupations, although more girls today are daring to express interest in traditionally male jobs (Etaugh & Liss, 1992; Hartung et al., 2005). Children also learn a lot about and are guided by the social status associated with different careers; they begin to prefer the idea of being a surgeon to the idea of being a butcher.

Like teenager Kelly Witte, quoted above, adolescents age 11 to age 18 become more realistic, begin to weigh factors other than their wishes, and make preliminary vocational choices (Ginzberg, 1972, 1984). They consider their interests ("Would I enjoy counseling people?"), their capacities ("Am I skilled at relating to people?"), and their values ("Is it really important to me to help people, or do I value power or money more?"). By early adolescence, expressed vocational interests become quite stable, at least as stable as personality traits, and begin to predict vocational interests in early adulthood and middle age quite well (Low et al., 2005).

As they get still older, adolescents begin to take into account the realities of the job market and the physical and intellectual requirements for different occupations, and they begin serious preparation for their chosen occupations (Ginzberg, 1972, 1984; Walls, 2000). By late adolescence or emerging adulthood, they are in a good position to consider the availability of job openings in a field such as school counseling, the years of education required, the work conditions, and other relevant factors.

The main developmental trend evident in vocational choice is *increasing realism with age*. As adolescents narrow career choices in terms of both personal factors (their own interests, capacities, and values) and environmental factors (the opportunities available and the realities of the job market), they seek the vocation that best suits them. According to vocational theorists such as John Holland (1985), vocational choice is just this: a search for an optimal fit between one's self-concept and personality and an occupation (see also Super, Savickas, &



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Establishing a positive ethnic identity is more central for minority adolescents than for white ones.

Super, 1996). People do indeed tend to enter occupations that match up well with their personalities (Ozer & Benet-Martinez, 2006).

Adolescents from lower income families, especially minority group members living in poverty and facing limited opportunities, stigmatization, and stress, may have difficulty forming a positive vocational identity (Phillips & Pittman, 2003). They may aim high at first but lower their career aspirations and aim toward the jobs they think they are likely to get rather than the jobs they most want (Armstrong & Crombie, 2000; Hartung et al., 2005). Similarly, the vocational choices of females have been and continue to be constrained by traditional gender norms. Young women who have adopted traditional gender-role attitudes and expect to marry and start families early in adulthood sometimes set their educational and vocational sights low, figuring that they cannot “have it all” (Mahaffy & Ward, 2002). Although more young women aspire toward high-status jobs now, many others, influenced by gender norms, do not seriously consider traditionally male-dominated jobs, doubt their ability to attain such jobs, and aim instead toward feminine-stereotyped, and often lower-status and lower-paying, occupations (Armstrong & Crombie, 2000; Hartung et al., 2005).

Moreover, many teenagers, male and female, simply do not do as Erikson and vocational theorists would advise—explore a range of possible occupations, then make a choice. Fully 69% of the high school and university students in one study acknowledged that chance events had a lot to do with their career decisions (Bright, Pryor, & Harpham, 2005). Those adolescents who *do* investigate a range of options are more likely than those who do not to choose careers that fit their personalities (Grotevant & Cooper, 1986). A good fit between person and vocation, in turn, predicts greater job satisfaction and success (Spokane, Meir, & Catalano, 2000; Verquer, Beehr, & Wagner, 2003). The saving grace is that those who do not explore thoroughly as adolescents have plenty of opportunities to change their minds as adults.

## Influences on Identity Formation

The adolescent’s progress toward achieving identity in various domains is a product of at least five factors: (1) cognitive growth, (2) personality, (3) relationships with parents, (4) opportunities to explore, and (5) cultural context. *Cognitive development* enables adolescents to imagine and contemplate possible future identities. Adolescents who have achieved solid mastery of formal-operational thought, who think in complex and abstract ways, and who are self-directed and actively seek relevant information when they face decisions are more likely to raise and resolve identity issues than less cognitively advanced adolescents (Berzonsky & Kuk, 2000; Waterman, 1992). Second, *personality* is a factor; adolescents who explore and achieve identity have been found to be low in neuroticism and high in openness to experience and conscientiousness (Ozer & Benet-Martinez, 2006). That is, they are well-adjusted, curious, and responsible.

Third, adolescents’ *relationships with parents* affect their progress in forging an identity (Markstrom-Adams, 1992; Waterman, 1982). Youths who get stuck in the diffusion status of identity formation are more likely than those in the other categories to be neglected or rejected by their parents and to be distant from them. It can be difficult to forge an identity without first having the opportunity to identify with respected parental figures and to take on some of their desirable qualities. At the other extreme, adolescents in the foreclosure status appear to be extremely close—sometimes too close—to parents who are loving but overly protective and controlling. Because foreclosed adolescents love their parents and have little opportunity to make decisions on their own, they may never question parental authority or feel a need to forge a separate identity.

By comparison, students classified in the moratorium and identity achievement statuses appear to have a solid base of affection at home combined with freedom to be individuals. Adolescents who make good progress in identity formation tend to be securely attached to their parents (Samuolis, Layburn, & Schiaffino, 2001). In addition, their parents set rules and monitor their activities (Sartor & Youniss, 2002). In family discussions, these adolescents experience a sense of closeness and mutual respect but also feel free to disagree with their parents (Grotevant & Cooper, 1986). Notice that this is the same warm and democratic parenting style that seems to help younger children gain a strong sense of self-esteem.

*Opportunities to explore* are a fourth influence on identity formation. For example, adolescents who attend college are exposed to diverse ideas and encouraged to think through issues independently. Although college students may be more confused for a time about their identities than peers who begin working after high school (Munro & Adams, 1977), going to college provides the kind of moratorium period with freedom to explore that Erikson felt was essential to identity formation.

Finally, identity formation is influenced by the broader *cultural context* in which it occurs—a point Erikson also emphasized. The notion that adolescents should forge a personal identity after carefully exploring many options may well be peculiar to modern industrialized Western societies (Coté & Levine, 1988; Flum & Blustein, 2000). As was true of adolescents in earlier eras, adolescents in many traditional societies today simply adopt the adult roles they are expected to adopt in their culture, without much soul-searching or experimentation. For many adolescents in traditional societies, what Marcia calls identity foreclosure may be the most adaptive path to adulthood (Coté & Levine, 1988).

In Western industrialized societies, however, the adolescent who is able to raise serious questions about the self and answer them—that is, the individual who achieves identity—is likely to be better off for it. Identity achievement is associated with psychological well-being and high self-esteem, complex thinking about moral issues and other matters, a willingness to accept and cooperate with other people, and a variety of other psychological strengths (Waterman, 1992).

## SUMMING UP

- During adolescence, self-awareness increases, self-concepts become more psychological, abstract, and integrated, and self-esteem may dip early but rebounds.
- Resolving Erikson's crisis of identity versus role confusion means progressing from Marcia's diffusion and foreclosure identity statuses to the moratorium and identity achievement statuses, a process that is uneven across domains of identity and extends into late adolescence and early adulthood.
- Establishing an ethnic identity begins in infancy and childhood and is generally more important to minority youths than to majority youths.
- In establishing vocational identities, adolescents become more realistic with age and seek a good fit between self and occupation.
- Identity achievement is facilitated by cognitive development, personality traits such as openness to experience, warm and democratic parenting, opportunities to explore, and a culture that encourages experimentation.

## CRITICAL THINKING

1. Write three brief descriptions of yourself to show how you might have answered the question "Who am I?" at age 4, age 9, and age 18. What developmental changes in self-conceptions do your self-descriptions illustrate?
2. Aaron is having a terrible time achieving a sense of identity; he has been drifting aimlessly through various jobs and relationships for years. Drawing on the material in this chapter, explain why this may be the case.

## 11.5 THE ADULT

We enter adulthood having gained a great deal of understanding of what we are like as individuals—but we are not done developing. How do self-conceptions change and stay the same over the adult years, and to what extent are they shaped by the culture in which the individual develops? How do personalities change and remain the same, and how are both self-concepts and personalities related to the psychological changes adults experience as their careers unfold?

### Self-Conceptions

It is clear that adults differ from one another in their self-perceptions and levels of self-esteem. We now discuss how both age and cultural context help explain that variation.

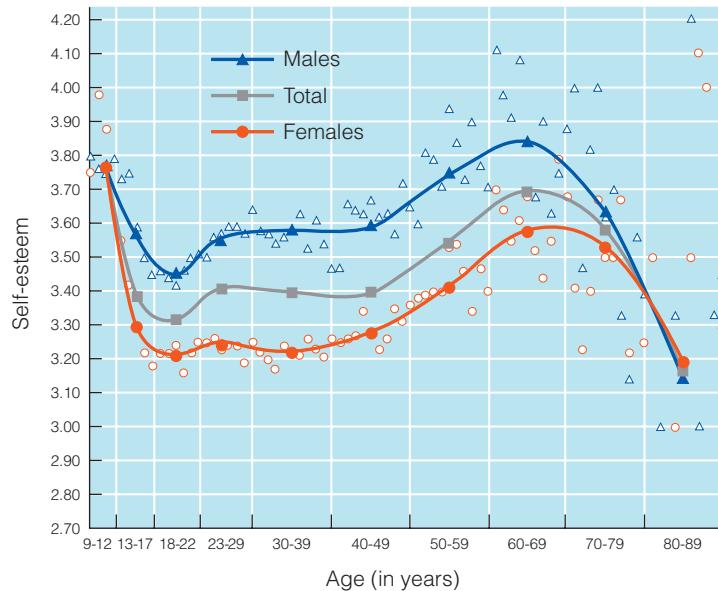
### Age Differences

In Western society, it is commonly believed that adults gain self-esteem as they cope successfully with the challenges of adult life but then lose it as aging, disease, and losses of roles

and relationships take their toll in later life. Is there truth to this view? A large survey over the Internet of more than 300,000 people ages 9 to 90 conducted by Richard Robins and his colleagues (2002) suggests there is. Self-esteem tends to be relatively high in childhood, to drop in adolescence, to rise gradually through the adult years until the mid-60s, then to drop in late old age, as shown in ■ **Figure 11.4**. The same analysis showed that males generally have higher self-esteem than females except in childhood and very old age.

So there is some support for the idea that self-esteem increases during the adult years and drops in late adulthood, although only in the 70s and 80s. Some other work suggests that elderly adults are more like young- and middle-aged adults than different in both levels of self-esteem and in the ways in which they describe themselves (Helgeson & Mickelson, 2000; Ruth & Coleman, 1996). Moreover, self-esteem at one age and self-esteem at a subsequent age are generally consistent (Trzesniewski, Donnellan, & Robins, 2003). There is little truth, then, to the stereotyped view that most older adults suffer from a poor self-image, even though self-esteem drops for some adults in very old age. How, then, do most elderly people manage to maintain positive self-images for so long, even as they experience some of the disabilities and losses that come with aging?

First, *older people adjust their ideal selves to be more in line with their real selves*. Carol Ryff (1991) asked young, middle-

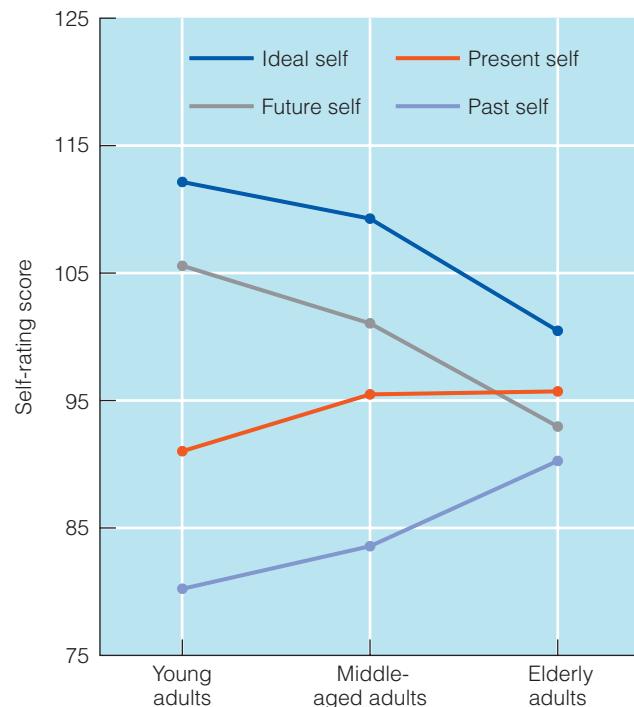


■ **FIGURE 11.4** Self-esteem dips in early adolescence and rises during the adult years until it declines in very old age. Males have higher scores than females except in childhood and late old age. The lines graph mean self-esteem for the various age groups shown; the triangles (for males) and circles (for females) plot mean self-esteem at particular ages in the many studies summarized in this meta-analysis.

SOURCE: From R. W. Robins, K. H. Trzesniewski, J. L. Tracy, S. D. Gosling, & J. Potter, Global self-esteem across the life span. *Psychology and Aging*, 17, pp. 423–434. Copyright © 2002 American Psychological Association. Reprinted with permission from the American Psychological Association.

aged, and elderly adults to assess their ideal, likely future, present, and past selves with respect to various dimensions of well-being, including self-acceptance. ■ **Figure 11.5** shows the average scores on the self-acceptance scale. Ratings of the present self changed little across the adult years. However, older adults scaled down their visions of what they could ideally be and what they likely will be, possibly because they recognized that aging brings with it a loss of capacities. They also judged more positively what they had been. As a result, their ideal, future, present, and past selves converged. Notice, then, that the gap between the ideal self and the real self that widens during childhood and adolescence, and that gives us a sense of falling short, apparently closes again in later life, helping us maintain self-esteem.

Second, *people's goals and standards change with age* so that what seem like losses or failures to a younger person may not be perceived as such by the older adult (Carstensen & Freund, 1994; Helgeson & Mickelson, 2000). A 40-year-old may be devastated at being passed over for a promotion, whereas a 60-year-old nearing retirement may not be bothered at all (Carstensen & Freund, 1994, p. 87). For the older adult with



■ **FIGURE 11.5** Favorability of ratings of their ideal, likely future, present (real), and past selves by young, middle-aged, and elderly adults. The gap between the ideal and the real self that widens during childhood and adolescence shrinks during adulthood, as indicated by the converging lines in the graph. As they age, adults become more comfortable with the idea of remaining as they are and as they have been.

SOURCE: From C. D. Ryff, Possible selves in adulthood and old age: A tale of shifting horizons, *Psychology and Aging*, 6, p. 286–295. Copyright © 1991 American Psychological Association. Reprinted with permission from the American Psychological Association.

a disability, walking a mile may be as much a triumph as running a mile might have been earlier in life (Rothermund & Brandtstädtter, 2003b). As our goals and standards change over the life span, we apply different measuring sticks in evaluating ourselves and do not mind failing to achieve goals that are no longer important.

Third, older adults maintain self-esteem because *the people to whom they compare themselves are also old* (Brandtstädtter & Greve, 1994; Helgeson & Mickelson, 2000). Older adults generally do not compare themselves with young adults but with people who have the same kinds of chronic diseases and impairments they have—or worse ones. If they want to feel good about themselves, they may even strategically select worse-off peers for social comparison (Frieswijk et al., 2004; Rothermund & Brandtstädtter, 2003a), as in, “I’m getting around much better than poor Bessie is.” Indeed, some observers argue that stereotypes of aging in our society are so bleak that older adults can feel better about their own aging simply by conjuring up an image of the typical “old person” (Brandtstädtter & Greve, 1994). On balance, however, negative stereotypes of old age probably have more damaging than beneficial effects on the self-perceptions of elderly people, as shown in the Applications box on page 328.

Overall, then, adults of different ages generally describe themselves in similar ways, but self-esteem appears to rise in early and middle adulthood and to drop off in late old age. Many older adults are able to maintain self-esteem by perceiving a smaller gap than younger adults do between their real and ideal selves, changing the standards by which they evaluate their self-worth, and making social comparisons with other older people.

## Cultural Differences

Self-conceptions show the imprint not only of individual experiences such as positive or negative feedback from parents and bosses but also of broader cultural influences. In an **individualistic culture**, individuals define themselves primarily as individuals and put their own goals ahead of their social group’s goals, whereas in a **collectivist culture**, people define themselves in terms of group memberships and give group goals higher priority than personal goals (Triandis, 1989, 1995). Individualistic cultures socialize children to be independent and self-reliant, whereas collectivist ones teach interdependence with others, social harmony, and subordination of self-interest to the interests of the group. North American and Western European societies typically have an individualistic orientation, whereas many societies in Latin America, Africa, and Asia are primarily collectivist.

How do self-conceptions differ in individualistic and collectivist cultures? Hazel Markus and her colleagues have carefully studied the meanings of self in the United States and Japan (Cross, 2000; Markus, 2004; Markus, Mullally, & Kitayama, 1997). They have found that being a person in the United States (an individualistic culture) means being your own person—*independent, unique, and differentiated from the rest of the social world*, whereas being a person in Japan (a collec-

## STEREOTYPES OF AGING AND SELF-PERCEPTIONS IN OLD AGE

Are the self-perceptions of elderly adults affected by the negative stereotypes of aging rampant in our society and, if so, can anything be done about it? Becca Levy (2003) argues that stereotypes of old people learned in childhood often become self-stereotypes when people reach old age. She cites studies indicating that children learn early to take a dim view of elderly people, to stereotype them as sick, weak, forgetful, and incompetent (and see Hess, 2006). These negative stereotypes are reinforced over the years and are available to be applied to the self once people begin to think of themselves as "old." True, aging adults often go to great lengths to deny that they are old—a sign in itself that old age is negatively perceived in our society. But eventually they can deny no longer, apply the "old" label to themselves, and run the risk of negatively stereotyping themselves.

To demonstrate that aging self-stereotypes can negatively affect the behavior of elderly adults, Levy and her associates (Hausdorff, Levy, & Wei, 1999) used a priming technique. Words reflecting either negative stereotypes of aging or positive stereotypes of aging were flashed rapidly on a computer screen to elderly participants in the study so that the words were perceived but were below the level of awareness. After the priming experience, these adults were asked to walk down a hall

wearing measuring devices on their feet that registered how rapidly they walked and how lightly they stepped (how long their feet were off the ground). Most people assume that a slow, shuffling gait in old age is caused by either biological aging or illness. This study demonstrated that social stereotypes can also slow people down. Older adults primed with positive stereotypes of aging clocked faster speeds and more foot-off-the-floor time than older adults who were exposed to negative stereotypes and shuffled along like old people. As Chapter 8 revealed, Levy (1996) has also found that priming older adults with words such as *senile* results in poorer memory performance than priming them with words such as *wise*.

Levy and her colleagues (2002) have even found that middle-aged adults who have positive perceptions of their own aging (for example, who disagree with statements such as "Things keep getting worse as I get older") end up not only in better health in old age but live more than 7 years longer than adults who have less positive self-perceptions of aging. This was the case even when age, health, socio-economic status, and other relevant variables were controlled.

Are ageist stereotypes a hazard to old people, then? Klaus Rothermund and Jochen Brandtstädter (2003a) wanted to find out. They tested three competing hypotheses about the

relationship between aging stereotypes and self-perceptions in later life:

- Do aging stereotypes contaminate self-perceptions, as Levy (2003) argues?
- Alternatively, do aging stereotypes offer such a dismal view of old age that they give the self-concepts of aging adults a boost by allowing them to compare themselves with worse-off others?
- Instead, might aging stereotypes reflect self-perceptions rather than shape them? That is, might adults experiencing the negative effects of aging begin to take a dim view of old people in general?

These researchers asked German adults ages 54 to 77 at the start of the study to rate a "typical old person" and to rate themselves on the same scale. The sample was then studied over 8 years so that relationships between earlier and later stereotyped beliefs and self-perceptions could be assessed.

The adults in this study clearly had a more positive view of themselves than they had of the typical old person. They also became more charitable in their evaluations of old people as they aged. Otherwise, the results supported Levy's view that aging stereotypes damage self-perceptions. Holding negative aging stereotypes at the outset of the study led to negative self-perceptions later, whereas

tivist culture) means being interdependent, connected to others in social groups, and embedded in society. Thus, when asked to describe themselves, American adults talk about their unique personal qualities but Japanese adults more often refer to their social roles and identities and mention other people (for example, "I try to make my parents happy").

In addition, Americans describe their generalizable personality traits—traits they believe they display in most situations and relationships. By contrast, Japanese adults describe their behavior in specific contexts such as home, school, or work and may describe themselves differently depending on the social situation or context they are talking about. Indeed, the Japanese language has no word to refer to *I* apart from social context (Cross, 2000). In short, Americans think like trait theorists, whereas Japanese people seem to adopt a social learning theory on personality. The result is that Westerners are more likely than Easterners to feel that they have an inner self consistent across situations and over time (Tafarodi et al., 2004).

Finally, Americans are obsessed with maintaining high self-esteem; most believe that they are above average in most

respects. Japanese adults are more modest and self-critical (Cross, 2000). They readily note their inadequacies and seem reluctant to "stand out from the crowd" by calling attention to their positive qualities. In Japan, making a point of your strengths would mean slighting the importance of your group (Shweder et al., 1998, p. 907; also see **Table 11.3** for a summary of these differences).

Interestingly, cultural differences in self-descriptions can be detected as early as age 3 or 4 by asking children to talk about themselves and their experiences (Wang, 2004, 2006). American children talk about their roles, preferences, characteristics, and feelings, whereas Chinese children describe themselves in terms of social roles and social routines such as family dinners. They are a good deal more modest, too, saying things like "I sometimes forget my manners." Parents probably contribute to these cultural differences through everyday conversations with their children; for example, American mothers tell stories in which their children are the stars, whereas Chinese mothers talk about the experiences of the family as a group (Wang, 2004).

early self-perceptions did not affect later aging stereotypes. Moreover, the link between negative stereotypes of old age and negative self views was especially strong among the oldest adults in the study, perhaps helping explain the tendency for self-esteem to drop in late old age. In some studies, feeling healthier and more capable than other old people makes older people feel better rather than worse about themselves (Rothermund, 2005). On balance, though, this study and others suggest that ageist stereotypes do more harm than good, especially among people who have come to identify themselves as "old" and therefore apply ageist stereotypes to themselves (Hess, 2006; O'Brien & Hummert, 2006).

How might we combat ageist stereotypes and call attention to positive aspects of old age and aging? Intervention might best begin in childhood. For example, intergenerational programs in which elderly adults work with children in the schools not only help children learn but also improve their attitudes toward old people (Cummings, Williams, & Ellis, 2003). Interventions to combat ageism also need to be aimed at elderly people. For example, Levy's (2003) work suggests that activating positive stereotypes of aging before elderly people perform cognitive tasks may boost their performance, at least temporarily.

Some years ago, Judith Rodin and Ellen Langer (1980) set out to boost the self-

esteem of elderly nursing home residents after discovering that 80% blamed physical aging for many of their difficulties in functioning and did not consider that the nursing home environment could be a source of their problems. In an experiment, Rodin and Langer exposed one group of nursing home residents to a new theory highlighting environmental causes of their limitations in functioning: That they had difficulty walking, for example, was attributed to the nursing home floors, which were tiled and therefore slippery for people of any age. Compared with an untreated control group and a group that received medical information that physical aging was not the major source of their difficulties, the group that learned to attribute everyday problems in functioning to the nursing home environment rather than to old age became more active, more sociable, and even more healthy.

Ultimately, societal-level change may be needed. Some countries (China, for example) clearly have more positive views of old age than the United States does (Levy & Langer, 1994). Possibly our ageist society can reduce ageism and promote more positive views of aging across the life span by instituting new social policies and programs (Braithwaite, 2002). Meanwhile, it seems that elderly people who can avoid taking negative stereotypes of old people to heart and who can avoid blaming the difficulties they encounter on the ravages



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What stereotypes do we have of elderly women?

of old age—that is, older adults who can avoid thinking like ageists—stand a good chance of feeling good about themselves.

Cross-cultural studies of individualistic and collectivist cultures challenge the Western assumption that a person cannot develop normally without individuating himself from others and coming to know his identity as an individual. In much of the world, it's about "self-in-relation-to-others," not about individuals with their own unique identities (Shweder et al., 2006). These studies also suggest that our methods for studying the self—asking people who they are, having them respond to personality scale items about how they generally behave across social contexts—may be culturally biased. Many of the world's people seem to get on quite nicely by not thinking much about how they differ from other group members and by describing themselves in specific social contexts. It is wise to bear in mind, then, that self-conceptions are culturally defined.

## Continuity and Discontinuity in Personality

Apart from how we conceive of ourselves, how do our personalities change or remain the same over the years? To address questions of continuity and change in adult personality, we

must ask two questions: Do *individual* adults retain their rankings on trait dimensions compared with others in a group over the years? Do *average* scores on personality trait measures increase, decrease, or remain the same as age increases?

### Do People Retain Their Rankings?

Paul Costa, Robert McCrae, and their colleagues have closely studied personality change and continuity by giving adults from their 20s to their 90s personality tests and administering these tests repeatedly over the years (McCrae & Costa, 2003). Focusing on the Big Five dimensions of personality listed in Table 11.1, they have found a good deal of *stability in rankings within a group*, as indicated by high correlations between scores on the same trait dimensions at different ages. In other words, the person who tends to be extraverted as a young adult is likely to be extraverted as an elderly adult, and the introvert is likely to remain introverted over the years. Similarly, the adult who shows high or low levels of neuroticism, conscientiousness, agreeableness, or openness to new experiences is likely to retain that rank-

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ing compared with that of peers years later. Correlations between personality trait scores on two occasions 20 to 30 years apart average about 0.60 across the five personality dimensions. Correlations of this size suggest consistency in personality over time but also room for change in response to life events (McCrae & Costa, 2003; Morizot & Le Blanc, 2003).

The tendency to be consistent increases with age. In a meta-analysis of 152 studies in which personality was assessed on two or more occasions, Brent Roberts and Wendy DelVecchio (2000) found that the average correlation between scores at two testings 6 to 7 years apart was 0.31 in infancy and early childhood, 0.54 in the college years, 0.64 at age 30, and 0.74 from age 50 on. Because they are still forming, personalities are unsettled in childhood and even in a person's teens and 20s. McCrae and Costa (2003) concluded that rankings on the Big Five are very stable by the time adults are in their 30s, but Roberts and DelVecchio (2000) and others have shown that personalities are still stabilizing as late as ages 50 to 60.

### Do Mean Personality Scores Change?

Do most people change systematically in common directions over the years? You may be consistently more extraverted than your best friend over the years, and yet both of you could become less extraverted at age 70 than you were at age 20. This second major type of continuity in personality, *stability in the average level of a trait*, is relevant when we ask whether there is truth to stereotypes of older adults—for example, that they are more rigid, grumpy, depressed, and passive than younger adults.

Early cross-sectional studies suggested that younger and older adults have different personalities on average. However, some age-group differences have turned out to be generational,

or cohort, differences rather than true maturational changes. That is, people's personalities are affected by when they were born and by the experiences they had in their formative years (Roberts, Walton, & Viechtbauer, 2006; Schaeie & Parham, 1976). For example, Jean Twenge (2000) has shown that recent cohorts of children and adults have scored higher on measures of anxiety and neuroticism than earlier generations did, possibly because the world has become more complex and frightening.

When age-group differences appear consistently in different cultures undergoing different social changes at different times, they are not likely to be because of cohort effects. McCrae, Costa, and their colleagues (2000) have examined age-group differences in scores on the Big Five personality dimensions in countries as diverse as Turkey, the Czech Republic, and Japan. They find that extraversion (especially excitement-seeking) and openness to experience decline modestly from adolescence to middle age, whereas emotional stability (the opposite of neuroticism), agreeableness, and conscientiousness increase over this same age range. From adolescence to middle adulthood, then, we become less in need of stimulation and less open to new experiences but more psychologically mature—more emotionally stable, more cooperative and easy to get along with, and more disciplined and responsible. A major meta-analysis combining the results of longitudinal studies largely reinforced these findings, especially the decrease in openness to experience and the increase in emotional stability and conscientiousness (Roberts et al., 2006). Although personality change was most evident in early adulthood, several modest changes were detected in middle age, contradicting McCrae and Costa's view (which they have now softened), that the personality is largely set by age 30.



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Middle-aged adults tend to be less neurotic and open to new experiences but more agreeable and conscientious than adolescents.

What personality changes can people expect from middle age to old age? Activity level—the tendency to be energetic and action oriented, an aspect of extraversion—begins to decline in people's 50s and continues declining through the 80s and 90s (McCrae & Costa, 2003). Otherwise, most of us will not undergo similar personality changes as part of the aging experience. Either we will remain much the same or we will change in response to life experiences in our own ways and at our own times (Helson, Jones, & Kwan, 2002).

Evidence of similar age differences in personality in different cultures, coupled with evidence that the Big Five personality trait dimensions are genetically influenced (Krueger et al., 2006; Yamagata et al., 2006), has led McCrae and Costa (2003) to conclude that the Big Five:

- Are biologically based temperaments
- Are relatively resistant to environmental influences
- Undergo a universal process of maturational change

McCrae and Costa go on to theorize that evolution is behind maturational changes in personality. For our ancestors, they argue, a good deal of extraversion and openness to new experiences during adolescence might have proved useful in exploring the environment and, in the process, finding mates and other valued resources. For adults raising children, though, emotional stability, conscientiousness, and agreeableness may have proved more adaptive.

Although they are convinced that age-related changes in Big Five personality dimensions are universal and biologically based, McCrae and Costa acknowledge that cultural and social influences more strongly shape what McAdams and Pals (2006) call *characteristic adaptations*—the specific ways in which people adjust to their environments and learn habits, social roles, and attitudes.

So most evidence points to (1) a good deal of cross-age consistency in people's rankings compared with other people on Big Five personality trait dimensions; (2) cohort effects suggesting that the historical context in which people grow up affects their personality development; (3) personality growth from adolescence to middle adulthood highlighted by less openness to experience but more emotional stability and conscientiousness; and (4) little personality change from middle adulthood to later adulthood except for decreased activity level. In short, there is both continuity and discontinuity in personality during adulthood.

## Why Do People Change or Remain the Same?

Having figured out that personality exhibits both stability and change over the life span, developmentalists naturally want to know why people stay the same and why they change. What makes a personality stable? First, *heredity* is at work. As we have noted, genes contribute to individual differences in all five of the Big Five personality factors (Borkenau et al., 2001; Krueger et al., 2006). Second, *lasting effects of childhood experiences* may contribute; you have seen, for example, that parents can either help a child overcome a difficult temperament or con-

tribute to its becoming an enduring pattern of response. Third, traits may remain stable because people's *environments remain stable*. Fourth, *gene-environment correlations* may promote continuity. That is, genetic endowment may influence the kinds of experiences we have, and those experiences, in turn, may strengthen our genetically based predispositions (Roberts & Caspi, 2003; also see Chapter 3). Thus, an extravert's early sociability will elicit friendly responses from others, cause her to seek out social activities, and in the process strengthen her initial tendency to be extraverted. By contrast, the person genetically predisposed to be introvert may avoid crowds, keep to himself, and therefore remain an introverted individual, comfortable with himself and his lifestyle. In a kind of snowball effect involving correlated genes and environments, the consequences of having one early temperament rather than another will cumulate over the years (Caspi, 1998; Donnellan et al., 2006).

What, then, might cause the significant changes in personality that some adults experience? *Biological factors* such as disease could contribute. The nervous system deterioration associated with Huntington's disease or Alzheimer's disease, for example, can cause victims to become moody, irritable, and irresponsible (McCrae & Costa, 2003). Adults also change in response to *changes in the environment*, including major life events (Caspi, 1998; Maiden et al., 2003). For example, young adults who land good jobs after college tend to gain confidence, whereas those who face job insecurity and unemployment in their early careers lose it (Mortimer, Finch, & Kumka, 1982), and marriage decreases neuroticism whereas the death of a spouse increases it for a time (Mroczek & Spiro, 2003). In this way, life events and learning experiences help shape personality development, much as social learning theorists claim.

Finally, change is more likely when there is a *poor fit between person and environment* (Roberts & Robins, 2004). For example, Florine Livson (1976) discovered that independent women who did not have traditionally feminine traits experienced more personality change during midlife than traditional women who fit the stereotypically feminine roles of wife and mother better. Bothered by the mismatch between their personalities and their traditionally feminine roles, the nontraditional women redirected their lives in their 40s, expressed their masculine sides, and experienced better psychological health by their 50s. Similarly, men who fit the traditional male role changed less over the years than nontraditional men who felt cramped by this role and who, after a crisis in their 40s, began to express their more feminine, emotional sides (Livson, 1981). For both men and women, then, a poor person–environment fit prompted personality change.

Thus, genes, lasting effects of early childhood experiences, stable environments, and gene–environment correlations all contribute to the considerable continuity seen in adult personality. Change in personality becomes more likely if people's biologies or environments change or if there is a poor fit between their personalities and their lifestyles.

To the extent that there is continuity in personality, people can predict what they and other people will be like in the fu-

ture or how they will respond to life events. For example, individuals who score high on measures of neuroticism and low on measures of extraversion are likely to experience more negative and fewer positive life events than other people (Magnus et al., 1993) and to have more difficulty coping with negative life events when they occur (Hoffman, Levy-Shiff, & Malinski, 1996), whereas older adults who are extraverted and open to experience adapt well to potential stressors (Kling et al., 2003).

## Eriksonian Psychosocial Growth

Researchers like Costa and McCrae who conclude that adults change little over the years typically study personality by administering standardized personality scales. These tests were designed to assess enduring traits and probably reveal the most stable aspects of personality. Researchers who interview people in depth about their lives often detect considerably more change and growth (McCrae & Costa, 2003).

This is clear in research on Erikson's theory of psychosocial development through the life span. Erikson's eight stages of psychosocial development, listed in **Table 11.4**, will be reviewed briefly here, with emphasis on their implications for development during adulthood (see also Chapter 2). Both maturational forces and social demands, Erikson believed, push humans everywhere through these eight psychosocial crises. Later conflicts may prove difficult to resolve if early conflicts were not resolved successfully. For development to proceed optimally, a healthy balance between the terms of each conflict must be struck; if this happens, the individual gains a particular "virtue," or psychosocial strength.

## The Path to Adulthood

During Erikson's first psychosocial conflict, **trust versus mistrust**, infants learn to trust other people if their caregivers are responsive to their needs; otherwise, the balance of trust versus

mistrust will tip in the direction of mistrust. Erikson believed that infants, in resolving the psychosocial conflict of basic trust versus mistrust, begin to recognize that they are separate from the caregivers who respond to their needs. Indeed, as you saw earlier in this chapter, infants begin to distinguish self from other (typically the mother) during the first 2 or 3 months of life.

Toddlers acquire an even clearer sense of themselves as individuals as they struggle with the psychosocial conflict of **autonomy versus shame and doubt**. According to Erikson, they develop a sense of themselves and assert that they have wills of their own. Consistent with this view, toddlers recognize themselves in a mirror and lace their speech with "me" and "no" around 18 months of age. Four- and five-year-olds who have achieved a sense of autonomy then enter Erikson's stage of **initiative versus guilt**. They develop a sense of purpose by devising bold plans and taking great pride in accomplishing the goals they set. As you have seen, preschoolers define themselves primarily in terms of their physical activities and accomplishments.

A sense of initiative, Erikson believed, paves the way for success when elementary-school children face the conflict of **industry versus inferiority** and focus on mastering important cognitive and social skills. As you have seen, elementary-school children seem intent on evaluating their competencies; they engage in more social comparison than younger children and are likely to acquire a sense of industry rather than one of inferiority if those comparisons turn out favorably.

According to Erikson, children who successfully master each of these childhood psychosocial conflicts gain new ego strengths. Moreover, they learn a good deal about themselves and position themselves to resolve the adolescent crisis of **identity versus role confusion**, Erikson's fifth stage. As you saw in some detail earlier in this chapter, adolescence is a time for raising and answering identity questions. But what happens to adolescents with newfound identities during the adult years? Erikson thought that stagelike changes in personality—and ex-

**● TABLE 11.4 THE EIGHT STAGES OF ERIKSON'S PSYCHOSOCIAL THEORY**

| STAGE                           | AGE RANGE          | CENTRAL ISSUE                          | VIRTUE OR STRENGTH |
|---------------------------------|--------------------|--|--------------------|
| 1. Trust vs. mistrust           | Birth to 1 year    | Can I trust others?                    | Hope               |
| 2. Autonomy vs. shame and doubt | 1 to 3 years       | Can I act on my own?                   | Will               |
| 3. Initiative vs. guilt         | 3 to 6 years       | Can I carry out my plans successfully? | Purpose            |
| 4. Industry vs. inferiority     | 6 to 12 years      | Am I competent compared with others?   | Competence         |
| 5. Identity vs. role confusion  | 12 to 20 years     | Who am I?                              | Fidelity           |
| 6. Intimacy vs. isolation       | 20 to 40 years     | Am I ready for a relationship?         | Love               |
| 7. Generativity vs. stagnation  | 40 to 65 years     | Have I left my mark?                   | Care               |
| 8. Integrity vs. despair        | 65 years and older | Has my life been meaningful?           | Wisdom             |

citing possibilities for personal growth—continue during adulthood through psychosocial crises focused on intimacy versus isolation, generativity versus stagnation, and integrity versus despair.

### Early Adult Intimacy

As Erikson saw it, early adulthood is a time for dealing with the psychosocial conflict of **intimacy versus isolation**. He theorized that a person must achieve a sense of individual identity before becoming able to commit himself to a shared identity with another person—that is, you must know yourself before you can love someone else. The young adult who has no clear sense of self may be threatened by the idea of entering a committed, long-term relationship and being “tied down,” or he may become overdependent on a romantic partner (or possibly a close friend) as a source of identity.

Does identity indeed pave the way for genuine intimacy? To find out, Susan Whitbourne and Stephanie Tesch (1985) measured identity status and intimacy status among college seniors and 24- to 27-year-old alumni from the same university. The researchers interviewed people about their closest relationships and placed each person in one of six “intimacy statuses.” These included being a social isolate with no close relationships, being in a shallow relationship with little communication or involvement, being in a deep relationship but not yet being ready to make a long-term commitment to a partner, and being in a genuinely intimate relationship that has it all— involvement, open communication, and a long-term commitment. College graduates had progressed farther than college seniors in resolving intimacy issues; more of them were in long-term, committed relationships. In addition, the college gradu-

ates who had well-formed identities were more likely than those who did not to be capable of genuine and lasting intimacy.

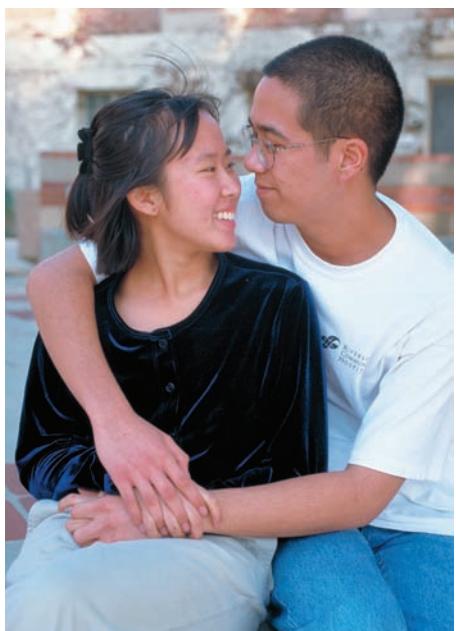
As Erikson theorized, then, we must know ourselves before we can truly love another person (see also Montgomery, 2005). Yet Erikson believed that women resolve identity questions when they choose a mate and fashion an identity around their roles as wife and mother-to-be. Is this rather sexist view correct? Only for some women. Influenced by traditional sex-role expectations, some women resolve intimacy issues before identity issues: they marry, raise children, and only after the children are more self-sufficient ask who they are as individuals (Hodgson & Fischer, 1979). Other women with feminine gender-role orientations tackle identity and intimacy issues simultaneously, perhaps forging a personal identity that centers on caring for other people or defining themselves in the context of a love relationship (Dyk & Adams, 1990).

However, still other women with more masculine gender-role orientations tend to follow the identity-before-intimacy route that characterizes men, settling on a career first, thinking about a serious relationship next (Dyk & Adams, 1990). Overall, then, Erikson’s theory seems to fit men better than it fits women because fewer women follow the hypothesized identity-then-intimacy path. Sex differences in routes to identity and intimacy are likely to diminish, however, as more women postpone marriage to pursue careers.

### Midlife Generativity

Does psychosocial growth continue in middle age? George Vaillant (1977), a psychoanalytic theorist, conducted an in-depth longitudinal study of mentally healthy Harvard men from college to middle age and a similar longitudinal study of blue-collar workers (Vaillant, 1983; Vaillant & Milofsky, 1980). Vaillant found support for Erikson’s view that the 20s are a time for intimacy issues. He found that in their 30s, men shifted their energies to advancing their careers and were seldom reflective or concerned about others. Finally, in their 40s, many men became concerned with Erikson’s issue of **generativity versus stagnation**, which involves gaining the capacity to generate or produce something that outlives you and to care about the welfare of future generations through such activities as parenting, teaching, mentoring, and leading (de St. Aubin, McAdams, & Kim, 2004; Slater, 2003). Vaillant’s 40-something men expressed more interest in passing on something of value, either to their own children or to younger people at work. Few experienced a full-blown and turbulent midlife crisis, just as few had experienced a severe identity crisis as college students. Nonetheless, they were growing as individuals, often becoming more caring and self-aware as they entered their 50s. One of these men expressed the developmental progression Vaillant detected perfectly: “At 20 to 30, I think I learned how to get along with my wife. From 30 to 40, I learned how to be a success in my job. And at 40 to 50, I worried less about myself and more about the children” (1977, p. 195).

Dan McAdams and others have been studying midlife generativity in more depth (de St. Aubin, McAdams, & Kim,



Early adulthood is the time, according to Erik Erikson, for deciding whether to commit to a shared identity with another person.

2004). Their studies show, first, that middle-aged men and women are more likely than young adults to have achieved a sense of generativity (McAdams, Hart, & Maruna, 1998; Timmer, Bode, & Dittmann-Kohli, 2003). Moreover, those adults who have achieved a sense of identity and intimacy are more likely than other adults to achieve generativity, as Erikson predicted (Christiansen & Palkovitz, 1998). Adults who score high on measures of generativity are caring people, committed parents, productive workers and mentors, and community leaders. In Big Five terms, generative adults tend to be agreeable, emotionally stable (low in neuroticism), and open to experience (McAdams et al., 1998), and they are more satisfied with their lives (McAdams & Logan, 2004). Overall, research on generativity supports Erikson's view that both women and men are capable of impressive psychosocial growth during middle adulthood.

### Old Age Integrity

Elderly adults, according to Erikson, confront the psychosocial issue of **integrity versus despair**. They try to find a sense of meaning in their lives that will help them face the inevitability of death. If they constructed a life story or narrative identity during their early adult years, they work on accepting it in old age as the only life they could have led (McAdams & Adler, 2006).

A sense of identity in early adulthood predicts both generativity and integrity in later life, and a sense of integrity is in turn related to a high sense of psychological well-being and low depression or despair (James & Zarrett, 2005). Ultimately, most older adults seem to attain a sense of integrity; when asked what they would do differently if they had their lives to live over, they say there is little, if anything, they would change (Erikson, Erikson, & Kivnick, 1986).

Some years ago, gerontologist Robert Butler (1963) proposed that elderly adults engage in a process called **life review**, in which they reflect on unresolved conflicts of the past to come to terms with themselves, find new meaning and coherence,



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Reminiscence and life review can help older adults achieve a sense of integrity.

in their lives, and prepare for death (see also Haber, 2006; Webster & Haight, 2002). Do older adults engage in life review, and does it help them achieve a healthy sense of integrity? Elders who use the life review process display a stronger sense of ego integrity and better overall adjustment and well-being than those who do not reminisce and those who mainly stew about how poorly life has treated them or who have unresolved regrets (Taft & Nehrke, 1990; Wong & Watt, 1991; Wrosch, Bauer, & Scheier, 2005). Elderly adults are more likely than younger adults to focus on positive experiences and the positive emotions associated with them when they reminisce, which may help them accept their lives and feel good about themselves (Pasupathi & Carstensen, 2003). Believing that life review can be beneficial in later life, Butler and other gerontologists have used it as a form of therapy, asking elderly adults to reconstruct and reflect on their lives with the help of photo albums and other memorabilia. Participation in life review therapy can indeed benefit elderly adults (Molinari, 1999; Webster & Haight, 2002).

On balance, Erikson's view that humans experience psychosocial growth throughout the life span has gained support from research. Although few studies have directly tested Erikson's ideas about psychosocial development during childhood, his theorizing about the adolescent stage of identity versus role confusion has been tested extensively and is well supported. In addition, achieving a sense of identity in adolescence paves the way for forming a truly intimate relationship as a young adult, many middle-aged adults go on to attain a sense of generativity, and many older adults work toward a sense of integrity through the process of life review.

### Midlife Crisis?

Where in all this evidence of stability in personality traits such as extraversion and neuroticism and of Eriksonian psychosocial growth is the midlife crisis that many people believe is a standard feature of personality development in middle age? Although Erikson saw few signs of a midlife crisis, another psychoanalytic theorist, Daniel Levinson (1986, 1996; Levinson et al., 1978), did. He proposed an influential stage theory of adult development based on intensive interviews with 40 men and later reported that it fit women as well (Levinson, 1996).

Levinson's stages, which he believed to be universal, describe the unfolding of what he calls an individual's "life structure," an overall pattern to a person's activities that reflects the person's priorities and relationships with other people and the larger society. Levinson proposed that adults go through a repeated process of first building a life structure and then questioning and altering it during transition periods (see ● Table 11.5).

Levinson believed that the transition period from age 40 to age 45 is an especially significant time developmentally, a time of **midlife crisis**—of a person questioning his entire life structure and raising unsettling issues about where he has been and where he is heading. Most middle-aged men Levinson studied

● TABLE 11.5 LEVINSON'S STAGES OF ADULT DEVELOPMENT

| STAGE                    | AGE   | CHARACTERISTICS   |
|--------------------------|-------|---|
| Early adult transition   | 17–21 | Period of questioning. Young people make the transition from adolescence to early adulthood and explore possibilities for an adult identity. They form “the dream,” a vision of their life goals.   |
| Entering the adult world | 22–28 | Adults build their first life structure, often by making and testing a career choice and by getting married. They work to succeed; find a supportive spouse, mentor, or both if possible; and do not question their lives much.   |
| Age 30 transition        | 28–33 | Period of questioning. Adults ask whether their career choices and marriages are what they want. If not, they may make small adjustments in their life structure or plan major life changes (e.g., a job change, a divorce, or a decision to return to school).   |
| Settling down            | 33–40 | This is a time for building and living a new, and often different, life structure and for “making it,” or realizing one’s dream. An adult may outgrow his need for a mentor and become his own person. As in the structure-building period of entering the adult world, adults tend to be ambitious, task oriented, and unreflective. |
| Midlife transition       | 40–45 | In this major period of questioning, successful adults ask whether the dreams they formulated as young adults were worth achieving. If they have not achieved their dreams, they face the reality that they may never achieve them and may again make major changes in their life structures.   |

did not seek divorces, quit their jobs, buy red sports cars, or behave like lovesick adolescents, as popular images of the midlife crisis would have it. However, Levinson characterized 80% of the men in his study as having experienced a bona fide crisis—a period of intense inner struggles and disturbing realizations—in their early 40s. And, in his in-depth study of 45 women between age 35 and age 45, Levinson (1996) concluded that women experience significant crises during both the age 30 transition (28 to 33) and the midlife transition (40 to 45), often centered on the balancing of career and family.

Many researchers agree that middle age is often a time when important issues arise, self-evaluations are made, and goals may change (Hermans & Oles, 1999; McAdams & Adler, 2006; Rosenberg, Rosenberg, & Farrell, 1999). What’s more, some people experience midlife changes in personality in response to life events such as divorce, a job change, or the death of a parent. Still, there is not much support for Levinson’s claim that most adults experience a genuine “crisis” in their early 40s (Hedlund & Ebersole, 1983; Vaillant, 1977). In sum, Levinson may have overestimated the extent to which midlife crisis occurs. It seems sounder to call the phenomenon midlife *questioning*, to recognize that it can occur in response to life events at a variety of ages, and to appreciate that it is usually not a true psychological crisis.

## Vocational Development and Adjustment

Although Levinson’s concept of midlife crisis is not well supported, he was right to emphasize that adults revise important life decisions as they develop. To illustrate, consider vocational development during adulthood, a reflection of self-concept

and personality (Judge & Bono, 2001). After much experimenting in early adulthood, people settle into chosen occupations in their 30s and strive for success. Ultimately, they prepare for the end of their careers, make the transition into retirement, and attempt to establish a satisfying lifestyle during their “golden years.”

### Establishing a Career

Levinson was right that early adulthood is a time for exploring vocational possibilities, launching careers, making tentative commitments, revising them if necessary, seeking advancement, and establishing yourself firmly in what you hope is a suitable occupation. Using data from a longitudinal study of males tracked from adolescence to age 36 (see Super, Savickas, & Super, 1996), Susan Phillips (1982) examined whether men’s decisions about jobs at different ages were tentative and exploratory (for example, “to see if I really liked that kind of work”) or more final (for example, “to get started in a field I wanted [to enter]”). The proportions of decisions that were predominantly exploratory were 80% at age 21, 50% at age 25, and 37% at age 36. From age 21 to age 36, then, young adults progressed from wide-open exploration of different career possibilities to tentative or trial commitments to a stabilization of their choices. Even in their mid-30s, however, about a third of adults were still exploring what they wanted to be when they grew up! The average man held *seven* full-time jobs or training positions between age 18 and age 36 (Phillips, 1982). The picture for women is similar (Jenkins, 1989).

After their relatively unsettled 20s and decision-making 30s, adults often reach the peaks of their careers in their 40s (Simonton, 1990). They often have major responsibilities and

define themselves in terms of their work. Personality is an important influence on how it goes. Job performance is consistently correlated with the Big Five dimension of conscientiousness; extraversion and emotional stability also contribute to career success (Ozer & Benet-Martinez, 2006). Person–environment fit can be critical, too: people tend to perform poorly and become open to changing jobs when the fit between their personality and aptitudes and the demands of their job or workplace is poor (Hoffman & Woehr, 2006).

Gender is another significant influence on vocational development. Although women are entering a much wider range of fields today than they were a few decades ago, most administrative assistants, teachers, and nurses are still women. Partly because they are clustered in traditionally feminine-stereotyped occupations, U.S. women earn about 80 cents for every dollar men earn (Associated Press, 2003). Why the gap? It is probably caused by the influence of gender-role norms on the choices women make and discrimination in the workplace.

Traditional gender-role norms have prompted many women to subordinate career goals to family goals. Women often interrupt their careers, drop down to part-time work, take less demanding jobs, and decline promotions that would involve transferring to a new location so that they can bear and raise children (Kirchmeyer, 2006; Moen, 1992). In the process, they hurt their chances of rising to higher paid, more responsible positions. Meanwhile, the women who make it to the top of the career ladder, especially in male-dominated fields, sometimes achieve this success by remaining single, divorcing, or limiting their childbearing (Jenkins, 1989). Overall, women without children achieve more in their careers than women with children (Carr et al., 1998; Wilson, 2003). Each additional child reduces a woman's earnings further, and that leaves her in worse financial shape than a man when she retires (Avellar & Smock, 2003). Women are also less likely than men to enjoy the career boost that comes from having a non-working partner supporting one's career (Kirchmeyer, 2006).

In addition to family taking priority over career, discrimination can limit women's vocational development. For example:

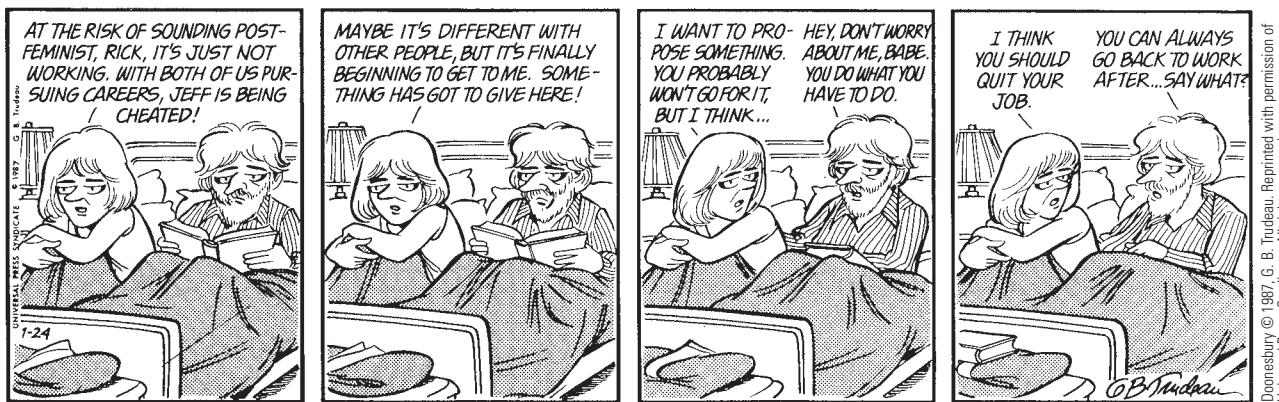
- Traditionally “female” jobs pay less than “male” jobs even when the intellectual demands of the work are similar (England, Reid, & Kilbourne, 1996).
- Women who enter jobs with the same management degrees and salaries as men, and receive equal performance ratings, still do not rise as far in the organization or earn as much as men (Cox & Harquail, 1991).
- Women earn about 20% less than men even controlling for the tendency of women to work less, step out of the work force more, and enter lower-paying occupations (Associated Press, 2003).

In sum, although we make preliminary vocational choices as adolescents, we remain open to making new choices as young adults and take some time to settle on careers that fit our personalities and gender roles. People's personalities affect their vocational choices and adjustment; in turn, people whose work is complex and intellectually challenging grow as a result of the intellectual stimulation they receive, becoming more able to handle intellectual problems adeptly and more self-confident (Kohn & Schooler, 1982; Schooler, Mulatu, & Oates, 1999).

### The Aging Worker

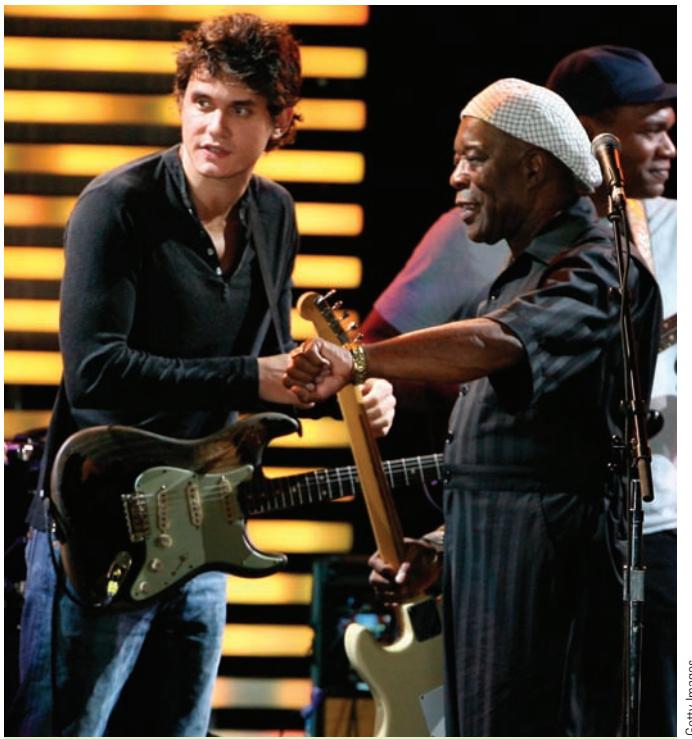
Many people believe that adults become less able or less motivated to perform well on the job as they approach retirement. As it turns out, the job performance of workers in their 50s and 60s is similar overall to that of younger workers (Avolio & Sosik, 1999; Hansson et al., 1997). Not only are older workers generally as competent as younger workers, but they tend to be more satisfied with their jobs, more involved in their work, and less interested in landing new jobs than younger workers are (Rhodes, 1983).

Why is the performance of older workers not hurt by some of the age-related physical and cognitive declines described in this book? First, these declines typically do not become significant until people are in their 70s and 80s, long after they have retired. Second, many older workers have accumulated a good



Gender roles and career choices illustrated in *Doonesbury*.

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Getty Images

Older workers generally perform as well as younger ones, possibly because they use selective optimization with compensation to cope with aging.

deal of on-the-job expertise that helps them continue to perform well (Hansson et al., 1997). Finally, the answer may lie in the strategies that aging adults use to cope with aging.

Gerontologists Paul and Margaret Baltes (1990) have theorized that older people can best cope with aging, and people in general can best cope with living, through the strategy they call **selective optimization with compensation**, or **SOC** (Baltes & Baltes, 1990; Baltes & Freund, 2003; Freund & Riediger, 2006; and see Chapter 8). Three processes are involved: *selection* (focus on a limited set of goals and the skills most needed to achieve them), *optimization* (practice those skills to keep them sharp), and *compensation* (develop ways to get around the need for other skills). Using selective optimization with compensation, an overworked 60-year-old lawyer might, for example, avoid spreading herself too thin by focusing on her strongest specialty area and delegating other types of assignments to younger workers (*selection*), putting a lot of time into staying up-to-date in her main area of specialization (*optimization*), and making up for her failing memory by taking more notes at meetings (*compensation*). For pianist Arthur Rubenstein, maintaining excellence in old age meant playing fewer different pieces (*selection*), practicing them more (*optimization*), and compensating for loss of speed by increasing the contrast between the slower and faster parts of a piece to make the faster parts sound faster (Baltes, Lindenberger, & Staudinger, 2006). Thinking about the gains and losses that come with aging, the idea of selective optimization with compensation is to priori-

tize, maximize gains, and minimize losses (Riediger, Li, & Lindenberger, 2006).

In one study of this coping strategy (Abraham & Hansson, 1995), workers age 40 to age 69 completed scales measuring their reliance on selection, optimization, and compensation strategies. Among older adults in the sample, especially those with highly stressful jobs, heavy reliance on selective optimization with compensation helped workers maintain a high level of performance and achieve their goals at work. There is now evidence that this strategy helps both middle-aged and older adults to function effectively (Freund & Riediger, 2006). The federal government seemed to have recognized that older workers are typically effective workers when it raised or eliminated mandatory retirement ages, increased the age of eligibility for receiving Social Security, and, through the Age Discrimination in Employment Act, protected older workers from age discrimination in hiring and retention (Hansson et al., 1997). But there is work left to do in our society to understand true strengths and limitations of older workers and to meet the needs of those who want to continue working well into old age (see Hedge, Borman, & Lammlein, 2006).

## Retirement

A century ago, most adults continued working as long as they were able. As late as 1930, more than half of all men age 65 or older were still working (Palmore et al., 1985). The introduction of Social Security in 1934, affluence, and increased availability of private pension plans changed that, making it financially possible for more men and women to retire and to do so earlier. In 1960, for example, 78% of men age 60 to age 64 were still in the labor force; by 2000, only 55% were (Samuelson, 2002). Over this period, the average age of retirement dropped from over 67 to 62, although it may be inching up again as retiring baby boomers find that they need to continue earning money (Wilmoth & Longino, 2006).

How do people adjust to the final chapter of the work life cycle? Robert Atchley (1976) proposed that adults progress through a series of phases as they make the transition from worker to retiree. The process of adjustment begins with a *pre-retirement phase* in which workers nearing retirement gather information, talk about retirement, and plan for the future (Ekerdt, Kosloski, & DeViney, 2000). Deciding when to retire is an important part of the process. Some workers are forced to retire early because of poor health or because they are pushed out of their jobs, but others choose to retire early because they have enough money to do so, do not feel attached to their jobs, or simply like the idea (Beehr et al., 2000; Hansson et al., 1997).

Just after they retire, workers often experience a *honeymoon phase* in which they relish their newfound freedom; they head for the beach, golf course, or camp grounds and do all the projects they never had time to do while they worked. Then, according to Atchley, many enter a *disenchantment phase* as the novelty wears off; they feel aimless and sometimes unhappy. Finally, they move to a *reorientation phase* in which they begin

to put together a realistic and satisfying lifestyle. Research supports this view. For example, David Ekerdt and his colleagues (Ekerdt, Bossé, & Levkoff, 1985) found that (1) men who had been retired only a few months were in a honeymoon period in which they were highly satisfied with life and optimistic about the future, (2) men who had been retired 13 to 18 months were rather disenchanted, and (3) men who had been retired for longer periods were relatively satisfied (see also Gall, Evans, & Howard, 1997).

Clearly, retirement takes getting used to. After retirees have adjusted, however, are they worse off than they were before they retired? Negative images of the retired person abound in our society; the retiree supposedly ends up feeling useless, old, bored, sickly, and dissatisfied with life. Yet research shows that retirement has few effects on adults (Gall et al., 1997; Hansson et al., 1997; Palmore et al., 1985). Retirement's most consistent effect is to reduce the individual's income (Palmore et al., 1985). Retired people generally do not experience a decline in health simply because they retire. Poor health more often causes retirement than retirement causes poor health. Retirees' activity patterns and social lives do not change much either (Palmore et al., 1985). Retirement typically has no noticeable effect on the size of people's social networks, the frequency of their social contacts, or their satisfaction with the social support they receive. Finally, retirement generally does not disrupt marriages or reduce life satisfaction or mental health.

Overall, then, retirees are likely to experience an adjustment process involving preretirement then honeymoon, disenchantment, and reorientation phases. They end up adapting successfully to retirement and to the drop in income that it typically involves. Yet there are huge individual differences in adjustment. What makes for a favorable adjustment? Adults who retire voluntarily rather than involuntarily, enjoy good

health, have the financial resources to live comfortably, and are married or otherwise have strong social support typically fare better than those forced to retire because of poor health or those who find themselves with inadequate incomes and few social ties (Fouquereau et al., 2005; Gall et al., 1997; Palmore et al., 1985). Attitudes matter too: Positive adjustment to retirement is more likely when the individual goes into it with positive expectations (van Solinge & Henkens, 2005).

We also need to consider retirement in a family context. For example, retirement seems to go most smoothly when partners retire together; neither retired husbands nor retired wives are happy if their spouse continues to work and they end up losing power in the relationship as a result (Szinovacz & Davey, 2005). Finally, cultural context is important: For example, Scandinavian countries generally have generous social welfare systems, but because the Chinese government has restricted families to one child, an increasing number of elders in China find themselves with no son to support them and no pension either (Eberstadt, 2006).

## Personality and Successful Aging

What lifestyle decisions make not only for a successful transition to retirement but also for a happy and fulfilling old age? Theories of successful aging have been offered to answer that question. **Activity theory** holds that aging adults will find their lives satisfying to the extent that they can maintain their previous lifestyles and activity levels, either by continuing old activities or by finding substitutes—for example, by replacing work with hobbies, volunteer work, or other stimulating pursuits (Fry, 1992; Havighurst, Neugarten, & Tobin, 1968). According to this view, psychological needs do not really change as people enter old age: most aging individuals continue to want an active lifestyle.

By contrast, **disengagement theory** says that successful aging involves a withdrawal of the aging individual from society that is satisfying to both (Achenbaum & Bengtson, 1994; Cumming & Henry, 1961). The aging individual is said to have needs different from those he once had and to seek to leave old roles behind and reduce activity. Meanwhile, society both encourages and benefits from the older person's disengagement, which makes room for the younger generation.

Which is it? Throughout this text, you have seen evidence that individuals who remain active in old age benefit from their activity. Those who are physically active maintain their health longer (see Chapter 5), those who are intellectually active maintain their cognitive functions longer (see Chapter 9), and those who remain involved in meaningful social relationships are likely to be more satisfied with their lives (see Chapter 14). In other words, there is more support for activity theory than for disengagement theory.



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Many older adults subscribe to the activity theory of aging, attempting to find substitutes for lost roles and activities. Others find happiness through disengagement and prefer to sit and watch.

But before you conclude that activity theory explains all you need to know about successful aging, add three qualifications. First, the relationship between level of activity and life satisfaction or well-being is surprisingly weak (Fry, 1992). Apparently, many inactive individuals are nonetheless satisfied with their lives, and many busy individuals are nonetheless miserable. This suggests that quality of activity is probably more important than its quantity (Pinquart & Sorensen, 2000).

Second, some messages of disengagement theory have merit (Achenbaum & Bengtson, 1994). As you saw earlier in this chapter, for example, older adults sometimes become less active than they were earlier in life. This can be viewed as a sign of disengagement. Moreover, most older people today do indeed withdraw voluntarily from certain roles and activities. Most notably, they choose to retire from work, and society generally supports their doing so.

But third, neither activity theory nor disengagement theory emphasizes that the personality traits people carry with them from childhood influence their well-being in old age. Generally, for example, people who are highly extraverted and conscientious and score low in neuroticism have a greater sense of well-being than other adults (Siegler & Brummett, 2000). Even more important, a good fit between the individual's lifestyle and the individual's needs, preferences, and personality may be the real secret to successful aging (Fry, 1992; Seleen, 1982). An energetic and outgoing person may want to maintain her active lifestyle in old age, whereas a person who always found work to be a hassle may like nothing better than to disengage and might be miserable if forced to continue working or to participate in a retirement community's sing-alongs, dances, and skits.

Still other older adults may find satisfaction in focusing on a few highly important roles, relationships, and personally meaningful projects, optimizing their competencies in those areas, and compensating for performance declines in other areas (Lawton et al., 2002; Turk-Charles & Carstensen, 1999). That is, *selective optimization with compensation*, which as you saw helps aging workers maintain good job performance, may also work as a strategy for maintaining a sense of well-being in old age (Baltes & Carstensen, 2003; Freund & Riediger, 2006). In short, you cannot assume, as both activity theory and disengagement theory do, that what suits one suits all. Rather, you should again adopt an interactionist model of development that emphasizes the goodness of fit between person and environment. In the next chapter, we explore some fascinating interactions between biology and environment that contribute to differences between males and females.

## SUMMING UP

- Older adults are able to maintain self-esteem by closing the gap between ideal and real self, altering goals and standards, and comparing themselves with other aging people, until some lose self-esteem in late old age.

- Self-conceptions differ in individualistic and collectivist cultures.
- There is both continuity and discontinuity in personality, as suggested by stable individual rankings and changes in some Big Five mean scores.
- Stability of personality may be caused by genes, early experience, stable environments, and gene-environment correlations.
- As Erikson theorized, resolution of childhood conflicts paves the way for identity achievement in adolescence, intimacy in early adulthood, generativity in middle age, and integrity (through life review) in late adulthood.
- Levinson's theory of adult development, featuring a midlife crisis in a person's early 40s, is not well supported, but adults do engage in much career exploration before they settle down in their 30s and achieve peak success in their 40s. Older workers remain productive and satisfied, perhaps partly through selective optimization with compensation.
- Retiring workers experience preretirement, honeymoon, disenchantment, and reorientation phases and little change except a drop in income. Neither activity theory nor disengagement theory adequately accounts for successful aging.

## CRITICAL THINKING

- Costa and McCrae have argued that people's personalities are very stable by age 30 and hardly change thereafter. What evidence would you cite to refute them?
- Aunt Rosalia is about to retire and wants to establish a satisfying lifestyle for her old age. What would an activity theorist, a disengagement theorist, and a selective optimization with compensation theorist recommend that she do and why?
- How is vocational development similar and different for men and women?

## CHAPTER SUMMARY

### 11.1 CONCEPTUALIZING THE SELF AND PERSONALITY

- Personality is an organized combination of attributes unique to the individual; self-concept an individual's perceptions of those attributes; self-esteem an overall evaluation of self-worth; and identity a coherent self-definition.
- In their five principles of personality, McAdams and Pals emphasize that we (1) are alike due to our evolved human nature, (2) differ in dispositional traits, (3) differ in more changeable characteristic adaptations, (4) construct unique narrative identities, and (5) are shaped by cultural and situational factors.
- Freudian psychoanalytic theorists such as Erikson maintain that we all experience stagelike personality changes at similar ages; trait theorists believe that aspects of personality such as the Big Five trait dimensions are enduring, and social learning theorists maintain that people can change in any number of directions at any time if their social environments change.

### 11.2 THE INFANT

- Early in their first year, infants sense that they are separate from the world around them and can affect it; by 18 to 24 months,

- they display self-recognition and form a categorical self based on age and sex.
- Infants differ in temperament: in easy, difficult, and slow-to-warm-up temperaments (Thomas and Chess); behavioral inhibition (Kagan); and surgency/extraversion, negative affectivity, and effortful control (Rothbart). Temperament is influenced by genes and goodness of fit with the environment, and is only moderately related to later personality.

### 11.3 THE CHILD

- Whereas the self-concepts of preschool children are focused on physical characteristics and activities, 8-year-olds describe their inner psychological traits and evaluate their competencies through social comparison.
- Children are most likely to develop high self-esteem when they are competent, fare well in social comparisons, and have warm, democratic parents.
- Links between early temperament and Big Five personality traits are evident, and personality traits become more consistent and enduring with age.

### 11.4 THE ADOLESCENT

- During adolescence, self-concepts become more psychological, abstract, and integrated, and self-awareness increases; self-esteem dips for some but mainly increases.
- In resolving Erikson's conflict of identity versus role confusion, many college-age youths progress from diffusion or foreclosure to moratorium to identity achievement status, at different rates in different domains. Analyzing life stories, or narrative identities, is another approach to studying identity.
- Developing a positive ethnic identity is more central to minority than to majority group adolescents. Adolescents' vocational choices become increasingly realistic with age; the choices made by females and by low-income youth are sometimes constrained.
- Cognitive development, personality, parenting, opportunities to explore, and culture influence identity development.

### 11.5 THE ADULT

- Older adults maintain self-esteem until late old age by converging their ideal and real selves, changing standards of self-evaluation, and comparing themselves with other aging adults. Self-conceptions differ in individualistic cultures and collectivist cultures.
- Individuals' rankings on Big Five dimensions of personality become more stable with age; openness to experience and activity level typically decline while emotional stability and conscientiousness increase during adulthood.
- Stability of personality may be caused by genes, early experience, stable environments, and gene-environment correlations; personality change may result from biological or environmental changes or a poor person-environment fit.
- Erikson's psychosocial theory is supported by evidence that resolution of conflicts centering on trust, autonomy, initiative, and industry paves the way for achieving a sense of identity in adolescence, intimacy in early adulthood, generativity in middle age, and integrity through life review in old age.
- Daniel Levinson's theory that adults build and question life structures and experience a midlife crisis is only partly supported, but young adults do engage in much career exploration and questioning before they settle down in their 30s and

achieve peak success in their 40s. Older workers are as productive as and more satisfied than younger workers, possibly because they use selective optimization with compensation to cope with aging.

- Retiring workers experience preretirement, honeymoon, disenchantment, and reorientation phases, and a drop in income, but little change in health or psychological well-being. In accounting for successful aging, neither activity theory nor disengagement theory places enough emphasis on person-environment fit and selective optimization with compensation.

## KEY TERMS

- personality 309
- self-concept 309
- self-esteem 309
- identity 309
- dispositional traits 309
- characteristic adaptations 310
- narrative identities 310
- Big Five 310
- self-recognition 312
- categorical self 313
- looking-glass self 313
- temperament 314
- easy temperament 314
- difficult temperament 314
- slow-to-warm-up
- temperament 314
- behavioral inhibition 314
- surgency/extraversion 315
- negative affectivity 315
- effortful control 315
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- identity versus role confusion 321
- moratorium period 321
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- generativity versus stagnation 333
- integrity versus despair 334
- life review 334
- midlife crisis 334
- selective optimization with compensation (SOC) 337
- activity theory 338
- disengagement theory 338

## MEDIA RESOURCES

### BOOK COMPANION WEBSITE

[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

Find online quizzes, flash cards, animations, video clips, experiments, interactive assessments, and other helpful study aids for this text at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman). You can also connect directly to the following sites:



### BIG FIVE QUICKSTART: INTRODUCTION TO THE FIVE-FACTOR MODEL OF PERSONALITY

This site provides a very detailed description of the Big Five trait theory and discusses ways of using the theory in business settings with individuals and teams.

### BETTER SELF-ESTEEM

This University of Texas at Austin-based site not only provides a nice description of self-esteem but also includes specific steps that students can take to improve their own self-esteem.

## CAREER DEVELOPMENTAL ACTIVITIES AND VOCATIONAL LESSON PLANS

The amazing Vocational Information Center site contains literally hundreds of links to interactive lesson plans focusing on career selection, career decision-making, and career guidance.

## GREAT IDEAS IN PERSONALITY

This site could be subtitled, “Everything you wanted to know about personality theory, personality research, and more!” Covering most of the major personality theories, this site allows the visitor access to the historical development of each approach, a general overview of each approach, and most importantly links to other sites focusing on each theory.

## CENGAGENOW



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Go to [academic.cengage.com/login](http://academic.cengage.com/login) to link to CengageNOW, your online study tool. First take the Pre-Test for this chapter to get your Personalized Study Plan, which will identify topics you need to review and direct you to online resources. Then take the Post-Test to determine what concepts you have mastered and what you still need work on.

## UNDERSTANDING THE DATA: EXERCISES ON THE WEB



[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

For additional insight on the data presented in this chapter, try out the exercises for these figures at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman):

**Figure 11.3** Percentage of subjects in each of James Marcia’s four identity statuses as a function of age

**Figure 11.5** Favorability of ratings of their ideal, likely future, present (real), and past selves by young, middle-aged, and elderly adults

# 12

CHAPTER

## Gender Roles and Sexuality



Elyse Lewin Studio Inc./Getty Images

### 12.1 MALE AND FEMALE

Gender Norms and Stereotypes  
Are There Gender Differences?

### 12.2 THE INFANT

Differential Treatment  
Early Learning

### 12.3 THE CHILD

Acquiring Gender Stereotypes  
Gender-Typed Behavior

### 12.4 THE ADOLESCENT

Adhering to Gender Roles  
Explaining Gender-Role  
Development

### 12.5 THE ADULT

Changes in Gender Roles  
Masculinity, Femininity, and  
Androgyny

### 12.6 SEXUALITY OVER THE LIFE SPAN

Are Infants Sexual Beings?  
Childhood Sexuality  
Adolescent Sexuality  
Adult Sexuality

**DEVELOPMENTAL PSYCHOLOGIST** Carole Beal (1994) learned an interesting lesson about the significance of being a girl or a boy when she was interviewing 9-year-olds:

I had just finished one interview and was making some quick notes when the next child came into the office. I looked up, and an odd thing happened: I could not tell whether the child was a boy or a girl. The usual cues were not there: The child's hair

was trimmed in a sort of pudding-bowl style, not really long but not definitively short either. The child was dressed in a gender-neutral outfit of jeans, sneakers, and a loose T-shirt, like most of the children at the school. The name on the interview permission slip was "Cory," which did not clarify matters much as it could be either a boy's or a girl's name. Still puzzled, I began the interview and found myself be-

coming increasingly frustrated at not knowing Cory's sex. I quickly realized how many unconscious assumptions I usually made about boys and girls; for example, that a girl would probably like a particular story about a horse and be willing to answer a few extra questions about it, or that a boy would probably start to get restless after a certain point and I would have to work a bit harder to keep his attention. (p. 3)



Unlike Cory, most children are readily identified as girls or boys and treated accordingly. How much does it matter, in terms of development, whether a child is perceived and treated as a girl or as a boy? How much does it matter whether a child is a girl or a boy biologically? These are the kinds of questions we tackle in this chapter.

Gender matters. It used to be that the first question following a birth was whether the baby was a boy or girl. With today's technology, this question is often posed as soon as a pregnancy is announced. As children develop, girls discover that they are girls, and many acquire a taste for frilly dresses and dolls, and boys discover that they are boys and often wrestle each other on the lawn. As an adult, you are probably keenly aware of being either a man or a woman and may define yourself partly in terms of your "feminine" or "masculine" qualities. In short, being female or male is a highly important aspect of the self throughout the life span. Before you read any further, try the quiz in **Table 12.1** to see if you know which of the many ideas about male-female differences have some truth to them.

## 12.1 MALE AND FEMALE

What difference does it make whether a person is a male or a female? It matters in terms of physical differences, psychological differences, and differences in roles played in society. The physical differences are undeniable. A zygote that receives an X chromosome from each parent is a genetic (XX) female, whereas a zygote that receives a Y chromosome from the father is a genetic (XY) male. In rare cases of gender chromosome abnormalities (see Chapter 3), this is not the case; a girl may have only one X chromosome or a boy may have three chromosomes (XYY or XXY). Chromosomal differences result in different prenatal hormone balances in males and females, and hormone balances before and after birth are responsible for the facts that the genitals of males and females differ and that only females can bear children. Moreover, males typically grow to be taller, heavier, and more muscular than females, although females may be the hardier sex in that they live longer and are

● **TABLE 12.1 WHICH OF THESE SEX DIFFERENCES IS REAL?**

Which of the following do you think are consistent sex differences that have been demonstrated in studies comparing males and females? Mark each statement *T* (true) or *F* (false). Answers are printed upside down; they will be clarified in the main text.

- \_\_\_ 1. Males are more aggressive than females.
- \_\_\_ 2. Males are more active than females.
- \_\_\_ 3. Females are more social than males.
- \_\_\_ 4. Females have stronger verbal abilities than males.
- \_\_\_ 5. Males have greater achievement motivation than females.
- \_\_\_ 6. Males are more analytical than females.
- \_\_\_ 7. Females are more suggestible and prone to conform than males.
- \_\_\_ 8. Females are more emotionally unstable than males.
- \_\_\_ 9. Males are more rational and logical than females.
- \_\_\_ 10. Males have greater spatial and mathematical abilities than females.

Answers: 1-T, 2-T, 3-F, 4-T, 5-F, 6-F, 7-F, 8-F, 9-F, 10-T

less susceptible to many physical disorders (Giampaoli, 2000). As you will see later in the chapter, some theorists argue that biological differences between males and females are responsible for psychological and social differences.

However, there is much more to being male or female than biology. Virtually all societies expect the two sexes to adopt different **gender roles**—the patterns of behavior that females and males should adopt in a particular society (for example, the roles of wife, mother, and woman or of husband,

father, and man). Characteristics and behaviors viewed as desirable for males or females are specified in **gender-role norms**—society's expectations or standards concerning what males and females *should be* like. Each society's norms generate **gender-role stereotypes**, overgeneralized and largely inaccurate beliefs about what males and females *are* like.

Through the process of **gender typing**, children not only become aware that they are biological males or females but also acquire the motives, values, and patterns of behavior that their culture considers appropriate for members of their biological sex. Through the gender-typing process, for example, Susie may learn a gender-role norm stating that women should strive to be good mothers and gender-role stereotypes indicating that women are more skilled at nurturing children than men are. As an adult, Susan may then adopt the traditional feminine role by switching from full-time to part-time work when her first child is born and devoting herself to the task of mothering.

It would be a mistake, then, to attribute any differences that we observe between girls and boys (or women and men) solely to biological causes. They could just as easily be caused by differences in the ways males and females are perceived and raised. But before we try to explain sex differences, perhaps we should describe what these differences are believed to be and what they actually are.

## Gender Norms and Stereotypes

Which sex is more likely to express emotions? To be neat and organized? To be competitive? To use harsh language? If you are like most people, you undoubtedly have ideas about how men and women differ psychologically and can offer some answers to these questions.

The female's role as childbearer has shaped the gender-role norms that prevail in many societies, including our own. At the heart of the feminine gender role is **communality**, an orientation that emphasizes connectedness to others and includes traits of emotionality and sensitivity to others (Best & Williams, 1993; Conway & Vartanian, 2000). Simon Baron-Cohen (2003) goes so far as to argue that the female brain is "hard-wired for empathy," which is a significant component of communality (p. 1). Girls who adopt communal traits will presumably be prepared to play the roles of wife and mother—to keep the family functioning and to raise children successfully. By contrast, the central aspect of the masculine gender role is **agency**, an orientation toward individual action and achievement that emphasizes traits of dominance, independence, assertiveness, and competitiveness. Boys have been encouraged to adopt agentic traits to fulfill the traditionally defined roles of husband and father, which involve providing for the family and protecting it from harm. Taking this one step further, Baron-Cohen (2003) claims that men's focus on work, achievement, and independence stems from the male brain's tendency to **systemize**, or analyze and explore how things work.

Norms in many cultures mandate that females play a communal role and males play an agentic role, which leads us to

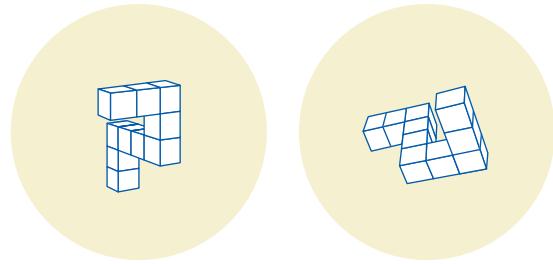
stereotypes saying that females possess communal traits and males possess agentic traits (Williams & Best, 1990). If you are thinking that these stereotypes have disappeared as attention to women's rights has increased and as more women have entered the labor force, think again. Although some change has occurred, adolescents and young adults still endorse many traditional stereotypes about men and women (Botkin, Weeks, & Morris, 2000; Lueptow, Garovich-Szabo, & Lueptow, 2001; Oswald & Lindstedt, 2006). Boys are more likely than girls to endorse traditional stereotypes, perhaps because stereotypes about males (e.g., independent) tend to be more positive than the stereotypes about females (e.g., dependent) (Rowley et al., 2007).

Moreover, males and females continue to describe themselves differently. When Jean Twenge (1997) analyzed studies conducted from 1970 to 1995 in which standard scales assessing gender-relevant traits had been administered, she found that men and women in the mid-1990s described themselves more similarly than men and women did 20 years previously, largely because modern women saw themselves as having more masculine traits. However, male and female personality profiles continued to differ in ways consistent with gender stereotypes. Might beliefs about sex differences, then, have a basis in fact?

## Are There Gender Differences?

Much research has attempted to answer the question of whether there are sex or gender differences in behavior. Although differences in some areas have been identified, other areas show no gender differences. As you review the areas in which there are some differences, keep in mind that these are often small, group differences. That is, even when research shows that women score higher (or lower) than men on average, there will be individual women who score lower (or higher) than individual men. With this in mind, here is what the research shows:

- *Females sometimes display greater verbal abilities than males, but the difference is small.* According to Eleanor Maccoby and Carol Jacklin's (1974) classic review of more than 1500 studies, girls tend to develop verbal skills at an earlier age than boys and show a small but consistent advantage on tests of vocabulary, reading comprehension, and speech fluency. Sex differences in verbal ability have all but disappeared in more recent studies, although some continue to show a female advantage on some measures of verbal ability at some ages (e.g., Arden & Plomin, 2006; Galsworthy et al., 2000).
- *Males outperform females on tests of spatial ability* (for example, arranging blocks in patterns or identifying the same figure from different angles; see ▀ **Figure 12.1**). Although Maccoby and Jacklin concluded in their 1974 review that these differences emerge only in adolescence, differences on some tests—especially mental rotations—can be detected in childhood and persist across the life span (Choi & Silverman, 2003; Kaufman, 2007; Johnson & Bouchard, 2007; Nordvik & Ampaabreh, 1998).



**FIGURE 12.1** A spatial ability task. Are the two figures alike or different? The task assesses the ability to mentally rotate visual information and is a task on which average differences between males and females are large.

SOURCE: From Mental rotation of three-dimensional objects, by R. N. Shepard and J. Metzler, 1971, *Science*, 17, p. 701–703. Copyright 1971 by the American Association for the Advancement of Science. Reprinted with permission.

- Historically, males outperformed females on standardized tests of mathematical ability, but this male advantage has all but disappeared: *females and males perform similarly on most standardized math tests and females obtain slightly higher math grades in the classroom than males* (Hyde, Fennema, & Lamon, 1990; Kenney-Benson et al., 2006; Lachance & Mazzocco, 2006; U.S. Department of Education, 2005). There is a male advantage in mathematical problem-solving skills when we look at the top performing math students; that is, more males than females are mathematically talented (Stumpf & Stanley, 1996). Some research shows that this male advantage is evident in the earliest grades (Nowell & Hedges, 1998; Robinson et al., 1996). As it turns out, more males than females are also low math achievers; on several cognitive ability tests, more males than females show up at both the top and the bottom of the scale (Feingold, 1992).
- Girls display greater memory ability than boys.* Some studies show that this is a general or overall advantage (Johnson & Bouchard, 2007), whereas other research suggests that female's memory advantage is in specific areas such as memory for object locations (e.g., Voyer et al., 2007).
- Males engage in more physical and verbal aggression than females, starting as early as 17 months* (Baillargeon et al., 2007; Burton, Hafetz, & Henninger, 2007; Buss & Perry, 1992). Across 21 diverse countries, teachers in nearly all the countries report that boys are more aggressive than girls (Rescorla et al., 2007). Sex differences are more obvious for physical aggression than for other forms of aggression. For example, at 17 months, for every girl who is physically aggressive, there are five boys who display frequent physical aggression (Baillargeon et al., 2007). Males also commit more serious, and physically violent, crimes (Barash, 2002). Some research shows that females tend to specialize in subtle, indirect, and relational forms of aggression such as gossiping about and excluding others (Crick & Bigbee, 1998; Murray-Close, Ostrov, & Crick, 2007), but other research shows that males are as likely as females to use relational aggression (Basow et al., 2007).

- Even before birth and throughout childhood, *boys are more physically active than girls* (Almli, Ball, & Wheeler, 2001); they fidget and squirm more as infants and run around more as children. In 19 out of 21 countries studied by Leslie Rescorla and colleagues (2007), teachers report that boys are more hyperactive than girls.
- Boys are more developmentally vulnerable*, not only to prenatal and perinatal (birth-related) stress (for example, they die more often before birth) but also to several diseases and to disorders such as reading disabilities, speech defects, hyperactivity, emotional problems, and mental retardation (Henker & Whalen, 1989; Jacklin, 1989; Raz et al., 1994).
- Girls are more tactful and cooperative, as opposed to being forceful and demanding, and are more compliant with requests from adults*, although they are no more likely than boys to give in to peers (Baron-Cohen, 2003; Maccoby, 1998).
- Both males and females report that females are more nurturant and empathic; sex differences in behaviors are small but show females empathizing more than males* (Baron-Cohen, 2003; Deutsch, 1999; Feingold, 1994b). Females also take more interest in and are more responsive to infants (Reid & Trotter, 1993).
- Females are somewhat more anxious, cautious, and fearful*, although not in social situations (Feingold, 1994b). *Females are also more prone to develop anxiety disorders, depression, and phobias* (Pigott, 2002). In contrast, *males are more likely to display antisocial behaviors and drug and alcohol abuse* (Hicks et al., 2007).
- Males use computers more than females and express greater confidence in their computer abilities* (Li & Kurkup, 2007). These findings do not tell us, though, whether there are gender differences in computer ability.

Despite such evidence of gender differences from some researchers, others take the contrasting view that even the largest of the “real” psychological differences between the sexes are trivial. For example, if you imagine all the differences in aggressiveness among individuals, from the most aggressive to the least aggressive person in a group, it turns out that only 5% of that variation can be traced directly to whether a person is male or female (Hyde, 1984); apparently, the remaining 95% of the variation is caused by other differences among people. It is worth reiterating the point we made at the beginning of this section: *Average* levels of a behavior such as aggression may be noticeably different for males and females, but within each sex there are both extremely aggressive and extremely nonaggressive individuals. Thus, it is impossible to predict accurately how aggressive a person is simply by knowing his or her gender. Sex differences in most other abilities and personality traits are similarly small. Moreover, some sex differences are smaller today than they used to be (Hyde et al., 1990; Stumpf & Stanley, 1996).

As it turns out, many of our stereotypes of males and females are just that—overgeneralizations unsupported by fact.

Despite some differences, females and males are more psychologically similar than different. So why do unfounded stereotypes persist? Partly because we, as the holders of male–female stereotypes, are biased in our perceptions. We are more likely to notice and remember behaviors that confirm our beliefs than to notice and remember exceptions, such as independent behavior in a woman or emotional sensitivity in a man (Martin & Halverson, 1981).

We also perpetuate gender stereotypic thinking by applying the positive aspects of the stereotypes to ourselves and the negative aspects to others (Oswald & Lindstedt, 2006). For example, college students describe the “masculine personality” as aggressive, insensitive, and competitive, and view the first two traits as negative and the third as positive. Whereas they believe that the negative traits may characterize masculine men in general, they believe that only the positive trait applies to them. The same is true of the feminine gender stereotype of sensitive, nurturant, and dependent. This positive self-bias may help continue negative gender stereotypes in general while preserving self-esteem about one’s own gender identity (Oswald & Lindstedt, 2006).

In addition, Alice Eagly’s (1987) **social-role hypothesis** suggests that differences in the roles that women and men play in society do a lot to create and maintain gender-role stereotypes (see also Eagly & Steffen, 2000). For example, men have traditionally occupied powerful roles in business and industry that require them to be dominant and forceful. Women have more often filled the role of homemaker and therefore have been called upon to be nurturant and sensitive to their children’s needs. As a result, we begin to see men as dominant or agentic by nature and women as nurturant or communal by nature. We lose sight that it is differences in the social roles they play that cause men and women to behave differently. It could be that sex differences in behavior might be reversed if women ran companies and men raised children.

As Eagly’s social-role hypothesis suggests, we must adopt a contextual perspective on psychological differences between



According to Alice Eagly’s social-role hypothesis, this man would be perceived as nurturant, warm, and caring because he has assumed the role of caregiver.

males and females. Sex differences evident in one culture or social context often are not evident in another (Deaux & Major, 1990; Feingold, 1994a). For example, women do better on tests of mathematical ability—and sometimes outperform men—in countries such as Israel, where women have excellent occupational opportunities in technical fields (Baker & Jones, 1992). This suggests that sex differences in abilities are not biologically inevitable. From a contextual perspective, it is silly to speak about the “nature of women” or the “nature of men.” Differences between males and females can be large or small depending on the social contexts in which they find themselves.

Although psychological sex differences are often small, it makes a difference in society whether a person is male or female. First, gender norms and stereotypes, even when they are unfounded, affect how we perceive ourselves and other people. As long as people expect females to be less competent in math than males, for example, females may lack confidence in their abilities and perform less competently (Eccles, Jacobs, & Harold, 1990). That many stereotypes are unfounded does not make them less potent.

In addition, even though males and females are similar psychologically, they are steered toward different roles in society. In childhood, girls and boys conform to their gender roles by segregating themselves by sex and developing different interests and play activities (Maccoby, 1998). As adolescents and adults, males and females pursue different vocations and lifestyles. Although more women are entering male-dominated fields today than in the past, they are underrepresented in many traditionally male-dominated fields, and men rarely enter female-dominated fields (U.S. Department of Labor, 2001). If you go to a college graduation ceremony today, you will still see relatively few women among the engineers and few men among the nursing graduates. More men are sharing child-rearing and household responsibilities with their partners, but many couples still divide the labor along traditional lines, so that the woman is primarily responsible for child care and housework and the man is primarily responsible for income and money management (Bianchi et al., 2000; Perkins & DeMeis, 1996; Sayer, 2005). When we think about who asks whom out on a date, who stays home from work when a child has an ear infection, or who sews the buttons back on shirts, we must conclude that, despite significant social change, traditional gender roles are alive and well.

## SUMMING UP

- We continue to live in a society where, for better or worse, being male or female matters.
- There are a few small psychological differences between the sexes, but males and females are more similar than different in terms of psychological traits. There is far more variation within a group of males than there is between groups of males and females.

- There are clear physical differences between males and females, and the roles that most men and women play in society continue to differ.

## Critical Thinking

1. What roles do you play as a result of your biological sex? For example, are you a son or a daughter? How do these roles influence your behavior? Would you, for instance, behave any differently if you were a son rather than a daughter (or vice versa)?
2. Your grandmother strongly believes that boys and girls, men and women, are quite different from one another. Sometimes, she is even bothered by some of your behaviors because she doesn't believe you are behaving like a "proper" young woman/man. How did her thinking about gender become so entrenched and what could be done to soften her views?

## 12.2 THE INFANT

At birth there are few differences, other than the obvious anatomical ones, between males and females. Male newborns tend to be somewhat more irritable than females and female newborns are more alert than males (Boatella-Costa et al., 2007). But overall, differences between males and females at birth are small and inconsistent. Nonetheless, it does not take long after newborns are labeled as girls or boys for gender stereotypes to affect how they are perceived and treated—and for infants to notice that males and females are different.

### Differential Treatment

When the baby is still in the hospital delivery room or nursery, parents tend to use masculine terms when talking to or about their infant son (such as "big guy" or "tiger") and to comment on the strength of his cries, kicks, and grasps. Girl infants are more likely to be labeled "sugar" or "sweetie" and to be described as soft, cuddly, and adorable (Maccoby, 1980). Even when objective examinations reveal no such differences between boys and girls at birth, adults perceive boys as strong, large featured, and coordinated and view girls as weaker, finer featured, and more awkward (Rubin, Provenzano, & Luria, 1974; see also Karraker, Vogel, & Lake, 1995). Soon boys and girls are decked out in either blue or pink and provided with "sex-appropriate" hairstyles, toys, and room furnishings (Pomerleau et al., 1990).

In an early study of the effects of gender stereotyping, college students watched a videotape of a 9-month-old infant who was introduced as either a girl ("Dana") or a boy ("David"; Condry & Condry, 1976). Students who saw "David" interpreted his strong reaction to a jack-in-the-box as anger, whereas students who watched "Dana" concluded that the same behavior was fear. Although stereotyping of boys and girls from birth could be partly the effect of differences between the sexes (Benenson, Philippoussis, & Leeb, 1999), it may also be a cause of such differences.

## Early Learning

Yet infants are not merely the passive targets of other people's reactions to them; they are actively trying to get to know the social world around them and to get to know themselves. By the end of the first year, babies can already distinguish women from men in photographs, and they look longer at a male (or female) face when they hear a male (or female) voice than when they hear a voice that does not match the gender of the face (Fagot & Leinbach, 1993; Poulin-Dubois & Serbin, 2006). By 24 months, they look longer at males and females performing gender inconsistent activities (e.g., a man putting on makeup) than those performing activities consistent with gender stereotypes (e.g., a man mowing the grass; Hill & Flom, 2007). Their response shows that they recognize something incongruent or odd about males and females engaged in activities inconsistent with gender stereotypes.

As they begin to categorize other people as males and females, they also figure out which of these two significant social categories they belong to. By 18 months, most toddlers seem to have an emerging understanding that they are either like other males or like other females, even if they cannot verbalize it (Lewis & Weinraub, 1979). Almost all children give verbal proof that they have acquired a basic sense of **gender identity**, or an awareness that they are either a boy or a girl, by age 2½ to age 3 (Levy, 1999; Warin, 2000).

As they acquire their gender identities, boys and girls are also beginning to behave differently. By the end of their second year, boys usually prefer trucks and cars to other playthings, whereas girls of this age would rather play with dolls and soft toys (Smith & Daglish, 1977; Wood, Desmarais, & Gugala, 2002). Many 18- to 24-month-old toddlers are not interested in playing with toys regarded as appropriate for the opposite sex—even when there are no other toys to play with (Caldera, Huston, & O'Brien, 1989). As they approach age 2, then, infants are already beginning to behave in ways considered gender appropriate in our society.

## SUMMING UP

- The 2 years of infancy lay the groundwork for later gender-role development.
- Because their sex is important to those around them, and because they see that males and females differ, infants begin to form categories of "male" and "female," establish a basic gender identity, and pursue "gender-appropriate" activities.

## Critical Thinking

1. Think of someone who recently became a new parent. In what ways has this person's thinking, and the thinking of his/her surrounding social network, already been shaped by knowing the biological sex of the baby? What is the baby's world like—can you tell by looking at its room or clothes whether it is a boy or girl?

## 12.3 THE CHILD

Much of the action in gender-role development takes place during the toddler and preschool years. Having already come to understand their basic gender identity, young children rapidly acquire gender stereotypes, or ideas about what males and females are supposedly like, and gender-typed behavioral patterns, or tendencies to favor “gender-appropriate” activities and behaviors over those typically associated with the other sex.

### Acquiring Gender Stereotypes

Remarkably, young children begin to learn society’s gender stereotypes around the time they become aware of their basic gender identities. Judith Blakemore (2003) showed pictures of toys to 3- to 11-year-olds and asked them whether boys or girls would usually play with each toy. Toys included masculine-stereotyped ones (for example, GI Joe dolls) and feminine-stereotyped ones (for example, Barbie dolls). Even the youngest children (3 years) knew that girls, but not boys, play with Barbie dolls and vice versa for GI Joes. They also recognized that boys and girls differ in clothes and hairstyles. By age 5, boys hold more gender stereotypical toy preferences than girls (Cherney, Harper, & Winter, 2006).

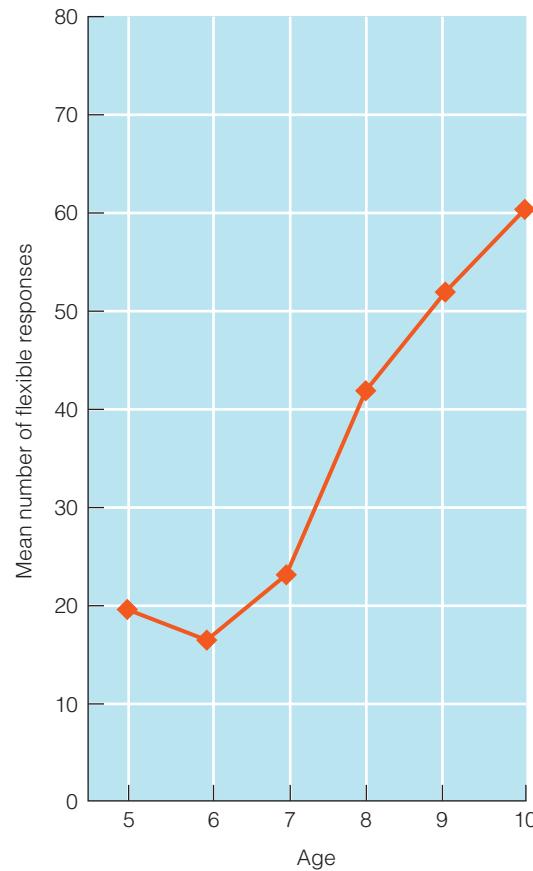
In other research, girls as young as 24 months understood which activities were masculine and which ones were feminine (Poulin-Dubois et al., 2002; see also Serbin, Poulin-Dubois, & Eichstedt, 2002). Boys, however, did not show the same understanding until at least 6 months later. Even by 18 months of age, girls can match photos of gender-stereotypic toys with faces of boys or girls (Serbin et al., 2001). So children, at least girls, are aware of gender stereotypes at an early age.

Over the next several years, children acquire considerably more “knowledge” about the toys and activities considered appropriate for girls or boys (Blakemore, 2003; Serbin, Powlishta, & Gulko, 1993). For instance, Gary Levy and his associates (2000) asked 4- and 6-year-olds whether men or women would be better in two masculine-stereotyped occupations (car mechanic and airplane pilot) and two feminine-stereotyped occupations (clothes designer and secretary). Children believed that men would be more competent than women as mechanics and pilots whereas women would make better designers and secretaries. Boys and girls also expressed positive emotions at the thought of growing up and holding gender-stereotypic occupations. They reacted negatively, however, when asked to consider holding gender-counterstereotypic occupations.

How seriously do children take the gender-role norms and stereotypes that they are rapidly learning? It depends on how old they are. Robin Banerjee and Vicki Lintern (2000) tested the rigidity of 4- to 9-year-olds’ gender-stereotypic beliefs with four brief stories in which characters had either gender-stereotypic interests (for example, a boy named Tom who was best friends with another boy and liked playing with airplanes) or gender-counterstereotypic interests (for example, a boy named John who was best friends with a girl and liked playing with doll carriages). Children were then asked whether the target child

would like to play with dolls, play football, skip, or play with toy guns. Younger children (4- and 6-year-olds) were considerably more rigid in their beliefs than older children; they did not believe that boys would want to play with dolls or skip (stereotypic girl activities) or that girls would want to play with footballs or toy guns (stereotypic boy activities). Consistent with earlier research (Damon, 1977), rigidity about gender stereotypes increased from 4 to 6 years of age and then decreased significantly from age 6 to age 8 or 9. Similar findings emerged from a longitudinal study of gender stereotypes. Hanns Trautner and his colleagues (2005) followed the same group of children from age 5 through age 10 to see if children who held rigid beliefs about gender stereotypes at age 5 remained unshakable in these beliefs over the next 5 years. As ■ Figure 12.2 shows, peak levels of rigidity occurred between ages 5 and 7, followed by significant relaxation of beliefs from age 7 to age 10.

Why? The younger children are in the process of acquiring a clear understanding that their sex will remain constant, making them intolerant of anyone who violates traditional



■ **FIGURE 12.2** Once gender identities are clearly established, usually by age 7, children become much more open about gender behaviors, as illustrated by the sharp increase in number of flexible responses after the age of 7.

SOURCE: From H. M. Trautner, D. N. Ruble, L. Cyphers, B. Kirsten, R. Behrendt, & P. Hartman, Rigidity and flexibility of gender stereotypes in childhood: Developmental or differential? *Infant and Child Development*, 14, p. 370. Copyright © 2005 Wiley. Reprinted with permission.

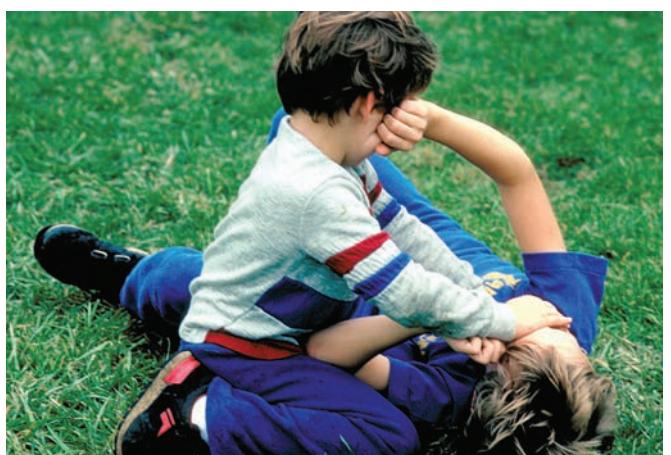
gender-role standards. These norms now have the force of absolute moral laws and must be obeyed: boys must not play with dolls. Eleanor Maccoby (1998) suggests that young children may exaggerate gender roles to cognitively clarify these roles. However, once their gender identities are more firmly established, children can afford to be more flexible in their thinking about what is “for boys” and what is “for girls.” They still know the stereotypes, but no longer believe the stereotypes are “written in stone” (Martin, Ruble, & Szkrybal, 2002). Other research suggests that children’s rigidity about gender-role violations depends on how essential a behavior is to children’s understanding of gender identity (Blakemore, 2003). Thus, children believe it would be bad for boys to wear dresses because dresses are strongly associated with the feminine gender role. But if boys wanted to play with a toy kitchen, this would not be too bad because, although the toy kitchen may be associated with the feminine gender role, it is not considered an essential aspect of the feminine gender role (Blakemore, 2003).

## Gender-Typed Behavior

Finally, children rapidly come to behave in “gender-appropriate” ways. As you have seen, preferences for gender-appropriate toys are detectable in infancy. Apparently, babies



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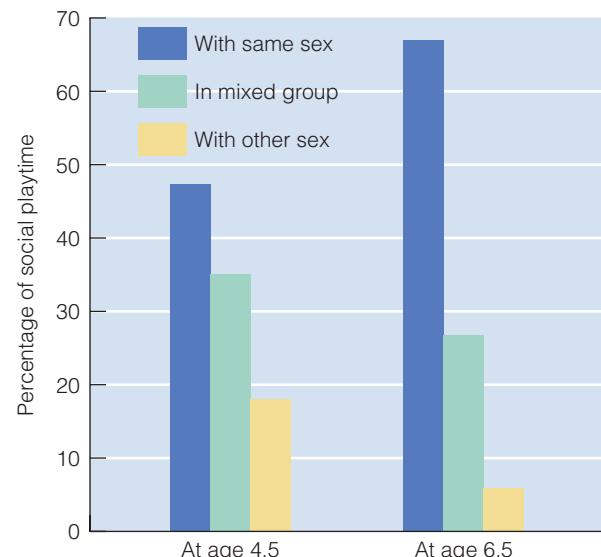


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Boys and girls may segregate themselves into same-sex play groups because they have different play styles.

establish preferences for “boys’ toys” (such as action figures and building toys) or “girls’ toys” (such as dolls and stuffed animals) even before they have established clear identities as males or females or can correctly label toys as “boy things” or “girl things” (Cherney & London, 2006; Fagot, Leinbach, & Hagan, 1986). In childhood, preference for same-sex toys is still evident, although occasionally both boys and girls choose “boys’ toys” more than “girls’ toys” (Cherney, 2005; Klinger, Hamilton, & Cantrell, 2001). Their leisure activities also differ, with boys spending more time playing sports and video/computer games than girls (Cherney & London, 2006).

Children begin to favor same-sex playmates as early as 30 to 36 months of age (see, for example, Howes, 1988; Martin & Fabes, 2001). During the elementary-school years, boys and girls develop even stronger preferences for peers of their own sex and show increased **gender segregation**, separating themselves into boys’ and girls’ peer groups and interacting far more often with their own sex than with the other sex (Maccoby, 1998; Pellegrini et al., 2007). Gender segregation occurs in a variety of cultures, including Botswana, Kenya, India, and the Philippines, and it increases with age (Bock, 2005; Leaper, 1994; Whiting & Edwards, 1988). At age 4½, children in the United States spend 3 times more time with same-sex peers than with peers of the other sex; by age 6½, they spend 11 times more time (see ■ **Figure 12.3**; Maccoby & Jacklin, 1987). This is partly because of incompatibilities between boys’ and girls’ play styles. Boys are too rowdy, domineering, and unresponsive to suit the tastes of many girls, so girls gravitate toward other girls and develop a style of interacting among themselves different from the rather timid style they adopt in the company of boys (Maccoby, 1998; Pellegrini et al., 2007).



■ **FIGURE 12.3** Do children prefer playmates of their own sex? Apparently so. Both boys and girls spend more time playing with same-sex peers, especially at age 6.

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But there is more to gender segregation than different activity levels of boys and girls. Preschool girls who are just as active as boys often start the school year playing with boys but end up in gender-segregated groups as they progress through the year in preschool (Pellegrini et al., 2007). Socialization pressures seem to encourage the girls to drift away from the boys and create their own play group, separate from the active boys and the less-active girls. Preschool boys also seem to experience some pressure to exclude girls from their group; thus, even boys and girls who might be good playmates are discouraged from mingling, at least in the presence of other children.

As it turns out, children who insist most strongly on clear boundaries between the sexes and avoid consorting with the opposite sex tend to be socially competent and popular, whereas children who violate gender segregation rules tend to be less well adjusted and run the risk of being rejected by their peers (Kovacs, Parker, & Hoffman, 1996; Sroufe et al., 1993). Boys face stronger pressures to adhere to gender-role expectations than girls do. This may be why they develop stronger gender-typed preferences at earlier ages (Banerjee & Lintern, 2000; O'Brien et al., 2000). Just ask your female classmates if they were tomboys when they were young; you are likely to find that about half were (Bailey, Bechtold, & Berenbaum, 2002). But we challenge you to find many male classmates who willingly admit they were "sissies" in their youth. The masculine role is clearly defined in our society, and boys are ridiculed and rejected if they do not conform to it (Martin, 1990).

## SUMMING UP

- Gender-role development proceeds with remarkable speed. By the time they enter school, children have long been aware of their basic gender identities, have acquired many stereotypes about how the sexes differ, and have come to prefer gender-appropriate activities and same-sex playmates.
- During middle childhood, their knowledge continues to expand as they learn more about gender-stereotyped psychological traits, but they also become more flexible in their thinking about gender roles. Their behavior, especially if they are boys, becomes even more gender typed, and they segregate themselves even more from the other sex.

## CRITICAL THINKING

1. Boys and girls have sometimes been characterized as living in two different worlds. Thinking about your own childhood, how was your world similar or different from that of your other-sexed siblings (if any) and friends?

## 12.4 THE ADOLESCENT

After going their separate ways in childhood, boys and girls come together in the most intimate ways during adolescence. How do they prepare for the masculine or feminine gender roles they will be asked to play in adulthood?

## Adhering to Gender Roles

As you have just seen, young elementary-school children are highly rigid in their thinking about gender roles, whereas older children think more flexibly, recognizing that gender norms are not absolute, inviolable laws. Curiously, adolescents again seem to become highly intolerant of certain role violations and to become stereotyped in their thinking about the proper roles of males and females in adolescence. They are more likely than somewhat younger children to make negative judgments about peers who violate expectations by engaging in cross-sex behavior or expressing cross-sex interests (Alfieri, Ruble, & Higgins, 1996; Sigelman, Carr, & Begley, 1986).

Consider what Trish Stoddart and Elliot Turiel (1985) found when they asked children ages 5 to 13 questions about boys who wear a barrette in their hair or put on nail polish and about girls who sport a crew haircut or wear a boy's suit. Both the kindergartners and the adolescents judged these behaviors to be wrong, whereas third-graders and fifth-graders viewed them far more tolerantly. Like the elementary-school children, eighth-graders clearly understood that gender-role expectations are just social conventions that can easily be changed and do not necessarily apply in all societies. However, these adolescents had also begun to conceptualize gender-role violations as a sign of psychological abnormality and could not tolerate them.

Increased intolerance of deviance from gender-role expectations is tied to a larger process of **gender intensification**, in which sex differences may be magnified by hormonal changes associated with puberty and increased pressure to conform to gender roles (Boldizar, 1991; Galambos, Almeida, & Petersen, 1990). Boys begin to see themselves as more masculine; girls emphasize their feminine side. Girls often become more involved with their mothers, and boys spend more time with their fathers (Crouter, Manke, & McHale, 1995). Why might this gender intensification occur? Hormonal influences may be at work, or adolescents may emphasize gender more once they mature physically and begin to look like either a man or a woman. Parents may also contribute: as children enter adolescence, mothers do more with their daughters and fathers do more with their sons (Crouter et al., 1995).

Peers may be even more important. Adolescents increasingly find that they must conform to traditional gender norms to appeal to the other sex. A girl who was a tomboy and thought nothing of it may find, as a teenager, that she must dress and behave in more "feminine" ways to attract boys and must give up her tomboyish ways (Burn, O'Neil, & Nederend, 1996; Carr, 2007). A boy may find that he is more popular if he projects a more sharply "masculine" image. Social pressures on adolescents to conform to traditional roles may even help explain why sex differences in cognitive abilities sometimes become more noticeable as children enter adolescence (Hill & Lynch, 1983; Roberts et al., 1990). It should be noted that the social pressure to conform to gender stereotypes does not need to be real—adolescents' *perceptions* of their peers' thoughts and expectations can affect behaviors and lead to gender inten-

sification (Pettitt, 2004). Later in adolescence, teenagers again become more comfortable with their identities as men and women and more flexible in their thinking.

We have now surveyed some major milestones in gender-role development from infancy to adolescence—the development of basic gender identity in toddlerhood, gender segregation in childhood, and a return to rigid thinking about gender as part of gender intensification during adolescence. Now comes the most intriguing question about gender-role development in childhood and adolescence: How can it be explained?

## Explaining Gender-Role Development

“Once there was a baby named Chris. . . [who] went to live on a beautiful island. . . [where] there were only boys and men; Chris was the only girl. Chris lived a very happy life on this island, but she never saw another girl or woman” (Taylor, 1996, p. 1559). Do you think Chris developed traditionally masculine or traditionally feminine characteristics? When Marianne Taylor (1996) asked children about Chris’s toy preferences, occupational aspirations, and personality traits, she found that 4- to 8-year-olds took the nature side of the nature–nurture controversy: They expected Chris’s biological status as a girl to determine her development. The 9- and 10-year-olds in the study emphasized the role of nurture in Chris’s development, expecting her to be influenced by the masculinizing environment in which she was raised. Where do you come down in this debate, and why?

Several theories about the development of gender roles have been proposed. Some theories emphasize the role of biological differences between the sexes, whereas others emphasize social influences on children. Some emphasize what society does to children; others focus on what children do to themselves as they try to understand gender and all its implications. We will briefly examine a biologically oriented theory then consider the more “social” approaches offered by psychoanalytic theory, social learning theory, cognitive developmental theory, and gender schema theory.

## Biosocial Theory

The biosocial theory of gender-role development proposed by John Money and Anke Ehrhardt (1972) calls attention to the ways in which biological events influence the development of boys and girls. But it also focuses on ways in which early biological developments influence how people react to a child and suggests that these social reactions have much to do with children’s assuming gender roles.

**Chromosomes, Hormones, and Social Labeling.** Money and Ehrhardt stress that the male (XY) or female (XX) chromosomes most of us receive at conception are merely a starting point in biological differentiation of the sexes. Several critical events affect a person’s eventual preference for the masculine or feminine role (see also Breedlove, 1994):

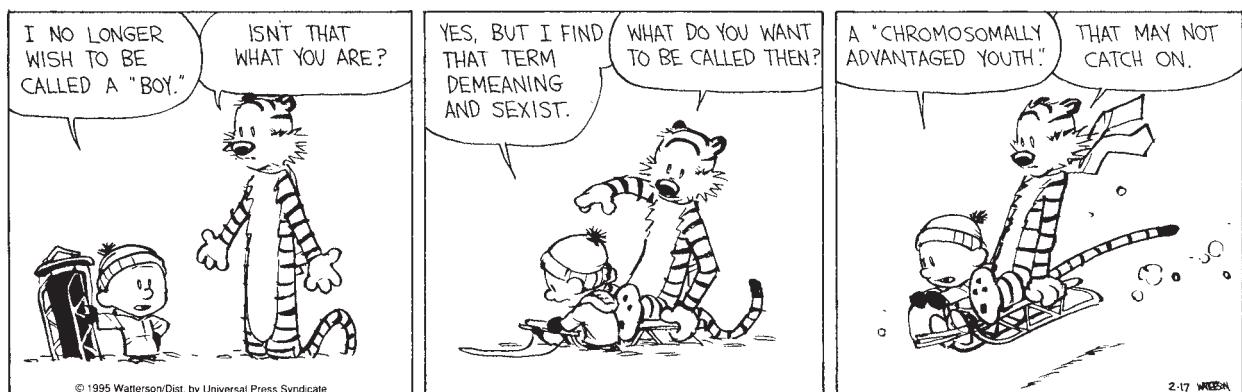
1. If certain genes on the Y chromosome are present, a previously undifferentiated tissue develops into testes as the embryo develops; otherwise, it develops into ovaries.

2. The testes of a male embryo normally secrete more of the male hormone testosterone, which stimulates the development of a male internal reproductive system, and another hormone that inhibits the development of female organs. Without these hormones, the internal reproductive system of a female will develop from the same tissues.

3. Three to four months after conception, secretion of additional testosterone by the testes normally leads to the growth of a penis and scrotum. If testosterone is absent (as in normal females), or if a male fetus’s cells are insensitive to the male sex hormones he produces, female external genitalia (labia and clitoris) will form.

4. The relative amount of testosterone alters the development of the brain and nervous system. For example, it signals the male brain to stop secreting hormones in a cyclical pattern so that males do not experience menstrual cycles at puberty.

Thus, fertilized eggs have the potential to acquire the anatomical and physiological features of either sex. Events at each critical step in the sexual differentiation process determine the outcome.



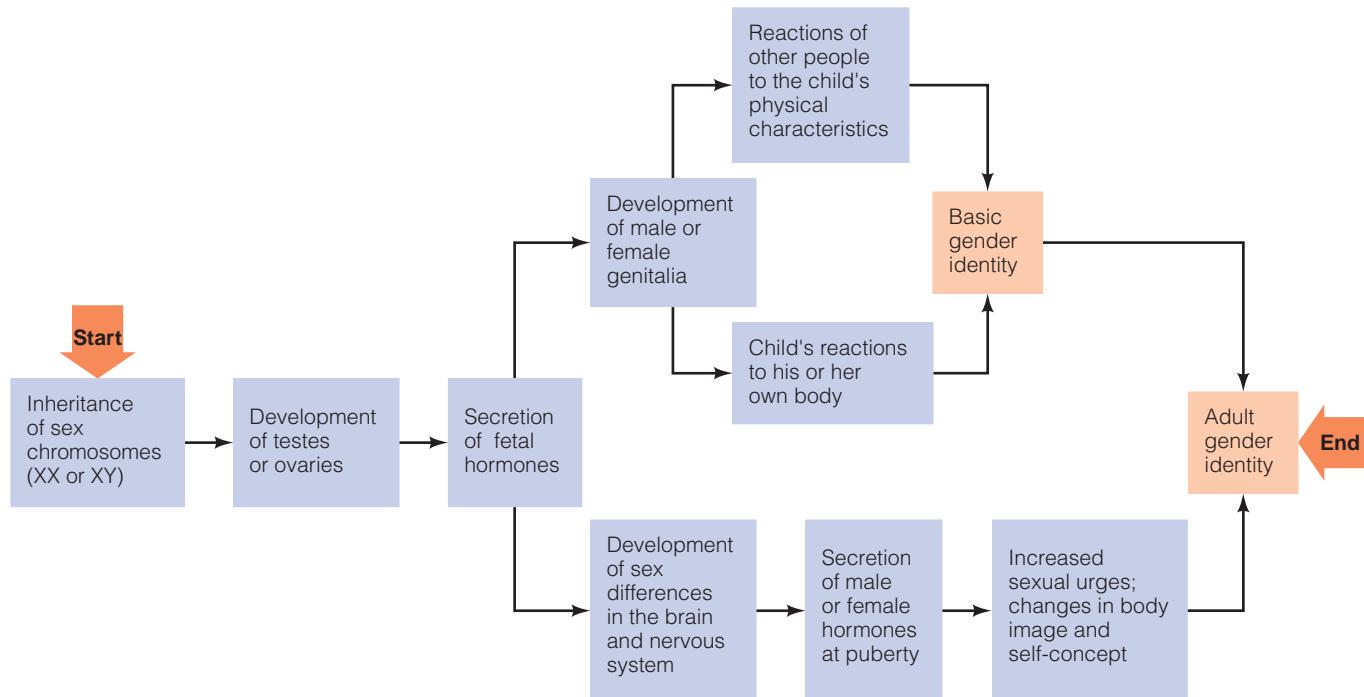
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Once a biological male or female is born, social labeling and differential treatment of girls and boys interact with biological factors to steer development. Parents and other people label and begin to react to children on the basis of the appearance of their genitalia. If children's genitals are abnormal and they are mislabeled as members of the other sex, this incorrect label will affect their future development. For example, if a biological male were consistently labeled and treated as a girl, he would, by about age 3, acquire the gender identity of a girl. Finally, biological factors reenter the scene at puberty when large quantities of hormones are released, stimulating the growth of the reproductive system and the appearance of secondary sex characteristics. These events, with a person's earlier self-concept as a male or female, provide the basis for adult gender identity and role behavior. The complex series of critical points in biological maturation and social reactions to biological changes that Money and Ehrhardt (1972) propose is diagrammed in ■ **Figure 12.4**. But how much is nature, and how much is nurture?

**Evidence of Biological Influences.** Much evidence suggests that biological factors influence the development of males and females in many species of animals (Breedlove, 1994). Evolutionary psychologists notice that most societies socialize males to have agentic traits and females to have communal ones; they conclude that traditional gender roles may be a reflection of species heredity (Archer, 1996; Buss, 1995). In addition, individual differences in masculinity and femininity may be partly genetic. Twin studies suggest that individual heredity

accounts for 20 to 50% of the variation in the extent to which people describe themselves as having masculine and feminine psychological traits (Iervolino et al., 2005; Loehlin, 1992). In other words, experience does not explain everything.

Biological influences on development are also evident in studies of children exposed to the "wrong" hormones prenatally (Ehrhardt & Baker, 1974; Money & Ehrhardt, 1972). Before the consequences were known, some mothers who previously had problems carrying pregnancies to term were given drugs containing progestins, which are converted by the body into the male hormone testosterone. These drugs had the effect of masculinizing female fetuses so that, despite their XX genetic endowment and female internal organs, they were born with external organs that resembled those of a boy (for example, a large clitoris that looked like a penis and fused labia that resembled a scrotum). Several of these **androgenized females** (girls prenatally exposed to excess androgens) were recognized as genetic females, underwent surgery to alter their genitals, and were then raised as girls. When Money and Ehrhardt compared them with their sisters and other girls, it became apparent that many more androgenized girls were tomboys and preferred boys' toys and vigorous activities to traditionally feminine pursuits (see also Meyer-Bahlburg et al., 2006). As adolescents, they began dating somewhat later than other girls and felt that marriage should be delayed until they had established their careers. A high proportion (37%) described themselves as homosexual or bisexual (Money, 1985; see also Dittman, Kappes, & Kappes, 1992). Androgenized females may also perform better than most other females on tests



■ **FIGURE 12.4** Critical events in John Money and Anke Ehrhardt's biosocial theory of gender typing.

SOURCE: From *Man and woman, boy and girls*, by J. Money and A. Ehrhardt, 1972, Johns Hopkins University Press. Reprinted by permission.

of spatial ability, further evidence that early exposure to male hormones has “masculinizing” effects on a female fetus (Kimura, 1992; Resnick et al., 1986; but see Malouf et al., 2006).

In addition, male exposure to testosterone and other male hormones may be part of the reason males are more likely than females to commit violent acts (Rubinow & Schmidt, 1996). Evidence from experiments conducted with animals is quite convincing. For example, female rhesus monkeys exposed prenatally to the male hormone testosterone often threaten other monkeys, engage in rough-and-tumble play, and try to “mount” a partner as males do at the beginning of a sexual encounter (Young, Goy, & Phoenix, 1964; Wallen, 1996). Men with high testosterone levels tend to have high rates of delinquency, drug abuse, abusiveness, and violence, although nature interacts with nurture so that these links between testosterone and anti-social behavior are not nearly as evident among men high in socioeconomic status as among men low in socioeconomic status (Dabbs & Morris, 1990).

Because testosterone levels rise as a result of aggressive and competitive activities, it has been difficult to establish unambiguously that high concentrations of male hormones cause aggressive behavior in humans (Archer, 1991). Still, animal studies show that early experiences can alter the developing nervous systems of males and females and, in turn, their behavior (Breedlove, 1994). Much evidence suggests that prenatal exposure to male or female hormones has lasting effects on the organization of the brain and, in turn, on sexual behavior, aggression, cognitive abilities, and other aspects of development (Rubinow & Schmidt, 1996). Yet biology does not dictate gender-role development. Instead, gender-role development evolves from the complex interaction of biology, social experience, and the individual’s behavior.

**Evidence of Social-Labeling Influences.** We must also take seriously the social aspect of Money and Ehrhardt’s biosocial theory. How a child is labeled and treated can considerably affect gender development. For instance, some androgenized females were labeled as boys at birth and raised as such until their abnormalities were detected. Money and Ehrhardt (1972) report that the discovery and correction of this condition (by surgery and relabeling as a girl) caused few adjustment problems if the sex change took place before 18 months. After age 3, sexual reassignment was exceedingly difficult because these genetic females had experienced prolonged masculine gender typing and had already labeled themselves as boys. These findings led Money and Ehrhardt to conclude that there is a critical period (between 18 months and 3 years) for the establishment of gender identity when the label society attaches to the child is likely to stick. Yet some studies in which infants are presented to some people as boys but to others as girls indicate that labeling has little effect on how people perceive and treat these infants (Stern & Karraker, 1989). And, as the Explorations box on page 354 on social labeling and biological destiny shows, biological males who are labeled as girls during the so-called critical period sometimes adopt a male gender identity

later in life despite their early labeling and socialization, suggesting that we should refer to a sensitive rather than a critical period. Once again, then, we see both nature and nurture at work in development.

## Psychoanalytic Theory

As is true of thinking about most areas of development, thinking about gender-role development was shaped early on by Sigmund Freud’s psychosexual theory. The 3- to 6-year-old child in Freud’s phallic stage is said to harbor a strong, biologically based love for the parent of the other sex, experience internal conflict and anxiety as a result of this incestuous desire, and resolve the conflict through a process of **identification** with the same-sex parent. According to Freud, a boy experiencing his **Oedipus complex** loves his mother, fears that his father will retaliate by castrating him, and is forced to identify with his father, thereby emulating his father and adopting his father’s attitudes and behaviors. Freud believed that a boy would show weak masculinity later in life if his father was inadequate as a masculine model, was often absent from the home, or was not dominant or threatening enough to foster a strong identification based on fear.

Meanwhile, a preschool-age girl is said to experience an **Electra complex** involving a desire for her father (and envy him for the penis she lacks) and a rivalry with her mother. To resolve her unconscious conflict, she identifies with her mother. Her father also contributes to gender-role development by reinforcing her for “feminine” behavior resembling that of her mother. Thus, Freud emphasized the role of emotions (love, fear, and so on) in motivating gender-role development and argued that children adopt their roles by patterning themselves after their same-sex parents.

We can applaud Freud for identifying the preschool years as a critical time for gender-role development. In addition, his view that boys, because of fear of castration, have a more powerful motivation than girls to adopt their gender role is consistent with the finding that boys seem to learn gender-typed behaviors faster and more completely than girls do. It is also true that boys whose fathers are absent from the home tend to be less traditionally sex-typed than other boys (Stevenson & Black, 1988). Finally, Freud’s notion that fathers play an important role in the gender typing of their daughters and of their sons has been confirmed (Parke, 1996).

On other counts, however, psychoanalytic theory has not fared well. Many preschool children are so ignorant of male and female anatomy that it is hard to see how most boys could fear castration or most girls could experience penis envy (Bem, 1989). Moreover, Freud assumed that a boy’s identification with his father is based on fear, but most researchers find that boys identify most strongly with fathers who are warm and nurturant rather than overly punitive and threatening (Hetherington & Frankie, 1967; Mussen & Rutherford, 1963). Finally, children are not especially similar psychologically to their same-sex parents (Maccoby & Jacklin, 1974). Apparently, other individuals besides parents influence a child’s gender-related characteris-

## IS THE SOCIAL LABEL EVERYTHING, OR IS BIOLOGY DESTINY?

When biological sex and social labeling conflict, which wins out? Consider the tragic case of a male identical twin, named

Bruce at birth, whose penis was damaged beyond repair during a botched circumcision (Money & Tucker, 1975). On the advice of John Money, who at the time was considered the world's leading authority on gender identity, the parents agreed to a surgical procedure that removed what was left of the damaged penis and altered their 21-month-old boy's external genitals to appear feminine. From then on, they treated him like a girl. By age 5, Money reported that this boy-turned-girl, now named Brenda, was reportedly different from her genetically identical brother. According to Money and the team in charge of her treatment, Brenda clearly knew she was a girl; had developed strong preferences for feminine toys, activities, and apparel; and was far neater and daintier than her brother. This, then, was supposedly a vivid demonstration that the most decisive influence on gender-role development is how a child is labeled and treated during the critical period for such development. But there is much more to the story.

Milton Diamond and H. Keith Sigmundson (1997) followed up on this twin and found that

the story had a very different and ultimately disastrous ending from what Money reported (see also Colapinto, 1997, 2000, 2004). Brenda

was never comfortable with doll play and other traditionally feminine pursuits; she preferred to dress up in men's clothing, play with her

tics. It seems we must look elsewhere for more complete explanations of gender-role development.

### Social Learning Theory

According to social learning theorists, children learn masculine or feminine identities, preferences, and behaviors in two ways. First, through *differential reinforcement*, children are rewarded for sex-appropriate behaviors and are punished for behaviors considered more appropriate for members of the other sex. Second, through *observational learning*, children adopt the attitudes and behaviors of same-sex models. In this view, children's gender-role development depends on which of their behaviors people reinforce or punish and on what sorts of social models are available. Change the social environment, and you change the course of gender-role development.

**Differential Reinforcement.** Parents use differential reinforcement to teach boys how to be boys and girls how to be girls (Lyton & Romney, 1991). By the second year of life, parents are already encouraging sex-appropriate play and discouraging cross-sex play, before children have acquired their basic gender



Bruce/Brenda/David

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identities or display clear preferences for male or female activities (Fagot & Leinbach, 1989). By 20 to 24 months, daughters are reinforced for dancing, dressing up (as women), following their parents around, asking for help, and playing with dolls; they are discouraged from manipulating objects, running, jumping, and climbing. By contrast, sons are not encouraged to pursue such "feminine" behavior as playing with dolls or seeking help and they receive more positive responses from their parents when they play with "masculine" toys such as blocks, trucks, and push-and-pull toys (Blakemore, 2003; Fagot, 1978; Fagot, Leinbach, & O'Boyle, 1992). Mothers and fathers may also discipline their sons and daughters differently, with fathers more likely to use physical forms of discipline (such as spanking) than mothers and mothers more likely to use reasoning to explain rules and consequences (Conrade & Ho, 2001; Russell et al., 1998). In addition, boys end up on the receiving end of a spanking more often than girls do (Day & Peterson, 1998).

In research by Barbara Morrongiello and Kerri Hogg (2004), mothers were asked to imagine how they would react if their 6- to 10-year-old son or daughter misbehaved in some way that might be dangerous (for example, bicycling fast down a

twin brother's toys, and take things apart to see how they worked. She used the jumping rope she was given to whip people and tie them up; she was miserable when she was forced to make daisy chains and become a Girl Scout rather than a Boy Scout (Colapinto, 1997). Somewhere around age 10, she had the distinct feeling that she was not a girl: "I began to see how different I felt and was. . . . I thought I was a freak or something. . . . but I didn't want to admit it. I figured I didn't want to wind up opening a can of worms" (Colapinto, 2000, pp. 299–300). Being rejected by other children because of her masculine looks and feminine dress and being called "cavewoman" and "gorilla" also took their toll, as did continued pressure from psychiatrists to behave in a more feminine manner. Finally, at age 14 and after years of inner turmoil and suicidal thinking, Brenda had had it and simply refused to take the female hormones prescribed for her and pretend to be a girl any longer. When finally told that she was a chromosomal male and had started life as a normal baby boy, Brenda was relieved: "Suddenly it all made sense why I felt the way I did. I wasn't some sort of weirdo" (Colapinto, 1997, p. 92). She then received male hormone shots, a double mastectomy, and surgery to construct a penis and emerged as a nice young man who eventually dated girls, married at age 25, and for a time, seemed

to settle into his hard-won identity as an adult male with the name David.

When he realized that his case was being used to justify sex change operations on other infants with injured or ambiguous genitals, he went public with his story and spoke out against this practice. David and his family struggled for years with the aftermath of the attempt to change his sex. His twin brother died of a drug overdose at age 36 and, 2 years later, David committed suicide.

This disturbing case study shows that we must back off from the conclusion that social learning is all that matters. Clearly, for Bruce/Brenda/David, gender identity was not as pliable as Money believed. And this is not the only case that illustrates that biology, along with social environment, matters when it comes to gender identity. Researchers studied a group of 18 biological males in the Dominican Republic who had a genetic condition that made their cells insensitive to the effects of male hormones (Imperato-McGinley et al., 1979; see also Herdt & Davidson, 1988). They had begun life with ambiguous genitals, were mistaken for girls, and so were labeled and raised as girls. However, under the influence of male hormones produced at puberty, they sprouted beards and became entirely masculine in appearance. How, in light of Money and Ehrhardt's critical-period hypothesis, could

a person possibly adjust to becoming a man after leading an entire childhood as a girl?

Amazingly, 16 of these 18 individuals seemed able to accept their late conversion from female to male and to adopt masculine lifestyles, including the establishment of heterosexual relationships. One retained a female identity and gender role, and the remaining individual switched to a male gender identity but still dressed as a female. This study also casts doubt on the notion that socialization during the first 3 years is critical to later gender-role development. Instead, it suggests that hormonal influences may be more important than social influences. It is possible, however, that Dominican adults, knowing that this genetic disorder was common in their society, treated these girls-turned-boys differently from other girls when they were young or that these youngsters recognized on their own that their genitals were not normal (Ehrhardt, 1985). As a result, these "girls" may never have fully committed themselves to being girls.

What studies such as these of individuals with genital abnormalities appear to teach us is this: We are predisposed by our biology to develop as males or females; the first 3 years of life are a sensitive period perhaps, but not a critical period, for gender-role development; and both biology and social labeling contribute to gender-role development.

hill they had been told to avoid). Mothers reported that they would be angry with their sons but disappointed and concerned with their daughters for misbehaving and putting themselves in harm's way. Boys will be boys, they reasoned, but girls should know better. To prevent future risky behaviors, mothers said they would be more rule-bound with their daughters but would not do anything different with their sons. After all, they reasoned, there is no point in trying to prevent these risky behaviors in boys because it is "in their nature." Girls' behavior, on the other hand, can be influenced, so mothers may believe that it is worth enforcing an existing rule or instituting a new one. It's not just mothers: other research shows that fathers are more protective of their preschool-aged daughters than their preschool-aged sons (Hagan & Kuebli, 2007).

Does this "gender curriculum" in the home influence children? It certainly does. Parents who show the clearest patterns of differential reinforcement have children who are relatively quick to label themselves as girls or boys and to develop strongly sex-typed toy and activity preferences (Fagot & Leinbach, 1989; Fagot, Leinbach, & O'Boyle, 1992). Fathers play a central role in gender socialization; they are more likely than mothers to reward children's gender-appropriate behavior and to discourage

behavior considered more appropriate for the other sex (Leve & Fagot, 1997; Lytton & Romney, 1991). Women who choose nontraditional professions are more likely than women in traditionally female fields to have had fathers who encouraged them to be assertive and competitive (Coats & Overman, 1992). Fathers, then, seem to be an especially important influence on the gender-role development of both sons and daughters.

Could differential treatment of boys and girls by parents also contribute to sex differences in ability? Possibly so. Jacquelynne Eccles and her colleagues (1990) have conducted several studies to determine why girls tend to shy away from math and science courses and are underrepresented in occupations that involve math and science (see also Benbow & Arjmmand, 1990). They suggest that parental expectations about sex differences in mathematical ability become self-fulfilling prophecies. The plot goes something like this:

1. Parents, influenced by societal stereotypes about sex differences in ability, expect their sons to outperform their daughters in math and expect their sons will be more interested in math and science than their daughters (Tenenbaum & Leaper, 2003).



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According to psychoanalytic theory, children become appropriately “masculine” or “feminine” through identification with the same-sex parent. Social learning theorists call this process observational learning.

2. Parents attribute their sons’ successes in math to ability but credit their daughters’ successes to hard work. Perhaps as a result of this, fathers talk differently to their sons and daughters when discussing science with them (Tenenbaum & Leaper, 2003). With their sons, they use more scientific terms, provide more detailed explanations, and ask more abstract questions than with their daughters. These differences reinforce the belief that girls lack mathematical talent and turn in respectable performances only through plodding effort.

3. Children begin to internalize their parents’ views, so girls come to believe that they are “no good” in math. Girls report that they are less competent and more anxious about their performance than boys (Pomerantz, Altermatt, & Saxon, 2002).

4. Thinking they lack ability, girls become less interested in math, less likely to take math courses, and less likely to pursue career possibilities that involve math after high school.

In short, parents who expect their daughters to have trouble with numbers may get what they expect. The negative ef-

fects of low parental expectancies on girls’ self-perceptions are evident regardless of their performance. Indeed, girls feel less competent than do boys about math and science even when they outperform the boys (Pomerantz et al., 2002). Girls whose parents are nontraditional in their gender-role attitudes and behaviors do not show the declines in math and science achievement in early adolescence that girls from more traditional families display, so apparently the chain of events Eccles describes can be broken (Updegraff, McHale, & Crouter, 1996).

Peers, like parents, reinforce boys and girls differentially. As Beverly Fagot (1985) discovered, boys only 21 to 25 months of age belittle and disrupt each other for playing with “feminine” toys or with girls, and girls express their disapproval of other girls who choose to play with boys (see also Blakemore, 2003). Similarly, on the playground, preschoolers who engage in same-sex play are better liked by their peers than those who engage in play with the opposite sex (Colwell & Lindsey, 2005).

**Observational Learning.** Social learning theorists call attention to differential treatment of girls and boys by parents, peers, and teachers; they also emphasize that observational learning contributes in important ways to gender typing. Children see which toys and activities are “for girls” and which are “for boys” and imitate individuals of their own sex. Around age 6 or 7, children begin to pay much closer attention to same-sex models than to other-sex models; for example, they will choose toys that members of their own sex prefer even if it means passing up more attractive toys (Frey & Ruble, 1992). Children who see their mothers perform so-called masculine tasks and their fathers perform household and child care tasks tend to be less aware of gender stereotypes and less gender typed than children exposed to traditional gender-role models at home (Sabattini & Leaper, 2004; Turner & Gervai, 1995). Similarly, boys with sisters and girls with brothers have less gender-typed activity preferences than children who grow up with same-sex siblings (Colley et al., 1996; Rust et al., 2000).

Not only do children learn by watching the children and adults with whom they interact, but they also learn from the media—radio, television, movies, video games—and even from their picture books and elementary-school texts. Although sexism in children’s books has decreased over the past 50 years, male characters are still more likely than female characters to engage in active, independent activities such as climbing, riding bikes, and making things, whereas female characters are more often depicted as passive, dependent, and helpless, spending their time picking flowers, playing quietly indoors, and “creating problems that require masculine solutions” (Diekman & Murnen, 2004; Kortenhaus & Demarest, 1993). In a recent analysis of 200 popular children’s picture books, David Anderson and Mykol Hamilton (2007) found that portrayals of fathers, but not mothers, were largely absent. In the few instances where fathers were portrayed, they were not engaged with their children, which conveys the message that it is still mothers who are the primary caretakers of children.

In recent decades, blatant gender stereotyping of television characters has decreased, but not disappeared. Male char-

acters still dominate on many children's programs, prime-time programs, and advertisements (Ganahl, Prinsen, & Netzley, 2003; Glascock, 2001; Oppliger, 2007). Even on shows with an equal number of male and female characters, the male characters assume more prominent roles (Ogletree et al., 2004). Typically, men are influential individuals who work at a profession, whereas many women—especially those portrayed as married—are passive, emotional creatures who manage a home or work at “feminine” occupations such as nursing (Signorielli & Kahlenberg, 2001). Women portrayed as single are often cast in traditionally male occupations. The message children receive is that men work regardless of their marital status and they do important business, but women only work at important jobs if they are single (Signorielli & Kahlenberg, 2001). Children who watch a large amount of television are more likely to choose gender-appropriate toys and to hold stereotyped views of males and females than their classmates who watch little television (Oppliger, 2007; Signorielli & Lears, 1992).

Perhaps the strongest traditional gender stereotypes are found in today's video games, which males play at a much higher rate than females (Ogletree & Drake, 2007). College students, both male and female, report that female video game characters are portrayed as helpless and sexually provocative in contrast to male characters who are portrayed as strong and aggressive (Ogletree & Drake, 2007). Men do not find these stereotypes as offensive as do women, perhaps because men already hold more traditional gender stereotypes than women (Brenick et al., 2007).

To recap, there is much evidence that both differential reinforcement and observational learning contribute to gender-role development. However, social learning theorists often portray children as the passive recipients of external influences: parents, peers, television and video game characters, and others show them what to do and reinforce them for doing it. Perhaps this perspective does not put enough emphasis on what children contribute to their own gender socialization. Youngsters do not receive gender-stereotyped birthday presents simply because their parents choose these toys for them. Instead, parents tend to select gender-neutral and often educational toys for their children, but their boys ask for trucks and their girls request tea sets (Alexander, 2003; Robinson & Morris, 1986; Servin, Bohlin, & Berlin, 1999).

## Cognitive Theories

Some theorists have emphasized cognitive aspects of gender-role development, noting that as children acquire understanding of gender, they actively teach themselves to be girls or boys. Lawrence Kohlberg based his cognitive theory on Jean Piaget's cognitive developmental theory, whereas Carol Martin and Charles Halverson Jr. based their theory on an information-processing approach to cognitive development.

**Cognitive Developmental Theory.** Kohlberg (1966a) proposed a cognitive theory of gender typing that is different from the other theories you have considered and that helps explain why

boys and girls adopt traditional gender roles even when their parents do not want them to do so. Among Kohlberg's major themes are the following:

- Gender-role development depends on stagelike changes in cognitive development; children must acquire certain understandings about gender before they will be influenced by their social experiences.
- Children engage in self-socialization; instead of being the passive targets of social influence, they actively socialize themselves.

According to both psychoanalytic theory and social learning theory, children are influenced by their companions to adopt male or female roles before they view themselves as girls or boys and identify with (or habitually imitate) same-sex models. Kohlberg suggests that children first understand that they are girls or boys and then actively seek same-sex models and a range of information about how to act like a girl or a boy. To Kohlberg, it is not “I'm treated like a boy; therefore, I must be a boy.” It is more like “I'm a boy, so now I'll do everything I can to find out how to behave like one.”

What understandings are necessary before children will teach themselves to behave like boys or girls? Kohlberg believes that children everywhere progress through the following three stages as they acquire gender constancy or an understanding of what it means to be a female or a male:

1. Basic gender identity is established by age 2 or 3, when children can recognize and label themselves as males or females (Campbell, Shirly, & Caygill, 2002).

2. Somewhat later, usually by age 4, children acquire **gender stability**—that is, they come to understand that gender identity is stable over time. They know that boys invariably become men, and girls grow up to be women.

3. The gender concept is complete, somewhere between age 5 and age 7, when children achieve **gender consistency** and realize that their sex is also stable across situations. Now, children know that their sex cannot be altered by superficial changes such as dressing up as a member of the other sex or engaging in cross-sex activities.

Children 3 to 5 years of age often do lack the concepts of gender stability and gender consistency; they often say that a boy could become a mommy if he really wanted to or that a girl could become a boy if she cut her hair and wore a hockey uniform (Warin, 2000). This changes over the kindergarten and early grade-school years (Ruble et al., 2007). As children enter Piaget's concrete-operational stage of cognitive development and come to grasp concepts such as conservation of liquids, they also realize that gender is conserved—remains constant—despite changes in appearance. Gender constancy is demonstrated by very few 3- to 5-year-olds, about half of 6- to 7-year-olds, and a majority of 8- to 9-year-olds (Trautner et al., 2003). In support of Kohlberg's theory, Jo Warin (2000) found that children who have achieved the third level of understanding display more gender-stereotypic play preferences than children who have not yet grasped gender consistency.

Criticisms? Children need not reach the concrete operations stage to understand gender stability and consistency if they have sufficient knowledge of male and female anatomy to realize that people's genitals make them male or female (Bem, 1989). Still, knowledge of male-female anatomy alone is no guarantee that children will understand gender stability and consistency (Trautner et al., 2003). The most controversial aspect of Kohlberg's cognitive developmental theory, however, has been his claim that only when children fully grasp that their biological sex is unchangeable, around age 5 to age 7, do they actively seek same-sex models and attempt to acquire values, interests, and behaviors consistent with their cognitive judgments about themselves. Although some evidence supports Kohlberg, this chapter shows that children learn many gender-role stereotypes and develop clear preferences for same-sex activities and playmates long before they master the concepts of gender stability and gender consistency and then, according to Kohlberg, attend more selectively to same-sex models (Martin, Ruble, & Szkrybalo, 2002; Ruble et al., 2007). It seems that only a rudimentary understanding of gender is required before children learn gender stereotypes and preferences.

**Gender Schema Theory.** Martin and Halverson (1981, 1987) have proposed a somewhat different cognitive theory, an information-processing one, that overcomes the key weakness of Kohlberg's theory. Like Kohlberg, they believe that children are intrinsically motivated to acquire values, interests, and behaviors consistent with their cognitive judgments about the self. However, Martin and Halverson argue that self-socialization begins as soon as children acquire a basic gender identity, around age 2 or 3. According to their schematic-processing model, children acquire **gender schema** (plural:

**schemata**)—organized sets of beliefs and expectations about males and females that influence the kinds of information they will attend to and remember.

First, children acquire a simple in-group-out-group schema that allows them to classify some objects, behaviors, and roles as appropriate for males and others as appropriate for females (cars are for boys, girls can cry but boys should not, and so on). Then, they seek more elaborate information about the role of their own sex, constructing an own-sex schema. Thus, a young girl who knows her basic gender identity might first learn that sewing is for girls and building model airplanes is for boys. Then, because she is a girl and wants to act consistently with her own self-concept, she gathers a great deal of information about sewing to add to her own-sex schema, largely ignoring any information that comes her way about how to build model airplanes (see ▀ **Figure 12.5**).

Consistent with this schema-processing theory, children appear to be especially interested in learning about objects or activities that fit their own-sex schemata. In one study, 4- to 9-year-olds were given boxes of gender-neutral objects (hole punches, burglar alarms, and so on) and were told that some objects were "girl" items and some were "boy" items (Bradbard et al., 1986). Boys explored boy items more than girls did, and girls explored girl items more than boys did. A week later, the children easily recalled which items were for boys and which were for girls; they had apparently sorted the objects according to their in-group-out-group schemata. In addition, boys recalled more in-depth information about boy items than did girls, whereas girls recalled more than boys about these same objects if they had been labeled girl items. If children's information-gathering efforts are guided by their own-sex schemata in this way, you can easily see how boys and girls might acquire different stores of knowledge as they develop.

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Once gender schemata are in place, children will distort new information in memory so that it is consistent with their schemata (Liben & Signorella, 1993; Martin & Halverson, 1983). For example, Martin and Halverson (1983) showed 5- and 6-year-olds pictures of children performing gender-consistent activities (for example, a boy playing with a truck) and pictures of children performing gender-inconsistent activities (for example, a girl sawing wood). A week later, the children easily recalled the sex of the actor performing gender-consistent activities; when an actor expressed gender-inconsistent behavior, however, children often distorted the scene to reveal gender-consistent behavior (for example, by saying that it was a boy, not a girl, who had sawed wood). This research gives some insight into why inaccurate gender stereotypes persist. The child who believes that women cannot be doctors may be introduced to a female doctor but may remember meeting a nurse instead and continue to state that women cannot be doctors. Even adults have trouble suppressing gender stereotypes and are influenced by their gender stereotypes when reading and interpreting text (Oakhill, Garnham, & Reynolds, 2005).

### An Attempt at Integration

The biosocial, social learning, and cognitive perspectives all contribute to our understanding of sex differences and gender-role development. The biosocial model offered by Money and Ehrhardt notes the importance of biological developments that

influence how people label and treat a child. Yet socialization agents—not only parents, as noted by Freud, but also siblings, peers, and teachers, as noted by social learning theorists—are teaching children how to be girls or boys well before they understand that they are girls or boys. Differences in social learning experiences may also help explain why, even though virtually all children form gender concepts and schemata, some children are far more gender typed than others in their preferences and activities (Serbin, Powlishta, & Gulko, 1993).

Kohlberg's cognitive developmental theory and Martin and Halverson's gender schema approach convince us that cognitive growth and self-socialization processes also contribute to gender-role development. Once children acquire a basic gender identity as a boy or a girl and form gender schemata, they become highly motivated to learn their appropriate roles. When they finally grasp, from age 5 to age 7, that their sex will never change, they become even more determined to learn their gender roles and pay special attention to same-sex models. Parents who want to avoid socializing their children into traditional gender roles are often amazed to see their children turn into traditional girls and boys on their own.

In short, children have a male or female biological endowment that helps guide their development, are influenced by other people from birth on to become “real boys” or “real girls,” and actively socialize themselves to behave in ways that seem consistent with their understandings that they are either boys or girls (see ● **Table 12.2**). Most developmentalists today would

● TABLE 12.2 AN INTEGRATIVE OVERVIEW OF THE GENDER-TYPING PROCESS

| DEVELOPMENTAL PERIOD | EVENTS AND OUTCOMES   | PERTINENT THEORY OR THEORIES   |
|----------------------|---|--|
| Prenatal period      | The fetus develops male or female genitalia, which others will react to once the child is born.   | Biosocial  |
| Birth to 3 years     | Parents and other companions label the child as a boy or a girl; they begin to encourage gender-consistent behavior and discourage cross-sex activities. As a result of these social experiences and the development of basic classification skills, the young child acquires some gender-typed behavioral preferences and the knowledge that he or she is a boy or a girl (basic gender identity). | Social learning  |
| 3 to 6 years         | Once children acquire a basic gender identity, they begin to seek information about sex differences, form gender schemata, and actively try to behave in ways viewed as appropriate for their own sex.  | Gender schema  |
| 7 to puberty         | Children finally acquire the concepts of gender stability and consistency, recognizing that they will be males or females all their lives and in all situations. They begin to look closely at the behavior of same-sex models to acquire attributes consistent with their firm self-categorization as male or female.  | Cognitive developmental  |
| Puberty and beyond   | The biological changes of adolescence, with social pressures, intensify gender differences and stimulate formation of an adult gender identity.   | Biosocial<br>Social learning<br>Gender schema<br>Cognitive developmental |

agree that what children learn regarding how to be male or female depends on an interaction between biological factors and social influences. Thus, we must respect the role of genes and hormones in gender-role development but also view this process from a contextual perspective and appreciate that the patterns of male and female development that we observe in society today are not inevitable. In another era, in another culture, the process of gender-role socialization could produce different kinds of boys and girls.

## SUMMING UP

- Theories of gender-role development include the biosocial theory proposed by Money and Ehrhardt, which emphasizes prenatal biological developments and stresses the importance of how a child is labeled and treated during a critical period for gender identity information.
- According to Freud's psychoanalytic perspective, gender-role development results from the child's identification with the same-sex parent.
- Social learning theorists focus on differential reinforcement and observational learning. Cognitive perspectives emphasize understanding of gender and active self-socialization:
- Kohlberg's cognitive developmental theory emphasizes that children master gender roles once they master the concepts of gender identity, gender stability, and gender consistency.
- Martin and Halverson's gender schema theory holds that children socialize themselves as soon as they have a basic gender identity and can construct gender schemata. Each theory has some support, but none is completely right.

## CRITICAL THINKING

1. Jen and Ben are fraternal twins whose parents are determined that they should grow up having no gender stereotypic attitudes or behaviors. Nonetheless, when the twins are only 4, Jen wants frilly dresses and loves to play with her Barbie doll, and Ben wants a machine gun and loves to pretend he's a football player and tackle people. Each seems headed for a traditional gender role. Which of the theories in this chapter do you think explains this best, which has the most difficulty explaining it, and why did you reach these conclusions?
2. Fewer women than men become architects. Drawing on the material in this chapter, explain the extent to which nature and nurture may be responsible for this, citing evidence.

## 12.5 THE ADULT

You might think that once children and adolescents have learned their gender roles, they simply play them out during adulthood. Instead, as people face the challenges of adult life and enter new social contexts, their gender roles and their concepts of themselves as men and women change.

## Changes in Gender Roles

Although males and females fill their masculine or feminine roles throughout their lives, the specific content of those roles changes considerably over the life span. The young boy may act out his masculine role by playing with trucks or wrestling with his buddies; the grown man may play his role by holding down a job. Moreover, the degree of difference between male and female roles also changes. Children and adolescents adopt behaviors consistent with their "boy" or "girl" roles, but the two sexes otherwise adopt similar roles in society—namely, those of children and students. Even as they enter adulthood, males' and females' roles differ little because members of both sexes are often single and in school or working.

However, the roles of men and women become more distinct when they marry and, especially, when they have children. In most couples, for example, the wife typically does more housework than her husband, whether or not she is employed—about 17 to 18 hours per week for her compared with 10 hours for him (Bianchi et al., 2000). If this does not seem like a large discrepancy on a weekly basis, consider that over 1 year, wives contribute more than 400 hours to housework beyond the amount their husbands contribute. By their silver wedding anniversary, wives will have logged about 10,000 more hours than husbands have. Furthermore, specific tasks tend to be parceled out along traditional lines—she does the cooking, he takes out the garbage (Bianchi et al., 2000). The birth of a child tends to make even egalitarian couples divide their labors in more traditional ways than they did before the birth (Cowan & Cowan, 2000). She becomes primarily responsible for child care and household tasks; he tends to emphasize his role as breadwinner



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After the androgyny shift, women may feel freer to express their "masculine" side, and men may express "feminine" qualities that they suppressed during their parenting years.

and center his energies on providing for the family. Even as men increase their participation in child care and housework, they tend to play a helper role and spend only two-thirds as much time with their children as women do (Bianchi, 2000).

What happens after the children are grown? The roles played by men and women become more similar again starting in middle age, when the nest empties and child care responsibilities end. The similarity between gender roles continues to increase as adults enter old age; as retirees and grandparents, men and women lead similar lives. It would seem, then, that the roles of men and women are fairly similar before marriage, maximally different during the child-rearing years, and similar again later (Gutmann, 1997).

## Masculinity, Femininity, and Androgyny

Do the shifts in the roles played by men and women during adulthood affect them psychologically? For years, psychologists assumed that masculinity and femininity were at opposite ends of a continuum. If a person possessed highly masculine traits, then that person must be very unfeminine; being highly feminine implied being unmASCULINE. Bem (1974) challenged this assumption by arguing that individuals of either sex can be characterized by psychological **androgyny**—that is, by a balancing or blending of both masculine-stereotyped traits (for example, being assertive, analytical, and independent) and feminine-stereotyped traits (for example, being affectionate, compassionate, and understanding). In Bem's model, then, masculinity and femininity are two separate dimensions of personality. A male or female who has many masculine-stereotyped traits and few feminine ones is defined as a masculine sex-typed person. A person who has many feminine-stereotyped traits and few masculine-stereotyped traits is said to be a feminine sex-typed person. The androgynous person possesses both masculine and feminine traits, whereas the undifferentiated individual lacks both kinds of attributes (see ▀ **Figure 12.6**).

|             |      | Femininity         |                     |
|-------------|------|--------------------|---------------------|
|             |      | High               | Low                 |
| Masculinity | High | Androgynous        | Masculine sex-typed |
|             | Low  | Feminine sex-typed | Undifferentiated    |

▀ **FIGURE 12.6** Categories of gender-role orientation based on viewing masculinity and femininity as separate dimensions of personality.

How many of us are androgynous? Research with college students using self-perception inventories that contain both a masculinity (or instrumentality) scale and a femininity (or expressivity) scale found that roughly 33% of the test takers were “masculine” men or “feminine” women; about 30% were androgynous, and the remaining individuals were either undifferentiated (low on both scales) or sex reversed (masculine sex-typed females or feminine sex-typed males) (Spence & Helmreich, 1978). Around 30% of children can also be classified as androgynous (Boldizar, 1991; Hall & Halberstadt, 1980). But do perceived masculinity, femininity, and androgyny change over the adult years?

## Changes with Age

David Gutmann (1987, 1997) has offered the intriguing hypothesis that gender roles and gender-related traits in adulthood are shaped by what he calls the **parental imperative**—the requirement that mothers and fathers adopt different roles to raise children successfully. Drawing on his own cross-cultural research and that of others, he suggests that in many cultures, young and middle-aged men must emphasize their “masculine” qualities to feed and protect their families, whereas young and middle-aged women must express their “feminine” qualities to nurture the young and meet the emotional needs of their families.

According to Gutmann, this changes dramatically starting in midlife, when men and women are freed from the demands of the parental imperative. Men become less active and more passive, take less interest in community affairs, and focus more on religious contemplation and family relationships. They also become more sensitive and emotionally expressive. Women, meanwhile, are changing in the opposite direction. After being passive, submissive, and nurturing in their younger years, they become more active, domineering, and assertive in later life. In many cultures, they take charge of the household after being the underlings of their mothers-in-law and become stronger forces in their communities. In short, Gutmann's parental imperative hypothesis states that, over the course of adulthood, psychologically “masculine” men become “feminine” men and “feminine” women become “masculine” women—that the psychological traits of the two sexes flip-flop.

A similar hypothesis is that adults experience a midlife **androgyny shift**. Instead of giving up traits they had as young adults, men and women retain their gender-typed qualities but add qualities traditionally associated with the other sex; that is, they become more androgynous. Ideas along this line were proposed by the psychoanalytic theorist Carl Jung (1933), who believed that we have masculine and feminine sides all along but learn to integrate them and express both facets of our human nature only in middle age. Now we look at how these ideas have fared.

What age-related differences do researchers find when they administer masculinity and femininity scales to men and women of different cohorts? In one study, Shirley Feldman and her associates (Feldman, Biringen, & Nash, 1981) gave Bem's

## CHANGING GENDER-ROLE ATTITUDES AND BEHAVIOR

Some people believe that the world would be a better place if boys and girls were no longer socialized to adopt traditional masculine or feminine roles, interests, and behaviors. Children of both sexes would then have the freedom to be androgynous; women would no longer suffer from a lack of assertiveness in the world of work, and men would no longer be forced to suppress their emotions. Just how successful are efforts to encourage more flexible gender roles?

In several projects designed to change gender-role behavior, children have been exposed to nonsexist films, encouraged to imitate models of cross-sex behavior, reinforced by teachers for trying cross-sex activities, and provided with nonsexist educational materials (Katz, 1986; Katz & Walsh, 1991). For example, Rebecca Bigler and Lynn Liben (1990) reasoned that if they could alter children's gender stereotypes, they could head off the biased information processing that stereotypes promote. They exposed 6- to 11-year-olds to a series of problem-solving discussions emphasizing that (1) the most important considerations in deciding who could perform well in such traditionally masculine or feminine occupations

as construction worker and beautician are the person's interests and willingness to learn and (2) the person's gender is irrelevant. Compared with children who received no such training, program participants showed a clear decline in occupational stereotyping, especially if they had entered the study with firm ideas about which jobs are for women and which are for men. Moreover, this reduction in stereotyping brought about the predicted decrease in biased information processing: Participants were more likely than nonparticipants to remember counterstereotypic information presented to them in stories (for example, recalling that the garbage collector in a story was a woman).

Yet many efforts at change that work in the short run fail to have lasting effects. Children encouraged to interact in mixed-sex groups revert to their preference for same-sex friends as soon as the program ends (Lockheed, 1986; Serbin, Tonick, & Sternblitz, 1977). Why is it so difficult to change children's thinking? Perhaps because children are groomed for their traditional gender roles from birth and are bombarded with traditional gender-role messages every day. A short-term intervention project may have little chance of succeeding in this larger context.

Other research shows that it is often difficult to change the gender schemata we have constructed. Farah Hughes and Catherine Seta (2003) gave fifth-graders descriptions of men and women behaving in ways inconsistent with traditional gender stereotypes. The children were then asked to rate the likelihood that another man or woman would behave in gender-inconsistent ways. Despite being exposed to a model of inconsistent gender-stereotypic behavior, children believed that the other man (although not the other woman) would behave in a gender-consistent manner. The authors interpret this in terms of gender schema theory and children's desire to maintain their stereotypic gender schemata by countering an inconsistent piece of information with a highly consistent one. It also illustrates that simply exposing children to models of inconsistent gender roles is not going to miraculously lead to changes in the way they think about gender-stereotypic behavior: Men should still behave in masculine ways. Consistent with other research presented in this chapter, Hughes and Seta found that women were given more flexibility to express both their feminine and masculine sides.

androgyny inventory to individuals at eight different stages of the family life cycle. Consistent with Gutmann's notion of a parental imperative, taking on the role of parent seemed to lead men to perceive themselves as more masculine in personality and women to perceive themselves as having predominantly feminine strengths. Among adults beyond their parenting years, especially among grandparents, sex differences in self-perceptions were smaller. Contrary to Gutmann's hypothesis, however, grandfathers did not replace their masculine traits with feminine traits, and grandmothers did not become less feminine and more masculine. Instead, both sexes appeared to experience an androgyny shift: Grandfathers retained their masculine traits and gained feminine attributes; grandmothers retained their feminine traits and took on masculine attributes (see also Wink & Helson, 1993). This finding is particularly interesting because today's older people should, if anything, be more traditionally gender typed than younger adults who have grown up in an era of more flexible gender norms.

### Is Androgyny Advantageous?

If a person can be both assertive and sensitive, both independent and understanding, being androgynous sounds psychologically healthy. Is it? Most college students—both males and females—believe that the ideal person is androgynous (Slavkin & Straight, 2000). Bem (1975, 1978) demonstrated that androgynous men and women behave more flexibly than more sex-typed individuals. For example, androgynous people, like masculine sex-typed people, can display the "masculine" agentic trait of independence by resisting social pressure to conform to undesirable group activities. Yet they are as likely as feminine sex-typed individuals to display the "feminine" communal trait of nurturance by interacting positively with a baby. Androgynous people seem to be highly adaptable, able to adjust their behavior to the demands of the situation at hand (Shaffer, Pegalis, & Cornell, 1992). Perhaps this is why androgynous parents are viewed as warmer and more supportive than nonandrogynous parents (Witt, 1997). In addition, androgynous indi-

viduals appear to enjoy higher self-esteem and are perceived as better adjusted than their traditionally sex-typed peers, although this may be largely because of the masculine qualities they possess (Boldizar, 1991; Lefkowitz & Zeldow, 2006; Spence & Hall, 1996).

Before you jump to the conclusion that androgyny is a thoroughly desirable attribute, can you imagine any disadvantages of androgyny? During childhood, expressing too many of the traits considered more appropriate in the other sex can result in rejection by peers and low self-esteem (Lobel, Slone, & Winch, 1997). In addition, you may need to distinguish between the androgynous individual who possesses *positive* masculine and feminine traits and the one who possesses *negative* masculine and feminine traits (Woodhill & Samuels, 2003, 2004). People with positive androgyny score higher on measures of mental health and well-being than those with negative androgyny (Woodhill & Samuels, 2003). It may be premature, then, to conclude that it is better in all respects to be androgynous rather than either masculine or feminine in orientation. Still, you can at least conclude that it is unlikely to be damaging for men to become a little more feminine or for women to become a little more masculine than they have traditionally been. This chapter's Applications box looks at whether researchers have had any success in changing gender-role attitudes and behavior.

## SUMMING UP

- Adults are influenced by the changing demands of gender roles. Marriage and parenthood appear to cause men and women to adopt more traditionally sex-typed roles.
- Freed from the parental imperative, middle-aged and elderly adults tend to experience a shift toward androgyny, blending desirable masculine-stereotyped and feminine-stereotyped qualities (although not switching personalities). Androgyny tends to be associated with good adjustment and adaptability.

## CRITICAL THINKING

1. The extent to which males and females differ changes from infancy to old age. When are gender differences in psychological characteristics and roles played in society most evident, and when are they least evident? How would you account for this pattern?

## 12.6 SEXUALITY OVER THE LIFE SPAN

A central part of the process of becoming a woman or a man is the process of becoming a sexual being, so it is appropriate that we examine sexual development here. It is a lifelong process that starts in infancy.

## Are Infants Sexual Beings?

Sigmund Freud made the seemingly outrageous claim that humans are sexual beings from birth onward. We are born, he said, with a reserve of sexual energy redirected toward different parts of the body as we develop. Freud may have been wrong about some things, but he was right that infants are sexual beings.

Babies are biologically equipped at birth with male or female chromosomes, hormones, and genitals. Moreover, young infants in Freud's oral stage of development appear to derive pleasure from sucking, mouthng, biting, and other oral activities. But the clincher is this: Both male babies and female babies have been observed to touch and manipulate their genital areas, to experience physical arousal, and to undergo what appear to be orgasms (Hyde & DeLamater, 2006; Leung & Robson, 1993).

What should you make of this infant sexuality? Infants feel bodily sensations, but they are hardly aware that their behavior is "sexual" (Crooks & Baur, 2008). Infants are sexual beings primarily in the sense that their genitals are sensitive and their nervous systems allow sexual responses. They are also as curious about their bodies as they are about the rest of the world. They enjoy touching all parts of their body, especially those that produce pleasurable sensations, and are likely to continue touching themselves unless reprimands from parents or other grown-ups discourage this behavior (at least in front of adults). From these early experiences, children begin to learn what human sexuality is about and how the members of their society regard it.

## Childhood Sexuality

Although boys and girls spend much of their time in gender-segregated groups, they are nonetheless preparing for the day they will participate in sexual relationships with the other sex.



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Preschoolers are naturally curious about the human body.

They learn a great deal about sexuality and reproduction, continue to be curious about their bodies, and begin to interact with the other sex in ways that will prepare them for dating in adolescence.

## Knowledge of Sex and Reproduction

With age, children learn that sexual anatomy is the key differentiator between males and females, and they acquire a more correct and explicit vocabulary for discussing sexual organs (Brilleslijper-Kater & Baartman, 2000; Gordon, Schroeder, & Abrams, 1990). As Anne Bernstein and Philip Cowan (1975) have shown, children's understandings of where babies come from also change as they develop cognitively. Young children often seem to assume either that babies are just there all along or that they are somehow manufactured, much as toys might be. According to Jane, age 3½, "You find [the baby] at a store that makes it. . . . Well, they get it and then they put it in the tummy and then it goes quickly out" (p. 81). Another preschooler, interpreting what he could of an explanation about reproduction from his mom, created this scenario (author's files):

The woman has a seed in her tummy that is fertilized by something in the man's penis. (*How does this happen?*) The fertilizer has to travel down through the man's body into the ground. Then it goes underground to get to the woman's body. It's like in our garden. (*Does the fertilizer come out of his penis?*) Oh no. Only pee-pee comes out of the penis. It's not big enough for fertilizer.

As these examples illustrate, young children construct their own understandings of reproduction well before they are told the "facts of life." Consistent with Piaget's theory of cognitive development, children construct their understanding of sex by assimilating and accommodating information into their existing cognitive structures. Children as young as age 7 know that sexual intercourse plays a role in the making of babies, but their understanding of just how this works is limited (Cipriani, 2002; Hyde & DeLamater, 2006). By age 12, most children have integrated information about sexual intercourse with information about the biological union of egg and sperm and can provide an accurate description of intercourse and its possible outcomes. Thus, as children mature cognitively and as they gain access to information, they are able to construct ever more accurate understandings of sexuality and reproduction.

## Sexual Behavior

According to Freudian theory, preschoolers in the phallic stage of psychosexual development are actively interested in their genitals and seek bodily pleasure through masturbation, but school-age children enter a latency period during which they repress their sexuality and turn their attention instead to school-work and friendships with same-sex peers. It turns out that Freud was half right and half wrong.

Freud was correct that preschoolers are highly curious about their bodies, masturbate, and engage in both same-sex

and cross-sex sexual play. He was wrong to believe that such activities occur infrequently among school-age children. By age 6, about half of children have engaged in sexual play (playing doctor or house), and sexual exploration (such as looking at and touching genitals) is increasingly common in elementary school (Larsson & Svedin, 2002; Okami, Olmstead, & Abramson, 1997; Simon & Gagnon, 1998). Elementary school-age children in Freud's latency period may be more discreet about their sexual experimentation than preschoolers, but they have by no means lost their sexual curiosity. Surveys show, for example, that about two-thirds of boys and half of girls have masturbated by age 13 (Janus & Janus, 1993; Larsson & Svedin, 2002).

Gilbert Herdt and Martha McClintock (2000) have gathered evidence that age 10 is an important point in sexual development, a time when many boys and girls experience their first sexual attraction (often to a member of the other sex if they later become heterosexual or to a member of their own sex if they later become gay or lesbian). This milestone in development appears to be influenced by the maturation of the adrenal glands (which produce male androgens). It comes well before the maturation of the sex organs during puberty and therefore challenges the view of Freud (and many of the rest of us) that puberty is the critical time in sexual development. As Herdt and McClintock note, our society does little to encourage fourth-graders to have sexual thoughts, especially about members of their own sex, so perhaps a hormonal explanation of early sexual attraction makes more sense than an environmental one (see also Halpern, 2006). The adrenal glands mature around age 6 to age 8 and produce low, but increasing, amounts of androgens (McClintock & Herdt, 1996).

Yet sexual development is also shaped by the social and cultural contexts in which children develop. For example, research shows that teens are less likely to use condoms if their friends report engaging in sex without condoms (Henry et al., 2007). Conversely, teens are more likely to use condoms if they believe their friends are using condoms. In terms of the larger cultural context, Eric Widmer and his colleagues (Widmer, Treas, & Newcomb, 1998) found wide variations in sexual beliefs across 24 countries that they examined. The prevailing cultural beliefs, whether conservative, permissive, or somewhere in the middle, influence how teens construct their individual sexual identities. Teens growing up in cultures that have more permissive attitudes about sexuality are likely to interpret their own behaviors differently than teens growing up in cultures with largely conservative beliefs. Thus, sexual behavior is not driven simply by the surge in hormones that accompanies puberty; it is mediated by social context and by the personal beliefs that are constructed in response to physical changes and surrounding beliefs.

## Childhood Sexual Abuse

Every day in this country, children, adolescents, and even infants are sexually abused by the adults closest to them. A typical scenario would be this: A girl age 12 or 13—although it hap-

pens to boys, too—is abused repeatedly by her father, stepfather, or another male relative or family friend (Putnam, 2003; Trickett & Putnam, 1993). Estimates of the percentages of girls and boys who are sexually abused vary wildly, perhaps because so many cases go unreported and because definitions vary substantially. Kevin Gorey and Donald Leslie (1997) combined the results from 16 surveys, controlling for differences in definitions. They found that 17% of women (roughly 1 in 6) and 8% of men (roughly 1 in 12) have experienced childhood sexual abuse. Clearly, childhood sexual abuse is a serious and widespread social problem. Unfortunately, only one out of every four abused children tell someone about the abuse within the first 24 hours and one in four remain silent, never telling anyone about their painful experience (Kogan, 2004).

What is the effect of sexual abuse on the victim? Kathleen Kendall-Tackett, Linda Williams, and David Finkelhor (1993) offer a useful account, based on their review of 45 studies. No single distinctive “syndrome” of psychological problems characterizes abuse victims. Instead, they may experience any number of problems commonly seen in emotionally disturbed individuals, including anxiety, depression, low self-esteem, aggression, acting out, withdrawal, and school learning problems. Roughly 20 to 30% experience each of these problems, and boys seem to experience the same types and degrees of disturbance as girls do.

Many of these aftereffects boil down to lack of self-worth and difficulty trusting others (Cole & Putnam, 1992). A college student who had been abused repeatedly by her father and other relatives wrote this about her experience (author’s files):

It was very painful, emotionally, physically, and psychologically. I wanted to die to escape it. I wanted to escape from my body. . . . I developed a “good” self and a “bad” self. This was the only way I could cope with the experiences. . . . I discovered people I trusted caused me harm. . . . It is difficult for me to accept the fact that people can care for me and expect nothing in return. . . . I dislike closeness and despise people touching me.

Two problems seem to be especially linked to being sexually abused. First, about a third of victims engage in sexualized behavior, acting out sexually by putting objects in their vaginas, masturbating in public, behaving seductively, or if they are older, behaving promiscuously (Kendall-Tackett et al., 1993). One theory is that this sexualized behavior helps victims master or control the traumatic events they experienced (Tharinger, 1990). Second, about a third of victims display the symptoms of **posttraumatic stress disorder**. This clinical disorder, involving nightmares, flashbacks to the traumatizing events, and feelings of helplessness and anxiety in the face of danger, affects some soldiers who have experienced combat and other victims of extreme trauma (Kendall-Tackett et al., 1993).

In a few children, sexual abuse may contribute to severe psychological disorders including multiple-personality disorder, the splitting of the psyche into distinct personalities (Cole & Putnam, 1992; Ross et al., 1991). Yet about a third of children seem to experience no psychological symptoms (Kendall-Tackett et al., 1993). Some of these symptomless children may

experience problems in later years. Nevertheless, some children are less severely damaged and more able to cope than others are.

Which children have the most difficulty? The effects of abuse are likely to be most severe when the abuse involved penetration and force and occurred frequently over a long period, when the perpetrator was a close relative such as the father, and when the child’s mother did not serve as a reliable source of emotional support (Beitchman et al., 1991; Kendall-Tackett et al., 1993; Trickett & Putnam, 1993). Children are likely to recover better if they have high-quality relationships with their mother and friends (Adams & Bukowski, 2007; Aspelmeier, Elliott, & Smith, 2007). Psychotherapy aimed at treating the anxiety and depression many victims experience and teaching them coping and problem-solving skills so that they will not be revictimized can also contribute to the healing process (Finkelhor & Berliner, 1995). Recovery takes time, but it does take place.

## Adolescent Sexuality

Although infants and children are sexual beings, sexuality assumes far greater importance once sexual maturity is achieved. Adolescents must incorporate into their identities as males or females concepts of themselves as sexual males or females. Moreover, they must figure out how to express their sexuality in relationships. As part of their search for identity, teenagers raise questions about their sexual attractiveness, their sexual values, and their goals in close relationships. They also experiment with sexual behavior—sometimes with good outcomes, sometimes with bad ones.

## Sexual Orientation

Part of establishing a sexual identity, part of an individual’s larger task of resolving Erikson’s conflict of identity versus role confusion, is becoming aware of her **sexual orientation**—that is, her preference for sexual partners of the same or other sex, or both. Sexual orientation exists on a continuum; not all cultures categorize sexual preferences as ours does (Paul, 1993), but we commonly describe people as having primarily heterosexual, homosexual, or bisexual orientations. Most adolescents establish a heterosexual sexual orientation without much soul-searching. For youths attracted to members of their own sex, however, the process of accepting that they have a homosexual orientation and establishing a positive identity in the face of negative societal attitudes can be a long and torturous one. Many have an initial awareness of their sexual preference before reaching puberty but do not accept being gay or lesbian, or gather the courage to “come out,” until their mid-20s (Savin-Williams, 1995). Among 17- to 25-year-olds with same-sex attractions, fewer than half have told both their parents and about one-third have not told either parent about their sexual orientation (Savin-Williams & Ream, 2003). Those who had disclosed to one or both parents did so around age 19. By this age, most

are out of high school and have achieved some independence from their parents, which may give them the confidence to share this information.

Experimentation with homosexual activity is fairly common during adolescence, but few adolescents become part of the estimated 5 to 6% of adults who establish an enduring homosexual or bisexual sexual orientation (Savin-Williams & Ream, 2007). Contrary to societal stereotypes of gay men as effeminate and lesbian women as masculine, gay and lesbian individuals have the same range of psychological and social attributes that heterosexual adults do. Knowing that someone prefers same-sex romantic partners reveals no more about his personality than knowing that someone is heterosexual.

What influences the development of sexual orientation? Part of the answer lies in the genetic code. Twin studies have established that identical twins are more alike in sexual orientation than fraternal twins (Bailey & Pillard, 1991; Bailey et al., 1993). As **Table 12.3** reveals, however, in about half the identical twin pairs, one twin is homosexual or bisexual but the other is heterosexual. This means that environment contributes at least as much as genes to the development of sexual orientation (Bailey, Dunne, & Martin, 2000).

Research also shows that many gay men and lesbian women expressed strong cross-sex interests when they were young, despite being subjected to the usual pressures to adopt a traditional gender role (Bailey et al., 2000; LeVay, 1996). Richard Green (1987), for example, studied a group of highly feminine boys who did not just engage in cross-sex play now and then but who strongly and consistently preferred female roles, toys, and friends. He found that 75% of these boys (compared with 2% of a control group of gender-typical boys) were exclusively homosexual or bisexual 15 years later. Yet the genetic research by J. Michael Bailey and Richard Pillard suggests that sexual orientation is every bit as heritable among gay men who were typically masculine boys and lesbian women who were typically feminine girls as among those who showed early cross-sex interests (Bailey & Pillard, 1991; Bailey et al., 1993). All that is clear, then, is that many gay and lesbian adults

knew from an early age that traditional gender-role expectations did not suit them.

What environmental factors may help determine whether a genetic predisposition toward homosexuality is actualized? We do not know yet. The old psychoanalytic view that male homosexuality stems from having a domineering mother and a weak father has received little support (LeVay, 1996). Growing up with a gay or lesbian parent also seems to have little effect on later sexual orientation (Patterson, 2004). Nor is there support for the idea that homosexuals were seduced into a homosexual lifestyle by older individuals.

A more promising hypothesis is that hormonal influences during the prenatal period influence sexual orientation (Ellis et al., 1988; Meyer-Bahlburg et al., 1995). For example, androgenized females are more likely than other women to adopt a lesbian or bisexual orientation, suggesting that high prenatal doses of male hormones may predispose at least some females to homosexuality (Dittman et al., 1992; Money, 1988). Later-born males with older brothers may be more prone to a homosexual orientation because, according to one theory, their mother produces anti-male antibodies that accumulate over the course of each pregnancy with a male (e.g., Blanchard & Lippa, 2007), but this does not explain why some firstborn males or males without older brothers develop a homosexual orientation (e.g., Gooren, 2006). Another possibility is that nature and nurture interact. Biological factors may predispose an individual to have certain psychological traits, which in turn influence the kinds of social experiences the person has, which in turn shape her sexual orientation (Byne, 1994). However, no one yet knows which factors in the prenatal or postnatal environment contribute, with genes, to a homosexual orientation (Byne, 1994; LeVay, 1996).

## Sexual Morality

Whatever their sexual orientation, adolescents establish attitudes regarding what is and is not appropriate sexual behavior. The sexual attitudes of adolescents changed dramatically during the 20th century, especially during the 1960s and 1970s, yet many of the old values have endured (Caron & Moskey, 2002). Three generalizations emerge from the research on sexual attitudes.

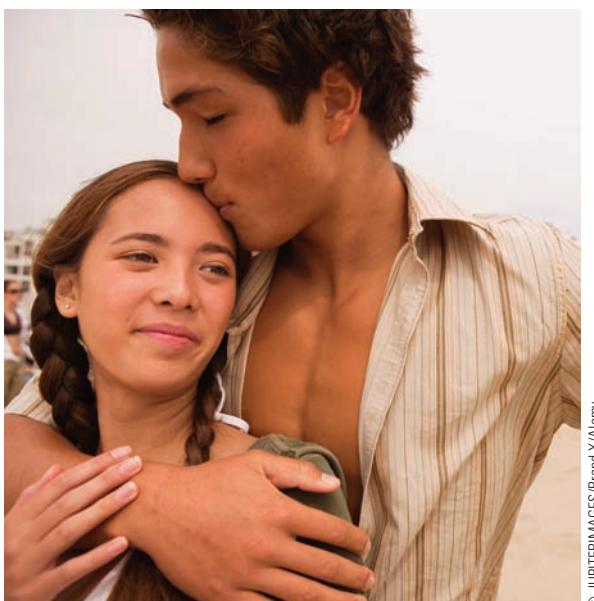
First, many adolescents have come to believe that sex with affection in the context of a committed relationship is acceptable. They no longer buy the traditional view that premarital intercourse is always morally wrong (National Campaign to Prevent Teen Pregnancy, 2005a). However, they do not go so far as to approve of casual sex, although males have somewhat more permissive attitudes about this than females (National Campaign to Prevent Teen Pregnancy, 2003). Most adolescents believe that partners should be in a long-term romantic relationship or feel a close emotional involvement with each other (Caron & Moskey, 2002).

A second finding is that the **double standard** has declined over the years. According to the double standard, sexual behavior that is viewed as appropriate for males is considered inap-

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propriate for females; there is one standard for males, another for females. In the “old days,” a young man was expected to sow some wild oats and obtain some sexual experience, and gained respect from peers for his sexual exploits (“he’s a stud”). In contrast, a young woman was expected to remain a virgin until she married, and was viewed negatively for engaging in sexual behaviors (“she’s a slut”). Although the double standard has declined, it has by no means disappeared (Crawford & Popp, 2003; Marks & Fraley, 2006). For instance, college students still tend to believe that a woman who has many sexual partners is more immoral than an equally promiscuous man (Blumberg, 2003; Crawford & Popp, 2003). In part, the double standard for male–female sexuality may persist because it fits entrenched societal expectations, even though actual sexual behaviors of males and females are more similar than different (Marks & Fraley, 2006).

A third generalization that emerges from research on sexual attitudes is that adolescents are confused about sexual norms. Adolescents continually receive mixed messages about sexuality (Ponton, 2001). They are encouraged to be popular and attractive to the other sex, and they watch countless television programs and movies that glamorize sexual behavior. Yet they are told to value virginity and to fear and avoid pregnancy, bad reputations, and AIDS and other sexually transmitted diseases (STDs). Adults often tell teens that they are too young to engage in sexual activity with a peer, yet they make teens feel ashamed about masturbating (Halpern et al., 2000; Ponton, 2001). The standards for males and females are now more similar, and adolescents tend to agree that sexual intercourse in the context of emotional involvement is acceptable; but teenagers still must forge their own codes of behavior, and they differ widely in what they decide.



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Many of today’s adolescents become involved in sexual activity early and give little thought to the long-term consequences of their behavior.

## Sexual Behavior

If attitudes about sexual behavior have changed over the years, has sexual behavior itself changed? Yes, it has. Today’s teenagers are involved in more intimate forms of sexual behavior at earlier ages than adolescents of the past were. Several themes emerge from the research on teens’ sexual behavior:

- Rates of sexual activity climbed in the 1960s and continued to climb through the 1980s before leveling off and then declining somewhat from the mid-1990s on (National Campaign to Prevent Teen Pregnancy, 2006).
- The percentages of both males and females who have had intercourse increased steadily over the past century.
- Perhaps reflecting the decline of the double standard, the sexual behavior of females has changed more than that of males, and the difference in experience between the sexes has narrowed (National Campaign to Prevent Teen Pregnancy, 2006). Today, male and female teenagers begin having sex at about the same age.

The percentage of adolescents with sexual experience increases steadily over the adolescent years. Nearly half of all high school students report that they have had sexual intercourse, although as **Table 12.4** shows, this varies by the students’ gender and race/ethnicity. By age 21 to age 24, 85% report having had sexual intercourse (Meschke et al., 2000). Of course, rates of sexual activity depend greatly on how sexual activity is defined. What constitutes “having sex”? Virtually all college students—both male and female—agree that penile-vaginal intercourse is having sex, but only 38% believe that oral sex constitutes having sex (Pitts & Rahman, 2001). Perhaps this is why there are higher rates of **oral sex** than intercourse among today’s high school students (Prinstein, Meade, & Cohen, 2003). If their cognitive schema of having sex does not include oral sex (or anal sex for some teens), they can engage in oral sex without feeling they are really having sex. Consequently, as many as 40% of college students who label themselves virgins report giving or receiving oral sex, and some of these have had three or more oral sex partners (Chambers, 2007; National Campaign to Prevent Teen Pregnancy, 2005).

Interestingly, today’s teens rate oral sex as less intimate than intercourse, the opposite of what many from their parent’s generation believe (Chambers, 2007). This may help explain the rise in oral sex among teenagers. Another reason is teens’ inaccurate perception that oral sex is safer than vaginal pene-

**● TABLE 12.4 PERCENTAGE OF HIGH SCHOOL STUDENTS WHO HAVE EVER HAD SEXUAL INTERCOURSE**

|        | WHITE | BLACK | HISPANIC |
|--------|-------|-------|----------|
| FEMALE | 44    | 61    | 44       |
| MALE   | 42    | 75    | 58       |

SOURCE: Eaton et al., 2006.

tration. Although oral sex without intercourse may sharply reduce pregnancy rates, it does not prevent transmission of sexually transmitted infections unless partners consistently use protection. Unfortunately, many teens lack knowledge about how to protect themselves during oral sex (Brady & Halpern-Fisher, 2007; Chambers, 2007). In addition to possible health consequences, there may be emotional consequences for teens who engage in oral sex. Teens who engage only in oral sex (without intercourse) report less positive feelings about themselves and their relationship than other sexually active teens (Brady & Halpern-Fisher, 2007).

Becoming sexually active is a normal part of development, but parents and society often express concerns about teens becoming sexually active when they are too young because early sexual activity is associated with risky behaviors that can lead to unwanted pregnancies and sexually transmitted infections. Jessica Siebenbruner and her colleagues (2007) studied the antecedents of early sexual behavior among three groups of 16-year-olds who had previously been evaluated on a variety of measures at ages 6, 9, 12, and 13. The researchers distinguished among three groups on the basis of self-reported sexual behaviors at age 16: sexual abstainers who had not yet had sexual intercourse, low risk-takers who reported having 5 or fewer sexual partners and always using contraception, and high risk-takers who reported having 6 or more sexual partners and inconsistently using contraception. The researchers wanted to know whether they could predict which of these three groups a teen would end up in at age 16 based on information collected at the earlier ages.

Several findings emerged from this research. High-risk sexual behavior at age 16 seemed to be part of a general pattern of problem behavior that started at birth with a mother who was unmarried (Siebenbruner et al., 2007). Unwed mothers tend to be younger, less educated, and more likely to experience economic hardships. High-risk teens grew up in homes that were characterized as less emotionally responsive and they were rated by teachers as engaging in more externalizing behaviors at ages 9 and 12. In these respects, the high-risk teens were different from both the low-risk teens and the abstainers throughout childhood. In contrast, the low-risk teens and the abstainers were similar to one another throughout childhood, yet began to diverge in early adolescence. At age 13, low-risk teens *looked* more mature than abstainers and were more involved in romantic relationships. They were also somewhat more likely to drink alcohol at age 16 than the abstainers. Their mature appearance may have led others to respond to them differently, leading them to romantic relationships, sexual involvement, and alcohol use at an earlier age than their peers who appeared less mature. These findings suggest that parents who are concerned about early involvement in sex should be on the alert for problem behaviors during childhood, provide an emotionally responsive home environment, and talk to their teens about how their appearance may influence how others perceive and treat them.

Regardless of when teens and young adults become sexually active, males and females feel different about their sexual

encounters. Teenage boys often report that their first sexual intercourse was pleasurable, whereas teenage girls respond more negatively, with some feelings of disappointment (Else-Quest, Hyde, & DeLamater, 2005; Hyde & DeLamater, 2006). Among girls who have been sexually active, many wish they waited longer to start having sex (National Campaign to Prevent Teenage Pregnancy, 2003). Females are more insistent than males that sex and love—physical intimacy and emotional intimacy—go together. In one survey, 61% of college women, but only 29% of college men, agreed with the idea of “no intercourse without love” (Darling, Davidson, & Passarello, 1992; see also de Gaston, Weed, & Jensen, 1996). Females are also more likely than males to have been in a steady relationship with their first sexual partner (Darling et al., 1992). This continuing gap between the sexes can sometimes create misunderstandings and hurt feelings, and it may partly explain why females are more likely than males to wish they had waited to have sex (de Gaston, Jensen, & Weed, 1995).

It is clear that sexual involvement is part of the average adolescent's experience. Although most adolescents seem to adjust successfully to becoming sexually active, there have also been some casualties among those who are psychologically unready for sex or who end up with an unintended pregnancy or an STD. Sexually active adolescent couples often fail to use contraception, partly because they are cognitively immature and do not take seriously the possibility that their behavior could have unwanted long-term consequences (Loewenstein & Furstenberg, 1991). Although condom use has increased over past decades, it is still lower than health-care professionals would like to see. Overall, more than one-third of sexually active teens did not use a condom during their last sexual intercourse (Eaton et al., 2006). Adolescent females report less frequent condom use than males, possibly because their sexual partners are often several years older and because condom use among males declines from mid to late adolescence (Eaton et al., 2006). This may reflect that adolescent couples who are in long-term, monogamous relationships stop using condoms because they no longer fear transmission of HIV or STDs.

For the adolescent who gives birth, the consequences of teenage sexuality can include an interrupted education, a low income, and a difficult start for both her and her child (Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989). This young mother's life situation and her child's developmental status are likely to improve later, especially if she goes back to school and limits her family size, but she is likely to remain economically disadvantaged compared with her peers who postpone parenthood until their 20s (Furstenberg, Brooks-Gunn, & Morgan, 1987).

What effect has the threat of AIDS had on adolescent sexual behavior? Most studies find change, but perhaps not enough. As noted, teens are more likely to use condoms (at least some of the time) than they used to be, and rates of teenage pregnancy have begun to decline recently as a result (Vobejda & Havemann, 1997). However, few adolescents are doing what they would need to do to protect themselves from HIV infection: abstaining from sex or using a condom *every*

time. No wonder many educators are calling for stronger programs of sex education and distribution of free condoms at school. There is little chance of preventing the unwanted consequences of teenage sexuality unless more adolescents either postpone sex or practice safer sex. One encouraging finding is that warmth and connectedness between mothers and their children can delay the age of first intercourse (Sieving, McNeely, & Blum, 2000), as can parent-child communication about sexuality (Blake et al., 2001).

## Adult Sexuality

Adults' sexual lifestyles are as varied as their personalities and intellects. Some adults remain single—some of them actively seeking a range of partners, others having one partner at a time, and still others leading celibate lives. More than 9 of 10 Americans marry, and most adults are married at any given time. Men have more sexual partners than women during their adult lives, but most members of both sexes have just one sexual partner at a time (Laumann et al., 1994).

Among married couples, there is a small decline in quality of sex over the course of marriage (Liu, 2003). And married women report somewhat less satisfaction with their sex lives than do married men (Liu, 2003). On average, married middle-aged couples have sex about once a week and report that they would have sex more often if they were not so busy and tired from their jobs and raising kids (Deveny, 2003). Men's sexual satisfaction, more so than women's, is largely determined by the frequency of their sexual activity (McNulty & Fisher, 2007). Middle-aged women report more positive moods and lower stress levels on days following sexual behavior with a partner (Burleson, Trevathan, & Todd, 2007). This benefit may be due to sexual activity alone or in combination with the affection that many women reported with the sexual activity.

What becomes of people's sex lives as they age? Many young people can barely conceive of their parents or—heaven forbid—their grandparents as sexual beings. We tend to stereotype older adults as sexless or asexual. But we are wrong: people continue to be sexual beings throughout the life span.

In a recent survey of over 3000 adults ranging in age from 57 to 85, many adults reported being sexually active (Lindau et al., 2007). Among those 57 to 64 years of age, 75% were sexually active, and about half of the 65- to 74-year-olds were sexually active, as were 25% of the 75- to 85-year-olds. Obviously, people can remain highly interested in sex and sexually active in old age. Older men are more likely to be sexually active than women, and, as you might expect, adults are more likely to be sexually active if they are married (91%) than if they are separated or divorced (74–80%) or widowed (only 14%) (Gott & Hinchliff, 2003; Smith, 1991).

But what about sexual desire—does this also decline with age? • Table 12.5 shows the percentage of adults who report either low or high sexual desire. Clearly, sexual desire does decrease with age, more so for women than for men. Still, many adults retain sexual desire through their 60s and 70s.

**• TABLE 12.5 PERCENTAGE OF MEN AND WOMEN, BY AGE, REPORTING LOW AND HIGH SEXUAL DESIRE**

| AGE         | WOMEN      |             | MEN        |             |
|-------------|------------|-------------|------------|-------------|
|             | LOW DESIRE | HIGH DESIRE | LOW DESIRE | HIGH DESIRE |
| 45–49 years | 3          | 44          | 3          | 33          |
| 50–54 years | 9          | 32          | 4          | 21          |
| 55–59 years | 11         | 25          | 11         | 26          |
| 60–64 years | 23         | 14          | 18         | 5           |
| 65–69 years | 27         | 10          | 21         | 6           |
| 70–74 years | 46         | 8           | 38         | 2           |
| 75–79 years | 49         | 5           | 27         | 2           |
| 80–84 years | 85         | 3           | 50         | 4           |
| 85–89 years | 73         | 0           | 50         | 0           |
| 90–94 years | 100        | 0           | —          | —           |

SOURCE: From J. S. DeLamater & M. Sill, Sexual desire in later life, *Journal of Sex Research*, 42, pp. 138–149. Copyright © 2005 Society for the Scientific Study of Sexuality. Reprinted with permission.

Note: Respondents who reported average levels of desire are not included in this table.

How can we explain declines with age in sexual interest and activity? Consider first the physiological changes in sexual capacity that occur with age, as revealed by the pioneering research of William Masters and Virginia Johnson (1966, 1970). Males are at their peak of sexual responsiveness in their late teens and early 20s and gradually become less responsive thereafter. A young man is easily and quickly aroused; his orgasm is intense; and he may have a refractory, or recovery, period of only minutes before he is capable of sexual activity again. The older man is likely to be slower—slower to arouse, slower to ejaculate after being aroused, and slower to recover afterward. In addition, levels of male sex hormones decline gradually with age in many men. This may contribute to diminished sexual functioning among older men (Schiavi et al., 1991), although most researchers do not believe that hormonal factors fully explain the changes in sexual behavior that most men experience (Kaye, 1993).

Physiological changes in women are less dramatic. Females reach their peak of sexual responsiveness later than men do, often not until their mid-30s. Women are capable of more orgasms in a given time span than men are because they have little or no refractory period after orgasm, and this capacity is retained into old age. As noted in Chapter 5, menopause does not seem to reduce sexual activity or interest for most women. However, like older men, older women typically are slower to



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Most older adults continue to be sexual beings who seek love and affection.

become sexually excited. Moreover, some experience discomfort associated with decreased lubrication that occurs as estrogen levels drop with menopause.

The physiological changes that men and women experience do not explain why many of them become less sexually active in middle and old age. Masters and Johnson concluded that both men and women are physiologically capable of sexual behavior well into old age. Women retain this physiological capacity even longer than men, yet they are less sexually active in old age.

Apparently, we must turn to factors other than biological aging to explain changes in sexual behavior. In summarizing these factors, Pauline Robinson (1983) quotes Alex Comfort (1974): “In our experience, old folks stop having sex for the same reason they stop riding a bicycle—general infirmity, thinking it looks ridiculous, and no bicycle” (p. 440).

Under the category of infirmity, diseases and disabilities, as well as the drugs prescribed for them, can limit sexual functioning (DeLamater & Sill, 2005). This is a particular problem for men, who may become impotent if they have high blood pressure, coronary disease, diabetes, or other health problems. Mental health problems are also important: Many cases of impotence among middle-aged and elderly men are attributable to psychological causes such as stress at work and depression rather than to physiological causes (Persson & Svanborg, 1992).

The second source of problems is social attitudes that view sexual activity in old age as ridiculous, or at least inappropriate. Old people are stereotyped as sexually unappealing and sexless (or as “dirty old men”) and are discouraged from expressing sexual interests. These negative attitudes may be internalized by elderly people, causing them to suppress their sexual desires

(Kaye, 1993; Purifoy, Grodsky, & Giambra, 1992). Older females may be even further inhibited by the double standard of aging, which regards aging in women more negatively than aging in men (Arber & Ginn, 1991).

Third, there is the “no bicycle” part of Comfort’s analogy—the lack of a partner, or at least of a willing and desirable partner. Most older women are widowed, divorced, or single and face the reality that there just are not enough older men to go around. Moreover, most of these men are married: 85% of men compared to 12% of women over the age of 85 (Martinez, Chandra, Abma et al., 2006). Lack of a partner, then, is the major problem for elderly women, many of whom continue to be interested in sex, physiologically capable of sexual behavior, and desirous of love and affection (DeLamater & Sill, 2005).

Perhaps we should add one more element to Comfort’s bicycle analogy: lack of cycling experience. Masters and Johnson (1966, 1970) proposed a “use it or lose it” principle of sexual behavior to reflect two findings. First, an individual’s level of sexual activity early in adulthood predicts his level of sexual activity in later life. The relationship is not necessarily causal, by the way; it could simply be that some people are more sexually motivated than others throughout adulthood. A second aspect of the use it or lose it rule may be causal, however: Middle-aged and elderly adults who experience a long period of sexual abstinence often have difficulty regaining their sexual capacity.

## SUMMING UP

- We are sexual beings from infancy onward. School-age children engage in sex play and appear to experience their first sexual attractions around age 10. In adolescence, forming a positive sexual identity is an important task, one that can be difficult for those with a gay or lesbian sexual orientation.
- During the past century, we have witnessed increased endorsement of the view that sex with affection is acceptable, a weakening of the double standard, and increased confusion about sexual norms.
- Many older adults continue having sexual intercourse, and many of those who cease having it or have it less frequently continue to be sexually motivated. Elderly people can continue to enjoy an active sex life if they retain their physical and mental health, do not allow negative attitudes surrounding sexuality in later life to stand in their way, have a willing and able partner, and continue to “use” their capacity for sex.

## CRITICAL THINKING

1. What factors are likely to influence the age at which young people today become sexually active? If you wanted to delay the age of first intercourse, what would be some ways to do this?

# CHAPTER SUMMARY

## 12.1 MALE AND FEMALE

- Differences between males and females can be detected in the physical, psychological, and social realms; gender differences arise from an interaction of biological influences and socialization into gender roles (including the learning of gender-role norms and stereotypes).
- Research comparing males and females indicates that the two sexes are far more similar than different psychologically. The average male is more aggressive and better at spatial and mathematical problem-solving tasks, but less adept at verbal tasks, than the average female. Males also tend to be more active, assertive, and developmentally vulnerable than females, who tend to be more compliant with adults' requests, tactful, nurturant, and anxious. Most sex differences are small, however, and some are becoming smaller.

## 12.2 THE INFANT

- During infancy, boys and girls are similar but adults treat them differently. By age 2, infants have often gained knowledge of their basic gender identity and display "gender-appropriate" play preferences.

## 12.3 THE CHILD

- Gender typing progresses most rapidly during the toddler and preschool years, with 2- and 3-year-olds already learning gender stereotypes; school-age children are at first rigid and then more flexible in their thinking about gender norms, and they segregate themselves by sex.

## 12.4 THE ADOLESCENT

- Adolescents become intolerant in their thinking about gender-role deviations and, through gender intensification, show increased concern with conforming to gender norms.
- Theories of gender-role development include John Money and Anke Ehrhardt's biosocial theory, Sigmund Freud's psychoanalytic perspective, social learning theory, and the cognitive theories such as Lawrence Kohlberg's cognitive developmental theory and the gender schema theory. Each theory has some support, but none is completely right.

## 12.5 THE ADULT

- Gender roles become more distinct when adults marry and have children, as men and women fulfill their roles as husband/wife and father/mother. Once children are grown, however, older adults often display greater flexibility in their behavior.
- Some adults display androgyny, a combination of both masculine-stereotypic and feminine-stereotypic traits. Some evidence suggests that androgyny is beneficial, but not at all ages or in all situations.

## 12.6 SEXUALITY OVER THE LIFE SPAN

- Sexuality is an important component of our development throughout the life span. Infants and children are curious about their bodies and begin experimenting with sexual behaviors. A significant increase in sexual behavior occurs during adolescence.

- Most adults marry and engage in regular sexual activity, with declines evident as they age. Declines in the physiological capacity for sex cannot fully explain declines in sexual activity; poor physical or mental health, lack of a partner, negative societal attitudes, and periods of sexual abstinence also contribute.

## KEY TERMS

- gender role 343  
gender-role norms 344  
gender-role stereotypes 344  
gender typing 344  
communality 344  
agency 344  
systemize 344  
social-role hypothesis 346  
gender identity 347  
gender segregation 349  
gender intensification 350  
androgenized female 352  
identification 353  
Oedipus complex 353  
Electra complex 353  
gender stability 357  
gender consistency 357  
gender schema (plural: schemata) 358  
androgyny 361  
parental imperative 361  
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## MEDIA RESOURCES



### BOOK COMPANION WEBSITE

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### APA ONLINE: ANSWERS TO YOUR QUESTIONS ABOUT SEXUAL ORIENTATION AND HOMOSEXUALITY

The American Psychological Association website on sexual orientation offers answers to many questions about sexual orientation.

### HOW STUFF WORKS: HOW SEX WORKS

This site is a one-stop-shop for information on all things related to basic human reproduction. Of special interest are animations of various events like egg production and sperm production and delivery (requires Shockwave player which is available for free via a link to the site).

### THE ELECTRONIC JOURNAL OF HUMAN SEXUALITY

Explore cutting edge research on sexuality by reviewing some of the research articles available free at this site.

### THE PSI CAFÉ: DEVELOPMENTAL PSYCHOLOGY—GENDER DEVELOPMENT

Visitors to this site can find links to many areas related to sex and gender including theories of gender development, gender stereotypes, and sexual identity and orientation.

## UNDERSTANDING THE DATA: EXERCISES ON THE WEB



[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

For additional insight on the data presented in this chapter, try out the exercises for these figures at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman):

**Figure 12.3** Do children prefer playmates of their own sex?

**Table 12.3** Percentage of Twins Who are Alike for Homosexual or Bisexual Sexual Orientation

## CENGAGENOW



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Go to [academic.cengage.com/login](http://academic.cengage.com/login) to link to CengageNOW, your online study tool. First take the Pre-Test for this chapter to get your Personalized Study Plan, which will identify topics you need to review and direct you to online resources. Then take the Post-Test to determine what concepts you have mastered and what you still need work on.



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### 13.1 SOCIAL COGNITION

Developing a Theory of Mind  
Describing Other People  
Role-Taking Skills  
Social Cognition in Adulthood

### 13.2 PERSPECTIVES ON MORAL DEVELOPMENT

Moral Affect: Psychoanalytic Theory and Beyond  
Moral Reasoning: Cognitive Developmental Theory  
Moral Behavior: Social Learning Theory  
The Functions of Morality: Evolutionary Theory

### 13.3 THE INFANT

Early Moral Training  
Empathy and Prosocial Behavior

### 13.4 THE CHILD

Thinking through Kohlberg's Dilemmas  
Weighing Intentions  
Understanding Rules  
Applying Theory of Mind  
Behaving Morally  
Moral Socialization

### 13.5 THE ADOLESCENT

Changes in Moral Reasoning  
Antisocial Behavior

### 13.6 THE ADULT

Changes in Moral Reasoning  
Influences on Moral Thinking  
Kohlberg's Theory and Beyond

# CHAPTER 13

# Social Cognition and Moral Development

**A GOOD FRIEND OF YOURS**, who has been preoccupied with her boyfriend's struggles with depression recently, comes to you in desperation. A major paper is due tomorrow in the sociology class you are both taking and she has not even begun to

write it. She knows that you have finished your paper and begs you to let her make some changes to it and turn it in as her paper. It is a large class, she says, and she'll make sure to make enough changes that the professor will never notice. Should you

give your friend your paper? Why or why not? What if you were the one whose paper was unfinished? Would you ask a friend to help you cheat?



In this chapter, we continue our examination of the development of the self by exploring how we come to understand people and think through social issues, especially issues of right and wrong like those raised by the example above, and how our thinking about self and others is related to our behavior. We begin with the broad topic of **social cognition**—thinking about the perceptions, thoughts, emotions, motives, and behaviors of self, other people, groups, and even whole social systems (Flavell, 1985; and see Harris, 2006). We then look closely at a particularly important form of social cognition, thinking about moral issues. We will ask how humans acquire a set of moral standards, how they decide what is right and wrong, how their thoughts and emotions influence what they do, and how their moral decision making changes over the life span.

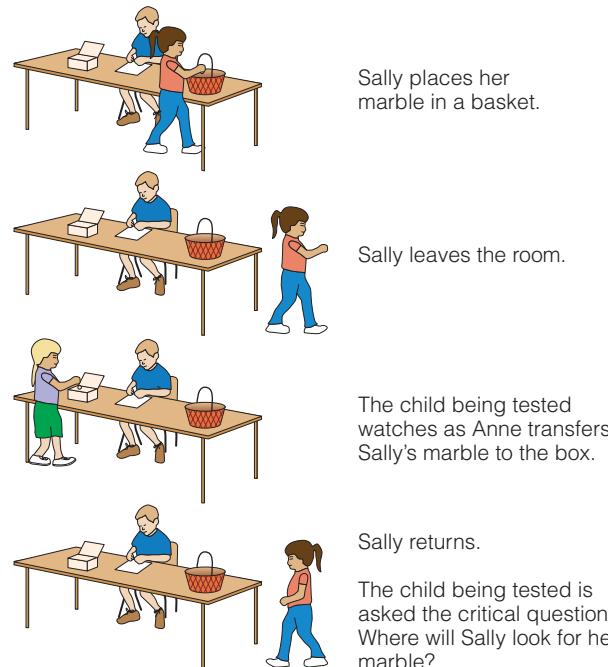
## 13.1 SOCIAL COGNITION

We have already touched on some important aspects of social cognitive development in this book, seeing for example, that older children think differently than younger children about what they are like as individuals and about how males and females differ. Here we focus on developmental changes in the ability to understand human psychology, describe other people, and adopt other people's perspectives (see Harris, 2006).

### Developing a Theory of Mind

Imagine that you are a young child, are brought to the laboratory, and are led through the research scenario portrayed in **Figure 13.1**. A girl named Sally, you are told, puts her marble in her basket and leaves the room. While she is gone, Anne moves the marble to her box. Sally returns to the room. Where will Sally look for her marble?

This task, called a **false belief task**, assesses the understanding that people can hold incorrect beliefs and that these beliefs, even though incorrect, can influence their behavior. The task was used in a pioneering study by Simon Baron-Cohen, Alan Leslie, and Uta Frith (1985) to determine whether young children, children with Down syndrome, and children with autism have a theory of mind. A **theory of mind** is the understanding that people have mental states such as desires, beliefs, and intentions and that these mental states guide (or cause, if you like) their behavior. We all rely on a theory of mind, also called mind-reading skills, to predict and explain human behavior. We refer



**■ FIGURE 13.1** The false belief task involving Sally and Anne. The child who has developed a theory of mind should say that Sally will look in the basket based on her *false belief* that the marble is there. The child who fails this false belief task says that Sally will look in the box (where the child knows the marble has been moved).

SOURCE: Adapted from Baron-Cohen et al. (1985).

to mental states every day, saying, for example, that people did what they did because they wanted to, intended to, or believed that doing so would have a desired effect.

Children who pass the false belief task in Figure 13.1, and therefore show evidence of having a theory of mind to explain human behavior, say that Sally will look for her marble in the basket (where she falsely believes it to be) rather than in the box (where it was moved without her knowledge). Children who have a theory of mind believe that Sally's behavior will be guided by her false belief about the marble's location. They are able to set aside their own knowledge of where the marble ended up after Anne moved it. In a similar false belief task, children may be shown a candy box that, surprisingly, has pencils rather than candy in it, then asked what another child would think was in the candy box upon seeing it.

In the study by Baron-Cohen and his colleagues, about 85% of 4-year-olds of normal intelligence and older children with Down syndrome passed the false belief task about Sally and her marble. Yet despite mental ages greater than those of the children with Down syndrome, 80% of the children with autism failed. They incorrectly said Sally would look where they knew the marble to be (in the box) rather than where Sally had every reason to believe it was (in the basket).

This study served as the basis for hypothesizing that children with autism display severe social deficits because they lack a theory of mind and suffer from a kind of “mind blindness” (Baron-Cohen, 1995; and see Chapter 16). Imagine trying to understand and interact with people if you were unable to appreciate such fundamentals of human psychology as people look for things where they believe they are, choose things that they want and reject things that they dislike, and sometimes attempt to plant false beliefs in others (that is, lie). Temple Grandin, a woman with autism who is intelligent enough to be a professor of animal sciences, describes what it is like to lack a theory of mind: she must create a memory bank of how people behave and what emotions they express in various situations and then “compute” how people might be expected to behave in similar situations (Sacks, 1993). Just as we cannot understand falling objects without employing the concept of gravity, we cannot hope to understand humans without invoking the concept of mental states.

## First Steps

The idea that humans develop and rely on a theory of mind in understanding the world of people has stimulated exciting research on the nature and causes of autism and on when and how normal children develop the components of a theory of mind. Although children normally do not pass false belief tasks until about age 4, researchers have detected forerunners of a theory of mind in the first year of life and believe that a theory of mind begins to form long before children pass false belief tasks (Flavell, 1999; Gopnik, Capps, & Meltzoff, 2000). Four abilities are considered important early signs of a theory of mind: joint attention, pretend play, imitation, and emotional understanding (Charman, 2000). All four, it turns out, are deficient in children with autism.

First, starting around 9 months, infants and their caregivers begin to engage in much *joint attention*, both looking at the same object at the same time. At this age, infants sometimes point to toys then look toward their companions, encouraging others to look at what they are looking at. By doing so, infants show awareness that other people have different perceptual experiences than they do—and that two people can share a perceptual experience. It turns out that an infant’s ability to get involved in bouts of joint attention is a good predictor of later social competence (Van Hecke et al., 2007).

Second, when infants engage in their first simple *pretend play*, between 1 and 2 years, they show at least a primitive understanding of the difference between pretense (a kind of false belief) and reality (see Chapter 14). They show that they know

the difference between a pretend tea party and a real one, for example, when they make exaggerated lip-smacking noises as they drink tea at a pretend tea party.

Third, *imitation* of other people in the first year of life reveals an ability to mentally represent their actions and possibly the goals or intentions behind them. Finally, *emotional understanding*, as evidenced by comforting a playmate who is crying (see a later section) or teasing a sibling in the second year of life, reflects an understanding that other people have emotions and that these emotions can be influenced for good or bad (Flavell, 1999).

We have even more solid evidence that children are developing theories of mind when they begin to refer to mental states in their speech starting around age 2 (Bretherton & Beeghly, 1982). For example, Ross (at 2 years, 7 months) was asked why he keeps asking why and replied, “I want to say ‘why,’” explaining his behavior in terms of his desire; Adam (at 3 years, 3 months) commented about a bus, “I thought it was a taxi,” showing awareness that he held a false belief about the bus (Wellman & Bartsch, 1994, p. 345).

In addition, some research suggests that very young children are capable of deception. Children as young as 2½ years old will attempt to deceive an adult about which of several containers holds a bag of gold coins and jewels (Chandler, Fritz, & Hala, 1989). They seem capable of trying to plant a false belief in another person if they are shown how to erase telltale footprints leading toward the hiding place and to lay new footprints heading in the wrong direction. So, joint attention, pretend play, imitation, and emotional understanding, as well as deception, show



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Even 1-year-olds show awareness that other people can have mental states (perceptions) different from their own when they point at objects so that their companions and they can jointly attend to the same object.

that children understand perceptions, desires, goals, and other aspects of human psychology before they pass false belief tasks. A theory of mind forms gradually, starting in infancy (Charman, 2000; Wellman, Phillips, & Rodriguez, 2000).

### Desire and Belief—Desire Psychologies

Henry Wellman (1990) has theorized that children's theories of mind first take shape around age 2 as a **desire psychology**. Toddlers talk about what they want and explain their own behavior and that of others in terms of wants or desires. This early desire psychology could be seen even among 18-month-olds in a clever study by Betty Repacholi and Alison Gopnik (1997). An experimenter tried two foods—Goldfish crackers and broccoli florets—and expressed happiness in response to one but disgust in response to the other. Because the toddlers almost universally preferred the crackers to the broccoli, the acid test was a scenario in which toddlers saw the experimenter express her liking for broccoli but her disgust at the crackers ("Eww! Crackers! I tasted crackers! Eww!"). When confronted with the two bowls of food and asked to give the experimenter some, would these toddlers give her broccoli or crackers? The 14-month-olds in the study either did not comply with the request or gave the experimenter crackers, despite her distaste for them. However, the 18-month-olds gave her broccoli (undoubtedly against their better judgment), showing that they were able to infer her desire from her previous emotional reactions to the two foods.

By age 4, children normally progress to a **belief—desire psychology**. They appreciate that people do what they do because they *desire* certain things and because they *believe* that certain actions will help them fulfill their desires. They now pass false belief tasks like the one about Sally and her marble, demonstrating an understanding that beliefs, true or false, guide people's behavior just as desires do (Wellman, Cross, & Watson, 2001; Wellman & Liu, 2004).

Notice, then, that the 4-year-olds described by theory-of-mind researchers, and even younger children, are far more sophisticated students of psychology than the egocentric preschoolers described by Jean Piaget. However, it is better to think of a theory of mind as a set of understandings that children begin to develop well before age 4, and continue to refine and learn to use long afterward, than to view it as something children "have" at 4 years (Wellman & Liu, 2004). In late elementary school, children are still mastering the complexities of thinking about other people's beliefs (Harris, 2006; Keenan, 2003)—for example, making sense of statements such as, "Mary thinks that Jeff thinks that she hates him." Moreover, it is not until then that children grasp that different human minds construct different views of reality and that their interpretations of events are influenced by these views (Flavell, 1999).

### Nature and Nurture

What roles do nature and nurture play in the development of theory of mind? On the nature side, evolutionary theorists argue that having a theory of mind proved adaptive to our ances-

tors and became part of our biological endowment as a species through natural selection (Bjorklund & Pellegrini, 2002). You can easily appreciate that theory-of-mind skills would help humans function as members of a social group, gain resources, and therefore survive. Social behaviors such as bargaining, conflict resolution, cooperation, and competition depend on understanding other people and predicting their behavior accurately.

Some support for an evolutionary perspective on theory of mind skills comes from studies of other primates. As it turns out, chimpanzees, gorillas, and other great apes share with humans basic, although not advanced, theory-of-mind skills, including a capacity to deceive others to get what they want (Tomasello, Call, & Hare, 2003). In one study, chimps deliberately chose to approach banana pieces that they knew might be snatched away by a human competitor by a route that would be hidden from the human's view rather than by a visible and more direct route (Hare, Call, & Tomasello, 2006). Yet human children have more advanced skills and are more successful than chimps at participating in games in which they must cooperate with others to achieve a goal (Warneken, Chen, & Tomasello, 2006).

Developing a theory of mind also requires a certain level of biological maturation, especially neurological and cognitive development. This may be why children everywhere develop a theory of mind and progress from a desire psychology to a belief—desire psychology in the same manner at about the same age (Tardif & Wellman, 2000). Abnormal brain development in children with autism is suspected to be behind their great difficulty passing theory-of-mind tasks. One view is that evolution may have equipped the normal human brain with a specialized module or modules devoted to understanding mental states (Leslie, 1994; Scholl & Leslie, 2001). Neuropsychologists are now exploring this possibility, as the Explorations box illustrates.

Finally, some twin research suggests that differences among children in behaviors, such as helping those in distress, that require understanding another person's perspective are partly genetic in origin (Ronald, Happé, Hughes, & Plomin, 2005). However, other research suggests that environmental influences may be more important than genes in shaping theory-of-mind skills (Hughes et al., 2005), so we cannot be sure yet how important genetic endowment is.

On the nurture side of the nature–nurture debate is evidence that acquiring a theory of mind, much like acquiring language, requires not only a normal human brain but also experience interacting with other humans and participating in a "community of minds" (Nelson et al., 2003). Children do not construct their theories of mind on their own; instead, they construct them jointly with others during conversations about mental states (Thompson, 2006).

Evidence? Children with siblings seem to grasp the elements of a theory of mind earlier than children without siblings (Jenkins & Astington, 1996; McAlister & Peterson, 2006). Engaging in pretend play with siblings may be especially valuable because the players must have shared beliefs (Taylor &

## THEORY OF MIND AND THE BRAIN

Might there be an area of our brains dedicated to the important human task of understanding the perceptions, emotions, and thoughts of other human beings? We know that the human brain has areas that specialize in language. Might humans also have evolved to have areas that specialize in social cognition? Using neuroimaging techniques, researchers are beginning to identify areas in the prefrontal cortex and temporoparietal areas of the brain that are activated during theory-of-mind tasks and that seem to be uniquely involved in thinking about people's beliefs (Gallagher & Frith, 2003; Sabbagh, 2006; Saxe, Carey, & Kanwisher, 2004).

The researchers use functional magnetic resonance imaging (fMRI) to get a picture of the blood's oxygen content, which is high when an area of the brain is active and its neurons are firing. Using fMRI, Rebecca Saxe and Nancy Kanwisher (2003) found that the areas of adults' brains that respond strongly during tasks that require understanding a person's false beliefs (tasks like the one involving Sally and her marble described in Figure 13.1) do not respond when people are asked questions about "false photographs" (for example, when they are shown a photo of chocolate in a green cupboard after the chocolate had been moved to a blue cupboard). In another study (Saxe & Powell, 2006), the right temporoparietal area, along with a couple of other brain areas, was activated when adults read stories about people's thoughts (for example, "He guessed that the leash had come untied"), but not when they read stories about a person's appearance ("He was balding and combed his blond hair

over the top of his head") or bodily sensations ("By the time she got off the train, she was starving").

Recently neuroscientists have also been making fascinating and important discoveries about **mirror neurons**, neurons that are activated both when we perform an action and when we observe someone else perform the same action (Iacoboni & Dapretto, 2006; Oberman & Ramachandran, 2007). Thus, observing someone grasp a ball activates the same neurons that fire when we grasp a ball ourselves, and mirror neuron systems may therefore facilitate imitation of what we see and hear. Mirror neurons, which are evident in multiple areas of the brain, may also be critical in allowing us to quickly infer another person's internal state (she's thirsty, she wants a drink, she's happy to have that first sip) based on our own experiences of the same states. Very simply, we may understand other people primarily by drawing on what we know of ourselves. Mirror neuron systems make this possible through a mirroring process in which we simulate or reproduce within ourselves the actions, expressions of emotion, and other states we observe in other people and, through this simulation process, come to understand them (Oberman & Ramachandran, 2007).

Mirror neurons have now been implicated not only in imitation, but in language, empathy, and theory of mind—all, interestingly, areas in which individuals with autism have difficulty (Iacoboni & Dapretto, 2006; Oberman & Ramachandran, 2007). Consistent with the hypothesis that mirror neuron systems do not work properly in people with autism, research-

ers have discovered that the mirror neurons of individuals with autistic disorder are not as active as those of nonautistic people while observing or imitating others' actions (Oberman & Rachandran, 2007). The difference is especially noticeable in the right temporoparietal area—one of the areas that Saxe found is involved in processing information about other people's beliefs and thoughts (Williams et al., 2006). In addition, individuals with autism do not automatically and subtly mimic other people's facial expressions of emotion the way the rest of us do (McIntosh et al., 2006). Such mimicry, involving mirror neurons, appears to help us recognize other people's emotions and empathize with them.

So, exciting progress is being made in identifying areas of the brain and neuron systems that may be critical to theory-of-mind skills, empathy, and other very human abilities—and that do not function properly in people with autism. It is too simple to think that a particular "brain module" for theory of mind will be located; instead, whole systems of neurons spanning multiple areas of the brain are likely involved. A final warning: Most research to date on the neural basis of theory-of-mind skills has been done with adults rather than children (Sabbagh, 2006), despite some evidence that children and adults may rely on different brain areas to perform some theory-of-mind tasks (Kobayashi, Glover, & Temple, 2007). Progress in the neuroscience of social cognition is spectacular—but much more remains to be learned.

Carlson, 1997; Youngblade & Dunn, 1995). In multichild families, there may also be more talk about mental states ("She thought you were done with your ice cream," "He didn't mean to step on your head"). This kind of "mind talk" contributes to early mastery of a theory of mind (Dunn et al., 1991).

Parents are important, too. They can contribute positively to the development of theory-of-mind skills by forming secure attachments with their children and being sensitive to their needs and perspectives (Symons & Clark, 2000; Thompson, 2006). Even more important may be the parent's "mind-mindedness." Mothers who talk in elaborated and appropriate ways about their children's mental states ("You were probably sad because you thought Grandma would stay with us instead

of going home so soon") tend to have children with advanced theory-of-mind skills (Meins et al., 2002; Peterson & Slaughter, 2003). So do mothers who encourage their children to imagine what others may have thought or felt after the child misbehaved (Pears & Moses, 2003).

Experience with language is critical too. Deaf children of hearing parents, who usually do not have an opportunity to converse in sign language from an early age, sometimes struggle with false belief tasks even at ages 8 to 10 (Peterson & Siegal, 1999; Peterson, Wellman, & Liu, 2005). Deaf children of deaf parents, who can communicate with their companions using sign language, develop theory-of-mind skills on schedule. That deaf children with limited language experience show

deficits in theory-of-mind performance rivaling those of children with autism casts doubt on the defective brain module view of autism (Wellman & Lagattuta, 2000). It could be instead that autistic children lack the social input they need to develop a theory of mind.

Finally, cultural influences are evident: Where there is not much talk about mental states, children are slow to develop theory-of-mind skills, though they generally develop skills in the same order. Among the Junin Quechua people of Peru, for example, adults rarely talk about beliefs and thoughts and have few words in their language for them. The result is that children as old as 8 years have trouble understanding that beliefs can be false (Vinden & Astington, 2000).

In sum, acquiring a theory of mind—the foundation for all later social cognitive development—begins in infancy and toddlerhood with first steps such as joint attention, pretend play, imitation, and emotional understanding and advances from a desire psychology to a belief–desire psychology universally. It is the product of both nature and nurture; that is, it is an evolved set of skills that requires normal neurological and cognitive growth, but also depends on social and language experiences that involve talking about mental states with parents, siblings, and other companions.

Formulating a theory of mind has many important consequences for development. Children who have mastered theory-of-mind tasks generally tend to have more advanced social skills and better social adjustment than those who have not (Keenan, 2003; Repacholi et al., 2003). They can understand that others' emotional responses might differ from their own (Harwood & Farrar, 2006), and, as you will see later, they think more maturely about moral issues. However, theory-of-mind

skills can be used for evil and good ends; bullies and manipulative children often prove as adept as socially competent children at this sort of “mind reading” (Repacholi et al., 2003), so there is no guarantee that good “mind readers” will be socially well-adjusted.

## Describing Other People

Although research on theory of mind shows that even preschool children are budding psychologists, they still have a way to go to understand other people in terms of their enduring personality traits and predict how others will react and behave. Consider first how children of different ages describe people they know—parents, friends, disliked classmates, and so on.

As you discovered in Chapter 11, children younger than 7 or 8 describe themselves primarily in physical rather than psychological terms. They describe other people that way, too (Livesley & Bromley, 1973; Yuill, 1993). Thus, 4-year-old Evan says of his father, “He has one nose, one Mom, two eyes, brown hair.” And 5-year-old Keisha says, “My daddy is big. He has hairy legs and eats mustard. Yuck! My daddy likes dogs—do you?” Not much of a personality profile there.

Young children perceive others in terms of their physical appearance, possessions, and activities. When they use psychological terms, the terms are often global, evaluative ones such as “nice” or “mean,” “good” or “bad,” rather than specific personality-trait labels (Ruble & Dweck, 1995). Moreover, they do not yet understand traits as enduring qualities that predict how a person will behave in the future or explain why a person behaves as he does. The 5-year-old who describes a friend as “dumb” may be using this trait label only to describe that friend’s recent “dumb” behavior; he may expect “smart” behavior tomorrow. Indeed, young children tend to be optimists, believing that negative traits today are likely to change into positive ones tomorrow (Lockhart, Chang, & Story, 2002).

Around age 7 or 8, children’s descriptions of people suggest that they are more able to “get below the surface” and infer people’s enduring psychological traits. Thus, 10-year-old Juanita describes her friend Tonya: “She’s funny and friendly to everyone, and she’s in the gifted program because she’s smart, but sometimes she’s too bossy.” As children reach age 11 or 12, they make more use of psychological traits to explain why people behave as they do, saying, for instance, that Mike pulled the dog’s tail *because* he is cruel (Gnepp & Chilamkurti, 1988). Clearly, then, children become more psychologically minded as their emerging social cognitive abilities permit them to make inferences about enduring inner qualities from the concrete behavior they observe in the people around them.

When asked to describe people they know, adolescents offer personality profiles that are even more psychological than those provided by children (Livesley & Bromley, 1973). They see people as unique individuals with distinctive personality traits, interests, values, and feelings. Moreover, they are able to create more integrated, or organized, person descriptions, ana-



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Deaf children who can communicate with their companions through sign language develop theory-of-mind skills on schedule.

lyzing how an individual's diverse and often inconsistent traits fit together and make sense as a whole personality. Dan, for example, may notice that Noriko brags about her abilities at times but seems unsure of herself at other times, and he may integrate these seemingly discrepant impressions by concluding that Noriko is basically insecure and boasts to hide her insecurity. Some adolescents spend hours psychoanalyzing people, trying to figure out what makes them tick.

As was the case for self-descriptions, then, you can detect a progression in perceptions of other people from (1) physical descriptions and global evaluations of other people as good or bad during the preschool years to (2) more differentiated descriptions that refer to specific personality traits starting at age 7 or 8 and, finally, to (3) more integrated personality profiles that show how even seemingly inconsistent traits fit together during adolescence.

## Role-Taking Skills

Another important aspect of social cognitive development involves outgrowing the egocentrism that characterizes young children and developing **role-taking skills**—the ability to adopt another person's perspective and understand her thoughts and feelings in relation to your own. Role-taking skills are really an example of theory of mind in action (Blair, 2003). They are essential in thinking about moral issues from different points of view, predicting the consequences of a person's actions for others, and empathizing with others (Gibbs, 2003). Robert Selman (1976, 1980; Yeates & Selman, 1989) contributed greatly to our understanding of role-taking abilities by asking children questions about interpersonal dilemmas like this one (Selman, 1976, p. 302):

Holly is an 8-year-old girl who likes to climb trees. She is the best tree climber in the neighborhood. One day while climbing down from a tall tree, she falls. . . . but does not hurt herself. Her father sees her fall. He is upset and asks her to promise not to climb trees anymore. Holly promises.

Later that day, Holly and her friends meet Shawn. Shawn's kitten is caught in a tree and can't get down. Something has to be done right away or the kitten may fall. Holly is the only one who climbs trees well enough to reach the kitten and get it down but she remembers her promise to her father.

To assess how well a child understands the perspectives of Holly, her father, and Shawn, Selman asks: "Does Holly know how Shawn feels about the kitten? How will Holly's father feel if he finds out she climbed the tree? What does Holly think her father will do if he finds out she climbed the tree? What would you do in this situation?" Children's responses to these questions led Selman (1976) to conclude that role-taking abilities develop in a stagelike manner:

- Consistent with Piaget's theory, children 3 to 6 years old are largely egocentric, assuming that others share their point of view. If young children like kittens, for example,

they assume that Holly's father does, too, and therefore will be delighted if Holly saves the kitten.

- By age 8 to 10, as concrete-operational cognitive abilities solidify, children appreciate that two people can have different points of view even if they have access to the same information. Children are able to think about their own thoughts and about the thoughts of another person, and they realize that their companions can do the same. Thus, they can appreciate that Holly may think about her father's concern for her safety but conclude that he will understand her reasons for climbing the tree.
- Adolescents who have reached the formal-operational stage of cognitive development, at roughly age 12, become capable of mentally juggling multiple perspectives, including the perspective of the "generalized other," or the broader social group. The adolescent might consider how fathers in general react when children disobey them and consider whether Holly's father is similar to or different from the typical father. Adolescents thus become mental jugglers, keeping in the air their own perspective, that of another person, and that of an abstract "generalized other" representing a larger social group.

These advances in social cognition are made more likely if parents are good models of social perspective taking, consider their children's feelings and thoughts, and rely on explanation rather than punishment in disciplining their children. This may be why maltreated children and adolescents often prove to be more egocentric and less able to take others' perspectives than their peers when they are given a set of Selman's scenarios to think about (Burack et al., 2006).



Adolescents who have advanced role-taking, or social perspective-taking, skills are better able than those who do not to resolve conflicts with their parents (Selman et al., 1986). They are better able to adopt the perspectives of their parents (and parents in general) and to identify a mutually beneficial agreement.

Social perspective-taking skills have important implications for children's and adolescents' relationships. Experience interacting with peers seems to sharpen role-taking skills; sophisticated role-taking skills, in turn, help make children more sensitive and desirable companions. Children with advanced role-taking skills are more likely than age-mates with less advanced skills to be sociable and popular and to enjoy close relationships with peers (Kurdek & Krile, 1982; LeMare & Rubin, 1987). What is more, coaching in perspective taking can help improve the social behavior of disruptive children (Grizenko et al., 2000).

## Social Cognition in Adulthood

As you saw in earlier chapters, nonsocial cognitive abilities, such as those used in remembering readings and testing scientific hypotheses, tend to improve during early and middle adulthood and decline in later life. Do important social cognitive skills, such as the ability to think through theory-of-mind problems or adopt other people's perspectives, also increase to a peak in middle age and decline later?

Social cognitive development during adulthood appears to involve more gains than losses (Blanchard-Fields, 1996; Hess, 1999). For example, Fredda Blanchard-Fields (1986) presented adolescents, young adults, and middle-aged adults with three dilemmas that required them to engage in role taking and to integrate discrepant perspectives: two conflicting historical accounts, a conflict between a teenage boy and his parents over whether he must visit his grandparents with the family, and a disagreement between a man and a woman about an unintended pregnancy. Adults, especially middle-aged ones, were better able than adolescents to see both sides of the issues and to integrate the perspectives of both parties into a workable solution. Here, then, is evidence that the social cognitive skills of adults may continue to improve after adolescence. Through a combination of social experience and cognitive growth, middle-aged adults have the potential to become very sophisticated students of human psychology. As you saw in Chapter 9, a few even gain a kind of wisdom that gives them exceptional insight into the complexities of human existence.

Do elderly people continue to display the sophisticated social cognitive skills that middle-aged adults display? The evidence is mixed but, overall, social cognitive skills hold up quite well late in life, better than other cognitive abilities. Thomas Hess and his colleagues found that both middle-aged and elderly adults were more adept than young adults at reading a person's behavior to infer whether he possessed traits such as honesty or intelligence (Hess, Osowski, & Leclerc, 2005). The older individuals studied seemed to have built up expertise in judging the diagnostic value of information about people. Elderly adults appear to perform as well as young and/or middle-aged adults on many social cognitive tasks (Hess, 1994; Keightley et al., 2006; Pratt & Norris, 1999).

Yet some researchers detect deficiencies in the performance of older adults (Blanchard-Fields, 1996; Pratt et al.,

1996). Consider studies in which adults are given theory-of-mind tasks suitable for adults. Susan Sullivan and Ted Ruffman (2004) used one in which a burglar leaving a crime scene is stopped by a policeman who saw the burglar drop his glove. The burglar turns himself in, and the research participant is asked what the burglar was thinking about the policeman's thoughts. Adults who averaged age 73 years of age performed less well than adults who averaged 30, and the poorer performance of older adults could be traced to age differences in fluid intelligence. In certain other studies, elderly adults perform as well as young adults on theory-of-mind tasks if the effects of older adults' memory limitations are taken into account (Happé, Winner, & Brownell, 1998; Keightley et al., 2006). Together these findings suggests that the declines in working memory and processing speed that limit the performance of older adults on nonsocial cognitive tasks sometimes take a toll on their ability to take in and manipulate social information (Hess, 1999).

For the most part, though, nonsocial and social cognition are distinct, and social cognitive abilities hold up better in later life (Keightley et al., 2006). A possible explanation is that the areas of the cortex that support social cognition and emotional understanding age more slowly than the areas that support nonsocial cognition (MacPherson, Phillips, & Della Sala, 2002). Yet possibly the most important finding is that older



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Social cognitive skills hold up well when older adults are socially active.

adults differ greatly in their social cognitive abilities. Those who have the sharpest social cognitive skills tend to be socially active and involved in meaningful social roles such as spouse, grandparent, church member, and worker (Dolen & Bearison, 1982; Hess et al., 2005). It is mainly when elderly people become socially isolated or inactive that their social cognitive skills become rusty.

Having examined some important and dramatic changes in social cognition over the life span, let us now focus on an important area of development in which social cognitive skills play a crucial role: moral development.

## SUMMING UP

- Social cognition takes shape in infancy through joint attention, pretend play, imitation, and emotional understanding—precursors of a theory of mind.
- Children progress from a desire psychology to a belief–desire psychology in developing theory-of-mind skills, which depend on both nature (normal neurological functioning and cognitive maturation) and nurture (social and language experience).
- Children’s descriptions of other people progress from a focus on physical features and activities to a focus on inner traits to the integration of trait descriptions; role-taking skills also improve with age.
- Social cognitive skills often improve in early and middle adulthood and hold up well in old age if adults remain socially active.

## CRITICAL THINKING

1. Listen closely to a conversation in which your friends talk about people, and write down any statements in which they refer to people’s beliefs, desires, intentions, and the like in attempting to explain someone’s behavior. Find and analyze evidence that your friends have and use a theory of mind.

## 13.2 PERSPECTIVES ON MORAL DEVELOPMENT

Although we could debate endlessly what **morality** is (see Gibbs, 2003; Turiel, 2006), most of us might agree that it involves the ability to distinguish right from wrong, to act on this distinction, and to experience pride when we do the right things and guilt or shame when we do not. Accordingly, three basic components of morality have been of interest to developmental scientists:

1. The *affective*, or emotional, component consists of the feelings (guilt, concern for others’ feelings, and so on) that surround right or wrong actions and that motivate moral thoughts and actions.

2. The *cognitive* component centers on how we conceptualize right and wrong and make decisions about how to behave, drawing on social cognitive skills such as role taking.



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Learning to resist the temptation to break moral rules (here, one about taking turns) is an important part of moral development.

3. The *behavioral* component reflects how we behave when, for example, we experience the temptation to cheat or are called upon to help a needy person.

Each of the three major theoretical perspectives on moral development focuses on a different component of morality. So, we will look at what psychoanalytic theory says about moral affect, what cognitive developmental theory says about moral cognition or reasoning, and what social learning (or social cognitive) theory reveals about moral behavior. Then we will look at morality from a broad, evolutionary perspective.

### Moral Affect: Psychoanalytic Theory and Beyond

What kind of **moral affect**, or emotion related to matters of right and wrong, do you feel if you contemplate cheating or lying? Chances are you experience such negative feelings as shame, guilt, anxiety, and fear of being detected—feelings that keep you from doing what you know is wrong. You may also experience disgust or righteous anger when witnessing harmful acts and injustices (Tangney, Stuewig, & Mashek, 2007). Positive emotions, such as pride and self-satisfaction when you have done the right thing, and admiration or gratitude when you witness moral acts, are also an important part of morality (Turiel, 2006). Moral emotions, both positive and negative, require being able to evaluate whether you have exceeded or fallen short of standards of behavior (Tangney et al., 2007). We are generally motivated to avoid negative moral emotions and to experience positive ones by acting in moral ways.

**Empathy** is the vicarious experiencing of another person’s feelings (for example, smiling at another person’s good fortune or experiencing another person’s distress). Although it is not a specific emotion, it is an emotional process believed to be especially

important in moral development (Hoffman, 2000; Tangney et al., 2007). Empathizing with individuals who are suffering—not only taking their perspective but also feeling their pain—can motivate **prosocial behavior**—positive social acts, such as helping or sharing, that reflect a concern for the welfare of others. Empathy can also keep us from doing harm to others, as when a teenager can relate to the feelings of a disabled or overweight classmate and refrains from picking on this individual.

Young infants are unlikely to experience moral emotions, so when do they arise? Sigmund Freud's (1960) psychoanalytic theory offered an early answer (see Chapter 2). As you will recall, Freud believed that the mature personality has three components: the selfish and irrational id, the rational ego, and the moralistic superego. The *superego*, or conscience, has the important task of ensuring that any plans formed by the ego to gratify the id's urges are morally acceptable. Infants and toddlers, Freud said, lack a superego and are essentially “all id.” They will therefore act on their selfish motives unless their parents control them.

The superego is formed during the phallic stage (ages 3–6), when children are presumed to experience an emotional conflict over their love for the other-sex parent. To resolve his Oedipus complex, Freud said, a boy identifies with and patterns himself after his father, particularly if the father is a threatening figure who arouses fear. Not only does he learn his masculine role in this manner, but through the process of identification, he also takes on his father's moral standards as his own. Similarly, a girl resolves her Electra complex by identifying with her mother and internalizing her mother's moral standards. However, Freud believed that, because girls do not experience the intense fear of castration that boys experience, females develop weaker superegos than males do.

Having a superego, then, is like having a parent inside your head—there, even when your parent is not, to tell you what is right or wrong and to arouse emotions such as shame and guilt if you so much as think about doing wrong. The only problem is that the specifics of Freud's theory are largely unsupported:

1. Cold, threatening, and punitive parents who make their children anxious about losing their parents' love do not raise morally mature youngsters; instead, as modern psychoanalytic thinkers appreciate, children form strong consciences when they are securely attached to warm and responsive parents (Hoffman, 2000).

2. Males do not appear to have stronger superegos than females; if anything, females are more able to resist temptation (Silverman, 2003).

3. Moral development begins well before the phallic stage and extends long after age 6 or 7.

Although the particulars of Freud's theory of moral development lack support, his main themes are taken very seriously today, as you will see shortly, because research has shown that: (1) moral emotions are an important part of morality, (2) early relationships with parents contribute to moral development,

and (3) children must somehow internalize moral standards if we want them to behave morally even when no authority figure is present to detect and punish their misbehavior (Kochanska & Aksan, 2006; Turiel, 2006).

## Moral Reasoning: Cognitive Developmental Theory

Cognitive developmental theorists study morality by looking at the development of **moral reasoning**—the thinking process involved in deciding whether an act is right or wrong. These theorists assume that moral development depends on social cognitive development, particularly role-taking or perspective-taking skills that allow us to picture how our victims might react to our misdeeds or how people in distress must feel. These skills also allow us to get beyond our egocentric perspective to construct a concept of **reciprocity**, or mutual give and take by both parties in a human relationship (Gibbs, 2003).

Moral reasoning is said to progress through an invariant sequence—a fixed and universal order of stages, each of which represents a consistent way of thinking about moral issues that is different from the stage preceding or following it. To cognitive developmental theorists, what is of interest is how we decide what to do, not what we decide or what we actually do. A young child and an adult may both decide not to steal a pen, but the reasons they give for their decision may be entirely different. Jean Piaget paved the way for the influential theory of moral development put forth by Lawrence Kohlberg.

### Piaget's View

Piaget (1965) studied children's concepts of rules by asking Swiss children about their games of marbles and explored children's concepts of justice by presenting them with moral dilemmas to ponder. For example, he told children about two boys: John, who accidentally knocked over a tray of 15 cups when coming to dinner as requested, and Henry, who broke only one cup when sneaking jam from the cupboard. The key question Piaget posed was which child was naughtier, and why.

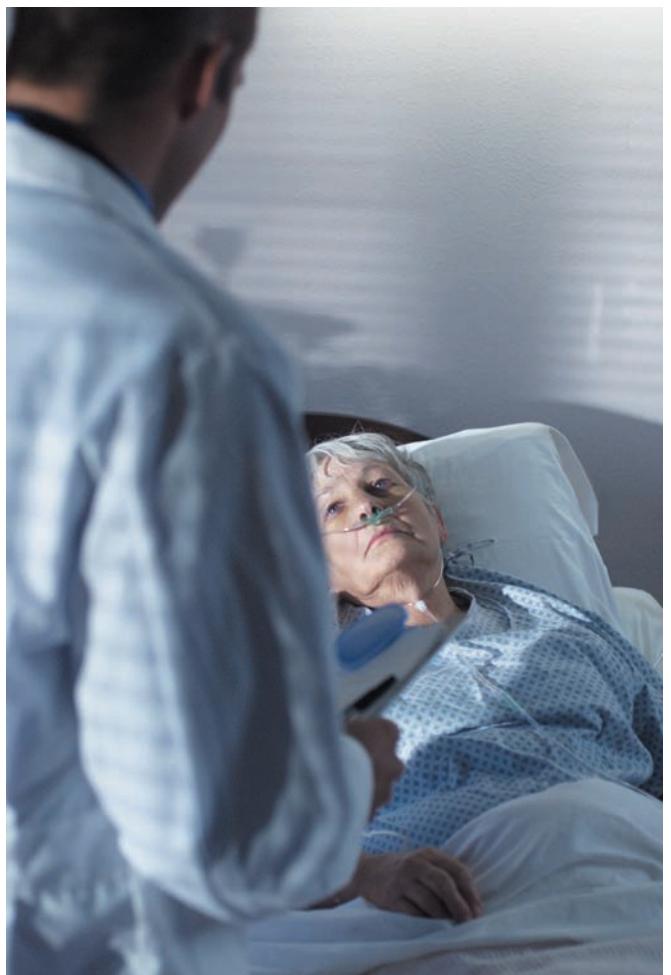
Based on children's responses to such questions, Piaget formulated a theory of moral development that included a pre-moral period and two moral stages:

- **Premoral period.** During the preschool years, children show little awareness or understanding of rules and cannot be considered moral beings.
- **Heteronomous morality.** Children 6 to 10 years old take rules seriously, believing that they are handed down by parents and other authority figures and are sacred and unalterable (the term *heteronomous* means under the rule of another). They also judge rule violations as wrong based on the extent of damage done, not taking into account whether the violator had good or bad intentions.

- **Autonomous morality.** At age 10 or 11, Piaget said, most children enter a final stage of moral development in which they begin to appreciate that rules are agreements between individuals—agreements that can be changed through a consensus of those individuals. In judging actions, they pay more attention to whether the person's intentions were good or bad than to the consequences of his act; thus, they see Henry, the misbehaving boy who broke one cup, as naughtier than John, the well-intentioned boy who broke 15.

### Kohlberg's View

Inspired by Piaget's pioneering work, Lawrence Kohlberg (1963, 1981, 1984; Colby & Kohlberg, 1987) formulated a highly influential cognitive developmental theory of moral development. Kohlberg began his work by asking 10-, 13-, and 16-year-old boys questions about various moral dilemmas to assess how they thought about these issues. Careful analysis of the responses led Kohlberg to conclude that moral growth progresses through a universal and invariant sequence of three broad moral levels,



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Moral dilemma: Should a doctor give a pain-ridden and terminal patient a drug that would hasten her death?

each of which is composed of two distinct stages. Each stage grows out of the preceding stage and represents a more complex way of thinking about moral issues. According to Kohlberg, a person cannot skip stages, and a person who has reached a higher stage will not regress to earlier stages.

Think about how you would respond to the following moral dilemma posed by Kohlberg and his colleagues (Colby et al., 1983, p. 79):

There was a woman who had very bad cancer, and there was no treatment known to medicine that would save her. Her doctor, Dr. Jefferson, knew that she had only about 6 months to live. She was in terrible pain, but she was so weak that a good dose of a pain killer like ether or morphine would make her die sooner. She was delirious and almost crazy with pain, and in her calm periods she would ask Dr. Jefferson to give her enough ether to kill her. She said she couldn't stand the pain and she was going to die in a few months anyway. Although he knows that mercy killing is against the law, the doctor thinks about granting her request.

Should Dr. Jefferson give her the drug that would make her die? Why or why not? Should the woman have the right to make the final decision? Why or why not? These are among the questions that people are asked after hearing the dilemma. You may want to answer them for yourself before reading further so that you can then analyze your own moral thinking. Remember, Kohlberg's goal is to understand how an individual thinks, not whether she is for or against providing the woman with the drug. Individuals at each stage of moral reasoning might endorse either of the alternative courses of action, but for different reasons. Following are Kohlberg's three levels of moral reasoning, and the two stages within each level.

**Level 1: Preconventional Morality.** At the level of preconventional morality, rules are external to the self rather than internalized. The child conforms to rules imposed by authority figures to avoid punishment or to obtain personal rewards. The perspective of the self dominates: What is right is what one can get away with or what is personally satisfying.

- *Stage 1: Punishment-and-Obedience Orientation.* The goodness or badness of an act depends on its consequences. The child will obey authorities to avoid punishment but may not consider an act wrong if it will not be punished. The greater the harm done or the more severe the punishment, the more "bad" the act is.
- *Stage 2: Instrumental Hedonism.* A person at the second stage of moral development conforms to rules to gain rewards or satisfy personal needs. There is some concern for the perspectives of others, but it is motivated by the hope of benefit in return. "You scratch my back and I'll scratch yours" and "an eye for an eye" are the guiding philosophies.

**Level 2: Conventional Morality.** At the level of conventional morality, the individual has internalized many moral values.

He strives to obey the rules set by others (parents, peers, the government), at first to win their approval, later to maintain social order. The perspectives of other people are clearly recognized and given serious consideration.

- *Stage 3: “Good Boy” or “Good Girl” Morality.* What is right is now what pleases, helps, or is approved by others. People are often judged by their intentions; “meaning well” is valued, and being “nice” is important. Other people’s feelings should be considered.
- *Stage 4: Authority and Social Order–Maintaining Morality.* Now what is right is what conforms to the rules of legitimate authorities. The reason for conforming is not so much a fear of punishment as a belief that rules and laws maintain a social order worth preserving. Doing one’s duty and respecting law and order are valued.

**Level 3: Postconventional Morality.** At the final level of moral reasoning, **postconventional morality**, the individual defines what is right in terms of broad principles of justice that have validity apart from the views of particular authority figures. The individual may distinguish between what is morally right and what is legal, recognizing that some laws—for example, the racial segregation laws that Dr. Martin Luther King Jr. challenged—violate basic moral principles. Thus, the person transcends the perspectives of particular social groups or authorities and begins to take the perspective of *all* individuals.

- *Stage 5: Morality of Contract, Individual Rights, and Democratically Accepted Law.* At this “social contract” stage, there is an understanding of the underlying purposes served by laws and a concern that rules should be arrived at through a democratic consensus so that they express the will of the majority and maximize social welfare. Whereas the person at stage 4 is unlikely to challenge an established law, the moral reasoner at stage 5 might call for democratic change in a law that compromises basic rights.
- *Stage 6: Morality of Individual Principles of Conscience.* At this “highest” stage of moral reasoning, the individual defines right and wrong on the basis of self-generated principles that are broad and universal in application. The stage 6 thinker does not just make up whatever principles she chooses. She discovers, through reflection, abstract principles of respect for all individuals and for their rights that all religions or moral authorities would view as moral. Kohlberg (1981) described stage 6 thinking as a kind of “moral musical chairs” in which the person facing a moral dilemma is able to take the “chair,” or perspective, of each person and group and social system that could potentially be affected by a decision and to arrive at a solution that would be regarded as just from every chair. Stage 6 is Kohlberg’s vision of ideal moral reasoning, but it is so rarely observed that Kohlberg stopped attempting to measure its existence.

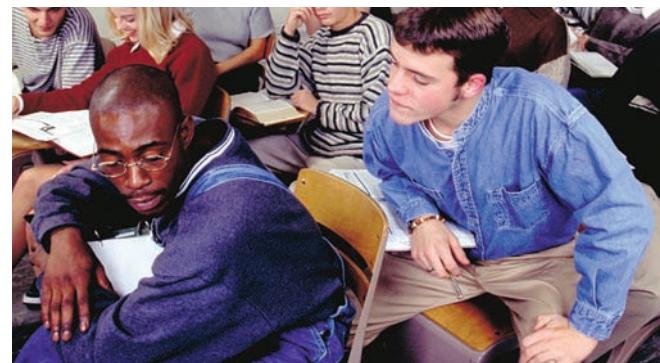
In the Explorations box, we present examples of how people at the preconventional, conventional, and postconventional

levels might reason about the mercy-killing dilemma. Note that progress through Kohlberg’s stages of moral reasoning depends partly on the development of perspective-taking abilities. Specifically, as individuals become more able to consider perspectives other than their own, moral reasoning progresses from an egocentric focus on personal welfare at the preconventional level, to a concern with the perspectives of other people (parents, friends, and other members of society) at the conventional level, and to an ability to coordinate multiple perspectives and determine what is right from the perspective of all people at the postconventional level (Carpendale, 2000).

## Moral Behavior: Social Learning Theory

Social learning theorists such as Albert Bandura (1991, 2002; Bandura et al., 2001), whose social cognitive theory was introduced in Chapter 2, have been primarily interested in the behavioral component of morality—in what we actually do when faced with temptation or with an opportunity to behave prosocially. These theorists say that moral behavior is learned in the same way that other social behaviors are learned: through observational learning and reinforcement and punishment principles. They also consider moral behavior to be strongly influenced by situational factors—for example, by how closely a professor watches exam takers, by whether jewelry items are on the counter or behind glass in a department store.

Applying his social cognitive perspective, Bandura goes on to emphasize that moral cognition is linked to moral action through self-regulatory mechanisms that involve monitoring and evaluating our own actions (or anticipated actions), disapproving of ourselves when we contemplate doing wrong, and



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How many students in your class would admit to having cheated in high school? Fifty years ago, only about one in five college students admitted to it, but in recent surveys at least three in five, and often more, admit to having cheated in high school (Kleiner & Lord, 1999). Cheating is also rampant in college and graduate school; 56% of MBA students admit to cheating or plagiarizing in the past year (McCabe, Butterfield, & Trevino, 2006). Use of pre-programmed calculators and handheld computers, cell phones to relay information about the test, hidden miniature cameras, and online term-paper mills suggest that cheating has gone “high-tech.” Why do you think cheating is so rampant today?

## SAMPLE RESPONSES TO THE MERCY-KILLING DILEMMA AT KOHLBERG'S THREE LEVELS OF MORAL REASONING

### Preconventional Morality

#### *Give the Drug*

**Stage 1:** The doctor should give the terminally ill woman a drug that will kill her because there is little chance that he will be found out and punished.

**Stage 2:** He should give her the drug; he might benefit from the gratitude of her family if he does what she wants. He should think of it as the right thing to do if it serves his purposes to be for mercy killing.

#### *Do Not Give the Drug*

**Stage 1:** The doctor runs a big risk of losing his license and being thrown in prison if he gives her the drug.

**Stage 2:** He has little to gain by taking such a big chance. If the woman wants to kill herself, that is her business, but why should he help her if he stands to gain little in return?

### Conventional Morality

#### *Give the Drug*

**Stage 3:** Most people would understand that the doctor was motivated by concern for the woman rather than by self-interest. They would be able to forgive him for what was essentially an act of kindness.

**Stage 4:** The doctor should give the woman the drug because of the Hippocratic oath,

which spells out a doctor's duty to relieve suffering. This oath is binding and should be taken seriously by all doctors.

#### *Do Not Give the Drug*

**Stage 3:** Most people are likely to disapprove of mercy killing. The doctor would clearly lose the respect of his colleagues and friends if he administered the drug. A good person simply would not do this.

**Stage 4:** Mercy killing is against the laws that citizens are obligated to uphold. The Bible is another compelling authority, and it says, "Thou shalt not kill." The doctor simply cannot take the law into his own hands; rather, he has a duty to uphold the law.

### Postconventional Morality

#### *Give the Drug*

**Stage 5:** Although most of our laws have a sound basis in moral principle, laws against mercy killing do not. The doctor's act is morally justified because it relieves the suffering of an agonized human without harming other people. Yet if he breaks the law in the service of a greater good, he should still be willing to be held legally accountable because society would be damaged if everyone simply ignored laws they do not agree with.

**Stage 6:** We must consider the effects of this act on everyone concerned—the doctor, the dying woman, other terminally ill people, and all people everywhere. Basic moral principle dictates that all people have a right to dignity and self-determination as long as others are not harmed by their decisions. Assuming that no one else will be hurt, then, the dying woman has a right to live and die as she chooses. The doctor may be doing right if he respects her integrity as a person and saves her, her family, and all of society from needless suffering.

#### *Do Not Give the Drug*

**Stage 5:** The laws against mercy killing protect citizens from harm at the hands of unscrupulous doctors and selfish relatives and should be upheld because they serve a positive function for society. If the laws were to be changed through the democratic process, that might be another thing. But right now the doctor can do the most good for society by adhering to them.

**Stage 6:** If we truly adhere to the principle that human life should be valued above all else and all lives should be valued equally, it is morally wrong to "play God" and decide that some lives are worth living and others are not. Before long, we would have a world in which no life has value.

approving of ourselves when we behave responsibly or humanely. By applying consequences to ourselves in this way, we become able to exert self-control, inhibit urges to misbehave, and keep our behavior in line with internalized standards of moral behavior. Sometimes this system of moral self-regulation can triumph over strong situational influences pushing us to do wrong. However, according to Bandura we have also devised mechanisms of **moral disengagement** that allow us, even though we know the difference between right and wrong, to avoid condemning ourselves when we engage in immoral behavior. For example, a store clerk who feels underpaid and mistreated by her employer may convince herself that she is justified in pilfering things from the store, and people may disengage morally from the use of military force by their country by dehumanizing their foes (McAlister, Bandura, & Owen, 2006). Many of us learn the right moral standards, but some people hold themselves strictly to those standards while others find ways to disengage morally.

## The Functions of Morality: Evolutionary Theory

Moral development is also being looked at today from the broad perspective of evolutionary theory by researchers such as Dennis Krebs and others (Fry, 2006; Krebs, 2005). The focus is on what aspects of morality might be universal and how modes of moral thought, emotion, and behavior may have helped humans adapt to their environments over the course of evolution. Just as having a theory of mind helps humans get along with others and adapt to living in groups, prosocial behaviors such as sharing, cooperating, and helping may have evolved because they helped our ancestors obtain food and protect themselves from predators. Similarly, mechanisms for controlling and inhibiting harm-doing may have evolved in human societies because they enhanced survival (Hauser, 2006).

The phrase "survival of the fittest" implies raw selfishness, though. How can evolutionary theorists explain how humans

might have evolved to be altruistic when altruists who sacrifice their lives for others die rather than pass on their genes? Evolutionary theorists have argued that it can be in our genetic self-interest to act altruistically toward kin because they will pass on the family's genes if we help them survive (Verbeek, 2006). Even helping nonrelatives may be adaptive, though, if we have reason to believe that the help we give will be reciprocated. Cooperating with other people to obtain resources that the individual could not obtain alone also makes good genetic sense, as does abiding by society's rules in order to avoid punishment. As Douglas Fry (2006) notes, reciprocity is key to explaining morality from an evolutionary perspective: Genes predisposing humans to act morally could become part of our evolutionary heritage as long as "humans repay good deeds and revenge bad ones" (p. 416).

Adopting an evolutionary perspective, Dennis Krebs (2005) notes that Kohlberg's stages of moral reasoning lead from selfishness to sensitivity to the welfare of other people. The fact that we do not always use the highest level of moral reasoning of which we are capable in everyday conflict situations, however, suggests that we retain immature forms of moral thinking rather than abandoning them as we progress in our moral development. We may use these different forms of moral reasoning like strategies, selecting whichever best fits the situation—for example, using stage 2, tit-for-tat reasoning in making business deals, but expressing stage 3 concern for others in family discussions, and stage 4 law-and-order reasoning in debating national policy issues.

Whereas Freud emphasized the dark, selfish side of human nature, evolutionary theorists argue that humans have an evolved genetic makeup that predisposes them to empathy and moral behavior. Indeed, humans may be a uniquely altruistic species. Research with chimpanzees suggests that they too show empathy for injured peers and engage in a variety of cooperative behaviors. However, they do not show the same motivation to benefit others even at a cost to themselves that humans display. Given the opportunity to get food for themselves *and* give food to another chimp at no cost to themselves, they

would just as soon get food only for themselves (Silk et al., 2005). In further support of an evolutionary perspective, empathy emerges very early in life (Hoffman, 2000; and see section 13.3 of this chapter). In addition, research with twins suggests that empathy and prosocial behavior are heritable traits (Knafo & Plomin, 2006; Verbeek, 2006).

To highlight differences among the four theoretical perspectives on moral development we have discussed, consider how different theorists might try to predict whether a teenager (we will call him Bart) will cheat on his upcoming math test. Freud would want to know whether Bart developed a strong superego; Kohlberg would be more interested in the stage at which he reasons about moral dilemmas. Notice that both the psychoanalytic perspective and the cognitive developmental perspective view morality as a traitlike quality that consistently influences an individual's judgments and actions.

By contrast, Bandura would see it this way: If Bart's parents have consistently reinforced moral behavior and punished misbehavior and have served as models of moral behavior, if he has well-developed self-regulatory mechanisms that cause him to take responsibility for his actions rather than to disengage morally, and if situational forces discourage cheating, Bart is likely to behave in morally acceptable ways.

Finally, evolutionary theorists like Krebs might look into the adaptive functions that cheating—or refraining from cheating—serve for an individual and his or her group. Like Bandura, Krebs might look at the classroom environment and conclude that so much cheating is going on that it is almost in Bart's self-interest to cheat too—or that the professor and students in the class have developed good control systems to discourage cheating. Moral emotion, thought, and behavior would all be considered (see **Table 13.1** for a comparison of theories).

We are now ready to trace the development of morality from infancy to old age. Our coverage charts the development of the self as a moral being, examining moral affect, cognition, and behavior over the life span.

**● TABLE 13.1 COMPARISON OF THEORETICAL PERSPECTIVES ON MORAL DEVELOPMENT**

| PERSPECTIVE                    | THEORIST(S)        | FOCUS                                  | MESSAGE  |
|--------------------------------|--------------------|--|--|
| Psychoanalytic theory          | Freud              | Moral emotion                          | Early parenting and emotional conflicts forge the superego and guilt.  |
| Cognitive developmental theory | Piaget<br>Kohlberg | Moral reasoning                        | Cognitive maturation and experience with peers bring stage like changes in thinking about moral issues.                      |
| Social learning theory         | Bandura            | Moral behavior                         | Observational learning, reinforcement, self-regulation processes, and situational influences affect what we do.              |
| Evolutionary theory            | Krebs              | Moral emotion, reasoning, and behavior | Humans have evolved so that either immoral or moral behavior can be in their genetic self-interest depending on the context. |

## SUMMING UP

- Morality has affective, cognitive, and behavioral components.
- Moral emotion is the focus of Freudian psychoanalytic theory, with its emphasis on the formation of the superego during the preschool years.
- Moral reasoning is the focus of Piaget's premoral, heteronomous, and autonomous stages of moral development and of Kohlberg's preconventional, conventional, and postconventional levels of morality, each with two stages.
- Social cognitive theorist Bandura views morality as learned behavior influenced by basic learning processes, self-regulatory cognitive processes, and situational influences.
- Evolutionary theorists ask how morality may have evolved and what adaptive functions it serves.

## CRITICAL THINKING

1. A preconventional thinker, a conventional thinker, and a postconventional thinker all face a moral dilemma the night before the final examination: A friend has offered them a key to the examination. Should they take it and use it or not? Provide examples of the reasoning you might expect at each of the three main levels of moral development—one argument in favor of cheating and one against it at each level. Are any of these arguments especially easy or difficult to make?
2. Jamal decides to become a kidney donor so that his brother Malcolm can live. How do you think Freud, Kohlberg, Bandura, and Krebs would explain his altruistic action?

### 13.3 THE INFANT

Do infants have a sense of right or wrong? If a baby takes a teddy bear that belongs to another child, would you label the act stealing? If an infant bashes another child on the head with a sippy cup, would you insist that the infant be put on trial for assault? Of course not. Adults in our society, including psychologists, view infants as **amoral**—that is, lacking any sense of morality. Because we do not believe that infants are capable of evaluating their behavior in relation to moral standards, we do not hold them responsible for wrongs they commit (although we certainly attempt to prevent them from harming others). Nor do we expect them to be “good” when we are not around to watch them. Yet it is now clear that these initially amoral creatures begin to learn fundamental moral lessons during their first 2 years of life.

### Early Moral Training

Moral socialization begins early. Roger Burton (1984) relates how his daughter Ursula, age 1½, was so taken by the candy that she and her sisters had gathered on Halloween that she snatched some from her sisters’ bags. The sisters immediately said, “No,

that’s mine,” and conveyed their outrage in the strongest terms. A week later, the sisters again found some of their candy in Ursula’s bag and raised a fuss, and it was their mother’s turn to explain the rules to Ursula. The problem continued until finally Burton came upon Ursula looking at some forbidden candy. Ursula looked up and said, “No, this is Maria’s, not Ursula’s” (p. 199).

It is through such social learning experiences, accumulated over years, that children come to understand and internalize moral rules and standards. Infants begin to learn that their actions have consequences, some good, some bad; they learn a lot by watching their companions’ reactions to their missteps (Thompson, Meyer, & McGinley, 2006). They also begin to learn to associate negative emotions with violating rules and to exert self-control, or inhibit their impulses, when they are tempted to violate rules (Kochanska, 1993, 2002). Ursula and other young children learn from being reprimanded or punished to associate taking others’ belongings with negative emotional responses. As they near age 2, children are already beginning to show visible signs of distress when they break things, spill their drinks, or otherwise violate standards of behavior (Cole, Barrett, & Zahn-Waxler, 1992; Kagan, 1981). Made to think that they have caused a doll’s head to fall off, some toddlers even show signs of guilt, as opposed to mere distress, and try frantically to make amends (Kochanska, Casey, & Fukumoto, 1995). This means 18- to 24-month-old children are beginning to internalize rules and to anticipate disapproval when they fail to comply with them.

Grazyna Kochanska (1997, 2002; Kochanska & Aksan, 2006) has found that early moral socialization goes best when a **mutually responsive orientation** develops between caregiver and child—when there is a close, emotionally positive, and cooperative relationship in which child and caregiver are attached to each other and are sensitive to each other’s needs. Such a relationship makes children want to comply with caregivers’ rules and adopt their values and standards. These children then learn



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Children learn early that some acts have distressing consequences.

moral emotions such as guilt and empathy, develop the capacity for advanced moral reasoning, and become able to resist temptation even when no one is around to catch them. It is also important for parents to discuss their toddlers' behavior in an open way, expressing their feelings and evaluating acts as good or bad (Laible & Thompson, 2000). By establishing a close, mutual relationship, setting out clear rules, discussing the emotional consequences of the child's behavior, and working during everyday conversations toward mutual understandings of what is acceptable and what is not, parents help their children develop a conscience (Emde et al., 1991; Thompson et al., 2006).

## Empathy and Prosocial Behavior

Not only are infants capable of internalizing rules of behavior, but they are not so selfish, egocentric, and unconcerned about other people as Freud, Piaget, Kohlberg, and many other theorists have assumed. Perhaps the strongest evidence of this comes from studies of empathy and prosocial behavior. Even newborns display a primitive form of empathy: They become distressed by the cries of other newborns, supporting the view that empathy is part of our evolutionary heritage (Hoffman, 2000; Martin & Clark, 1982). It is unlikely that young infants distinguish between another infant's distress and their own, however.

From age 1 to age 2, according to Martin Hoffman (2000), infants become capable of a truer form of empathy that is likely a key motivator of moral behavior and that becomes more sophisticated with age as role-taking skills develop (Eisenberg et al., 2006). Toddlers begin to understand that someone else's distress is different from their own, and they try to comfort the person in distress. Consider some concrete examples described by Hoffman (2000). One 10-month-old, watching a peer cry, looked sad and buried her head in her mother's lap, as she often did when she was distressed. A 2-year-old brought his own teddy bear to comfort a distressed friend; when that failed, he offered the friend's teddy instead, beginning to show an ability to take the perspective of the friend.

Carolyn Zahn-Waxler and her colleagues (1992) report that more than half of the 13- to 15-month-old infants they observed engaged in at least one act of prosocial behavior—helping, sharing, expressing concern, comforting, and so on. These behaviors became increasingly common from age 1 to age 2, when all but one child in the study acted prosocially. In another study, about half of 1½- to 3-year-olds dealt with episodes of distress on the part of a peer who was visiting their home by trying to comfort, distract, or help the friend; however, 40% seemed more amused than concerned or even became aggressive, possibly because they found their playmate's crying irritating (Demetriou & Hay, 2004).

## SUMMING UP

- Infants are amoral initially but moral socialization begins in infancy and by age 2, children have internalized rules of conduct.

- A mutually responsive orientation between parent and child and emotion-centered talk about the child's behavior contribute to the development of a conscience.
- Toddlers feel empathy for and try to help distressed peers.

## CRITICAL THINKING

1. Suppose you want to study how toddlers in a day care center react when their peers are upset. How might you distinguish between true empathy for a classmate and personal distress in reaction to the classmate's crying?

## 13.4 THE CHILD

Research on moral development during childhood has explored how children of different ages think about moral issues, how children behave when their moral values are tested, and how parents can raise moral children. This research shows that children's moral thinking is more sophisticated than Piaget and Kohlberg believed but that getting children to behave morally day in and day out is challenging.

## Thinking through Kohlberg's Dilemmas

As we saw earlier, Piaget believed that children do not shift from heteronomous to autonomous morality, and thus to a more complete understanding of rules and of the importance of assessing a wrongdoer's intentions, until age 10 or 11. The hypothetical moral dilemmas that Lawrence Kohlberg devised to assess stages of moral reasoning (for example, the mercy-killing dilemma presented earlier) were intended primarily for adolescents and adults; the youngest individuals Kohlberg studied were age 10.

As a result, Kohlberg did not have much to say about children except that they are mostly preconventional moral reasoners who take an egocentric perspective on morality and define as right those acts that are rewarded and as wrong those acts that are punished (Colby et al., 1983). At best, older school-age children are beginning to make the transition to conventional moral reasoning by displaying a stage 3 concern with being a good boy or a good girl who takes others' perspectives and is concerned with others' approval. As we will now see, both Piaget and Kohlberg underestimated children. Other researchers have looked more closely at the moral reasoning of children and find that they engage in some sophisticated thinking about right and wrong from an early age.

## Weighing Intentions

Consider Piaget's claim that young children (heteronomous moral thinkers) judge acts as right or wrong on the basis of their consequences, whereas older children (autonomous thinkers) judge on the basis of the intentions that guided the act. His

moral-decision story about the two boys and the cups—asking whether a child who causes a small amount of damage in the service of bad intentions is naughtier than a child who causes a large amount of damage despite good intentions—was flawed in that it confounded the two issues, goodness of intentions and amount of damage done.

Sharon Nelson (1980) overcame this flaw in an interesting experiment. In the study, 3-year-olds listened to stories in which a boy threw a ball to a playmate. The boy's motive was described as *good* (his friend had nothing to play with) or *bad* (the boy was mad at his friend), and the consequences of his act were either *positive* (the friend caught the ball and was happy to play with it) or *negative* (the ball hit his friend in the head and made him cry). To make the task simpler, Nelson showed children drawings of what happened (see ▀ **Figure 13.2** for an example).

Not surprisingly, the 3-year-olds in the study judged acts that had positive consequences more favorably than acts that caused harm. However, they also judged the well-intentioned child who had wanted to play more favorably than the child who intended to hurt his friend, regardless of the consequences of his actions. Apparently, then, even young children can base their moral judgments on both a person's intentions and the consequences of his act.

Overall, Piaget was correct to conclude that young children have less understanding of, and place less emphasis on, the intentions behind actions than older children do (Lapsley, 2006). However, he was wrong to conclude that young children are incapable of considering both intentions and consequences when they evaluate others' conduct.

## Understanding Rules

Piaget also claimed that 6- to 10-year-old heteronomous children view rules as sacred prescriptions laid down by respected authority figures. These moral absolutes cannot be questioned or changed. However, Elliot Turiel (1978, 1983, 2006) has argued and observed that even young children distinguish sharply between different kinds of rules. Most importantly, they distin-

guish between **moral rules**, or standards that focus on the welfare and basic rights of individuals, and **social-conventional rules**, standards determined by social consensus that tell us what is appropriate in particular social settings. Moral rules include rules against hitting, stealing, lying, and otherwise harming others or violating their rights. Social-conventional rules are more like rules of social etiquette; they include the rules of games and school rules that forbid eating snacks in class or using the restroom without permission.

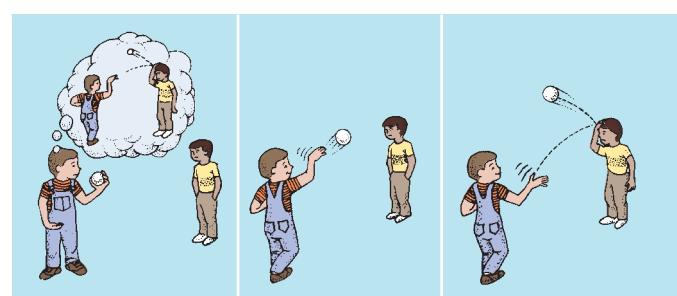
From their preschool years, children understand that moral rules are more compelling and unalterable than social-conventional rules (Turiel, 2006; Smetana, 2006). Judith Smetana (1981), for example, discovered that children as young as age 2 regard moral transgressions such as hitting, stealing, or refusing to share as more serious and deserving of punishment than social-conventional violations such as not staying in their seats in preschool or not saying grace before eating. Remarkably, these youngsters also indicated that it was always wrong to hit people or commit other moral transgressions, rule or no rule, whereas they felt that it would be okay for children to get out of their seats at preschool or violate other social conventions if there were no rules against it.

Piaget also claimed that 6- to 10-year-old children view any law laid down by adults as sacred. Instead, children appear to be quite capable of questioning adult authority (Tisak & Tisak, 1990). School-age children say it is fine for parents to enforce rules against stealing and other moral violations, but they believe that it can be inappropriate and unjustifiable for parents to arbitrarily restrict their children's friendship choices, which are viewed as a matter of personal choice. And they maintain that not even God can proclaim that stealing is morally right and make it so (Nucci & Turiel, 1993). In other words, school-age children will not blindly accept any dictate offered by an authority figure as legitimate.

## Applying Theory of Mind

As you have probably guessed, children's moral thinking becomes quite a bit more sophisticated once they have the basics of a theory of mind down at about age 4. Showing that they understand that intentions matter, 4-year-old children who have a theory of mind and pass false belief tasks may cry, "I didn't mean it! I didn't mean it!" when they stand to be punished. Moreover, their understandings of a wrongdoer's beliefs at the time he committed a harmful act ("Spencer didn't know Lauren was in the box when he pushed it down the stairs!") influence their judgments about whether the act was intentional and therefore how bad it was (Chandler, Sokol, & Wainryb, 2000). Preschool children who pass theory-of-mind tasks are also more able than those who fail them to distinguish between lying (deliberately promoting false beliefs) and simply having one's facts wrong (Peterson & Siegal, 2002).

Theory-of-mind skills also help young children understand people's emotional reactions to others' actions, an important consideration in judging right and wrong. At only 3 years, for



▀ **FIGURE 13.2** Examples of drawings used by Sharon Nelson to convey a character's intentions to preschool children. Here you see negative intent and a negative consequence.  
SOURCE: From S. A. Nelson, Factors influencing young children's use of motives and outcomes as moral criteria, *Child Development*, 51, pp. 823–829. Copyright © 1980 Blackwell Publishing. Reprinted with permission.

example, children can use their emerging theory of mind to figure out that Lewis, who likes tarantulas but fears puppies, will be upset if his friend gives him a puppy—and that it is therefore “bad” to give Lewis a puppy, even though it may be “nice” to give almost any other child a puppy (Helwig, Zelazo, & Wilson, 2001). Children who have mastered theory-of-mind tasks are also more attuned than those who have not to other people’s feelings and welfare when they think through the morality of snatching a friend’s toy or calling a friend a bad name (Dunn, Cutting, & Demetriou, 2000).

Young children have things to learn, however—for example, about linkages between behavioral choices and emotions (Lagattuta, 2005; and see Arsenio, Gold, & Adams, 2006). Imagine that Ben wants to run into the street to get his ball but is not allowed to run out into the street, one of the scenarios used by Kristin Lagattuta (2005) in an interesting study of how children think story characters will feel after they either transgress or resist temptation. As shown in ■ **Figure 13.3**, 7-year-olds and adults responding to stories like this were more likely than 4- and 5-year-olds to recognize that rule breakers often experience mixed emotions, feeling good about getting what they wanted but bad about breaking the rule. Similarly, older children and adults appreciate that resisting temptation also generates mixed emotions: feeling good about abiding by the rule but also unhappy about not getting to do what you wanted to do. Young children were more focused on whether the individuals in the stories got what they wanted. So, research on theory of mind reinforces the theme that much moral growth

occurs during early childhood but that more occurs later in childhood.

Overall, then, both Piaget and Kohlberg failed to appreciate how much moral growth takes place during childhood. We now know that even preschool children are capable of judging acts as right or wrong according to whether the actor’s intentions were good or bad; view only some rules as absolute, sacred, and unchangeable; challenge adult authority when they believe it is illegitimate; and use their theories of mind to analyze people’s motives and the emotional consequences of their acts.

## Behaving Morally

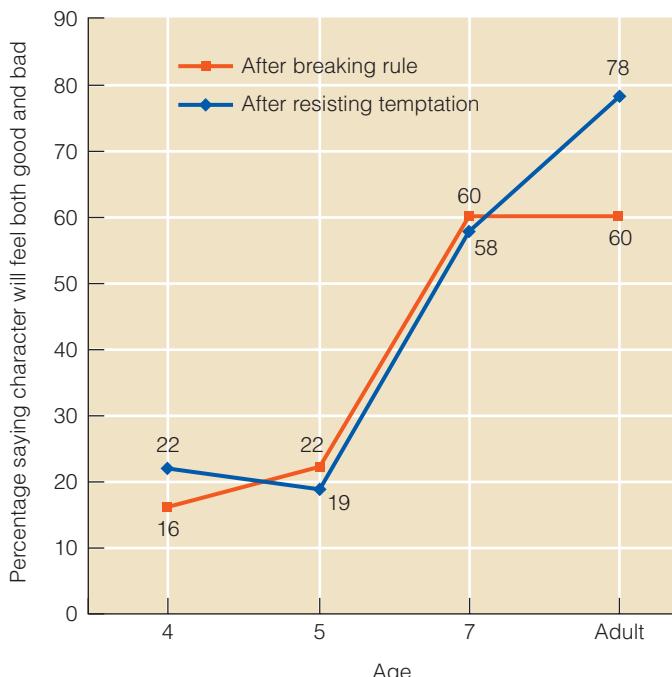
To many people, the goal of moral socialization is to produce an individual who not only has internalized moral rules but also will abide by them. Can children be trusted to do so? In a classic study of moral behavior, Hugh Hartshorne and Mark May (1928–1930) investigated the moral character of 10,000 children (ages 8–16) by tempting them to lie, cheat, or steal in a variety of situations. It readily became apparent that almost all children expressed “sound” moral values, saying that honesty was good, that cheating and stealing were wrong, and so on. Yet most children cheated or otherwise broke one of their moral rules in at least one of the situations the researchers created to test their moral behavior. In other words, Hartshorne and May had a tough time finding children who not only held the right values but consistently acted according to those values. Most children’s moral behavior was inconsistent from situation to situation.

New analyses of these data and more recent studies suggest that children are somewhat more consistent in their behavior than Hartshorne and May concluded (Burton, 1963; Hoffman, 2000; Kochanska & Aksan, 2006). Moreover, across a set of situations, some children are more honest, more likely to resist temptation, and more helpful than other children. Still, moral thought, affect, and behavior are not as closely interrelated in childhood as they will be by adolescence or adulthood (Blasi, 1980).

Why are children more inconsistent in their moral behavior than older individuals? One explanation may be that they are reasoning at Kohlberg’s preconventional level. When punishment and reward are the primary considerations in defining acts as right or wrong, perhaps it is not surprising that a child may see nothing much wrong with cheating when the chances of detection and punishment are slim. In addition, if children have not yet solidified their moral values, they may be especially swayed by situational factors.

## Moral Socialization

How, then, can parents best raise a child who can be counted on to behave morally in most situations? You have already seen that a mutually responsive orientation between parent and child helps (Kochanska & Aksan, 2006). Social learning theo-



**FIGURE 13.3** Age differences in appreciation that both giving into temptation and resisting temptation can make a person feel both good and bad about what he or she has done.  
SOURCE: Based on data in Lagattuta (2005).

rists like Bandura would also advise parents to reinforce moral behavior, punish immoral behavior (but mildly and with caution, as discussed in Chapter 2), and serve as models of moral behavior.

The important work of Martin Hoffman (2000) has provided additional insights into how to foster not only moral behavior but also moral thought and affect. As you saw earlier, Hoffman (2000) believes that empathy is a key motivator of moral behavior and that the key task in moral socialization, therefore, is to foster empathy. Many years ago, Hoffman (1970) reviewed the child-rearing literature to determine which approaches to discipline were associated with high levels of moral development. Three major approaches were compared:

1. **Love withdrawal.** Withholding attention, affection, or approval after a child misbehaves—in other words, creating anxiety by threatening a loss of reinforcement from parents.

2. **Power assertion.** Using power to threaten, administer spankings, take away privileges, and so on—in other words, using punishment.

3. **Induction.** Explaining to a child why the behavior is wrong and should be changed by emphasizing how it affects other people.

Suppose that little Angel has just put the beloved family cat through a cycle in the clothes dryer. Using love withdrawal, a parent might say, “How could you do something like that? I can’t even bear to look at you!” Using power assertion, a parent might say, “Get to your room this minute; you’re going to get it.” Using induction, a parent might say, “Angel, look how scared Fluffball is. You could have killed her, and you know how sad we’d be if she died.” Induction, then, is a matter of providing rationales or explanations that focus special attention on the consequences of wrongdoing for other people (or cats).

Which approach best fosters moral development? Induction is more often positively associated with children’s moral maturity than either love withdrawal or power assertion (Brody & Shaffer, 1982). In Hoffman’s (2000) view, induction works well because it breeds empathy. Anticipating empathic distress if we contemplate harming someone keeps us from doing harm; empathizing with individuals in distress motivates us to help them.

Love withdrawal has been found to have positive effects in some studies but negative effects in others. The use of power assertion is more often associated with moral immaturity than with moral maturity. Children whose parents are physically abusive feel less guilt than other children and engage in more immoral behaviors such as stealing (Koenig, Cicchetti, & Rogosch, 2004). Even the use of power tactics such as restraining and commanding to keep young children from engaging in prohibited acts is associated with less rather than more moral behavior in other contexts (Kochanska, Aksan, & Nichols, 2003).

Despite evidence that power assertion interferes with the internalization of moral rules and the development of self-control, Hoffman (2000) concludes that power assertion can be useful occasionally, if it arouses some but not too much fear



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Most youngsters can be tempted to steal if the situational factors are right. Children’s moral conduct is fairly inconsistent from situation to situation.

and motivates a child to pay close attention to inductions. Like other techniques, it works best in the context of a loving and mutually responsive parent-child relationship.

Hoffman’s work provides a fairly clear picture of how parents can best contribute to the moral growth of their children. As he puts it, the winning formula is “a blend of frequent inductions, occasional power assertions, and a lot of affection” (Hoffman, 2000, p. 23). Effective parents also use proactive strategies to prevent misbehavior and reduce the need for correction or discipline—techniques such as distracting young children from temptations and explicitly teaching older children values (Thompson et al., 2006). In the Explorations box on page 392, you can see in action a parent who knows how to foster moral growth.

Yet parents do not rely on just one approach all the time. Both the likelihood that a particular moral socialization technique will be used and its effectiveness depend on a host of factors such as the particular misdeed, child, parent, situation, and cultural context (Critchley & Sanson, 2006; Grusec, Goodnow, & Kuczynski, 2000). There is no one best discipline method for all occasions; instead, what may be most important is a parent’s ability to maintain a high-quality relationship with his or her children and know which approach to use in which situation with which child (Grusec, 2006).

Consider just one example. A child’s temperament turns out to be an important influence on how morally trainable she is and what motivates her to comply with parents’ rules and requests (Thompson et al., 2006). Grazyna Kochanska has found that children are likely to be easiest to socialize if (1)

## RAISING A MORAL CHILD

It takes only a few observations at the day care center to see that Doug, father of 3-year-old Trina, has mastered everything developmental psychologists have learned about how to foster moral development. He is sensitive to his daughter's emotional needs, often staying when he drops her off in the morning until he is sure she is ready for him to leave. He asks her to look after the new teacher because it's her first day and she might need help. As they hug and kiss, he tells Trina how happy it makes him to get hugs and kisses from her.

One day, Doug witnessed a little boy grab an 18-month-old girl, causing her to cry. He

separated the two children, comforted the girl, and explained to the boy that grabbing hurts and that the girl was crying because she was hurt. He asked the boy to say he was sorry and to give the girl a hug because it might make her feel better. Another day, he was telling some of the girls a story and told them how good it makes him feel to share with Trina's friends.

As you might predict, Trina is following in her father's footsteps. She frequently comforts children who cry when their mothers drop them off in the morning, regularly offers toys to children who are upset, often hugs and pats and holds the hand of a smaller, more timid girl, and cheerfully cleans up all the toys when

play time is over. Her father not only models and reinforces prosocial behavior but fosters empathy by talking about his feelings and those of other people and pointing out that antisocial behavior makes others feel bad whereas prosocial behavior makes them feel good. Using the discipline technique of induction, he explains why hurtful behaviors are wrong by emphasizing their consequences for other people. In short, he follows Martin Hoffman's advice regarding the importance of empathy in moral development and the effectiveness of induction in moral training. What might the world be like if it were full of parents like Doug?

they are by temperament fearful or inhibited (see Chapter 11), and therefore are more likely than fearless or uninhibited children to become appropriately anxious and distressed when they are disciplined and to want to avoid such distress in the future, and (2) they are capable of effortful control, and therefore are able to inhibit their urges to engage in wrongdoing or to stop themselves from doing something once they have begun (Kochanska, Murray, & Coy, 1997; Kochanska & Knaack, 2003). Children high in both fearfulness and effortful control can be socialized easily using positive disciplinary techniques such as induction. As a result, their parents are likely to use induction frequently and may rarely need to resort to power assertion (Keller & Bell, 1979). However, children who are not easily led to associate guilt and other negative emotions with their wrongdoings or who have difficulty controlling their impulses may drive their parents to use more power-assertive (and ineffective) discipline (Anderson, Lytton, & Romney, 1986; Lytton, 1990).

Moral socialization may go best when parents understand a child's biologically based temperament and act accordingly. Kochanska and her colleagues have found that fearful, inhibited children can be taught to refuse to touch certain toys and to comply cheerfully with requests through a gentle approach to discipline that capitalizes on their anxiety but does not terrorize them (Fowles & Kochanska, 2000). Toddlers who are fearless or uninhibited do not respond to the gentle reprimands that work with inhibited children, but they do not respond to being treated harshly, either. These fearless children are most likely to learn to comply with rules and requests when the parent-child relationship is characterized by a mutually responsive orientation and the child is therefore motivated to please the parent and maintain a good relationship (Fowles & Kochanska, 2000; and see Kochanska, Aksan, & Joy, 2007). Here, then, is another example of the importance of the goodness of fit between a child's temperament and her social environment. Socialized in a way that suits them, most children

will internalize rules of conduct, experience appropriate moral emotions, and learn to regulate their behavior.

### SUMMING UP

- Children experience a good deal of moral growth long before Piaget's autonomous stage and Kohlberg's stage 3 (conventional level) of moral reasoning are likely to be reached.
- Even preschool children consider whether an actor's intentions were good or bad, view only some rules (moral ones) as sacred and unchangeable, challenge adult authority, and use their theories of mind to analyze people's motives and the emotional consequences of their acts.
- Preconventional thinking and situational influences make for a good deal of inconsistency in moral behavior during childhood.
- Reinforcement, modeling, and the disciplinary approach of induction (as opposed to power assertion and love withdrawal) can foster moral growth; a child's socialization history and temperament also influence his response to moral training.

### CRITICAL THINKING

1. How do you think power assertion and love withdrawal could contribute to moral development, and why do you think these socialization techniques are not as effective as induction in doing so?

### 13.5 THE ADOLESCENT

As adolescents gain the capacity to think about abstract and hypothetical ideas, and as they begin to chart their future identities, many of them reflect on their values and moral standards.

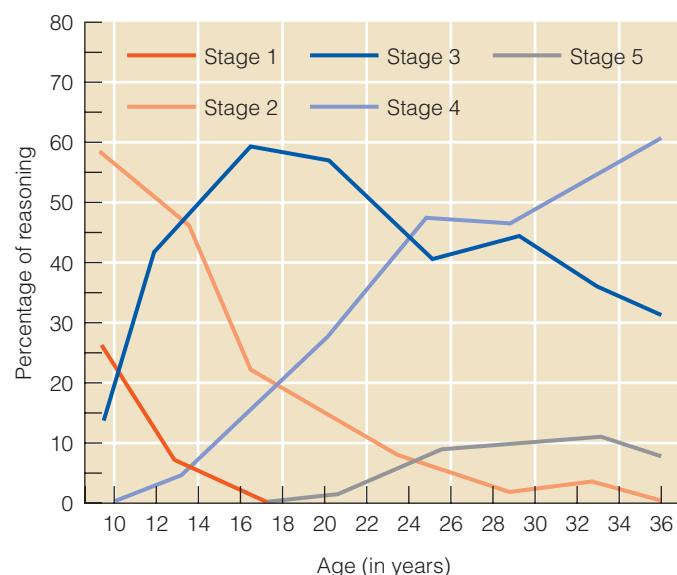
At the other extreme are the adolescents who end up engaging in serious antisocial behavior.

## Changes in Moral Reasoning

Adolescence is a period of significant moral growth. Consider first the results of a 20-year longitudinal study by Kohlberg and his colleagues that involved repeatedly asking the 10-, 13-, and 16-year-old boys originally studied by Kohlberg to respond to moral dilemmas (Colby et al., 1983). ■ **Figure 13.4** shows the percentage of judgments offered at each age that reflected each of Kohlberg's six stages.

Several interesting developmental trends can be seen here. Notice that the preconventional reasoning (stage 1 and 2 thinking) that dominates among 10-year-olds decreases considerably during the teen years. During adolescence, conventional reasoning (stages 3 and 4) becomes the dominant mode of moral thinking. So, among 13- to 14-year-olds, most moral judgments reflect either a stage 2 (instrumental hedonism) approach—"You scratch my back and I'll scratch yours"—or a stage 3 (good boy or good girl) concern with being nice and earning approval. More than half of the judgments offered by 16- to 18-year-olds embody stage 3 reasoning, and about a fifth were scored as stage 4 (authority and social order-maintaining morality) arguments. These older adolescents were beginning to take a broad societal perspective on justice and were concerned about acting in ways that would help maintain the social system.

In short, the main developmental trend in moral reasoning during adolescence is a shift from preconventional to con-



■ **FIGURE 13.4** Average percentage of moral reasoning at each of Lawrence Kohlberg's stages for males from age 10 to age 36.

SOURCE: From A. Colby, L. Kohlberg, J. Gibbs, & M. Lieberman, A longitudinal study of moral judgement, *Monographs of the Society for Research in Child Development*, 48, (1–2, Serial No. 200). Copyright © 1983 Blackwell Publishing. Reprinted with permission.



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Gangs in inner-city areas are only part of the larger problem of youth violence.

ventional reasoning. During this period, most individuals seem to rise above a concern with external rewards and punishments. They begin to express a genuine concern with living up to the moral standards that parents and other authorities have taught them and ensuring that laws designed to make human relations just and fair are taken seriously and maintained. Postconventional reasoning does not emerge until adulthood if at all.

Many teens also come to view being a moral person who is caring, fair, and honest as an important part of their identity. Their moral identity then motivates their behavior, and they end up being more capable of advanced moral reasoning and more likely to display moral behavior and to engage in community service than adolescents who do not incorporate morality into their sense of who they are (Aquino & Reed, 2002; Hart, 2005).

## Antisocial Behavior

Although most adolescents internalize society's moral standards, a few youths are involved in serious antisocial conduct—muggings, rapes, armed robberies, knifings, or drive-by shootings. Indeed, crime rates peak during adolescence in most societies, especially for "hell-raising" crimes such as vandalism (Agnew, 2003).

Most severely antisocial adults started their antisocial careers in childhood and continued them in adolescence. The consequences of their early misbehavior cumulate, they become juvenile delinquents, and they find themselves leaving school early, participating in troubled relationships, having difficulty keeping jobs, and committing crimes as adults (Maughan & Rutter, 2001). Yet most children and adolescents who engage in aggressive behavior and other antisocial acts do not grow up to be antisocial adults. There seem to be at least two subgroups of antisocial youths, then: one group that is recognizable in childhood and persistently antisocial across the life span and a larger group that behaves antisocially mainly during adolescence, perhaps in response to peer pressures, and outgrows this behavior in adulthood (Moffitt & Caspi, 2001; Quinsey et al., 2004). Our focus here is mainly on the chroni-

cally and seriously aggressive adolescents (see Dodge, Coie, & Lynam, 2006).

What causes some youths to become menaces to society? Might adolescents who engage repeatedly in aggressive, antisocial acts be cases of arrested moral development who have not internalized conventional values? Juvenile delinquents are indeed more likely than nondelinquents to rely on preconventional, egocentric moral reasoning (Gregg, Gibbs, & Basinger, 1994; Raaijmakers, Engels, & Van Hoof, 2005). Some juvenile offenders, then, lack a well-developed sense of right and wrong. Yet many delinquents are capable of conventional moral reasoning but commit illegal acts anyway. So, to understand the origins of antisocial conduct, we must consider a wider range of factors than immature moral reasoning (see Gibbs, 2003; Quinsey et al., 2004).

What about the moral emotions of antisocial youth? Adolescents who are aggressive or who are diagnosed with conduct disorders are less likely than other adolescents to show empathy and concern for others in distress (Blair, 2003; Lovett & Sheffield, 2007). They also report happiness and excitement, not guilt and fear, in response to vignettes about delinquent acts (Cimbora & McIntosh, 2003). Antisocial youth, then, feel little concern for others and little remorse about their criminal acts, suggesting that their moral emotions have not been socialized in ways that would promote moral behavior. As will now become clear, these adolescents also process social information differently than other adolescents do.

### Dodge's Social Information-Processing Model

Kenneth Dodge and his colleagues have advanced our understanding by offering a social information-processing model of behavior that has been used to analyze contributors to aggressive behavior (Crick & Dodge, 1994; Dodge, 1986). Imagine that you are walking down the aisle in a classroom, trip over a classmate's leg, and end up in a heap on the floor. As you fall, you are not sure what happened. Dodge and other social information-processing theorists believe that the individual's reactions to frustration, anger, or provocation depend not so much on the social cues in the situation as on the ways in which she processes and interprets this information.

An individual who is provoked (as by being tripped) progresses through six steps in information processing, according to Dodge:

1. *Encoding of cues*: Taking in information
2. *Interpretation of cues*: Making sense of this information and deciding what caused the other person's behavior
3. *Clarification of goals*: Deciding what to achieve in the situation
4. *Response search*: Thinking of possible actions to achieve the goal
5. *Response decision*: Weighing the pros and cons of these alternative actions
6. *Behavioral enactment*: Doing something

People do not necessarily go through these steps in precise order; we can cycle among them or work on two or more simultaneously (Crick & Dodge, 1994). And at any step, we may draw not only on information available in the immediate situation but also on a stored database that includes memories of previous social experiences and information about the social world.

As you might imagine, the skills involved in carrying out these six steps in social information processing improve with age (Dodge & Price, 1994; Mayeux & Cillessen, 2003). Older children are more able than younger ones to encode and interpret all the relevant cues in a situation to determine why another person behaved as he did, generate a range of responses, and carry off intended behaviors skillfully. Why, then, are some children more aggressive than other children the same age?

Highly aggressive youths, including adolescents incarcerated for violent crimes, show deficient or biased information processing at every step (Dodge, 1993; Slaby & Guerra, 1988). For example, a highly aggressive adolescent who is tripped by a classmate is likely to (1) process relatively few of the available cues in the situation and show a bias toward information suggesting that the tripping was deliberate (for example, noticing a fleeting smirk on the classmate's face); (2) make an "attribution of hostile intent," inferring that the classmate meant to cause harm; (3) set a goal of getting even (rather than a goal of smoothing relations); (4) think of only a few possible ways to react, mostly aggressive ones; (5) conclude, after evaluating alternative actions, that an aggressive response will have favorable outcomes (or perhaps not think through the possible negative consequences of an aggressive response); and (6) carry out the particular aggressive response selected (see ● Table 13.2).

Many aggressive youths act impulsively, "without thinking"; they respond automatically based on their database of past experiences. These youths tend to see the world as a hostile place and are easily angered. If a situation is ambiguous (as a tripping or bumping incident is likely to be), they are more likely than nonaggressive youths to quickly attribute hostile intent to whoever harms them (Crick & Dodge, 1994; Orobio de Castro et al., 2002). Severely violent youths have often experienced abandonment, neglect, abuse, bullying, and other insults that may have given them cause to view the world as a hostile place and to feel little concern for others (Arsenio & Gold, 2006; Margolin & Gordis, 2000). Aggressive youths also tend to evaluate the consequences of aggression more positively than other adolescents do and feel morally justified in taking antisocial action because they believe they are only retaliating against individuals who are "out to get them" (Coie et al., 1991; Smithmyer, Hubbard, & Simons, 2000).

Dodge's social information-processing model is helpful in understanding why children and adolescents might behave aggressively in particular situations. However, it leaves somewhat unclear the extent to which the underlying problem is *how one thinks* (how skilled the person is at processing social information), *what one thinks* (for example, whether the individual believes that other people are hostile or that aggression pays), or *whether one thinks* (how impulsive the person is). The role of

**TABLE 13.2 THE SIX STEPS IN DODGE'S SOCIAL INFORMATION-PROCESSING MODEL AND SAMPLE RESPONSES OF AGGRESSIVE YOUTH**

| STEP                      | BEHAVIOR   | LIKELY RESPONSE OF AGGRESSIVE YOUTH  |
|---------------------------|--|--|
| 1. Encoding of cues       | Search for, attend to, and register cues in the situation          | Focus on cues suggesting hostile intent; ignore other relevant information                               |
| 2. Interpretation of cues | Interpret situation; infer other's motive                          | Infer that provoker had hostile intent   |
| 3. Clarification of goals | Formulate goal in situation  | Make goal to retaliate   |
| 4. Response search        | Generate possible responses  | Generate few options, most of them aggressive  |
| 5. Response decision      | Assess likely consequences of responses generated; choose the best | See advantages in responding aggressively rather than nonaggressively (or fail to evaluate consequences) |
| 6. Behavioral enactment   | Carry out chosen response  | Behave aggressively  |

Social information processors use a database of information about past social experiences, social rules, and social behavior at each step of the process and skip from step to step.

SOURCE: From N. R. Crick & K. A. Dodge, A review and reformulation of social information-processing mechanisms in children's social adjustment, *Psychological Bulletin*, 115, pp. 74–101. Copyright © 1994 American Psychological Association. Reprinted with permission from the American Psychological Association.

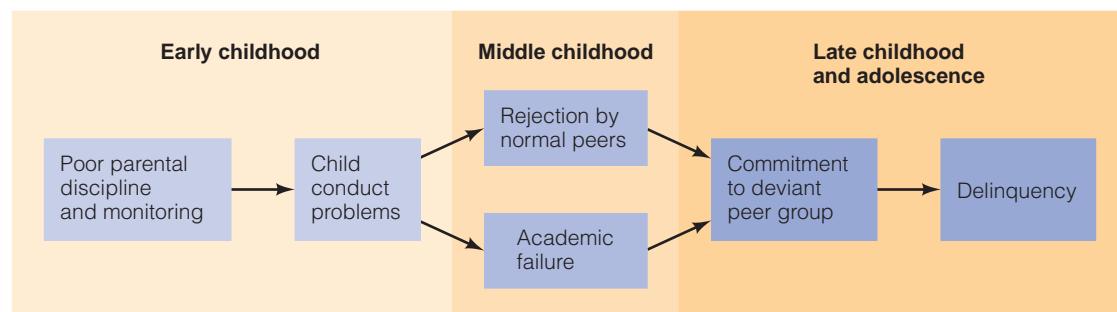
emotions also needs more attention. Children who are by temperament high in emotionality but low in emotional control are especially likely to show deficiencies in social information processing and to engage in problem behavior, possibly because their strong emotions cloud their thinking (Eisenberg et al., 1996; Lemerise & Arsenio, 2000). Finally, we need more research, like the work we will describe next, to tell us why only some children develop the social information-processing styles associated with aggressive behavior.

### Patterson's Coercive Family Environments

Gerald Patterson and his colleagues have found that highly antisocial children and adolescents often experience **coercive family environments** in which family members are locked in power struggles, each trying to control the others through negative, coercive tactics (Kiesner, Dishion, & Poulin, 2001; Patterson, DeBaryshe & Ramsey, 1989). Parents learn (through negative reinforcement) that they can stop their children's mis-

behavior, temporarily at least, by threatening, yelling, and hitting. Meanwhile, children learn (also through negative reinforcement) that they can get their parents to lay off them by ignoring requests, whining, throwing full-blown temper tantrums, and otherwise being as difficult as possible. As both parents and children learn to rely on coercive tactics, parents increasingly lose control over their children's behavior until even the loudest lectures and hardest spankings have little effect and the child's conduct problems spiral out of control. It is easy to see how a child who has grown up in a coercive family environment might attribute hostile intent to other people and rely on aggressive tactics to resolve disputes.

Growing up in a coercive family environment sets in motion the next steps in the making of an antisocial adolescent, according to Patterson and his colleagues (see ▀ Figure 13.5): The child, already aggressive and unpleasant to be around, ends up performing poorly in school and being rejected by other children. Having no better options, he becomes involved in a peer group made up of other low-achieving, antisocial, and



**FIGURE 13.5** Gerald Patterson's model of the development of antisocial behavior starts with poor discipline and coercive cycles of family influence.

SOURCE: Adapted from Patterson et al. (1989).

## COMBATING YOUTH VIOLENCE

How can our society prevent youth violence and treat seriously aggressive children and adolescents? Many believe that violence prevention needs to start in infancy or toddlerhood with a strong emphasis on positive, noncoercive parenting (Dodge et al., 2006; Tremblay, 2000). School-based prevention programs aimed at teaching social information-processing and social skills can also be effective (Fraser et al., 2005; Wilson, Lipsey, & Derzon, 2003), as can approaches that focus on understanding the cultural context in which antisocial behavior develops and working to change children's communities (Guerra & Smith, 2006). Here, we focus on how three perspectives described in this chapter—Lawrence Kohlberg's theory of moral reasoning, Kenneth Dodge's social information-processing model, and Gerald Patterson's coercive family environment model—have been applied to the challenge of treating youths who have already become antisocial.

### Improving Moral Reasoning (Kohlberg)

How can we foster stronger moral values and more advanced moral thinking among not-so-moral children and adolescents? If, as both Jean Piaget and Lawrence Kohlberg said, peers are especially important in stimulating moral growth, a sensible approach is to harness "peer

power." This is what many psychologists and educators have tried to do in putting children or adolescents in small groups to discuss hypothetical moral dilemmas and in creating school-based programs that involve discussing rules and rule breaking (Nucci, 2001, 2006). The rationale is simple: Opportunities to take other people's perspectives and exposure to forms of moral reasoning more mature than their own will create cognitive disequilibrium in youth, which will motivate them to devise more mature modes of thinking.

Does participation in group discussions of moral issues produce more mature moral reasoning? It appears so (Rest et al.,

1999). Average changes that are the equivalent of about 4 to 5 years of natural development have been achieved in programs lasting only 3 to 12 weeks. Researchers have learned that it is important that students be exposed to reasoning that is more mature than their own (Lapsley, 1996) and that moral growth is most likely when students actively transform, analyze, or otherwise act upon what their conversation partners have said—when they say things like "You're missing an important difference here" or "Here's something I think we can agree on" (Berkowitz & Gibbs, 1983; Nucci, 2001).

Participation in Kohlbergian moral discussion groups can even raise the level of moral



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Discussion of moral dilemmas may increase complexity of moral reasoning but does not necessarily reduce delinquency.

unpopular youths, who positively reinforce one another's delinquency (Dodge, Dishion, & Lansford, 2006; Kiesner et al., 2001). Rejection by peers may further reinforce a tendency to attribute hostile intent to others and in the process strengthen aggressive tendencies (Dodge et al., 2003). Overall, there is much support for the view that ineffective parenting in childhood contributes to behavior problems, peer rejection, involvement with antisocial peers, and, in turn, antisocial behavior in adolescence.

### Nature and Nurture

In the final analysis, severe antisocial behavior is the product of a complex interplay between genetic predisposition and social learning experiences (Dodge & Pettit, 2003; Quinsey et al., 2004). We can start by putting aggression in an evolutionary context. For example, males are more aggressive overall than females and engage in three or four times as much crime; the male edge in violence is evident in many cultures and in many

species (Barash, 2002). It has been argued that aggression evolved in males because it serves adaptive functions in mate selection (Hilton, Harris, & Rice, 2000; Pellegrini & Long, 2003). Becoming dominant in the male peer group enables adolescent males to compete with other males for mates, bearing many offspring and therefore succeeding in passing their genes to future generations. Adolescent females can bear only so many children and therefore may not need to be as competitive (Barash, 2002). However, even females may boost their chances of finding mates by engaging in subtle and indirect forms of aggression such as spreading rumors about and "trashing" other females (Pellegrini & Long, 2003).

In addition, we now know that some individuals are more genetically predisposed than others to have difficult, irritable temperaments, impulsive tendencies, and other response tendencies and personality traits that contribute to aggressive, delinquent, and criminal behavior (Rhee & Waldman, 2002; Simonoff, 2001). Genetic differences among us account for about 40% of individual differences in antisocial behavior, en-

thinking of institutionalized delinquents (Niles, 1986). However, unless it is combined with efforts to combat self-serving cognitions and teach social skills, fostering mature moral judgment is unlikely to cause delinquents to cease being delinquent (Gibbs, 2003; Niles, 1986). This may be in part because programs that put antisocial adolescents together in treatment groups or in detention facilities can backfire and increase problem behavior if they provide antisocial youths with opportunities to reinforce one another's deviance (Dodge et al., 2006). A better strategy may be to form groups with a mix of well-adjusted and aggressive youths—and hope that the well-adjusted ones prevail.

### **Building Social Information-Processing Skills (Dodge)**

As you saw earlier, Dodge's social information-processing model identifies six steps at which highly aggressive youth display deficient or biased information processing. Nancy Guerra and Ronald Slaby (1990) coached small groups of incarcerated and violent juveniles of both sexes to (1) look for situational cues other than those suggesting hostile intentions, (2) control their impulses so that they do not lash out without considering the consequences, and (3) generate more nonaggressive solutions to conflicts. After a 12-week intervention, these adolescents showed dramatic improvements in social information-processing skills, believed

less strongly in the value of aggression, and behaved less aggressively in their interactions with authority figures and other inmates.

Trained offenders were only somewhat less likely than untrained offenders (34% versus 46%) to violate their paroles after release, however, suggesting that they may have reverted to their antisocial ways once back in the environment in which their aggressive tendencies originated. Indeed, for young African American and Hispanic males in gang-dominated inner-city neighborhoods, being quick to detect others' hostile intentions and take defensive action may be an important survival skill (Hudley & Graham, 1993).

### **Breaking Coercive Cycles (Patterson)**

Patterson and his colleagues maintain that the secret to working with violent youths is to change the dynamics of interactions in their families so that aggressive tactics of controlling other family members are no longer reinforced and the cycle of coercive influence is broken. In one study, Patterson and his team (Bank et al., 1991) randomly assigned adolescent boys who were repeat offenders to either a special parent-training intervention guided by sound learning theory or the service usually provided by the juvenile court. In the parent-training program, therapy sessions held with each family taught parents how to observe both prosocial and antisocial behaviors in their son, to gather and use teachers' reports on his performance and

behavior at school, and to establish behavioral contracts that detail the reinforcement for prosocial behavior and the punishment (e.g., loss of privileges) for antisocial behavior he can expect.

The parent-training intervention was judged at least a partial success. It improved family processes, although it did not fully resolve the problems these dysfunctional families had. Rates of serious crime among this group dropped and remained lower even 3 years after the intervention ended. The usual juvenile services program also reduced crime rates but took longer to take effect. Overall, interventions designed to decrease children's aggressive behavior by equipping their parents with sound parenting skills have been quite successful (Dodge et al., 2006).

In sum, efforts to treat aggressive youths have included attempts to apply the work of Kohlberg (by discussing moral issues to raise levels of moral reasoning), Dodge (by teaching effective social information-processing skills), and Patterson (by replacing coercive cycles in the family with positive behavioral management techniques). The most promising approaches to preventing and treating aggression appear to recognize that modifying patterns of antisocial behavior requires adopting a biopsychosocial perspective and seeking to change not only the individual but also his family, peers, school, and community (Curtis, Ronan, & Bourduin, 2004; Dodge et al., 2006).

vironmental influences for the remaining 60% of the variation (Rhee & Waldman, 2002). The genes underlying antisocial behavior may make for an individual whose brain does not react normally to stress, who craves stimulation and gets it by engaging in risky behavior, and who has not learned to inhibit anti-social impulses in order to avoid negative emotional consequences (van Goozen et al., 2007).

Through the mechanism of *gene-environment interaction*, children with certain genetic predispositions may become antisocial only if they also grow up in a dysfunctional family and receive poor parenting (Button et al., 2005). Through the mechanism of *gene-environment correlation*, children who inherit a genetic predisposition to become aggressive may actually evoke the coercive parenting that Patterson and his colleagues find breeds aggression. This evocative gene-environment correlation effect is evident even when aggression-prone children grow up with adoptive parents rather than with their biological parents. Meanwhile, the coercive parenting they evoke further strengthens their aggressive tendencies (Lytton,

2000; O'Connor et al., 1998). In this way, child misbehavior and parenting influence one another reciprocally over time.

Once a coercive cycle is established, parents sometimes become so frustrated that they throw up their hands and monitor their child's behavior less to avoid the unpleasant battles of will that result when they try to impose discipline (Dodge & Pettit, 2003). And some parents, influenced at first by their child's conduct problems, not only use ineffective discipline techniques but make what Kenneth Dodge calls hostile attributions about their child's misbehavior, seeing it as the product of a "selfish," "hostile," or "evil" child (Snyder et al., 2005). Parents who are hostile and do not monitor their child's activities set the stage for involvement with a deviant peer group, the most important immediate predictor of antisocial behavior in adolescence (Chung & Steinberg, 2006).

Many other risk and protective factors in the environment can help determine whether a child genetically predisposed to be aggressive ends up on a healthy or unhealthy developmental trajectory (Guerra & Williams, 2006). The prenatal envi-



Some school environments breed aggressive behavior.

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ronment—for example, exposure to alcohol, opiate drugs, and lead poisoning—has been linked to conduct problems (Dodge & Pettit, 2003). Complications during delivery may also contribute, especially if the child later grows up in a deprived home (Arseneault et al., 2002).

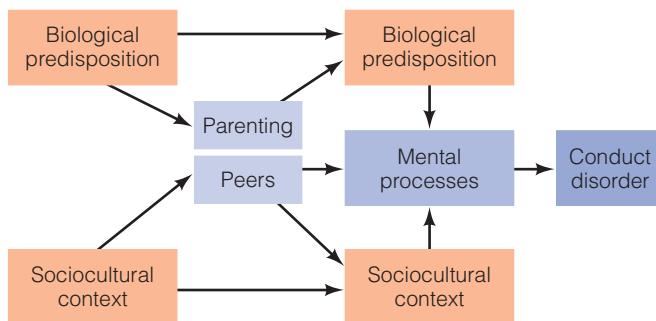
Some cultural contexts are more likely to breed aggression than others. In Japan, a collectivist culture in which children are taught early to value social harmony, children are less angered by interpersonal conflicts and less likely to react to them aggressively than American children are (Zahn-Waxler et al., 1996). Hispanic American youths who have been brought up with traditional Hispanic cultural values such as the importance of family are less likely than those who are more acculturated into American society to engage in antisocial behavior (Cota-Robles, 2003; Soriano et al., 2004). This could be partly because children in the United States are so heavily exposed to violence on television, a known contributor to aggression (Anderson et al., 2003; Huesmann et al., 2003). More generally, the United States is a relatively violent country (Lim, Bond, & Bond, 2005). For example, the homicide rate is only 0.5 homicides per 1 million people in Iceland; it is closer to 10 per 1 million in Europe and more than 100 per 1 million in the United States (Barash, 2002).

Subcultural and neighborhood factors can also contribute to youth violence (Guerra & Williams, 2006). Rates of aggression and violent crime are two to three times higher in lower socioeconomic neighborhoods and communities, especially transient ones, than in middle-class ones (Elliott & Ageton, 1980; Maughan, 2001). Certain schools also have higher rates of delinquency and aggression than others, even when socio-economic factors are controlled (Maughan, 2001). In school environments that breed aggression, peer influences can turn even an adolescent without a genetic predisposition toward aggression into an aggressive youth (Rowe, Almeida, & Jacobson, 1999). Because both bullies and victims of bullies are more likely than other youths to commit violent acts later in life, many schools today are taking active steps to combat bullying

instead of writing it off as normal child behavior (Strauss, 2001).

Kenneth Dodge and Gregory Pettit (2003) have attempted to integrate all these influences into a biopsychosocial model of aggression, illustrated in ■ **Figure 13.6**. It is based primarily on their research tracing the development of aggression among 585 boys and girls who were studied from preschool age to early adulthood. In the model, biological factors such as genes associated with aggression and sociocultural factors such as living in a violent area put certain children at risk from birth. Then, experiences with harsh and coercive parents, antisocial peers, and dysfunctional social institutions such as violence-ridden schools translate risk into reality. Interactions between person and environment over time determine whether the developmental path leads toward more or less antisocial behavior over the years. As suggested by Dodge's social information-processing model, children build databanks of social knowledge about such things as norms for responding to aggression and aggressive tactics, and they establish information-processing habits such as attributing hostile intent to others. The more risk factors at work and interacting with each other, the greater the odds of an aggressive adult.

In sum, many interacting factors, both biological and environmental, can put an individual on a path to an antisocial adulthood. Then, unfortunately, he or she stands a good chance of contributing to the intergenerational transmission of aggression—of becoming the kind of negative and coercive parent who helps raise another generation of aggressive children, who apply the same coercive style to their own children (Conger et al., 2003; Dogan et al., 2007). Because many factors contribute to aggression, violence prevention and treatment programs can take many forms, as the Applications box on page 396 suggests.



**■ FIGURE 13.6** A biopsychosocial model of aggression highlights biological and sociocultural factors that predispose a child to aggression and combine with parent and peer influences to affect mental processes that directly cause a conduct disorder.

SOURCE: Dodge & Pettit (2003, p. 351, Figure 1).

## SUMMING UP

- Adolescents normally shift from preconventional to conventional moral reasoning and incorporate morality into their identities.
- Severe antisocial behavior is more than a matter of preconventional moral reasoning, however; it can be traced to deficiencies in social information-processing skills (Dodge), and to coercive family environments and subsequent peer group influences (Patterson).
- Genes and their interactions and correlations with prenatal, school, neighborhood, and cultural environments all contribute to antisocial behavior, as suggested by the biopsychosocial model.

## CRITICAL THINKING

1. To demonstrate to yourself that Dodge's social information-processing model can be applied not only to antisocial behavior but to prosocial behavior, picture a situation in which you see a student a couple of seats from you in class slump forward in his seat and drop his pen. Show how considerations at each of the six steps of Dodge's model (see Table 13.2) might contribute to your helping this student—and then how they might keep you from helping.
2. You pick up the newspaper and see that yet another teenage boy has gone on a shooting rampage at his school. Drawing on material in this chapter, why do you think he might have done what he did? Profile him in terms of (a) his likely temperament, (b) his stage of moral reasoning, (c) his social information-processing style, (d) the discipline approaches his parents used, and (e) other factors you think may have been significant contributors to his actions.

## 13.6 THE ADULT

When adults assume responsibilities as parents, work supervisors, and community leaders, their moral decisions affect more people. How does moral thinking change during adulthood and what can we conclude overall about moral development across the life span?

### Changes in Moral Reasoning

Most research on moral development in adulthood has been guided by Kohlberg's theory. As you have discovered (see Figure 13.4), Kohlberg's postconventional moral reasoning appears to emerge only during the adult years (if it emerges). In Kohlberg's 20-year longitudinal study (Colby et al., 1983), most adults in their 30s still reasoned at the conventional level, although many of them had shifted from stage 3 to stage 4. A minority of individuals—one-sixth to one-eighth of the sample—had begun to use stage 5 postconventional reasoning, showing a deeper understanding of the basis for laws and distin-

guishing between just and unjust laws. Clearly, there is opportunity for moral growth in early adulthood.

Do these growth trends continue into later adulthood? Most studies find no major age differences in complexity of moral reasoning, at least when relatively educated adults are studied and when the age groups compared have similar levels of education (Pratt & Norris, 1999). Older adults sometimes do less well than younger adults at gathering and coordinating information about the different perspectives that can be taken on a moral issue, perhaps because of declines in working memory or perhaps because they rely more on general rules in judging what is right and wrong and are not as interested in the details of different people's points of view (Pratt & Norris, 1999). However, even up to age 75, elderly adults seem to reason about moral issues as complexly as younger adults do, whether they are given Kohlberg's hypothetical dilemmas to ponder or asked to discuss real-life situations in which they were "unsure about the right thing to do" (Pratt et al., 1991, 1996). This, then, is further evidence that social-cognitive skills hold up well across the life span.

In addition, older adults are more likely than younger adults to feel that they have learned important lessons from moral dilemmas they have faced during their lives, suggesting that later life may be a time for making sense of one's experiences (Pratt & Norris, 1999). **Spirituality**, a search for ultimate meaning in life that may be carried out within or outside the context of religion, is a measurable quality, and it appears to increase from middle age to later adulthood (Wink & Dillon, 2002). Spirituality is especially evident among adults who are reflective seekers of knowledge and who have experienced adversity in their lives. Interestingly, both postconventional moral reasoning (Pasupathi & Staudinger, 2001) and spirituality (Wink & Dillon, 2003) are correlated with the attainment of wisdom (see Chapter 9). It seems, then, that moral reasoning is an aspect of social cognitive development that holds up well in later life and that advanced moral reasoning may go hand in hand with increased spirituality and wisdom in adulthood.

### Influences on Moral Thinking

Following in Piaget's footsteps, Kohlberg argued that the two main influences on moral development are cognitive growth and social experiences, particularly interactions with peers. As Kohlberg predicted, reaching the conventional level of moral reasoning and becoming concerned about living up to the moral standards of parents and society requires the ability to take other people's perspectives. Gaining the capacity for postconventional or "principled" moral reasoning requires still more cognitive growth—namely, a solid command of formal-operational thinking (Tomlinson-Keasey & Keasey, 1974; Walker, 1980; and see Chapter 7). The person who bases moral judgments on abstract principles must be able to reason abstractly and to take all possible perspectives on a moral issue.

Kohlberg also stressed the need for social experiences that require taking the perspectives of others and involve growth-



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Adults in rural societies may have no need for postconventional moral reasoning if they share the same moral perspective.

promoting cognitive disequilibrium when one's own ideas conflict with those of other people. First Piaget and then Kohlberg maintained that interactions with peers or equals, in which we experience and must work out differences between our own and others' perspectives, probably contribute more to moral growth than one-sided interactions with adult authority figures in which children are expected to bow to the adult's power. Research suggests that discussions of moral issues with peers *do* contribute to moral growth, especially when peers challenge our ideas, but that Piaget and Kohlberg failed to appreciate that discussions with parents also advance moral development (Walker, Hennig, & Krettenauer, 2000). As we saw earlier, parents' inductions, or explanations of why acts are wrong, are especially important.

Another social experience that contributes to moral growth is advanced schooling. Adults who go on to college think more complexly about moral issues than do those who obtain less education (Pratt et al., 1991). Advanced educational experiences not only contribute to cognitive growth but also provide exposure to the diverse ideas and perspectives that produce cognitive disequilibrium and soul-searching.

Finally, participating in a complex, diverse, and democratic society can stimulate moral development. Just as we learn from discussing issues with friends, we learn in a diverse democracy that the opinions of many groups must be weighed and that laws reflect a consensus of the citizens rather than the arbitrary rulings of a dictator. Indeed, cross-cultural studies suggest that postconventional moral reasoning emerges primarily in Western democracies (Snarey, 1985). Adults in homogeneous communities in traditional, non-Western societies may have less experience with political conflicts and compromises

and may never have any need to question conventional moral standards.

In sum, advanced moral reasoning is most likely to develop if the individual has acquired the necessary cognitive skills (particularly perspective-taking skills and, later, formal operational thinking). Moreover, an individual's moral development is highly influenced by social learning experiences, such as interactions with parents, discussions with peers, exposure to higher education, and participation in democracy.

## Kohlberg's Theory and Beyond

Because Kohlberg's theory has dominated the study of moral development, especially during adolescence and adulthood, it is time to evaluate its strengths and weaknesses. You have now seen that children think about hypothetical moral dilemmas primarily in a preconventional manner, that adolescents adopt a conventional mode of moral reasoning, and that a minority of adults progress to the postconventional level. Kohlberg claimed that his stages form an invariant and universal sequence of moral growth, and longitudinal studies of moral growth in several countries support him (Colby & Kohlberg, 1987; Rest et al., 1999).

However, support for some parts of the stage theory is stronger than support for other parts. As you saw earlier, young children are more sophisticated moral thinkers than either Piaget or Kohlberg appreciated. Moreover, the idea that everyone progresses from preconventional to conventional reasoning is better supported than the idea that people continue to progress from conventional to postconventional reasoning, as few make it that far (Boom, Brugman, & van der Heijden, 2001). Finally, contrary to expectations, some individuals "regress" from conventional reasoning to a stage 2 relativism in which they believe almost anything can be right depending on the circumstances (Lapsley, 2006). In addition, questions have been raised about whether the theory is biased against people from non-Western cultures, political conservatives, and women, as you will now see.

### Biases in Kohlberg's Theory

Detecting *culture bias* in Kohlberg's theory, critics charge that his highest stages reflect a Western ideal of justice centered on individual rights, making the stage theory biased against people who live in non-Western societies (Shweder, Mahapatra, &

## CULTURAL DIFFERENCES IN MORAL THINKING

Is each of the following acts wrong? If so, how serious is the violation?

1. A young married woman is beaten by her husband after going to a movie without his permission despite having been warned not to do so.
2. A brother and sister decide to marry and have children.
3. The day after his father died, the oldest son in a family gets a haircut and eats chicken.

These are 3 of 39 acts presented by Richard Shweder, Manarmohan Mahapatra, and Joan Miller (1990, pp. 165–166) to children ages 5 to 13 and adults in India and the United States. You may be surprised to learn that Hindu children and adults rated the son's getting a haircut and eating chicken after his father's death among the most morally offensive of the 39 acts they rated. The husband's beating of his "disobedient" wife was not considered wrong. American children and adults, of course, viewed wife beating as far more serious than breaking seemingly arbitrary rules about appropriate mourning behavior. Although Indians and Americans agreed that a few acts, such as brother–sister incest, were serious moral violations, they did not agree on much else.

Moreover, Indian children and adults viewed the Hindu ban against behavior disrespectful of a dead father as a universal moral rule; they thought it would be best if everyone in the world followed it, and they strongly disagreed that it would be acceptable to change the rule if most people in their society wanted to change it. For similar reasons, they believed it is a serious moral offense for a widow to eat fish or for

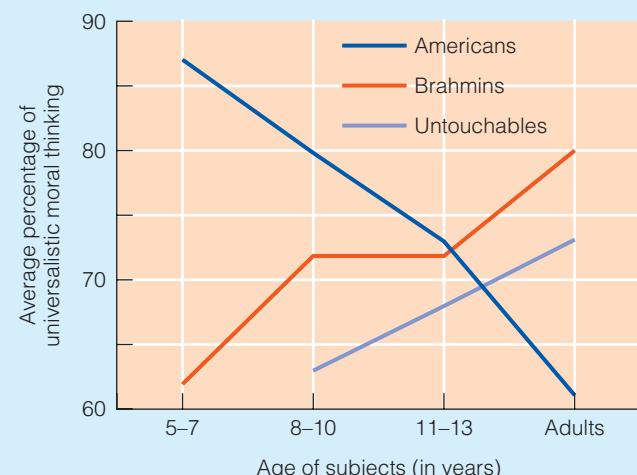
a woman to cook food for her family during her menstrual period. To orthodox Hindus, rules against such behaviors are required by natural law; they are not arbitrary social-conventional rules. Similarly, Hindus regard it as morally necessary for a man to beat his disobedient wife to uphold his obligations as head of the family.

Shweder also observed different developmental trends in moral thinking in India and the United States, as the figure shows. As age increased, Indians, whether they were from the Brahmin caste (priests, scholars, teachers) or were "Untouchables" (members of the Dalit group at the bottom of the social order), saw more issues as matters of universal moral principle, whereas American children saw fewer issues this way. Based on these and other cross-cultural findings, Shweder calls into question Lawrence Kohlberg's claims that all children everywhere construct similar moral codes at similar ages and that certain universal moral principles exist.

In addition, Shweder questions Elliot Turiel's claim that children everywhere make similar distinctions from an early age between moral rules and more arbitrary social-conventional rules. Overall, then, these fascinating findings challenge the cognitive developmental position that important aspects of moral development

are universal. Instead, they support a social learning or contextual perspective on moral development and suggest that children's moral judgments are shaped by the social context in which they develop.

How do we make sense of such conflicting findings? It seems likely that children all over the world think in more complex ways about moral issues as they age, as Kohlberg said, but that they also adopt different notions about what is right and what is wrong depending on what they are taught, as Shweder says. Thus, people everywhere may develop an understanding that doing harm is morally wrong but have different notions of what precisely constitutes harm (Miller, 2006). In addition, people in different cultures may emphasize different moral considerations such as rights, caring, and duty (Miller, 2006). In the end, morality and moral development have both universal and culture-specific aspects.



(Miller, 1990; Turiel, 2006). People in *collectivist cultures*, which emphasize social harmony and place the good of the group ahead of the good of the individual, may look like stage 3 conventional moral thinkers in Kohlberg's system, yet have sophisticated concepts of justice that focus on the individual's responsibility for others' welfare (Snarey, 1985; Tietjen & Walker, 1985). Cultural influences on moral development are explored further in the Explorations box.

Regarding *liberal bias*, critics charge that Kohlberg's theory is biased not only against non-Westerners but also against political conservatives. A person must hold liberal values—for example, opposing capital punishment or supporting civil disobedience in the name of human rights—to be classified as a postconventional moral reasoner, they say. As Brian de Vries

and Lawrence Walker (1986) note, it could be that opposition to capital punishment is a more valid moral position than support of capital punishment in that it involves valuing life. However, it could also be that the theory is unfair to law-and-order conservatives (Lapsley et al., 1984).

Charges of culture bias and liberal bias may have some merit, but no criticism of Kohlberg's theory has caused more stir than the charge that it is plagued by *gender bias*. Psychologist and feminist Carol Gilligan (1977, 1982, 1993) was disturbed that Kohlberg's stages were developed based on interviews with males only and that, in some studies, women seemed to reason at stage 3 when men usually reasoned at stage 4. She hypothesized that females develop a distinctly feminine orientation to moral issues, one that is no less mature than the orient-

tation adopted by most men and incorporated into Kohlberg's theory.

Gilligan argues that boys, who traditionally are raised to be independent, assertive, and achievement oriented, come to view moral dilemmas as conflicts between the rights of two or more parties and to view laws and other social conventions as necessary for resolving these inevitable conflicts (a perspective reflected in Kohlberg's stage 4 reasoning). Girls, Gilligan argues, are brought up to be nurturant, empathic, and concerned with the needs of others and to define their sense of "goodness" in terms of their concern for other people (a perspective that approximates stage 3 in Kohlberg's scheme). What this difference boils down to is the difference between a "masculine" **morality of justice** (focused on laws and rules, individual rights, and fairness) and a "feminine" **morality of care** (focused on an obligation to be selfless and look after the welfare of other people).

Despite the appeal of Gilligan's ideas, there is little support for her claim that Kohlberg's theory is systematically biased against females. In most studies, women reason just as complexly about moral issues as men do (Jaffee & Hyde, 2000; Walker, 2006). Moreover, although a few studies support Gilligan, most have found that males and females do not differ in their approaches to thinking about morality (Jaffee & Hyde, 2000). Instead, both men and women use both of Gilligan's types of reasoning—for example, care-based reasoning when they ponder dilemmas involving relationships, justice-based reasoning when issues of rights arise. The nature of the moral dilemma is far more important than the gender of the moral reasoner (Walker, 2006). Finally, there is surprisingly little sup-

port for Gilligan's view that boys and girls are socialized differently in the area of morality (Lollis, Ross, & Leroux, 1996).

Although her hypotheses about sex differences in moral reasoning and their origin have not received much support, Gilligan's work has increased our awareness that both men and women often think about moral issues in terms of their responsibilities for the welfare of other people. Kohlberg emphasized only one way—a legalistic and abstract way—of thinking about right and wrong. Gilligan called attention to the value of tracing the development of both a morality of justice and a morality of care in both males and females (Brabeck, 1983).

Overall, Kohlberg's theory may not be quite as biased as critics charge but it may well put too much emphasis on thinking about rules and rights, and too little on thinking about responsibility for others' welfare. Its biggest limitation, however, may be that it looks primarily at moral thinking and slight moral emotions and moral behavior.

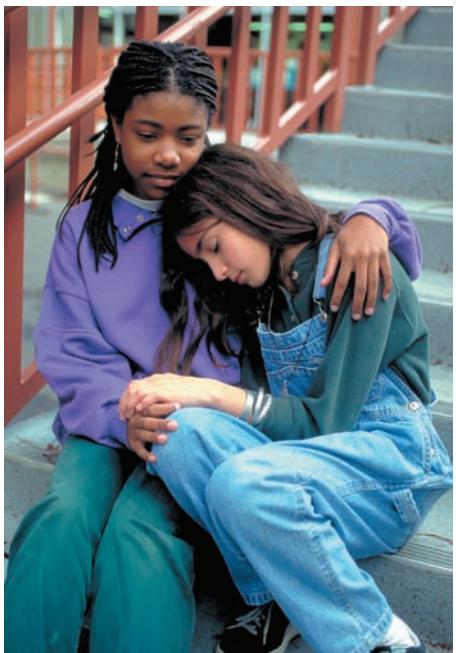
### Thought, Emotion, and Behavior

Kohlberg's theory of moral development, valuable as it has been, can rightly be criticized for saying too little about moral affect and behavior (Gibbs, 2003; Turiel, 2006). Developmentalists today are trying to remedy that by exploring the emotional and behavioral components of morality more fully, as well as interactions among thought, emotion, and behavior.

As Martin Hoffman (2000) emphasizes, empathy provides the motivation to take others' perspectives and needs seriously and to act to improve their welfare. Similarly, the anticipation of guilt motivates us to avoid doing wrong. Recognizing this, researchers today are looking more closely at what emotions children and adults experience when they engage in immoral and moral behavior and at how they learn to regulate these emotions (Eisenberg, 2000; Eisenberg, Spinrad, & Sadovsky, 2006; Gibbs, 2003). They are also looking at how morality becomes central to some people's identities and motivates them to live up to their values (Hart, 2005).

In addition, researchers are looking more closely at the relationship between moral reasoning and moral behavior. Although a person may decide to uphold or to break a law at any of Kohlberg's stages of moral reasoning, Kohlberg argued that more advanced moral reasoners are more likely to behave morally than less advanced moral reasoners are. He would predict, for example, that the preconventional thinker might readily decide to cheat if the chances of being detected were small and the potential rewards were high. The postconventional thinker would be more likely to appreciate that cheating is wrong in principle, regardless of the chances of detection, because it infringes on the rights of others and undermines social order.

Research supports Kohlberg's arguments and confirms that individuals at higher stages of moral reasoning are more likely than individuals at lower stages to behave prosocially (Gibbs, 2003), to do good through their involvement in social organizations (Matsuba & Walker, 2004), and to be helpful in everyday life (Midlarsky et al., 1999). Advanced moral reasoners are also less likely to cheat and to engage in delinquent and



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Carol Gilligan maintains that girls are socialized into a morality of care rather than the morality of justice that interested Lawrence Kohlberg.

criminal activity (Judy & Nelson, 2000; Rest et al., 1999). Yet relationships between stage of moral reasoning and moral behavior are usually not very strong, and researchers have sought to explain inconsistencies between thought and action (Hart, Atkins, & Donnelly, 2006; Walker, 2004).

As Albert Bandura (2002) emphasizes, we not only develop self-regulatory mechanisms that help us adhere to our internalized moral standards but also devise tactics of moral disengagement that let us distort reality, slither out from under responsibility for our actions, and commit acts that violate our moral values. Moreover, our motives for prosocial behavior such as volunteering to feed the homeless or tutor inner city youth can include not only altruism but more selfish reasons such as an interest in padding our resumes or impressing our friends (Hart et al., 2006).

Emotions can also get in the way. We reason less maturely, for example, in real interpersonal conflicts with romantic partners, when our egos are threatened and our self-interests are at stake, than we do when pondering hypothetical moral dilemmas of the sort Kohlberg posed (Krebs et al., 2002). In the end, we do best recognizing that the moral reasoning of interest to Piaget and Kohlberg, the moral emotions of interest to Freud and Hoffman, and the self-regulatory and moral disengagement processes of interest to Bandura—together with many other personal and situational factors—all help predict whether a person will behave morally or immorally in daily life.

We have now completed our series of chapters on the development of the self, or the person as an individual, looking at the development of self-conceptions and distinctive personality traits (Chapter 11), identities as males or females (Chapter 12), and now social cognition and morality. But individual development does not occur in a vacuum. Repeatedly, you have seen that an individual's development may take different paths depending on the social and cultural context in which it occurs. Our task in upcoming chapters will be to put the individual even more squarely in social context. It should become clear that throughout our lives we are both independent and interdependent—separate from and connected to other developing persons.

## SUMMING UP

- A minority of adults progress from the conventional to the postconventional level of moral reasoning during adulthood; moral reasoning skills are maintained in old age and may be tied to spirituality and wisdom for some.
- Kohlberg's stages and his view that both cognitive growth and perspective-taking experiences contribute to moral growth are largely supported, but his theory has been criticized for showing Western, liberal, and male biases, capturing a morality of justice better than what Gilligan calls a morality of care.
- Further, the focus in Kohlberg's theory on moral reasoning needs to be supplemented with attention to moral emotion and behavior.

## Critical Thinking

1. Play the part of Lawrence Kohlberg and defend yourself against charges that your theory is biased against non-Westerners, political conservatives, and women.

## CHAPTER SUMMARY

### 13.1 SOCIAL COGNITION

- Social cognition (thinking about self and others) is involved in all social behavior, including moral behavior. Starting in infancy with milestones such as joint attention and pretend play, children develop a theory of mind—a desire psychology at age 2, and a belief-desire psychology by age 4 as evidenced by false belief tasks. Developing a theory of mind requires a normal brain (mirror neuron systems) and appropriate social and communication experience.
- In characterizing other people, preschool children focus on physical features and activities, children 8 years and older on inner psychological traits, and adolescents on integrating trait descriptions to create personality profiles. With age, children also become more adept at role taking. Social cognitive skills often improve during adulthood and hold up well but may decline late in life if a person is socially isolated.

### 13.2 PERSPECTIVES ON MORAL DEVELOPMENT

- Morality has cognitive, affective, and behavioral components. Sigmund Freud's psychoanalytic theory emphasized the superego and moral emotions. Cognitive developmental theorist Jean Piaget distinguished premoral, heteronomous, and autonomous stages of moral thinking, and Lawrence Kohlberg proposed three levels of moral reasoning—preconventional, conventional, and postconventional—each with two stages. Social cognitive theorist Albert Bandura focused on how moral behavior is influenced by past learning, situational forces, self-regulatory processes, and moral disengagement, and evolutionary theorists examine how morality and prosocial behavior may have proven adaptive for the human species.

### 13.3 THE INFANT

- Although infants are amoral in some respects, they begin learning about right and wrong through their early disciplinary encounters, internalize rules, and display empathy and prosocial behavior by age 2. Their moral growth is facilitated by what Grazyna Kochanska calls a mutually responsive orientation between parent and child.

### 13.4 THE CHILD

- Kohlberg and Piaget underestimated the moral sophistication of young children (for example, their ability to consider intentions, to distinguish between moral and social-conventional rules, and to question adult authority); most children display preconventional moral reasoning. Situational influences contribute to moral inconsistency in childhood. Reinforcement, modeling, and the disciplinary approach of induction can foster moral growth, and a child's temperament interacts with the approach to moral training parents adopt to influence outcomes.

### 13.5 THE ADOLESCENT

- During adolescence, a shift from preconventional to conventional moral reasoning is evident, and many adolescents incorporate moral values into their sense of identity.
- Antisocial behavior can be understood in terms of Kenneth Dodge's social information-processing model, Gerald Patterson's coercive family environments and the negative peer influences they set in motion, and, more generally, a biopsychosocial model involving the interaction of genetic predisposition with social-environmental influences. Attempts to prevent and reduce youth violence have applied the work of Kohlberg (through moral discussion groups), Dodge (by teaching effective social information-processing skills), and Patterson (by altering coercive family environments).

### 13.6 THE ADULT

- A minority of adults progress from the conventional to the postconventional level of moral reasoning; elderly adults typically do not regress in their moral thinking, and some display advanced moral reasoning, spirituality, and wisdom.
- Kohlberg's stages of moral reasoning form an invariant sequence, with progress through them influenced by cognitive growth and social experiences that involve taking others' perspectives. It has been charged that Kohlberg's theory is biased against people from non-Western cultures, conservatives, and women who rely on Gilligan's morality of care rather than a morality of justice. Today, researchers emphasize that a full understanding of moral development requires attention not only to moral reasoning but also to moral affect and behavior.

## KEY TERMS

- social cognition 374  
false belief task 374  
theory of mind 374  
desire psychology 376  
belief-desire psychology 376  
mirror neurons 377  
role-taking skills 379  
morality 381  
moral affect 381  
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coercive family environment 395  
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morality of care 402

## MEDIA RESOURCES

### BOOK COMPANION WEBSITE

[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

Find online quizzes, flash cards, animations, video clips, experiments, interactive assessments, and other helpful study aids for this text at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman). You can also connect directly to the following sites:

### ARCHIVES OF GENERAL PSYCHIATRY: ANTISOCIAL BEHAVIOR AND MORAL DEVELOPMENT

The homepage of the Archives of General Psychiatry is a great place to search for research on most areas of psychology. Use the search engine to find articles on either "antisocial behavior" or "moral development." Using the "Advanced Search" feature allows you to refine your search in many ways (e.g., by year of publication).

### ETHICS UPDATES ON GENDER DIFFERENCES

Housed in the Values Institute at the University of San Diego, Ethics Updates bills itself as a website "dedicated to promoting the thoughtful discussion of difficult moral issues." It contains a wealth of resources on ethics-related theories and applied ethics dilemmas such as poverty and welfare and bioethics. In its theory section, you can more thoroughly explore the ethical theory related to gender differences, including Gilligan's ideas.

### MORAL DEVELOPMENT: AT ANSWERS.COM

This Answers.com site provides a solid review of the major theories of moral development (for example, Piaget and Kohlberg). One special feature of the site is a built in dictionary that allows the visitor to get a definition of a highlighted word with just a click.

### Psi CAFÉ: MORAL DEVELOPMENT

This Psi Café-hosted site provides the visitor access to information on the major theory of moral development. Be sure to check out sections on moral development in education and parental influences on moral development.

## UNDERSTANDING THE DATA: EXERCISES ON THE WEB



[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

For additional insight on the data presented in this chapter, try out the exercise for this figure at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman):

**Figure 13.4** Average percentage of moral reasoning at each of Lawrence Kohlberg's stages for males from age 10 to age 36

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Go to [academic.cengage.com/login](http://academic.cengage.com/login) to link to CengageNOW, your online study tool. First take the Pre-Test for this chapter to get your Personalized Study Plan, which will identify topics you need to review and direct you to online resources. Then take the Post-Test to determine what concepts you have mastered and what you still need work on.



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### **14.1 PERSPECTIVES ON RELATIONSHIPS**

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Peers and the Two Worlds of Childhood

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Attachment Styles  
Adult Friendships  
Adult Relationships and Adult Development

# **14** CHAPTER

# **Attachment and Social Relationships**

### MIKE POHLE WAS ABOUT TO GRADUATE

and wanted to find a job close to his fiancée, Marcy Crevonis (Jones, 2007). He slept every night in a Phillies jersey she gave him; filled her dorm room with chocolate kisses and rose petals on Valentine's Day, and had already named the five children they hoped to have together. They were soulmates. As Marcy put it, "We were the same person. We shared the same thoughts. We finished each other's sentences" (Jones, 2007, p. C1).

Mike Pohle was one of the 32 victims of the mass murders at Virginia Tech University April 16, 2007. Marcy had walked him part of the way to his German class that morning; later they exchanged text messages about the apparent shooting in her dorm. She raced to find him when his class

was to end but was blocked by the police. Told of Mike's death, she went back to his apartment, put on the Phillies jersey, and wept.

The shooter, Seung Hui Cho, had no soulmates. His relatives said he was an unusually quiet child who did not respond to greetings; his classmates and suitemates said he never talked to them; one high school classmate recalled jokes about him: "We would just say, 'Did you see Seung say nothing again today?'" (Cho & Gardner, 2007, p. A8). Cho spent his time writing stories of violence and death. Most certainly he suffered from intense social anxiety all his life; most likely he was seriously mentally ill (Cho & Gardner, 2007). Whatever the causes, he was almost completely isolated from the human community. He

seemingly knew nothing of bonds of love like those that bound Mike and Marcy, or bonds of community like those that tied members of Virginia Tech's "Hokie Nation" to one another after the killings—and tied many of us around the world to them.



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One loner shattered many relationships at Virginia Tech.



How did their developmental experiences prepare Mike and Marcy to fall in love? What kept Seung from developing close human relationships and what made him so angry at his fellow humans? Think about Mike Pohle and Seung Hui Cho as you read this chapter. It concerns our closest emotional relationships across the life span and their implications for development. We should not have to work hard to convince you that close interpersonal relationships play a critical role in our lives and in development. The poet John Donne wrote, "No man is an island, entire of itself"; it seems equally true that no human can *become* entire without the help of other humans.

This chapter addresses questions such as the following: What social relationships are especially important during different phases of the life span, and what is the character of these relationships? When and how do we develop the social competence it takes to interact smoothly with other people and to enter into intimate relationships with them? What are the developmental implications of being deprived of close relationships? How are social relationships and emotional development interrelated? We begin with some broad perspectives on social relationships.

## 14.1 PERSPECTIVES ON RELATIONSHIPS

Relationships are important in human development for an endless range of reasons, but developmental theorists have disagreed about which relationships are most critical. Many noted theorists have argued that no social relationship is more impor-

tant than the first: the bond between parent and infant. Sigmund Freud (1930) left no doubt about his opinion: a stable mother-child relationship is essential for normal personality development. His follower Erik Erikson tended to agree, emphasizing the importance of responsive parenting to the development of trust in the parent-infant relationship. These theorists, in turn, influenced the architect of today's most influential theory of close human relationships, attachment theory, to emphasize the lasting significance of the parent-infant relationship. As you will see later, though, other theorists believe that peers are at least as significant as parents in the developmental process.

### Attachment Theory

**Attachment theory** was formulated by British psychiatrist John Bowlby (1969, 1973, 1980, 1988), and it was elaborated on by his colleague Mary Ainsworth, an American developmental psychologist (1989; Ainsworth et al., 1978). The theory was based primarily on ethological theory and therefore asked how attachment might have evolved (see Chapter 2). It also drew on concepts from psychoanalytic theory (Bowlby was a therapist trained in psychoanalytic thinking about the contribution of mother-child relationships to psychopathology and studied war orphans separated from their mothers) and cognitive theory (Bowlby called attention to expectations about self and other, as you will see).

According to Bowlby (1969), an **attachment** is a strong affectional tie that binds a person to an intimate companion. It is

also a behavioral system through which humans regulate their emotional distress when under threat and achieve security by seeking proximity to another person. For most of us, the first attachment we form, around 6 or 7 months of age, is to a parent. How do we know when baby Alberto becomes attached to his mother? He will try to maintain proximity to her—crying, clinging, approaching, following, doing whatever it takes to maintain closeness to her and expressing his displeasure when he cannot. He will prefer her to other individuals, reserving his biggest smiles for her and seeking her when he is upset, discomforted, or afraid; she is irreplaceable in his eyes. He will also be confident about exploring his environment as long as he knows that his mother is there to provide the security he needs.

Notice that an infant attached to a parent is rather like an adult “in love” (like Mike or Marcy at the start of the chapter). True, close emotional ties are expressed in different ways, and serve different functions, at different points in the life span. Adults, for example, do not usually feel compelled to follow their mates around the house, and they look to their loved ones for more than comforting hugs and smiles. Nonetheless, there are basic similarities among the infant attached to a caregiver, the child attached to a best friend, and the adolescent or adult attached to a mate or lover. Throughout the life span, the objects of our attachments are special, irreplaceable people to whom we want to be close and from whom we derive a sense of security (Ainsworth, 1989).

### Nature, Nurture, and Attachment

Drawing on ethological theory and research, Bowlby argued that infants—and parents—are biologically predisposed to form attachments. As you saw in Chapter 2, ethologists and evolutionary theorists assume that all species, including humans, are born with behavioral tendencies that have been built into their species over the course of evolution because they have contributed to survival. It makes sense to think, for example, that young birds tended to survive if they stayed close to their mothers so that they could be fed and protected from predators—but that they starved or were gobbled up, and therefore failed to pass their genes to future generations, if they strayed. Thus, chicks, ducks, and goslings may have evolved so that they engage in **imprinting**, an innate form of learning in which the young will follow and become attached to a moving object (usually the mother) during a critical period early in life.

Groundbreaking ethologist Konrad Lorenz (1937) observed imprinting in young goslings and noted that it is automatic (young fowl do not have to be taught to follow), it occurs only within a critical period shortly after the bird has hatched, and it is irreversible—once the gosling begins to follow a particular object, whether its mother or Lorenz, it will remain attached to the object. The imprinting response is a prime example of a species-specific and largely innate behavior that has evolved because it has survival value.

What about human infants? Babies may not become imprinted to their mothers, but they certainly form attachments in infancy and follow their love objects around. Bowlby argued

that they come equipped with several other behaviors besides following, or proximity seeking, that help ensure adults will love them, stay with them, and meet their needs. Among these behaviors are sucking and clinging, smiling and vocalizing (crying, cooing, and babbling), and expressions of negative emotion (fretting and crying). Moreover, Bowlby argued, just as infants are programmed to respond to their caregivers, adults are biologically programmed to respond to an infant’s signals. Indeed, it is difficult for an adult to ignore a baby’s cry or fail to warm to a baby’s grin. In short, both human infants and human caregivers have evolved in ways that predispose them to form close attachments, and this ensures that infants will receive the care, protection, and stimulation they need to survive and thrive.

Just as the imprinting of goslings occurs during a critical period, human attachments form during what Bowlby viewed as a sensitive period for attachment, the first 3 years of life. But attachments do not form automatically. According to Bowlby, a responsive social environment is critical: An infant’s preprogrammed signals to other people may eventually wane if caregivers are unresponsive to them. Ultimately, the security of an attachment relationship depends on the ongoing interaction between infant and caregiver and on the sensitivity of each partner to the other’s signals.

### Attachment and Later Development

Bowlby maintained that the quality of the early parent–infant attachment has lasting impacts on development, including the kinds of relationships people have with their friends, romantic partners, and children. He proposed that, based on their interactions with caregivers, infants construct expectations about relationships in the form of **internal working models**—cognitive representations of themselves and other people that guide their processing of social information and behavior in relationships (Bowlby, 1973; see also Bretherton, 1996). Securely attached infants who have received responsive care will form internal working models suggesting that they are lovable



Time & Life Pictures/Getty Images

Ethologist Konrad Lorenz demonstrated that goslings would become imprinted to him rather than to their mother if he was the first moving object they encountered during their critical period for imprinting. Human attachment is more complex.

and that other people can be trusted to care for them. By contrast, insecurely attached infants subjected to insensitive, neglectful, or abusive care may conclude that they are difficult to love, that other people are unreliable, or both. These insecure infants would be expected to have difficulty participating in close relationships later in life. They may, for example, be wary of getting too close to anyone or become jealous and overly dependent partners if they do.

In sum, attachment theory, as developed by Bowlby and elaborated by Ainsworth, claims that (1) the capacity to form attachments is part of our evolutionary heritage; (2) attachments unfold through an interaction of biological and environmental forces during a sensitive period early in life; (3) the first attachment relationship, the one between infant and caregiver, shapes later development and the quality of later relationships; and (4) internal working models of self and other serve as the mechanism through which early experience affects later development.

## Peers and the Two Worlds of Childhood

A **peer** is a social equal, someone who functions at a similar level of behavioral complexity—often someone of similar age (Lewis & Rosenblum, 1975). Although the parent–infant relationship is undoubtedly important in development, some theorists argue that relationships with peers are at least as significant. In effect, they argue, there are “two social worlds of childhood”—one involving adult–child relationships and the other involving peer relationships—and these two worlds contribute differently to development (Harris, 1998, 2006; Youniss, 1980). From an evolutionary perspective, it makes sense to think that humans evolved to live as members of groups, just as they evolved to form close one-on-one attachments to parents. Consider the perspectives of two strong believers in peer influence: Jean Piaget and Judith Rich Harris.

Jean Piaget (1965) observed that relationships with peers are different in quality from relationships with parents. Because parents have more power than children do, children are in a subordinate position and must defer to adult authority. By contrast, two children have equal power and influence and must learn to appreciate each other’s perspectives, to negotiate and compromise, and to cooperate with each other if they hope to get along. For this reason, Piaget believed that peers can make a unique contribution to social development that adult authority figures cannot make. Indeed, as you saw in Chapter 13, peer relations help children understand that relationships are reciprocal, force them to hone their role-taking skills, and contribute to their social-cognitive and moral development.

More recently, Judith Rich Harris (1998, 2000b, 2006) has stirred up controversy by arguing that peers are far more important than parents in shaping development. In *The Nurture Assumption*, Harris (1998) made this strong claim: “Children would develop into the same sort of adults if we left their lives outside the home unchanged and left them in their schools and their neighborhoods—but switched all the parents around” (Harris, 1998, p. 359). She cites the example of immigrant chil-

dren, who readily learn the local culture and language from peers even though their parents come from a different culture and speak a different language.

Harris argues that parent influence is overrated; she observes that genes contribute to virtually all aspects of human development, that a child’s genes influence the parenting she receives, and that parents do little to make different children growing up in the same home more alike. Moreover, even when parenting behaviors can be shown to affect children, she claims, they do so mainly in the home environment; learning rarely generalizes outside the home and beyond childhood.

Harris maintains that most important socialization for the world outside the home takes place in peer groups. Children figure out which social category they belong to based on age, sex, and other characteristics and then want to be like members of their social group. They adopt the norms of behavior that prevail in their peer group, learn by observing other children, and take on their attitudes, speech, dress styles, and behavior. When children later gravitate toward peers who are similar to themselves, their genetically based tendencies are magnified; the budding delinquent becomes more delinquent, and the studious child becomes more studious.

Many developmental scientists have reacted strongly to Harris’s message, charging that she overstates her case and offers too little evidence that peers are more important than parents (Collins et al., 2000; Vandell, 2000). Moreover, they say, she overlooks solid evidence that, even when genetic influences are taken into account, parenting matters and that intervening to change how parents treat children can alter the course of development. Despite such criticisms, Harris deserves credit for stimulating greater attention to peer-group influences and for challenging developmentalists to demonstrate more convincingly, through research designs that take genes into account, how parents really influence their children’s development.

## SUMMING UP

Following in Freud’s footsteps, John Bowlby and Mary Ainsworth’s attachment theory maintains that caregiver–infant attachment evolved to ensure survival, develops through an interaction of nature and nurture during a sensitive period, and results in internal working models that shape later relationships and development.

Piaget (with his emphasis on peers as equals) and Harris (with her emphasis on genes and socialization by neighborhood peers) have argued that relationships with peers are at least as significant as attachments to parents.

## CRITICAL THINKING

- Ethological theory, psychoanalytic theory, and cognitive psychology all influenced John Bowlby as he formulated attachment theory. Which elements of attachment theory do you think most reflect each of these three theoretical perspectives, and why?

## 14.2 THE INFANT

Human infants are social beings from the start, but their social relationships change dramatically once they form close attachments to caregivers and develop the social skills that allow them to coordinate their own activities with those of other infants. Because attachments involve strong emotions, both positive and negative, and because attachment figures are critical in shaping emotional development, we begin by setting the development of parent–infant attachment in the context of early emotional development.

### Early Emotional Development

Emotions are complex phenomena that involve a subjective feeling (I'm furious), physiological changes (a pounding heart), and behavior (an enraged face). Carroll Izard (1982; Izard & Ackerman, 2000) and his colleagues maintain that basic emotions develop early and play critical roles in motivating and organizing behavior. By videotaping infants' responses to such events as having a toy taken away or seeing their mothers return after a separation, analyzing specific facial movements (such as the raising of the brows and the wrinkling of the nose), and asking raters to judge what emotion a baby's face reveals, Izard has established that very young infants express distinct emotions in response to different experiences and that adults can readily interpret which emotions they are expressing.

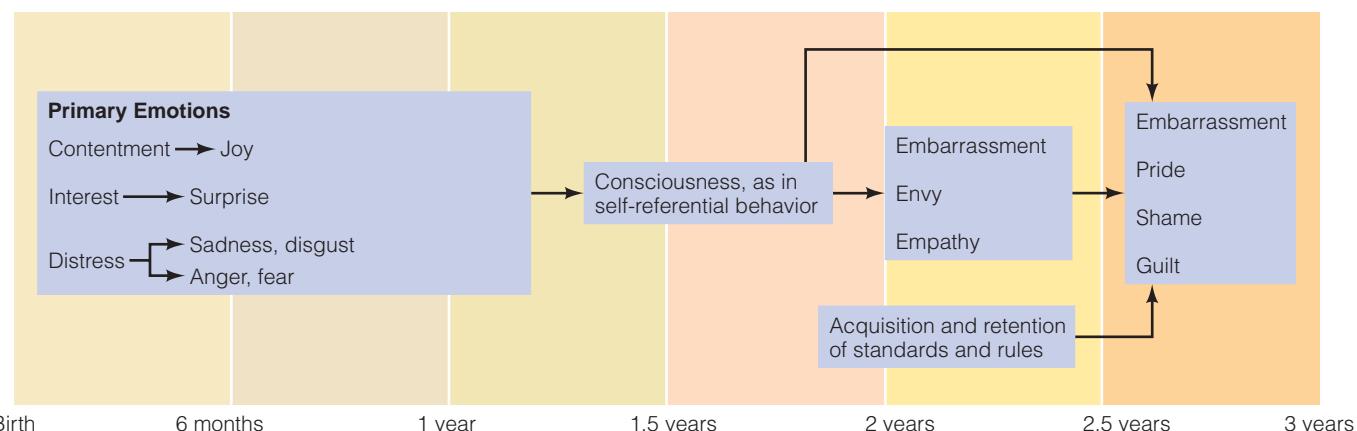
Developmentalists today appreciate that the face is not always a reliable indicator of the emotion being experienced (Saarni et al., 2006). Still, the work of Izard and others allows us to piece together an account of the early development of a number of “primary” emotions (Lewis, 2000; also see ▀ Figure 14.1).

At birth, babies show contentment (by smiling), interest (by staring intently at objects), and distress (grimaces in response to pain or discomfort). Within the first 6 months, more specific

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emotions evolve from these three. By 3 months of age or so, contentment becomes joy, or excitement at the sight of something familiar such as Mom's face. Interest becomes surprise, such as when expectations are violated in games of peek-a-boo. Distress soon evolves into a range of negative emotions, starting with disgust (in response to foul-tasting foods) and sadness. Angry expressions appear as early as 4 months—about the time infants acquire enough control of their limbs to push unpleasant stimuli away. Fear makes its appearance as early as 5 months.

Next, as Figure 14.1 shows, come the so-called secondary or **self-conscious emotions**. These emotions, such as embarrassment, require an awareness of self and emerge around 18 months of age, when infants become able to recognize



▀ FIGURE 14.1 The emergence of different emotions. Primary emotions emerge in the first 6 months of life; secondary or self-conscious emotions emerge starting from about 18 months to 2 years.

SOURCE: From M. Lewis, The emergence of human emotions. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed.). Copyright © 2000 Guilford. Reprinted with permission.

themselves in a mirror (see Chapter 11). At this age, they begin to show embarrassment when they are asked to perform for guests (Lewis, 2000). Finally, when toddlers become able to judge their behavior against standards of performance, around age 2, they become capable of the self-conscious emotions of pride, shame, and guilt (Lewis, 2000). They can feel proud if they catch a ball because they know that's what you're supposed to do when a ball is tossed your way—or guilty if they spill their milk because they know you are not supposed to make messes.

## Nature, Nurture, and Emotions

Primary or basic emotions such as interest and fear seem to be biologically programmed. They emerge in all normal infants at roughly the same ages and are displayed and interpreted similarly in all cultures (Izard, 1982; Malatesta et al., 1989). The timing of their emergence is tied to cognitive maturation; for example, babies cannot fear strangers until they are able to represent mentally what familiar companions look like (Lewis, 2000). As Charles Darwin recognized long ago, basic emotions probably evolved in humans because they helped our ancestors appraise and respond appropriately to novel stimuli and situations (Cole, Martin, & Dennis, 2004). As Bowlby emphasized, infants' emotional signals—whether expressions of joy or distress—also prompt their caregivers to respond to them (Kopp & Neufeld, 2003).

Whether an infant tends to be predominantly happy and eager to approach new stimuli or irritable and easily distressed depends in part on his individual genetic makeup (Goldsmith, 2003). However, nurture is also important in emotional development; through the attachment relationship, caregivers help shape infants' predominant patterns of emotional expression. How do we know? Observational studies of face-to-face interactions between mothers and infants suggest that young infants display a range of positive and negative emotions, changing their expressions with lightning speed (once every 7 seconds) while their mothers do the same (Malatesta et al., 1986; Malatesta et al., 1989). Mothers mainly display interest, surprise, and joy, thus serving as models of positive emotions and eliciting positive emotions from their babies. Mothers also respond selectively to their babies' expressions; over the early months, they become increasingly responsive to their babies' expressions of happiness, interest, and surprise and less responsive to their negative emotions. Through basic learning processes, then, infants are trained to show happy faces more often than unhappy, grumpy ones—and they do just that over time. They are beginning to learn what emotional expressions mean in their sociocultural environment and which are socially acceptable (Saarni, 1999; Sroufe, 1996).

Toward the end of the first year, infants also begin to monitor their companions' emotional reactions in ambiguous situations and use this information to decide how they should feel and behave—a phenomenon called **social referencing** (Feinman, 1992). If their mothers are wary when a stranger approaches, so are they; if their mothers smile at the stranger, so may they. It is not just that 1-year-olds are imitating their par-

ents' emotions. They are able to understand what triggered these emotions and to regulate their behavior accordingly. Infants are especially attentive to stimuli that provoke negative emotional reactions such as fear or anger in their caregivers, as if they know already that these emotions are warning signals (Carver & Vaccaro, 2007). Parents also socialize their children's emotions by reacting (for example, sympathetically or critically) to their children's expressions of emotion and by talking about emotions in everyday conversations (Thompson & Meyer, 2007). Gradually, in the context of a secure parent-child relationship in which there is healthy emotional communication, infants and young children learn to understand emotions and express them appropriately.

## Emotion Regulation

To conform to their culture's rules and their caregiver's rules about when and how different emotions should be expressed, and most importantly to keep themselves from being overwhelmed by their emotions, infants must develop strategies for **emotion regulation**—the processes involved in initiating, maintaining, and altering emotional responses (Bridges & Grolnick, 1995; and see Calkins & Hill, 2007; Gross, 2007). Infants are active from the start in regulating their emotions, but at first they have only a few, simple emotion regulation strategies.

Very young infants are able to reduce their negative arousal by turning from unpleasant stimuli or by sucking vigorously on a pacifier (Mangelsdorf, Shapiro, & Marzolf, 1995). By the end of the first year, infants can also regulate their emotions by rocking themselves or moving away from upsetting events. They also actively seek their attachment figures when they are upset because the presence of these individuals has a calming effect.

By 18 to 24 months, toddlers will try to control the actions of people and objects, such as mechanical toys, that upset them (Mangelsdorf et al., 1995). They are able to cope with the frustration of waiting for snacks and gifts by playing with toys and otherwise distracting themselves (Grolnick, Bridges, & Connell, 1996). They have been observed knitting their brows or compressing their lips in an attempt to suppress their anger or sadness (Malatesta et al., 1989). Finally, as children gain the capacity for symbolic thought and language, they become able to regulate their distress symbolically—for example, by repeating the words, "Mommy coming soon, Mommy coming soon," after Mom goes out the door (Thompson, 1994).

The development of emotion regulation skills is influenced by both the infant's temperament and his or her caregiver's behavior (Grolnick, McMenamy, & Korowski, 2006). Attachment figures play critical roles in helping infants regulate their emotions and in teaching them how to do so on their own. When infants are very young and have few emotion regulation strategies of their own, they rely heavily on caregivers to help them—for example, by stroking them gently or rocking them when they are distressed (Calkins & Hill, 2007; Cole, Michel, & Teti, 1994). As infants age, they gain control of emo-

tion regulation strategies first learned in the context of the parent-child relationship and can regulate their emotions on their own (for example by rocking themselves rather than looking to be rocked). As you might guess, children who are not able to get a grip on their negative emotions tend to experience stormy relationships with both caregivers and peers and are at risk to develop behavior problems (Saarni et al., 2006).

Attachment figures also arouse powerful emotions, positive and negative, that need to be controlled; infants can become uncomfortably overstimulated during joyful bouts of play with parents, and they can become highly distressed when their parents leave them. Finally, as we shall soon discover, infants develop their own distinct styles of emotional expression designed to keep attachment figures close (Bridges & Grolnick, 1995). One infant may learn to suppress negative emotions such as fear and anger to avoid angering an irritable caregiver, whereas another may learn to scream loud and long to keep an unreliable caregiver close. By being sensitive, responsive caregivers, parents can help keep fear, anger, and other negative emotions to a minimum in infancy (Pauli-Pott, Mertesacker, & Beckmann, 2004). Clearly, then, emotions and emotion regulation develop in the context of attachment relationships and both affect and are affected by the quality of these relationships.

## An Attachment Forms

Like any relationship, the parent-infant attachment is reciprocal. Parents become attached to their infants, infants become attached to their parents.

### The Caregiver's Attachment to the Infant

Parents often begin to form emotional attachments to their babies before birth. Moreover, mothers who have an opportunity for skin-to-skin contact with their babies during the first few hours after birth often feel a special bond forming (Klaus & Kennell, 1976). Studies of other primates suggest that the first 2 or 3 weeks of life is a sensitive period for bonding in which mothers are especially ready to respond to an infant (Maestripieri, 2001). Moreover, premature human infants who have a daily session of skin-to-skin contact lying between their mothers' breasts develop more rapidly neurologically, tolerate stress better, and later receive more sensitive parenting from their parents than similar babies who do not receive this contact (Feldman & Eidelman, 2003; Feldman et al., 2003). Secure attachments can develop without such early contact, however, so it is neither crucial nor sufficient for the development of strong parent-infant attachments among humans.

What else helps a parent fall in love? Not only are babies cute, but their early reflexive behaviors such as sucking, rooting, and grasping help endear them to their parents (Bowlby, 1969). Smiling is an especially important social signal. Although it is initially a reflexive response to almost any stimulus, it is triggered by voices at 3 weeks of age and by faces at 5 or 6

weeks (Bowlby, 1969; Wolff, 1963). Babies are also endearing because they are responsive. Over the weeks and months, caregivers and infants develop **synchronized routines** much like dances, in which the partners take turns responding to each other's leads (Stern, 1977; Tronick, 1989). Note the synchrony as this mother plays peek-a-boo with her infant (Tronick, 1989, p. 112):

The infant abruptly turns away from his mother as the game reaches its "peak" of intensity and begins to suck on his thumb and stare into space with a dull facial expression. The mother stops playing and sits back watching. . . . After a few seconds the infant turns back to her with an inviting expression. The mother moves closer, smiles, and says in a high-pitched, exaggerated voice, "Oh, now you're back!" He smiles in response and vocalizes. As they finish crowing together, the infant reinserts his thumb and looks away. The mother again waits. [Soon] the infant turns. . . . to her and they greet each other with big smiles.

Rhythmic, synchronized interactions like this depend in part on the infant's temperament and on whether she has developed organized biological rhythms such as sleep-wake cycles (Feldman, 2006). Caregiver-infant synchrony is also most likely to develop when caregivers are sensitive, providing social stimulation when a baby is alert and receptive but not pushing their luck when the infant's message is "Cool it—I need a break from all this stimulation." When synchrony between parent and infant can be achieved, a secure attachment relationship later in infancy is more likely (Jaffe et al., 2001).



© Michael Newman/PhotoEdit

Smiling is one behavior that helps ensure adults will fall in love with babies.

## The Infant's Attachment to the Caregiver

Infants progress through the following phases in forming attachments (Ainsworth, 1973; Bowlby, 1969):

1. *Undiscriminating social responsiveness (birth to 2 or 3 months)*. Very young infants are responsive to voices, faces, and other social stimuli, but any human interests them. They do not yet show a clear preference for one person over another.

2. *Discriminating social responsiveness (2 or 3 months to 6 or 7 months)*. Infants begin to express preferences for familiar companions. They direct their biggest grins and most enthusiastic babbles toward those companions, although they are still friendly toward strangers.

3. *Active proximity seeking or true attachment (6 or 7 months to about 3 years)*. Around 6 or 7 months, infants form their first clear attachments, most often to their mothers. Now able to crawl, an infant will follow her mother to stay close, protest when her mother leaves, and greet her mother warmly when she returns. Soon most infants become attached to other people as well—fathers, siblings, grandparents, and regular baby-sitters (Schaffer & Emerson, 1964).

4. *Goal-corrected partnership (3 years and older)*. By about age 3, partly because they have more advanced social cognitive abilities, children can participate in a **goal-corrected partnership**, taking a parent's goals and plans into consideration and adjusting their behavior to achieve the all-important goal of maintaining optimal proximity to the attachment figure. Thus, a 1-year-old cries and tries to follow when Dad leaves the house to talk to a neighbor, whereas a 4-year-old probably understands where Dad is going and can control the need for his attention until Dad returns. This final, goal-corrected partnership phase lasts a lifetime.

## Attachment-Related Fears

Infants no sooner experience the pleasures of love than they discover the agonies of fear. One form of fear is **separation anxiety**; once attached to a parent, a baby often becomes wary or fretful when separated from that parent. Separation anxiety normally appears when infants are forming their first genuine attachments, peaks between 14 and 18 months, and gradually becomes less frequent and less intense (Weinraub & Lewis, 1977). Still, even children and adolescents may become homesick and distressed when separated from their parents for a long time (Thurber, 1995).

A second fearful response that often emerges shortly after an infant becomes attached to someone is **stranger anxiety**—a wary or fretful reaction to the approach of an unfamiliar person (Schaffer & Emerson, 1964). Anxious reactions to strangers—often mixed with signs of interest—become common between 8 and 10 months, continue through the first year, and gradually decline in intensity over the second year (Sroufe, 1996). The Explorations box describes the circumstances under which stranger anxiety is most and least likely to occur and suggests how baby-sitters and health-care professionals can head off outbreaks of fear and trembling.

## Exploratory Behavior

The formation of a strong attachment to a caregiver has another important consequence: It facilitates exploratory behavior. Ainsworth and her colleagues (1978) emphasized that an attachment figure serves as a **secure base** for exploration—a point of safety from which an infant can feel free to venture and a safe haven to which she can return if frightened for some “emotional refueling” (Mercer, 2006). Thus Isabelle, a securely attached infant visiting a neighbor’s home with Mom, may be comfortable cruising the living room as long as she can check occasionally to see that Mom is still on the couch but may freeze and fret and stop crawling about or playing if Mom disappears into the bathroom.

## Quality of Attachment

Ainsworth's most important contribution to attachment theory was to devise a way to assess differences in the quality of parent–infant attachments, making Bowlby's hypotheses testable (Thompson & Raikes, 2003). She and her associates created the **Strange Situation**, a now-famous procedure for measuring the quality of an attachment (Ainsworth et al., 1978). It consists of eight episodes that gradually escalate the amount of stress infants experience as they react to the approach of an adult stranger and the departure and return of their caregiver (see ● Table 14.1). On the basis of an infant's pattern of behavior across the episodes, the quality of his attachment to a parent can be characterized as one of four types: secure, resistant, avoidant, or disorganized-disoriented.

1. **Secure attachment.** About 60 to 65% of 1-year-olds in our society are securely attached to their mothers or primary caregivers (Colin, 1996). The securely attached infant actively explores the room when alone with his mother because she serves as a secure base. The infant may be upset by separation but greets his mother warmly and is comforted by her presence when she returns. The securely attached child is outgoing with a stranger when his mother is present. As Cindy Hazan and her colleagues (Hazan, Campa, & Gur-Yaish, 2006) summarize the Bowlby–Ainsworth view, the securely attached infant “. . . stays close and continuously monitors [the caregiver's] whereabouts (*proximity maintenance*), retreats to her for comfort if needed (*safe haven*), resists and is distressed by separations from her (*separation distress*), and explores happily as long as she is present and attentive (*secure base*)” (p. 190).

2. **Resistant attachment.** About 10% of 1-year-olds show a resistant attachment, an insecure attachment characterized by anxious, ambivalent reactions (and also called anxious/ambivalent attachment). The resistant infant does not dare venture off to play even when his mother is present; she does not seem to serve as a secure base for exploration. Yet this infant becomes distressed when his mother departs, often showing stronger separation anxiety than the securely attached infant—perhaps because he is uncertain whether his mother will return. When his mother returns, the infant is ambivalent: He

## PREVENTING STRANGER ANXIETY

It is not unusual for 1- or 2-year-olds meeting a new baby-sitter or being approached by a nurse or doctor at the doctor's office to break into tears and cling to their parents. Stranger-wary infants often stare at the stranger for a moment then turn away, whimper, and seek the comfort of their parents. Occasionally, infants become terrified and highly upset. Obviously, it is in the interests of baby-sitters, health care professionals, and other "strangers" to be able to prevent such negative reactions. What might we suggest?

- *Keep familiar companions available.* Stranger anxiety is less likely to occur if an attachment figure is nearby to serve as a secure base. In one study, less than one-third of 6- to 12-month-olds were wary of an approaching stranger when they were seated on their mothers' laps (Morgan & Ricciuti, 1969). Yet about two-thirds of these infants frowned, turned away, whimpered, or cried if they were seated only 4 feet from their mothers. A security blanket or beloved stuffed animal can have much the same calming effect as a parent's presence for some infants (Passman, 1977).
- *Arrange for the infant's companions to respond positively to the stranger.* As you have seen, infants about 9 months or older engage in social referencing, using other people's emotional reactions to guide their own responses to a situation. By implication, infants are likely to respond favorably to a stranger's approach if their mothers or fathers greet the stranger warmly.

- *Make the setting more "familiar."* Stranger anxiety is less likely to occur in familiar settings than in unfamiliar ones (Sroufe, Waters, & Matas, 1974). Stranger anxiety should be less severe if the baby-sitter comes to the child's home than if the child is taken to the baby-sitter's home or some other unfamiliar place. Yet an unfamiliar environment can become a familiar one if infants are given the time to get used to it. L. Alan Sroufe and his colleagues (1974) found that over 90% of 10-month-olds became upset if a stranger approached within 1 minute after they had been placed in an unfamiliar room, but only 50% did so when they were given 10 minutes to become accustomed to the room.
- *Be a sensitive, unobtrusive stranger.* Encounters with a stranger go best if the

stranger initially keeps her distance and then approaches slowly while smiling, talking, and offering a familiar toy or suggesting a familiar activity (Bretherton, Stolberg, & Kreye, 1981; Sroufe, 1977). It also helps if the stranger, like any sensitive caregiver, takes her cues from the infant (Mangelsdorf, 1992). Babies prefer strangers they can control!

- *Try not to look any stranger than need be.* Finally, infants are most likely to be afraid of people who violate their mental schemas or expectations (Kagan, 1972). Baby-sitters who favor faddish dress or hairstyles, and health care professionals who don surgical masks, stethoscopes, and uniforms, might ask themselves whether they are violating babies' schemas!



Christina Kennedy/PhotoEdit

may try to remain near his mother but seems to resent her for having left, may resist if she tries to make physical contact, and may even hit and kick her in anger (Ainsworth et al., 1978). Resistant infants are also wary of strangers, even when their mothers are present. It seems, then, that resistant or ambivalent infants are never sure that the affection and comfort they crave will be forthcoming.

**3. Avoidant attachment.** Infants with avoidant attachments (up to 15% of 1-year-olds) seem uninterested in exploring, show little distress when separated from their mothers, and avoid contact when their mothers return. These insecurely attached infants are not particularly wary of strangers but sometimes avoid or ignore them, much as these babies avoid or ig-

nore their mothers. Avoidant infants seem to have distanced themselves from their parents, almost as if they were denying their need for affection or had learned not to express their emotional needs.

**4. Disorganized-disoriented attachment.** Ainsworth's work initially focused on secure, resistant, and avoidant attachment styles, but some infants do not develop any of these consistent ways of coping with their need for proximity to their caregiver when they are stressed and seem confused. Up to 15% of infants—more in high-risk families—display what is now recognized as a fourth attachment classification, one that seems to be associated with later emotional problems (van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999).

**● TABLE 14.1 THE EPISODES OF THE STRANGE SITUATION**

| EPISODE | EVENTS   | ATTACHMENT BEHAVIOR OBSERVED                        |
|---------|--|---|
| 1       | Experimenter leaves parent and baby to play                            |   |
| 2       | Parent sits while baby plays   | Use of parent as secure base                        |
| 3       | Stranger enters, talks to parent                                       | Stranger anxiety                                    |
| 4       | Parent leaves; stranger lets baby play, offers comfort if needed       | Separation anxiety                                  |
| 5       | Parent returns, greets baby, offers comfort if needed; stranger leaves | Reactions to reunion                                |
| 6       | Parent leaves  | Separation anxiety                                  |
| 7       | Stranger enters, offers comfort  | Stranger anxiety; ability to be soothed by stranger |
| 8       | Parent returns, greets baby, offers comfort, lets baby return to play  | Reactions to reunion                                |

SOURCE: Based on Ainsworth et al., 1978.

Reunited with their mothers after a separation, these infants may act dazed and freeze or lie on the floor immobilized—or they may seek contact but then abruptly move away as their mothers approach them, only to seek contact again (Main & Solomon, 1990). One infant may approach the parent with her head turned to the side; another may back his way slowly toward the parent. Unlike secure, resistant, or avoidant infants, infants with a disorganized-disoriented attachment have not been able to devise a consistent strategy for regulating negative emotions such as separation anxiety; they seem frightened of their parent and stuck between approaching and avoiding this frightening figure (Hesse & Main, 2006).

● **Table 14.2** summarizes the features of these four patterns of attachment, which have been the subject of considerable research. What determines which of these attachment patterns will characterize a parent–infant relationship? Early studies of the quality of attachments focused almost entirely on the qualities of caregivers that make infants form secure attachments to them, but we now know that infants also contribute to the attachment bond.

### The Caregiver's Contributions

According to Freud, infants in the oral stage of psychosexual development become attached to the individual who provides them with oral pleasure, and the attachment bond will be most secure if a mother is relaxed and generous in her feeding practices. Early learning theorists put it differently but also believed that an infant learns positive emotional responses to her mother by associating her with food. In a classic study conducted by Harry Harlow and Robert Zimmerman (1959), the psychoanalytic and learning theory views dominant at the time were put to the test. Monkeys were reared with two surrogate mothers: a wire “mother” and a cloth “mother” wrapped in foam rubber and covered with terrycloth (see the photo on page 415). Half the infants were fed by the cloth mother, and the remaining

infants were fed by the wire mother. To which mother did these infants become attached? There was no contest: Infants strongly preferred the cuddly cloth mother, regardless of which mother had fed them. Even if their food came from the wire mother, they spent more time clinging to the cloth mother, ran to her when they were upset or afraid, and showed every sign of being attached to her.

Harlow’s research demonstrated that **contact comfort**, the pleasurable tactile sensations provided by a soft and cuddly “parent,” is a more powerful contributor to attachment in monkeys than feeding or the reduction of hunger. Contact comfort also promotes human attachments (Anisfeld et al., 1990); moreover, many infants become attached to someone other than the adult who feeds them, and variations in feeding schedules and the age at which infants are weaned have little effect on the quality of infants’ attachments (Schaffer & Emerson, 1964).

Styles of parenting strongly influence the infant attachment styles described in Table 14.2. Infants who enjoy *secure* attachments to their parents have parents who are sensitive and responsive to their needs and emotional signals, as Bowlby proposed (Ainsworth et al., 1978; De Wolff & van IJzendoorn, 1997). Babies who show a *resistant* pattern of attachment often have parents who are inconsistent in their caregiving; they react enthusiastically or indifferently, depending on their moods, and are frequently unresponsive (Isabella, 1993; Isabella & Belsky, 1991). Mothers who are depressed, for example, often have difficulty responding sensitively to their babies and do not provide the comforting that helps babies regulate their negative emotions (Dawson & Ashman, 2000). The infant copes with unreliable caregiving by trying desperately—through clinging, crying, and other attachment behaviors—to obtain emotional support and comfort, and then becomes saddened and resentful when these efforts fail.

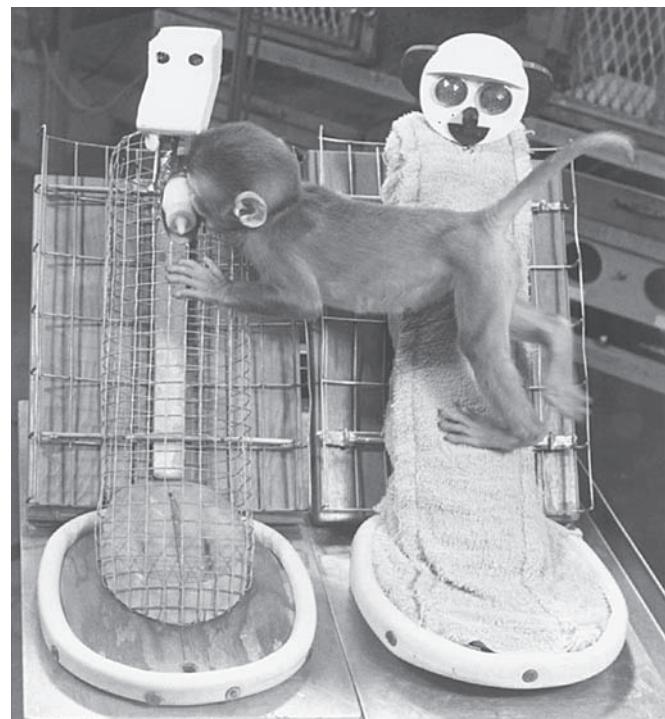
The parents of infants with an *avoidant* attachment tend to provide either too little or too much stimulation. Some are re-

**● TABLE 14.2 CHILD BEHAVIORS ASSOCIATED WITH ATTACHMENT STYLES IN THE STRANGE SITUATION TEST AND RELATED PARENTING STYLES**

| CHILD BEHAVIOR   | TYPE OF ATTACHMENT                       |  |   |  |
|--|--|--|---|--|
|  | SECURE                                   | RESISTANT  | AVOIDANT  | DISORGANIZED-DISORIENTED                                       |
| Explores when caregiver is present to provide a secure base for exploration? | Yes, actively                            | No, clings   | Yes, but play is not as constructive as that of secure infant | No   |
| Responds positively to stranger?   | Yes, comfortable if caregiver is present | No, fearful even when caregiver is present                                     | No, often indifferent, as with caregiver                      | No, confused responses   |
| Protests when separated from caregiver?                                      | Yes, at least mildly distressed          | Yes, extremely upset   | No, seemingly unfazed   | Sometimes; unpredictable                                       |
| Responds positively to caregiver at reunion?                                 | Yes, happy to be reunited                | Yes and no, seeks contact, but resents being left; ambivalent, sometimes angry | No, ignores or avoids caregiver                               | Confused; may approach or avoid caregiver or do both           |
| Parenting style  | Sensitive, responsive                    | Inconsistent, often unresponsive (e.g., depressed)                             | Rejecting-unresponsive or intrusive-overly stimulating        | Frightened (e.g., overwhelmed) and frightening (e.g., abusive) |

jecting; they are impatient, unresponsive, and resentful when the infant interferes with their plans (Ainsworth, 1979; Isabella, 1993). Some of these parents find an infant's crying extremely aversive and are unresponsive as a result (Mills-Koonce et al., 2007). Others have been called "intrusive"; they are overzealous and provide high levels of stimulation even when their babies become uncomfortably aroused and need a break so that they can regain control of their emotions (Isabella & Belsky, 1991). Infants with an avoidant attachment style may learn to avoid and make few emotional demands on adults who seem to dislike their company or who bombard them with stimulation they cannot handle.

Finally, a *disorganized-disoriented* style of attachment is evident in as many as 80% of infants who have been physically abused or maltreated (Carlson et al., 1989; and see Baer & Martinez, 2006). It is also common among infants whose mothers are severely depressed or abuse alcohol and drugs (Beckwith, Rozga, & Sigman, 2002). The parents of infants with a disorganized attachment pattern have been described as frightening and frightened—as fragile and fearful adults who are not up to the challenge of caring for an infant and create an unpredictable, scary environment for their babies (Hesse & Main, 2006). Infants with a disorganized attachment are understandably confused about whether to approach or avoid a parent who can be loving one minute but angry and abusive or indifferent the next. Each of the four types of attachment, then, reflects a reasonable way of coping with a particular brand of parenting.



Harlow Primate Laboratory, University of Wisconsin

The wire and cloth surrogate "mothers" used in Harlow's research. This infant monkey has formed an attachment to the cloth mother that provides "contact comfort," even though it must stretch to the wire mother in order to feed.

## The Infant's Contributions

Clearly, the ways in which parents interact with their babies relate in predictable ways to the quality of the attachments that form. The infant's characteristics also have a bearing. Cognitive developmental theorists emphasize that the ability to form attachments depends partly on the infant's cognitive development. For example, the infant must recognize that close companions continue to exist even when they are absent to experience separation anxiety when a caregiver leaves the room (Kohlberg, 1969; Lester et al., 1974). That is, infants will not form attachments until they have acquired some concept of person permanence, a form of Jean Piaget's object permanence concept (see Chapter 7).

An infant's temperament also matters: Attachments tend to be insecure when infants are by temperament fearful, irritable, or unresponsive (Beckwith et al., 2002). Which has a stronger bearing on the quality of the attachment, then—the caregiver's style of parenting or the infant's temperament? Both are significant, and the two often interact. To illustrate, ■ **Figure 14.2** shows the percentages of 12-month-olds who tested as securely attached as a function of whether they were difficult-to-read infants born prematurely and whether their mothers were depressed (Poehlmann & Fiese, 2001). Only when a depressed mother was paired with a difficult-to-read, premature infant did the odds of a secure attachment become low. Similarly, the combination of a mother with a low sense of self-efficacy as a parent and an infant with colic who cries endlessly makes for an insecure attachment (Stifter, 2003).

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Japanese infants become anxious in the Strange Situation because they are rarely separated from their mothers.

Overall, the caregiver has more to do than the infant with the quality of the attachment that forms (Goldberg et al., 1986; Vaughn et al., 1989). If the infant's temperament were the main influence on security of attachment, (1) we would not see so many infants securely attached to one parent but insecurely attached to the other (van IJzendoorn & De Wolff, 1997), (2) we would not have evidence that an infant's genes, which influence temperament, influence quality of attachment only minimally (Fearon et al., 2006), and (3) it would not be possible for caregivers who are patient and adjust to their baby's temperamental quirks to establish secure relationships with temperamentally difficult babies (Mangelsdorf et al., 1990). Consistent with the goodness of fit concept introduced in Chapter 11, secure bonds evolve when parents can respond sensitively to whatever temperamental characteristics their babies display.

## Contextual Contributors

Finally, the broader social context surrounding caregiver and infant can affect how they react to each other. For example, the stresses associated with living in poverty or experiencing marital difficulties may make it difficult for parents to provide sensitive care and may contribute to insecure attachments (Howes & Markman, 1989; Murray et al., 1996). The cultural context in which caregiver and baby interact also colors their relationship. For instance, German parents strongly encourage independence and discourage clingy behavior, fearing that if they are responsive to cries they will spoil their infants. This may explain why many German infants make few emotional demands on their parents and are often classified as avoidantly attached in the Strange Situation (Grossmann, Grossmann, & Keppler, 2005). The Strange Situation may underestimate the number of securely attached infants in Germany—and also among U.S. babies who regularly receive nonmaternal care and who learn not to be bothered much by separations (Clarke-Stewart, Goossens, & Allhusen, 2001). By contrast, Japanese babies, who are rarely separated from their mothers early in life and are encouraged to be dependent on their mothers, become highly distressed by separations such as those they must endure

## IS DAY CARE GOOD FOR INFANT DEVELOPMENT?

With more than 60% of mothers in the United States working outside the home at least part-time, questions have naturally arisen about the effects of care outside the home on infant and child development. Do infants who receive day care suffer compared with infants who stay at home with a parent? Not usually, but the effects of day care depend on many factors (Clarke-Stewart & Allhusen, 2005).

A major longitudinal study supported by the National Institute of Child Health and Human Development involving teams of researchers in 10 cities in the United States is our best source of evidence (NICHD Early Child Care Research Network [ECCRN], 1997, 2003b, 2005, 2006; NICHD, 2006). Of the 6-month-olds in this national sample at the outset of the study, 36% were cared for by their mothers, 9% attended day care centers (center attendance increased with age), 22% were in child-care or family-care homes (in which a caregiver takes children into her home), 10% received in-home care (provided in the child's home by a nanny, baby-sitter, or other nonrelative), 13% were tended by their fathers, and 10% were tended by grandparents (NICHD, 2006). Efforts were made in the study to control for child characteristics such as cognitive and language ability and social competence, as well as for family characteristics such as mother's education and quality of parenting, in assessing the effects of day care on development.

Overall, infants who experienced routine care by someone other than their mothers

were not much different than infants cared for almost exclusively by their mothers. Quality of parenting was a stronger influence on these children's development than day care experience, but quality of day care, defined in terms of sensitive caregiving and cognitive and language stimulation, had impacts as well. Importantly, infants who received alternative forms of care were no less securely attached to their mothers overall than infants tended by their mothers (NICHD ECCRN, 1997). A mother's sensitivity to her infant had a lot more to do with attachment security than whether or not an infant was in alternative care.

Otherwise, findings from the NICHD study are somewhat mixed. On the one hand, children who spent a good deal of time in quality day care performed better than home-reared children on measures of cognitive and language skills and some measures of social skills. On the other hand, amount of time spent in day care also tended to be associated with higher levels of behavior problems (NICHD ECCRN, 2006). These effects were still evident to some extent in fifth or sixth grade (Belsky et al., 2007).

The most important finding of the NICHD study is that quality of care matters. Good developmental outcomes are likely in high-quality day care that has a reasonable child-to-caregiver ratio (up to three infants, four toddlers, or eight preschoolers per adult); caregivers who have been well trained and who are warm and responsive; little staff turnover so that children can become attached to their

caregivers; and planned, age-appropriate stimulation activities (Burchinal et al., 2000; Clarke-Stewart & Allhusen, 2005). An infant's development clearly will suffer if he ends up with an alcoholic baby-sitter or must compete for adult attention as one of many infants in a large, understaffed center.

Some children also do better than others in day care. Infants from disadvantaged homes that offer little intellectual stimulation are especially likely to benefit from a stimulating day care program (Campbell & Ramey, 1994; Love et al., 2003). Girls tend to adapt better to day care than boys (Baydar & Brooks-Gunn, 1991; Belsky & Rovine, 1988), and infants and toddlers with easy temperaments adjust better than children who have difficult or slow-to-warm-up temperaments (Belsky & Rovine, 1988).

Finally, quality of the home environment interacts with quality of the day care environment to influence outcomes. In the NICHD (1997) study, for example, infants fared poorly if their mothers were insensitive and unresponsive and they were subjected to poor-quality day care on top of it. Under these circumstances, about half of the infants were insecurely attached to their mothers. By contrast, infants who received either good parenting or good day care were usually securely attached. Overall, infants and young children who receive day care do not turn out much different from infants and young children cared for at home—but are likely to thrive when they interact with both sensitive and stimulating parents and sensitive and stimulating substitute caregivers.

in the Strange Situation. They are more likely than American babies to be classified as resistant as a result (Takahashi, 1990; van IJzendoorn & Sagi, 1999).

Could findings like this mean that research on infant attachment is culturally biased? Fred Rothbaum and his colleagues (Rothbaum, Weisz et al., 2000; Rothbaum & Morelli, 2005) think so. They observe that in Western, *individualistic cultures*, such as Germany, optimal development means becoming an autonomous being, whereas in Eastern, *collectivist cultures*, such as Japan, the goal is to become integrated into the group, and this leads to differences in parenting and in the meaning of a secure attachment. Rothbaum appreciates that many of the predictions of attachment theory, such as the relationship between parental sensitivity and security of attachment, hold up in

a variety of cultures (Rothbaum & Morelli, 2005). Still, characteristics of the caregiver, the baby, and the surrounding social environment all affect the quality of the emerging attachment, and what represents an adaptive attachment relationship in one culture may not be viewed as such in another.

### Implications of Early Attachment

From Freud on, almost everyone has assumed that the parent-child relationship is critical in human development. Just how important is it? Two lines of research offer some answers: studies of socially deprived infants and studies of the later development of securely and insecurely attached infants.

## Effects of Social Deprivation

What becomes of babies who are separated from their caregivers as a result of illness, death, or other unforeseen circumstances? Worse yet, what happens to infants who never have an opportunity to form an attachment bond? The daily separations from their parents that infants who attend day care centers experience are unlikely to keep them from forming or maintaining close relationships with their parents. As the Explorations box on page 417 illustrates, day care can have positive or negative effects on child development, depending on several factors, but normally does not damage attachments to parents or longer-term development.

Infants who experience long-term separations from caregivers because of hospitalizations, war, natural disasters, and the like go through a grieving process in which they may be sad and anxious but normally recover once reunited with their loved one. One man described by Jean Mercer (2006) recalls being traumatized, though, because when he was growing up adults did not appreciate the need to prepare children for long separations: "His mother brought him to the hospital, handed him to a nurse, and then left, returning for him as instructed ten days later. He did not speak again for a year after this event" (p. 21).

Infants who are permanently separated from a caregiver normally recover if they are able to maintain or form an attachment with someone else (Bowlby, 1960, 1980; and see Chapter 17). Studies of adopted children, though, suggest that the earlier permanent separation takes place the better (van IJzendoorn & Juffer, 2006). Children exposed to neglect or maltreatment in dysfunctional families or orphanages and then adopted before 1 year of age show remarkable catch-up growth physically, cognitively, behaviorally, and socially. Children adopted later than 1 year of age tend to form insecure attachments, possibly because they experienced a loss of trust when they were separated from their original caregivers, and show other developmental delays. Infants who experience a series of separations from caregivers may be permanently marred by their experiences of loving and losing (Colin, 1996; Ward, Munro, & Dearden, 2006).

It is better to have loved and lost, however, than never to have loved at all, say studies of infants who grow up in deprived institutional settings and are never able to form attachments (MacLean, 2003; Rutter & O'Connor, 2004). In the 1990s, children from deprived institutions in Romania were adopted into homes in the United States, the United Kingdom, and Canada after the fall of the Romanian government (Gunnar, Bruce, & Grotevant, 2000). These adoptees reportedly spent their infancies in orphanages with 20 to 30 children in a room and only one caregiver for every 10 to 20 children; they spent most of their time rocking in their cribs with little human contact, much less hugs, bouts of play, and synchronous routines (L. Fisher et al., 1997). How have they turned out?

Infants who spent 8 months or more in deprived orphanages displayed eating problems and medical problems; many were withdrawn and seemed overwhelmed in interactions with

their new siblings and peers (L. Fisher et al., 1997). For a substantial number, physical, cognitive, and social-emotional development were compromised (Gunnar et al., 2000; MacLean, 2003). Rapid recovery was evident once the children were adopted and some children overcame their developmental problems entirely (Judge, 2003). Yet many children institutionalized for more than 6 months never achieved normal levels of cognitive development, possibly because they lacked the intellectual stimulation necessary for normal brain development during infancy (Rutter & O'Connor, 2004). Generally, the longer children had experienced deprivation, the more likely they were to experience long-term difficulties.

Continuing problems in interpersonal relationships were evident, too; these children have tended to be emotionally withdrawn, indiscriminately friendly, or both (Smyke, Dumitrescu, & Zeanah, 2002). For example, Thomas O'Connor and his colleagues (2003) compared attachment quality at age 4 among children who started their lives in deprived institutions in Romania and were adopted into British homes (either before 6 months or between 6 and 24 months of age) and British children who were adopted before 6 months of age. As ■ Figure 14.3 shows, the longer the Romanian children had experienced early deprivation, the less likely they were to be securely attached and the more likely they were to show an abnormal pattern of insecure behavior that O'Connor and his associates called *disinhibited attachment*.

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The children with a disinhibited attachment pattern were often indiscriminately friendly toward both a stranger and their parent in a Strange Situation test. They would eagerly approach the stranger in a coy or silly manner but then back off warily (rather than showing the normal pattern of wariness first and approach second). They were unable to regulate their emotions well enough to participate in real, reciprocal social interactions. Interviews with their adoptive parents revealed that these children sometimes went off with a stranger in a new situation without ever checking back with the parent. Although some of them had clearly formed secure attachments to their adoptive parents, the abnormal, disinhibited pattern of attachment was evident in half of the children deprived for more than 6 months.

What is it about institutional deprivation that damages development? Lack of proper nutrition, hygiene, and medical care; lack of stimulation; and lack of stable attachment relationships may all contribute (Gunnar et al., 2000). The deficits are probably not entirely caused by lack of sensory and intellectual stimulation; institutionalized children who are provided with such stimulation but lack a stable team of caregivers are still developmentally delayed and have emotional difficulties even as adolescents (Hodges & Tizard, 1989). Nor is the problem lack of a single “mother figure.” In adequately staffed institutions and communes, infants cared for by a few responsive caregivers turn out quite normal (Groark et al., 2005; Smyke et al., 2002). Apparently, then, normal development requires sustained interactions with responsive caregivers—whether one or a few. Apparently too, children are resilient, provided that they are given reasonable opportunities to socialize and to find someone to love, but, as Bowlby claimed, early social experiences can sometimes leave lasting marks on development.

### **Later Development of Securely and Insecurely Attached Infants**

How much difference does having secure rather than an insecure attachment to caregivers in infancy make later in life? According to Bowlby and Ainsworth’s attachment theory, a secure attachment allows exploration from a secure base. This implies that securely attached children should be more cognitively competent (because they will be curious, explore the environment freely, and not shy from challenges) and more socially and emotionally competent (because they will explore the world of people freely, expect positive reactions from others because of the positive internal working models they form, and have learned in the parent-child relationship how to regulate their emotions). Does research support these predictions?

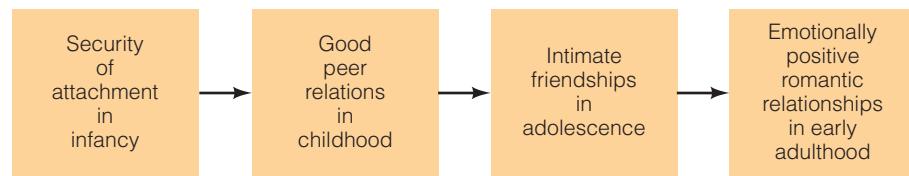
Indeed it does. In an early longitudinal study, Everett Waters and his associates (Waters, Wippman, & Sroufe, 1979) measured the quality of infants’ attachments to their mothers at 15 months, then observed these children in preschool at 3 years. Securely attached infants turned into children whom teachers described as curious, self-directed, and eager to learn, whereas insecurely attached children were less independent.

Children who had been securely attached as infants were also more socially competent in the preschool setting than children who had been insecurely attached: They often initiated play activities, were sensitive to the needs and feelings of other children, and were popular (see also Schneider, Atkinson, & Tardif, 2001). Finally, research suggests that secure attachment in infancy is linked to positive emotional development and a greater capacity to cope with stress and regulate emotions later in childhood (Gunnar, 1998, 2000; Kochanska, 2001).

Do the effects of quality of attachment in infancy on intellectual curiosity, social competence, and emotional development last? In late childhood and adolescence, children who have enjoyed secure relationships with their parents continue to be well adjusted. They are self-confident and do well in school (Jacobsen & Hofmann, 1997); they are accepted by peers and have close friends (Ellicker, Englund, & Sroufe, 1992). In a revealing longitudinal study, Jeffrey Simpson and his colleagues (2007) studied 78 individuals from infancy to their early 20s. These researchers were able to link secure attachment in the Strange Situation at 12 months of age to the quality of a child’s peer relations in elementary school, which in turn predicted quality of friendships in adolescence, which in turn predicted the emotional quality of romantic relationships in early adulthood (as assessed by daily reports of emotions experienced in the relationship and emotions actually displayed while partners discussed problems in their relationship). Although quality of attachment during infancy and quality of romantic relationship in adulthood were not directly linked, they were indirectly associated through a chain of influence in which the quality of relationships in each developmental period affects the quality of relationships in the next period, as shown in ■ **Figure 14.4.**

How can researchers be sure that relationships between attachment security and later adjustment are not the product of genes shared by parent and child that make some individuals well adjusted and others not? Geert-Jan Stams and his colleagues (2002) reasoned that a study of children and parents who were genetically unrelated might provide answers and followed a group of children placed in adoptive homes before 6 months of age until they were 7 years old. Children with a genetically influenced easy temperament were better adjusted than children with a difficult temperament. However, maternal sensitivity to the infant and the infant’s attachment security also contributed to positive developmental outcomes, more than temperament did.

How do we know that later adjustment is the product of early parenting rather than later parenting? In another study of adopted infants (these infants were followed longitudinally from infancy to age 14), both early and current sensitivity on the part of parents affected the social development of adolescents (Jaffari-Bimmel et al., 2006). Early sensitivity on the part of a mother and a secure attachment in infancy had a positive impact on social development in adolescence through their contribution to social development in childhood. Evidence like this suggests that early parenting makes a difference in development—but that later experiences count too.



**FIGURE 14.4** In the study by Simpson et al. (2007), relationship quality at each step in development affected relationship quality at the next step.

SOURCE: From J. A. Simpson, W. A. Collins, S. Tran, & K. C. Haydon, Attachment and the experience and expression of emotions in romantic relationships: A developmental perspective, *Journal of Personality and Social Psychology*, 92, pp. 355–367. Copyright © 2007 American Psychological Association. Reprinted with permission from the American Psychological Association.

In sum, children are unlikely to develop normally if their first relationships in life are repeatedly severed or if they never have the opportunity to form an attachment. By contrast, a secure attachment during infancy has many positive implications for social, emotional, and intellectual development. Yet you must avoid concluding that infants who are insecurely attached to their mothers are doomed—or that infants who are securely attached to their mothers are forever blessed.

First, affectionate ties to fathers (or siblings or grandparents) can compensate for insecure mother-infant relationships (Main & Weston, 1981). Second, early attachments may have no long-term consequences if they change in quality later. Stressful life events such as divorce and illness often convert secure attachments into insecure ones, and positive life changes can make insecure attachments more secure (Waters et al., 2000; Weinfield, Sroufe, & Egeland, 2000). Internal working models are just that—working models, subject to revision based on later social experiences (Sroufe et al., 2005).

All things considered, the Bowlby–Ainsworth attachment theory is well supported. Studies of the long-term consequences of early attachment support Bowlby's claim that internal working models formed early in life shape later relationships and development. Still, many of us learn new social skills and different attitudes toward relationships in our later interactions not only with parents but also with peers, close friends, lovers, and spouses. It is time, then, to supplement this description of parent-child relations with a look at the “second world of childhood”—the world of peer relations.

## First Peer Relations

Evolution seems to have equipped human infants not only with a capacity for forming attachments to caregivers but also with a capacity for establishing social relationships with peers (Nash & Hay, 2003; Rubin, Bukowski, & Parker, 2006). Babies show an interest in other babies from an early age and begin to interact with them in earnest in about the middle of the first year. By then, infants will often smile or babble at their tiny companions, vocalize, offer toys, and gesture to one another, although many of their friendly gestures go unnoticed and unreciprocated (Hay, Nash, & Pedersen, 1983; Vandell, Wilson, & Buchanan, 1980). By around 6 months, infants even show

signs that they are biologically prepared for life in social groups: they can relate meaningfully to more than one peer at a time (Selby & Bradley, 2003).

By about 18 months, infants are able to engage in simple forms of reciprocal, complementary play with peers (Mueller & Lucas, 1975). They turn rounds of imitation into social games (Howes & Matheson, 1992). They can also adopt and reverse roles in their play. Thus, the toddler who receives a toy may immediately offer a toy in return, or the one who has been the chaser will become the chasee. Toward the end of the second year, infants have become proficient at this kind of turn-taking and reciprocal exchange, especially if they are securely attached to their parents (Fagot, 1997).

Surprising as it may seem, some infants also form special relationships with preferred playmates—friendships (Rubin et al., 2006). On Israeli kibbutzim, where children are cared for in groups, Martha Zaslow (1980) discovered that many pairs of infants as young as 1 year became truly attached to each other. Hadara and Rivka, for instance, consistently sought each other as playmates, mourned each other's absence, and disturbed everyone with their loud babbling “conversations” when they were confined to their cribs. Clearly the caregiver–infant relationship is not the only important social relationship that develops during infancy; peer relations are well under way, too.



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Even before 1 year of age, infants seem ready to engage in social interactions, not only in dyads but in groups.

## SUMMING UP

- Primary emotions emerge in a universal sequence over the first months of life; secondary, or self-conscious emotions, follow, and emotions are increasingly socialized by caregivers.
- As infants age, they rely less on caregivers and more on their own emotion regulation strategies to manage the emotions aroused in their social relationships.
- Social from the start, as evidenced by synchronized routines, infants progress through phases of undiscriminating social responsiveness, discriminating social responsiveness, active proximity seeking, and goal-corrected partnership. The first attachment at 6 or 7 months brings with it both separation anxiety and stranger anxiety and use of the attachment figure as a secure base for exploration.
- Caregiver–infant interactions influence whether a secure, resistant, avoidant, or disorganized–disoriented attachment is evident in Ainsworth’s Strange Situation. Secure attachments are associated with sensitive, responsive parenting.
- Although long-term consequences of early attachments on development are evident, early experience rarely makes or breaks later development, except perhaps for infants who experience repeated permanent separations or live in deprived institutions with no consistent caregivers.

## CRITICAL THINKING

1. Some years ago, a 2-year-old named Baby Jessica was taken suddenly from the parents who thought they had adopted her and awarded by the court to her biological parents. What would attachment theory and research on attachment predict about Jessica’s development? Was she able to form close attachments to her biological parents? What kind of child did she become? Then speculate about why Jessica apparently turned into a happy, well-adjusted child instead (Ingrassia & Springen, 1994).
2. Explain how infants with resistant attachments, avoidant attachments, and disorganized attachments are each trying to cope as best they can with the parenting they receive.

### 14.3 THE CHILD

How do relationships with parents and peers change from infancy to childhood as children become more involved in play activities and try to gain acceptance by their peers? And how do changing social relationships in childhood contribute to development?

#### Parent–Child Attachments

The parent–child attachment changes qualitatively during childhood. According to John Bowlby (1969), it becomes a goal-corrected partnership in which parent and child accommodate to each other’s needs; the child becomes a more sensi-

tive partner and grows more independent of the parent. Young preschool children want separations to be predictable and controllable and will negotiate with their parents to make sure that certain rituals such as the reading of a favorite book occur before bedtime or before parents go out for the evening (Mercer, 2006). Children continue to seek attention and approval from their parents, and they rush to their parents for comfort when they are frightened or hurt, but they also become increasingly dependent on peers for social and emotional support (Furman & Buhrmester, 1992). The result during the elementary school years is that children continue to perceive their parents as available to them, and turn to them when they really need comfort, but rely on their parents less and less frequently as they get older (Kerns, Tomich, & Kim, 2006).

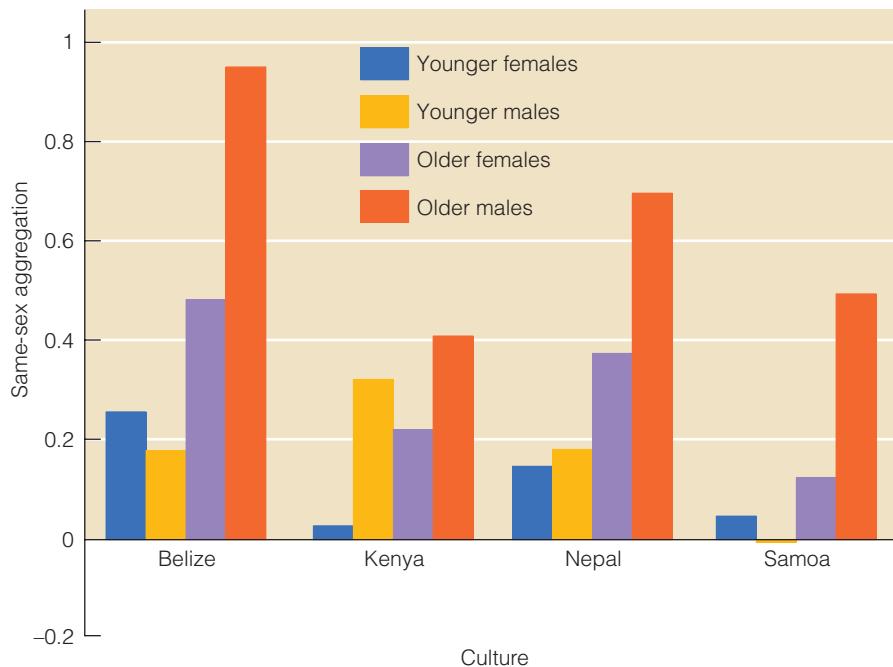
## Peer Networks

From age 2 to age 12, children spend more time with peers and less time with adults; about 10% of social interactions in toddlerhood but 30% of those in middle childhood are with peers (Rubin et al., 2006). Sharri Ellis and her colleagues (Ellis, Rogoff, & Cromer, 1981) observed 436 children playing in their homes and around the neighborhood. Youngsters of all ages spent less time with age-mates (defined as children whose ages were within 1 year of their own) than with children who were more than 1 year older or younger, suggesting that peer groups typically contain children of different levels of competence. In addition, even 1- to 2-year-olds played more often with same-sex companions than with other-sex companions. This gender segregation became increasingly strong with age (see Chapter 12). Moreover, the same trend toward increased gender segregation is evident in a variety of cultures, as shown in ■ **Figure 14.5** (Munroe & Romney, 2006).

Once in their sex-segregated worlds, boys and girls experience different kinds of social relationships and interactions (Munroe & Romney, 2006). For example, there seems to be truth to the saying that boys travel in packs, girls in pairs: boys spend more time than girls in groups, and girls spend more time than boys in dyads (Fabes, Martin, & Hanish, 2003). Overall, then, children spend an increasing amount of time with peers as they get older, typically same-sex children only roughly similar in age who enjoy the same sex-typed activities.

## Play

So important is play in the life of the child from age 2 to age 5 that these years are sometimes called *the play years*. This is when children hop about the room shrieking with delight, don capes and go off on dragon hunts, and whip up cakes and cookies made of clay, sand, or air. We can detect two major changes in play between infancy and age 5: it becomes more social, and it becomes more imaginative. After age 5 or so, the exuberant and fanciful play of the preschool years gives way to somewhat more serious play (Cohen, 2006; P. K. Smith, 2005).



**■ FIGURE 14.5** Extent of same-sex group composition among younger (3- to 5-year-old) and older (7- to 9-year-old) boys and girls in four cultures. Scores represent mean number of same-sex group coparticipants minus mean number of different-sex coparticipants. Notice that the trend toward greater gender segregation with age is especially strong for boys.

SOURCE: From R. L. Munroe & A. K. Romney, Figure 1, p. 11 in Gender and age differences in same-sex aggregation and social behavior: A four-culture study, *Journal of Cross Cultural Psychology*, 31, pp. 3–16. Copyright © 2006 Sage. Reprinted with permission.

### Play Becomes More Social

Years ago, Mildred Parten (1932) devised a method for classifying the types of play engaged in by preschool children of different ages. Her six categories of activity, arranged from least to most social, are as follows:

1. *Unoccupied play*. Children stand idly, look around, or engage in apparently aimless activities such as pacing.
2. *Solitary play*. Children play alone, typically with objects, and appear to be highly involved in what they are doing.
3. *Onlooker play*. Children watch others play, taking an active interest in and perhaps even talking to the players but not directly participating.
4. *Parallel play*. Children play next to one another, doing much the same thing, but they interact little (for example, two girls might sit near each other, both drawing pictures, without talking to each other to any extent).
5. *Associative play*. Children interact by swapping materials, conversing, or following each other's lead, but they are not united by the same goal (for example, the two girls may swap crayons and comment on each other's drawings as they draw).
6. *Cooperative play*. Children join forces to achieve a common goal; they act as a pair or group, dividing their labor and coordinating their activities in a meaningful way (for example, the two girls collaborate to draw a mural for their teacher).

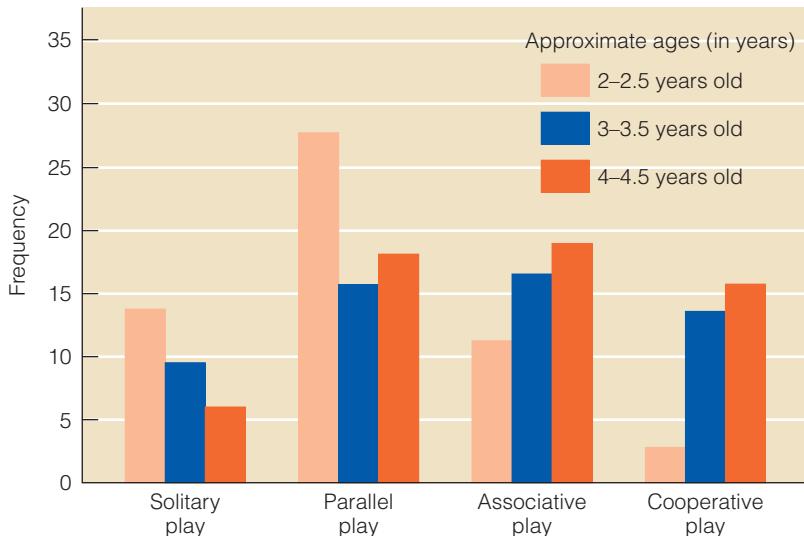
The major message of Parten's study (and of others like it) is that play becomes increasingly social and socially skilled

from age 2 to age 5 (Barnes, 1971; P. K. Smith, 1978). Unoccupied and onlooker activities are evident at all ages, solitary and parallel play become less frequent with age, and associative and cooperative play, the most social and complex of the types of play, become more frequent with age (see ■ Figure 14.6).

The picture is more complex than Parten's work suggests. Older children continue to engage in solitary play, often to build skills. They also work their way into play groups by first being an onlooker and then playing in parallel with the other children before trying to join the ongoing activity (Rubin et al., 2006). Thus, all of Parten's forms of play can serve useful functions for children young and old depending on the occasion.

### Play Becomes More Imaginative

The first *pretend play*—play in which one actor, object, or action symbolizes or stands for another—occurs around age 1, when an infant may raise an empty cup, or perhaps a forbidden treat, to her lips, smile, give a parent a knowing glance, and make loud lip-smacking sounds (Nicolich, 1977). The earliest pretend play is just like this: The infant performs actions that symbolize familiar activities such as eating, sleeping, and washing. By age 2, toddlers readily join in pretense; if you hand them a towel and suggest that they wipe up the imaginary tea you just spilled, they will (Harris & Kavanaugh, 1993). Because there is no tea in sight, this willingness to clean it up is remarkable. It means that toddlers are capable of using their new sym-



**FIGURE 14.6** Frequency of activities engaged in by preschool children of different ages. With age, solitary and parallel play occur less frequently, whereas associative and cooperative play occur more frequently.

SOURCE: Adapted from Barnes (1971).



bolic capacity to construct a mental representation of a pretend event and of acting according to this representation.

Pretend play fully blossoms from age 2 to age 5, increasing in both frequency and sophistication (Howes & Matheson, 1992; Rubin et al., 2006). As children age, they can depict heroes and heroines more different from themselves and can enact their dramas using fewer props. Most important, children combine their capacity for increasingly social play and their capacity for pretense to create **social pretend play**, play in which they cooperate with caregivers or playmates to enact dramas (Howes & Matheson, 1992). Social pretend play episodes can become quite sophisticated and require a good deal of social competence, including the theory-of-mind or people-reading skills discussed in Chapter 13. Consider the following example, in which a 5-year-old (M) wants her partner (E), playing the role of a mother, to leave her babies and come to M's house. The two girls negotiate what will happen next, managing to stay in role and keep in mind the other's role as they do so (Garvey, 1990, p. 137):

M: You come here. The babies are sleeping now and. . . (interrupted).  
 E: No, they'll cry when I leave 'cause they'll hear the car.  
 M: Nooo. The car's broken. I have the car.  
 E: All right, but one baby will have to take care of these little babies.

Although social pretend play is universal, the quality of preschoolers' play is shaped by the culture in which they live (Haight et al., 1999). For example, U.S. children like to play superheroes and act out themes of danger and fantasy, whereas Korean children take on family roles and enact everyday activities (Farver & Lee-Shin, 1997). American children also talk a lot about their own actions, reject other children's ideas, and boss others around, whereas Korean children are more focused

on their partners' activities and are more prone to make polite requests and agree with one another. Through their play, then, children in the United States (an individualistic culture) learn to assert their identities as individuals, whereas children in Korea (a collectivist culture) learn how to keep their egos and emotions under control to achieve group harmony.

### Play Becomes More Rule-Governed

After they enter school, children engage less frequently in symbolic play. Now they spend more of their time playing organized games with rules—board and computer games, games of tag or hide-and-seek, organized sports, and so on (P. K. Smith, 2005). They also develop individual hobbies, such as building model cars, collecting coins, or making scrapbooks, that help them acquire skills and knowledge.

According to Jean Piaget (1965), it is not until children enter the stage of concrete operations, around age 6 or 7, that they become capable of cooperating with other children to follow the rules of games. Older children—11- and 12-year-olds who are entering the stage of formal operations—gain a more flexible concept of rules, recognizing that rules are arbitrary agreements that can be changed as long as the players agree. Partly because of cognitive gains, then, the play of the school-age child is more organized and rule-governed—and less fanciful—than that of the preschool child.

### What Good Is Play?

In 19th-century America, child's play was discouraged because it was viewed as a frivolous waste of time (Athey, 1984). Today's parents who program their children's lives in hopes of molding little Einsteins may also have lost sight of the importance of play for children's development (Singer, Golinkoff, & Hirsh-

Pasek, 2006). Play contributes to virtually all areas of children's development. Indeed, that playful activity occurs among the young of so many species strongly suggests that play is an evolved behavior that helps the young adapt during childhood and prepare for adulthood (Cohen, 2006; P. K. Smith, 2005). It is easy to see how girls playing with dolls might be grooming themselves for traditional roles as mothers or how the rough-and-tumble play of boys, like the playful fights observed in young males of many species, might prepare them to compete with other males later in life.

In addition, play fosters cognitive, motor, and social skills and helps children cope with emotional problems (Singer et al., 2006; P. K. Smith, 2005). Physical play, from the leg kicking of infants to the rough and tumble play of childhood, contributes to neural maturation and the development of motor skills (P. K. Smith, 2005). Engaging in lots of pretend play has been linked to better performance on tests of cognitive development, language skills, and creativity (E. P. Fisher, 1992; Farver, Kim, & Lee-Shin, 2000). Engaging in social pretend play helps children construct their theories of mind, understand others' perspectives, and hone their social skills (Lillard, 2001). Perhaps as a result, preschoolers who engage in a lot of social pretend play tend to be more popular and socially skilled than children who do not (Connolly & Doyle, 1984; Farver et al., 2000).

Finally, play contributes to healthy emotional development by providing opportunities to express bothersome feelings, resolve emotional conflicts, and master challenges (Landreth & Homeyer, 1998). If Yoko, for example, has recently been scolded by her mother for drawing on the dining



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Social pretend play during the preschool years contributes to intellectual, social, and emotional development.

room wall, she may gain control of the situation by scolding her "child" for doing the same thing. And Jackie, an abused 5-year-old, apparently coped with his abuse by having an alligator puppet swallow a small child doll and then smashing the alligator with a mallet and burying it in the sandbox (Landreth & Homeyer, 1998).

Let it never be said, then, that play is useless; it is truly the child's work. Although children play because it is fun, not because it sharpens their skills, they contribute to their own development by doing so. Parents can support their children's development by becoming involved in the social give and take that play episodes require (Lindsey & Mize, 2000).

## Peer Acceptance and Popularity

Being accepted by peers means having the opportunity to play and interact with other children and in the process to develop normally. Researchers study peer-group acceptance through **sociometric techniques**—methods for determining who is liked and who is disliked in a group. In a sociometric survey, children in a classroom may be asked to nominate several classmates whom they like and several whom they dislike or to rate all of their classmates in terms of their desirability as companions (Cillessen & Mayeux, 2004; Hymel, McDougall, & Renshaw, 2002). It is important to find out both who is liked and who is disliked; this allows children to be classified into the following, distinct categories of social status (Coie, Dodge, & Coppotelli, 1982):

1. **Popular.** Well liked by most and rarely disliked.
2. **Rejected.** Rarely liked and often disliked.
3. **Neglected.** Neither liked nor disliked; these isolated children seem to be invisible to their classmates.
4. **Controversial.** Liked by many but also disliked by many; for example, the fun-loving child with leadership skills who also has a nasty habit of starting fights.
5. **Average.** In the middle on both the liked and disliked scales.

Why are some children more popular than others, and why are some children rejected by their peers? Popularity is affected by some personal characteristics that a child can do little to change. For instance, physically attractive children are usually more popular than physically unattractive children, and children who are relatively intelligent tend to be more socially accepted than those who are not (Bellanti, Bierman, & Conduct Problems Prevention Research Group, 2000). Social competence—the successful use of social cognitive skills in initiating social interactions, responding positively to peers, resolving interpersonal conflicts smoothly, and so on—strongly predicts popularity (Coie, Dodge, & Kupersmidt, 1990; Rubin et al., 2006). Well-liked children are also able to regulate their emotions well (Graziano, Keane, & Calkins, 2007).

"Rejected" children are often highly aggressive, although some are socially isolated, submissive children who are overly sensitive to teasing and are seen by others as "easy to push



Children in the neglected category of sociometric status are shy and tend to hover on the fringes of a group without daring to enter it.

around” (Parkhurst & Asher, 1992; Rubin et al., 2006). Children who fall into the neglected category of sociometric status often have reasonably good social skills; they are usually nonaggressive and tend to be shy, withdrawn, and unassertive (Coie et al., 1990). As a result, no one really notices them. Controversial children are interesting: They often show leadership qualities, like popular children, but they are also viewed as aggressive bullies, like many rejected children (DeRosier & Thomas, 2003; Miller-Johnson et al., 2003). Their social skills may allow them to con some classmates into liking them even though others dislike their bullying.

To appreciate how social skills contribute to popularity, consider what happens when children try to enter and gain acceptance in play groups (Dodge et al., 1990; Putallaz & Wasserman, 1989). When children who ultimately become popular want to join a group’s activity, they first hold back and assess what is going on, then smoothly blend into the group, commenting pleasantly about whatever the other children are discussing. By contrast, children who are eventually rejected by their peers tend to be pushy and disruptive. Jimmy, for example, may sit beside two boys who are playing a computer game and distract them by talking about a TV program he saw the night before. Even worse, he may criticize the way the boys are playing, start pecking computer keys at random, or threaten to turn off the computer if he is not allowed to play. By contrast, children who end up being neglected by their peers often hover around the edges of a group without taking positive steps to initiate contact, and they shy away from peers who attempt to make contact with them.

Influences on popularity vary from social context to social context. For example, children who are shy have been found to be unpopular in Canada but popular in China, where being quiet and reserved is more socially desirable (Chen, Rubin, & Sun, 1992; Chen et al., 2006). This pattern may be changing as China moves to a capitalistic economic system and expects children to be more assertive. The ingredients of popularity

also change with age: establishing close relationships with members of the other sex may enhance popularity during adolescence, but consorting with “the enemy,” and thereby violating norms of gender segregation, can detract from popularity during childhood (Sroufe et al., 1993).

In sum, popularity or peer acceptance is affected by many factors. It helps to have an attractive face and cognitive skills, but it is probably more important to behave in socially competent ways and to be able to regulate one’s emotions. As you have seen, children who enjoy secure relationships with their parents as infants tend to become popular children because they have learned social skills and styles of interacting in the parent-child relationship that shape the quality of their relationships with peers.

Do the outcomes of childhood popularity polls matter? Very much so, especially for the 10 to 15% of children who are rejected by their peers (Rubin et al., 2006). Children who are neglected by peers often gain greater acceptance later, but those who are rejected, especially because of aggressive behavior, are likely to maintain their rejected status from grade to grade (Bierman, 2004; Cillessen et al., 1992). More significantly, rejected children may end up even more poorly adjusted as a result of the experience of being rejected (Wentzel, 2003). Their self-esteem suffers, they lose opportunities to learn social skills, they develop negative attitudes toward others, they are negatively influenced by the other antisocial children they end up hanging out with, and their academic performance suffers (Coie, 2004; Flook, Repetti, & Ullman, 2005; Ladd & Troop-Gordon, 2003).

## Friendships

Being accepted by the wider peer group and having close friends are distinct and serve different functions for children. Popular children are more likely than unpopular children to have friends, but many unpopular children have at least one reciprocated friendship and many popular children do not. In one study of 7- and 8-year-olds, for example, 39% of children rejected by peers had at least one mutual friendship, whereas 31% of popular children lacked a friendship (Gest, Graham-Bermann, & Hartup, 2001).

Having friends increases the odds that a child will be happy and socially competent, especially if the friendships are with peers who are well adjusted and supportive (Vaughn et al., 2000), and it reduces the odds that a child will be lonely and depressed (Nangle et al., 2003). As psychoanalytic theorist Harry Stack Sullivan (1953) theorized, having a close friend or chum is critical for children because it teaches them how to participate in emotionally intimate relationships and may pave the way for romantic relationships in adolescence. Friends also provide social support and comfort that can help children feel better about themselves, weather stressful events such as a divorce, and cope with challenges such as the first day of kindergarten (Ladd, 1999; Rubin et al., 2006). True friends become true attachment figures; maybe that is why having a secure at-

tachment to a parent predicts having friends even better than it predicts being accepted by the wider peer group (Schneider et al., 2001).

## SUMMING UP

- Children participate in goal-corrected partnerships with their parents and continue to rely on parents as needed but spend increasing amounts of time with peers, with boys running in packs, girls in pairs.
- Play becomes more social and imaginative during the preschool years and more often involves organized games and hobbies in elementary school.
- Physical attractiveness, cognitive ability, and especially social competence influence sociometric status. Peer acceptance may be critical for the learning of normal social behavior, whereas friends prepare children for intimate relationships and lend emotional support.

## Critical Thinking

1. Darren's sociometric status is neglected, whereas Alonzo's is rejected. What coaching would you give each boy to help him become more popular and why?

## 14.4 THE ADOLESCENT

Although children are already highly involved in peer activities, adolescents spend even more time with peers and less time with parents. The quality of the individual's attachment to parents continues to be highly important throughout adolescence, but peers, including romantic partners, begin to rival or surpass parents as sources of intimacy and support (Furman & Buhrmester, 1992). Moreover, the quality of peer relations changes. Not only do adolescents begin to form boy-girl friendships and go on dates, but they also become more capable of forming deep and intimate attachments.

### Attachments to Parents

Just as infants must have a secure base if they are to explore, adolescents seem to need the security, as well as the encouragement to explore, provided by supportive parents to become independent and autonomous individuals (Scharf, Mayseless, & Kivenson-Baron, 2004). Adolescents who enjoy secure attachment relationships with their parents generally have a stronger sense of identity, higher self-esteem, greater social competence, better emotional adjustment, and fewer behavioral problems than their less securely attached peers (Arbona & Power, 2003; Kenny & Rice, 1995).

For many youths in our society, going off to college qualifies as a "naturally occurring Strange Situation"—a potentially

stressful separation that activates the attachment system (Kenny, 1987). Students who go home on weekends or talk to Mom or Dad on their cell phones every day during their first semester are engaging in attachment behavior just as surely as the infant who whimpers for his mommy. From an attachment theory perspective, experiencing separation anxiety in this situation is normal and adaptive. Preoccupation with parents typically decreases over the first semester and predicts adjustment problems only when it is extreme (Berman & Sperling, 1991).

College students who are securely attached to their parents display better psychological and social adjustment and academic performance during the potentially difficult transition to college than students who are insecurely attached (Lapsley, Rice, & FitzGerald, 1990; Larose, Bernier, & Tarabulsky, 2005). In one study (Mayseless, Danieli, & Sharabany, 1996), securely attached students proved able to maintain close, caring relationships with their parents while also forming new relationships with romantic partners. Lacking a secure base for exploration, resistantly attached students had more difficulty entering into romantic relationships and found even minor separations from their parents upsetting. And, true to form, avoidant youths claimed not to be bothered much by separation, as if denying that they could need their parents for anything. (Disorganized-disoriented attachments were not studied.) Knowing that attachments to parents provide a secure base for exploration, one can understand why parents who form secure relationships with their adolescents and grant them autonomy have adolescents who leave home when they should rather than leaving late or returning to the nest (Seiffe-Krenke, 2006) and adolescents who are capable of forming close relationships with both romantic partners and friends once they leave (Scharf et al., 2004).



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Going to college is a "Strange Situation" that activates attachment behaviors, such as hugging and e-mailing, designed to maintain contact with attachment figures.

## Friendships

Friendships change qualitatively with age, being based on: (1) enjoyment of common activities in early childhood, (2) mutual loyalty and caring in late childhood, and (3) intimacy and self-disclosure in adolescence (Collins & Madsen, 2006; Rubin et al., 2006). Like children, teenagers form friendships with peers who are similar to themselves in observable ways. For example, most high school students choose friends of the same ethnic background (Hamm, 2000). However, adolescents increasingly choose friends whose psychological qualities—interests, attitudes, values, and personalities—match their own. In adolescence, friends are like-minded individuals who confide in each other.

Although same-sex friendships remain important throughout adolescence, teenagers increasingly form close cross-sex friendships too. Ruth Sharabany and her colleagues (Sharabany, Gershoni, & Hofman, 1981) asked 5th- to 11th-graders to assess their same-sex and cross-sex friendships in terms of such aspects of emotional intimacy as spontaneity, trust, loyalty, sensitivity to the other's feelings, and attachment. Same-sex friendships were highly intimate in most respects throughout this age range, whereas cross-sex friendships did not attain a high level of intimacy until 11th grade. These findings support neo-Freudian theorist Harry Stack Sullivan's view that children learn lessons about intimate attachments in their same-sex chumships that they later apply in their heterosexual relationships (Buhrmester & Furman, 1986). Finally, girls tended to report higher degrees of intimacy in their friendships than boys did, and they achieved emotional intimacy in their cross-sex relationships at earlier ages.

## Changing Social Networks

Elementary-school children take interest in members of the other sex, talk at length about who likes whom, develop crushes, and in the process prepare themselves for heterosexual relationships (Thorne, 1993). Still, how do boys and girls who live in their own, gender-segregated worlds arrive at the point of dating each other?

### Cliques and Crowds

Some time ago, Dexter Dunphy (1963) offered a plausible account of how peer-group structures change during adolescence to pave the way for dating relationships. His five stages are still helpful today in understanding how peer relations lay the foundation for romantic attachments (see also Collins & Madsen, 2006; Connolly, Furman, & Konarski, 2000):

1. In late childhood, boys and girls become members of same-sex **cliques**, or small friendship groups, and have little to do with the other sex.
2. Boy cliques and girl cliques then begin to interact. Just as parents provide a secure base for peer relationships, relationships with same-sex peers provide a secure base for romantic

relationships. For an adolescent boy, talking to a girl at the mall with his friends and her friends there is far less threatening than doing so on his own.

3. The most popular boys and girls form a heterosexual clique.

4. As less popular peers also form mixed-sex cliques, a new peer-group structure, the **crowd**, completes its evolution. The crowd, a collection of several heterosexual cliques, is involved in arranging organized social activities—parties, outings to the lake or mall, and so on. Those adolescents who become members of a mixed-sex clique and a crowd (not all do) have many opportunities to get to know members of the other sex as both friends and romantic partners.

5. Couples form and the crowd disintegrates in late high school having served its purpose of bringing boys and girls together.

High school crowds not only bring boys and girls together but give adolescents a social identity and place in the social order. The names may vary, but every school has its crowds of, for example, “populars,” “jocks,” “druggies,” and “losers,” each consisting of adolescents who are similar to one another in some way (Brown, Mory, & Kinney, 1994). Everyone in high school seems to recognize these differences: “[The brains] all wear glasses and ‘kiss up’ to teachers and after school they all tromp uptown to the library” (Brown et al., 1994, p. 128), “The partiers goof off a lot more than the jocks do, but they don’t come to school stoned like the burnouts do” (p. 133).

Which crowd or crowds an adolescent belongs to has important implications for her social identity and self-esteem; it is easier for her to feel good about herself if she is a “popular” or a “jock” than if she is a “dweeb,” a “druggie,” or a social isolate (like Seung Hui Cho of Virginia Tech) who does not belong to any crowd (Brown & Lohr, 1987). Indeed, self-perceived crowd membership in high school predicts later development; “brains” tend to graduate from college and have high self-esteem at age 24; “basket cases” are more likely than their peers to have seen a psychologist and attempted suicide; “jocks” achieve financial success but share with “criminals” a tendency to drink too much; and “criminals” are the least well adjusted (Barber, Eccles, & Stone, 2001). Crowd membership partly reflects personality traits, abilities, and values that existed before the adolescent ever got involved with a particular crowd but experiences in a crowd also help shape future development (Giordano, 2003).

A common misconception is that peers are typically a negative influence on adolescents. As it turns out, peers typically do more to foster positive behavior than to encourage antisocial behavior (Berndt & Murphy, 2002; Rubin et al., 2006). Yet much depends on the crowd to which an adolescent belongs: “Druggies” may encourage drug use, but “brains” discourage it. Adolescents are less likely to engage in delinquent behavior, become depressed, or feel lonely if they have friends and if those friends refrain from delinquent behavior than if they have delinquent friends or no friends (Brendgen, Vitaro, & Bukowski, 2000). There is a time, around the age of 14 or 15,

when adolescents are quite dependent on their peers and may “go along with the crowd” and take risks when with friends that they would not take when alone (Berndt & Murphy, 2002; Gardner & Steinberg, 2005). Getting in trouble by conforming to peers is much less likely when adolescents have secure attachments to warm and authoritative parents who establish and enforce clear rules and are neither too lax nor too strict (Brown et al., 1993; Goldstein, Davis-Kean, & Eccles, 2005). Clearly, the influences of peers and friends can be healthy or destructive, depending on which cliques and crowds an adolescent belongs to and how much she needs the security of peer acceptance.

## Dating

As Dunphy’s model suggests, the transition to dating takes place in the context of the larger peer group (Collins & Laursen, 2004; Rubin et al., 2006). About 25% of 12-year-olds, 50% of 15-year-olds, and 70% of 18-year-olds say that they have been involved in a “special romantic relationship” in the past 18 months (Carver, Joyner, & Udry, 2003).

Dating relationships in early adolescence are more superficial and short lived than later dating relationships (Brown, Feiring, & Furman, 1999). Evolutionary psychologists suggest that humans have an evolved tendency to compete with peers for mates and to engage in sexual experimentation with several partners before they narrow in on a steady mate (Weisfeld & Woodward, 2004). This is evident in B. Bradford Brown’s (1999) view that adolescent romantic relationships evolve through the following four phases:



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Adolescents who end up in the wrong crowd often lack secure attachments to parents.

1. *Initiation phase.* In early adolescence, the focus is on the self—specifically, on coming to see oneself as a person capable of relating to members of the other sex in a romantic way.

2. *Status phase.* In midadolescence, peer approval is what counts; having a romantic relationship, and having it with the “right kind” of partner, is important for the status it brings in the larger peer group.

3. *Affection phase.* In late adolescence, the focus is on the relationship rather than on self-concept or peer acceptance. Romantic relationships become more personal, caring relationships; they are set in the context of a small, mixed-sex clique rather than in the context of the larger crowd, with friends providing advice and emotional support.

4. *Bonding phase.* In the transition to early adulthood, the emotional intimacy achieved in the affection phase is coupled with a long-term commitment to create a lasting attachment bond.

Brown’s phases were evident in an 8-year longitudinal study of German adolescents who were age 13 at the start of the study. The 13-year-olds who had romantic relationships tended to have relatively low-quality and unstable, although emotionally intense, relationships that lasted an average of only about 3 months (Seiffge-Krenke, 2003). With age, relationships lasted longer (an average of 21 months by age 21) and became more emotionally intimate and supportive. Moreover, having a committed romantic relationship at age 21 was associated with having a positive self-concept at age 13, supportive peer relationships at age 15, and a supportive romantic relationship at age 17. Parents contributed too; supportive relationships with both mother and father proved to be at least as important as supportive relationships with peers in predicting involvement in a love relationship in early adulthood (see also Miller & Hoicowitz, 2004). This may go back to attachment: adolescents who have secure attachment styles based on their early experiences with their parents have more positive experiences dating than do adolescents with resistant attachment styles, who fall in love and have sex a lot but are ever fearful of abandonment, and adolescents with avoidant styles, who are reluctant to get emotionally involved (Tracy et al., 2003).

How does dating affect adolescent adjustment and development? Dating at an early age appears to have more negative than positive effects on social and emotional adjustment, either because troubled adolescents start dating early or because early daters get hurt or become involved in teenage problem behavior before their time (Collins, 2003; Complain, Gowen, & Hayward, 2004). However, both positive relationships with parents and positive relationships with same-gender peers can protect young adolescents from the negative effects of early dating (Brendgen et al., 2002; Doyle et al., 2003). And overall, dating typically has more positive than negative effects on development and can even compensate for a poor relationship with parents. Involvement in a steady relationship is good for self-esteem (although breakups hurt it), and adolescents who date tend to be better adjusted overall than those who do not (Collins, 2003; Furman & Shaffer, 2003).

## THE DARK SIDE OF PEER RELATIONS

The 2004 film *Mean Girls* painted a vivid picture of the treacherous world of teenage peer relations. The film concerns the tribulations of Cady, a newcomer to North Shore High School who was homeschooled in Africa and has much to learn about this high school's social world. The center of this world is Regina George, the "queen bee" of a clique called the Plastics. Cady is told this about Regina by a classmate: "And evil takes a human form in Regina George. Don't be fooled, because she may seem like your typical selfish, back-stabbing slut-faced ho-bag, but in reality she's so much more than that." No one escapes the insults, vicious rumors, and betrayals in this society of mean girls.

After focusing for years on the positive contributions of peer acceptance and friendship to child and adolescent development, developmentalists have begun to appreciate that peer relationships have a dark side (Hartup, 2006; Rubin et al., 2006). One of your authors has only to conjure up memories of Sunday school bully Norma T. to appreciate the point! The kind of "relational aggression" at which Regina George excelled—subtle and indirect aggression such as gossiping about and ignoring and excluding others—has been studied by Amanda Rose and her colleagues (Rose,

Swenson, & Waller, 2004). These researchers found that relational aggression works for girls (though not boys) in early adolescence (though not in middle childhood) to enhance perceived popularity (Rose et al., 2004). Perceived popularity also predicted more use of relational aggression later for both males and females, suggesting that adolescents who become popular may discover that they can use their social power to exclude or hurt others—and do just that.

As you have seen already, rejection by the peer group in childhood can have long-lasting negative effects on a child's development (Bierman, 2004). Rejection by a dating partner can similarly derail adolescent development. In one study, adolescents who were or were not involved in romantic relationships were interviewed twice. Involvement in a romantic relationship, especially among girls, was associated with a rise in depression symptoms from the first to the second interview, probably because these relationships can be stressful and their breakups shattering (Joyner & Udry, 2000; Rubin et al., 2006).

Then there are the peer relationships that are inherently negative: bully–victim relationships and enemy relationships. Bullies are both verbally and physically aggressive, but

not toward everyone—just toward well-chosen victims. A bully's victims tend to be either weak and socially withdrawn or aggressive themselves (Olweus, 1993; Rubin et al., 2006). Partly as a result of their painful victimization experiences, victims of bullies are at significant risk for low self-esteem, depression, and poor performance in school (Smetana, Campione-Barr, & Metzger, 2006).

Most of us can also recall having enemies at some point in our lives. Enemies, by definition, express mutual dislike for one another on sociometric surveys (Hodges & Card, 2003). Figures vary greatly, but around 30% of children may be involved in敌意ships (Hartup, 2006). Enemy relationships often start with conflict; sometimes they are friendships turned bad (Card, 2007). Children who are rejected by peers are especially likely to have enemies (Rodkin & Hodges, 2003).

Being excluded or rejected by peers, victimized by bullies, dumped by romantic partners, and detested by enemies are all, it seems, part of the normal landscape of peer relations in childhood and adolescence. Nonetheless, we must still conclude that peer relations are an essential—and in the end mostly positive—force in human development.

Adolescence is clearly an important time of change in attachment relationships. As adolescents get older, they look more to peers, both friends and romantic partners, to fulfill some of the attachment needs that parents fulfilled when they were younger. In a study of three age groups (12–15, 16–19, and 20–28), Dorothy Markiewicz and her colleagues (2006) asked adolescents who they most liked to spend time with (proximity seeking), most want to be with when they are feeling down (safe haven), and feel will always be there for them (secure base). Mothers were important to all age groups, especially as a secure base for exploration; fathers were less central in meeting attachment needs. With age, best friends became an important safe haven and source of reassurance when adolescents had problems, and romantic partners increasingly met needs for proximity or closeness. By early adulthood, romantic partners had become central to those who had them in meeting a variety of attachment needs. Parents are still there, however, in a backup role (Hazan et al., 2006).

Although human development could not proceed normally without peers, friends, and romantic partners, developmentalists now appreciate that there is also a dark side to peer relations, examined in the Explorations box.

## SUMMING UP

- During adolescence, same-sex, and later cross-sex, relationships increasingly involve emotional intimacy and self-disclosure.
- According to Dunphy's model, the peer group is transformed from same-sex cliques to mixed-sex cliques and the crowd structure, and finally to dating relationships, with the type of crowd an adolescent belongs to having implications for self-esteem and development.
- According to Brown, dating relationships progress through initiation, status, affection, and bonding phases as romantic partners become increasingly important attachment figures.

## CRITICAL THINKING

1. Analyze the clique and crowd structure in your high school, where you fit in it, and how you might have been affected by it.
2. Billy never had a best friend and is now in college and dating. What implications might the lack of a friend in childhood have for Billy's dating behavior?

## 14.5 THE ADULT

Relationships with family and friends are no less important during adulthood than they are earlier in life, but they take on different qualities over the adult years. How do people's social networks change over the adult years and why, and what is the character of their romantic relationships and friendships?

### Social Networks

Some years ago, Robert Kahn and Toni Antonucci (1980) proposed that each of us has a **social convoy**, a social network and support system that accompanies us during our life's journey, changing as we go. An infant's social convoy may consist only of parents. The social convoy enlarges over the years as others (relatives, friends, supportive teachers, romantic partners, colleagues, and so on) join it, then typically shrinks in later life (Carstensen, Mikels & Mather, 2006; Levitt, Weber, & Guacci, 1993). As new members are added, some members drift away. Others remain in the convoy, but our relationships with them change, as when the infant son thoroughly dependent on his mother becomes the adolescent son clamoring for his independence—and later the middle-aged son on whom his aging mother depends for help when she needs it.

### Social Interaction Patterns

With whom do adults of different ages interact, and how socially active are they? Young adults are busily forming romantic relationships and friendships. The trend toward greater intimacy with the other sex that began in adolescence continues (Reis et al., 1993). Young women form closer friendship ties than men do. This sex difference may have evolved because women increase the odds that their children will survive if they can attract social support when they are bearing and raising children (S. E. Taylor, 2002).

Young adults, especially single ones, tend to have more friends than middle-aged and older adults do. As adults marry, have children, take on increasing job responsibilities, and age, their social networks shrink (J. L. Fischer et al., 1989). The trend toward smaller social networks with age can be seen in many ethnic groups, but ethnic group differences are also evident. For example, from early adulthood on, African American adults' networks tend to be smaller, to be more dominated by kin, and to involve more frequent contact than those of European Americans (Ajrouch, Antonucci, & Janevic, 2001).

### Socioemotional Selectivity

You may be guessing that the shrinking of the social convoy in later adulthood is the result of increased disease, disability, and social isolation. However, Laura Carstensen's (1992) **socioemotional selectivity theory** explains it quite differently—as a choice older adults make to better meet their emotional needs (also see Charles & Carstensen, 2007; Lang & Carstensen,

2002). The perception that one has little time left to live is critical, according to Carstensen. It prompts older adults to put less emphasis on the goal of acquiring knowledge for future use and more emphasis on the goal of fulfilling current emotional needs. As a result, older adults actively choose to narrow their range of social partners to those who bring them emotional pleasure, usually family members and close friends, and they let other social relationships fall by the wayside. Whereas younger adults need the social stimulation and new information that contacts with strangers and acquaintances often provide—and are even willing to sacrifice some emotional well-being to have many social contacts—older adults put their emotional well-being first.

Does the evidence support socioemotional selectivity theory? In one study, cancer patients of various ages preferred familiar to unfamiliar social partners more than control adults who were not ill did (Pinquart & Silbereisen, 2006). Moreover, if their therapy was successful, they showed increased interest in interacting with people they did not know, suggesting that perceived time left to live was important, as Carstensen theorizes.

Pickiness about social partners also increases with age. Middle-aged adults interact less frequently with acquaintances and friends than young adults do, but they interact often with their spouses and siblings and feel closer emotionally to the most significant people in their lives than younger adults do (Carstensen, 1992). Elderly adults drop even more friends and acquaintances from their networks, but they usually maintain a core of "very close" relationships. If they do not have living spouses or children, they strengthen relationships with other relatives or friends to maintain an inner circle of intimates (Lang & Carstensen, 1994).

The quality of an older adult's emotional life appears to benefit from socioemotional selectivity, as Carstensen theorizes. She and her colleagues (2000) sampled the emotional experiences of African American and European American adults between age 18 and age 94 by paging them at random times over a 1-week period as they went about their lives. Contrary to ageist stereotypes, older adults did not have more dismal, depressing emotional lives than younger adults. Younger and older adults differed little in the frequency with which they experienced positive emotions; and negative emotions were actually less common among older adults. Older adults also experienced longer-lasting positive emotions and more fleeting negative moods, suggesting that they are more able than younger adults to regulate their emotions, savoring the happy experiences while cutting short the sad and angry ones (see also Kliegel, Jager, & Phillips, 2007). Finally, older adults appeared to have more complex emotional experiences, more often blending different emotions together. It is amply clear now that older adults lead rich and rewarding emotional lives and that they are able to experience and express emotions fully, and also regulate them effectively (Carstensen, Mikels, & Mather, 2006; Magai et al., 2006; Mroczek, 2004). Whether it is because of socioemotional selectivity or other factors, older adults end up at least as satisfied as young adults with their relationships (Lansford,



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Contrary to stereotype, elderly adults lead rich and generally positive emotional lives.

Sherman, & Antonucci, 1998) and less likely to find them emotionally unpleasant (Akiyama et al., 2003).

## Attachment Styles

Intrigued by parallels between an infant's attachment to a parent figure and a young adult's love for a romantic partner, researchers have been studying adult romantic relationships from the perspective of attachment theory (Mikulincer & Shaver, 2003; Shaver & Mikulincer, 2007). Following the lead of Bowlby, Phillip Shaver (2006) and others believe that romantic relationships involve at least three interrelated motivational-behavioral systems: the attachment system, the caregiving system, and the sex system. Basically, when we're in love, we want

to be close to our partner (attachment), care for this cherished person (caregiving), and express our love sexually (sex).

By any account, attachment is an important component of a love relationship. Like the infant who is attached to a parent, the adult who is in love experiences a strong emotional bond to her partner, wants to be close, takes comfort from the bond, and is upset by separations, as illustrated by the story of Mike and Marcy at the start of the chapter. Like the parent-child attachment, the attachment between romantic partners is also biologically adaptive; it increases the odds of having children and the odds that these children will have two parents to help them survive (H. Fisher, 2006). Perhaps it is not surprising, then, that the concept of romantic love is not just a Western phenomenon or a modern phenomenon, as some people incorrectly believe (Hatfield & Rapson, 2006). The phenomenon of romantic love has been documented in at least 88% of the world's cultures, including many in which marriages are arranged by family elders (Jankowiak & Fischer, 1992).

■ **Figure 14.7** shows a way of thinking about how the internal working models that we construct from our experiences in the parent-child relationship may affect our romantic relationships (Bartholomew & Horowitz, 1991; Crowell, Fraley, & Shaver, 1999). Adults with a *secure* working model feel good about both themselves and others; they are not afraid of entering intimate relationships or of being abandoned once they do. People with a *preoccupied* internal working model have a positive view of other people but feel unlovable. Like resistantly attached infants, they crave closeness to others as a means of validating their self-worth, are highly fearful of abandonment, and tend to become overly dependent on their partners.

Adults with a *dismissing* style of attachment have a positive view of self but do not trust other people and dismiss the importance of close relationships (Beckwith, Cohen, & Hamilton,

| MODEL OF OTHER<br>POSITIVE<br>NEGATIVE  | MODEL OF SELF   |          |
|---|---|----------|
|   | POSITIVE  | NEGATIVE |
| <b>SECURE</b><br><i>Secure attachment history</i><br>Healthy balance of attachment and autonomy; freedom to explore   | <b>PREOCCUPIED</b><br><i>Resistant attachment history</i><br>Desperate for love to feel worthy as a person; worry about abandonment; express anxiety and danger openly                  |          |
| <b>DISMISSING</b><br><i>Avoidant attachment history</i><br>Shut out emotions; defend against hurt by avoiding intimacy, dismissing the importance of relationships, and being "compulsively self-reliant" | <b>FEARFUL</b><br><i>Disorganized-disoriented attachment history</i><br>Need relationships but doubt own worth and fear intimacy; lack a coherent strategy for meeting attachment needs |          |

■ **FIGURE 14.7** Internal working models of self and other people arising from early experiences in relationships.

SOURCE: Adapted from Bartholomew & Horowitz, 1991. It is also possible to look at these four types of attachment in terms of anxiety and avoidance dimensions (Gallo, Smith, & Ruiz, 2003; Mikulincer & Shaver, 2003). The secure type is low in both anxiety over relationships (fear of abandonment) and avoidance of relationships (discomfort over being intimate with and dependent on someone); the preoccupied type is high in anxiety but low in avoidance; the dismissing type is low in anxiety but high in avoidance; and the fearful type is high in both anxiety and avoidance.



## INTERNAL WORKING MODELS OF ATTACHMENT

Which of the internal working models of attachment in Figure 14.7—secure, dismissing, preoccupied, or fearful—is expressed in each of the following statements (Bartholomew & Horowitz, 1991, p. 244, adapted from Hazan & Shaver, 1987)? And which internal working model best describes you?

1. “I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without

close relationships, but I sometimes worry that others don’t value me as much as I value them.”

2. “I am somewhat uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely or to depend on them. I sometimes worry that I will be hurt if I allow myself to become too close to others.”
3. “It is relatively easy for me to become emotionally close to others. I am comfort-

able depending on others and having others depend on me. I don’t worry about being alone or having others not accept me.”

4. “I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.”

1. Preoccupied, 2. Fearful, 3. Secure, 4. Dismissing

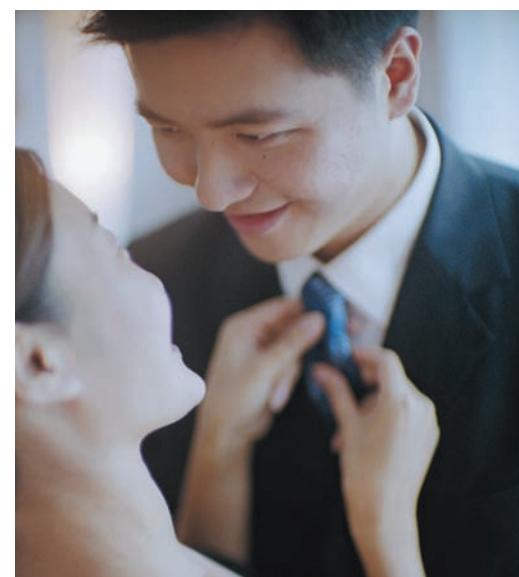
1999). Like avoidantly attached infants, they defend themselves against hurt by not expressing their need for love or their fear of abandonment. They downplay the importance of their relationships, find it hard to trust partners, feel that others want them to be more intimate than they wish to be, and keep partners at a distance. Bowlby (1973) described dismissing or avoidant individuals as “compulsively self-reliant.” Finally, adults with a *fearful* internal working model resemble infants with a disorganized-disoriented attachment; they take a dim view of both themselves and other people and display a confusing, unpredictable mix of neediness and fear of closeness. You may wish to see if you can identify the internal working models expressed by the statements in the Explorations box.

Mary Main and her colleagues have stimulated much research on adult attachment styles with their Adult Attachment Interview (AAI). It asks adults about their childhood experiences with attachment figures and about their current relationships with their parents and romantic partners, including their experiences with separation and rejection. Respondents are then classified into categories similar to those in Figure 14.7 (Main, Kaplan, & Cassidy, 1985). Much is learned by seeing how freely and coherently adults talk about their early relationships. For example, dismissing adults prove unable to reflect on their early relationships with their parents; they may say all was great but provide no supporting evidence. Preoccupied adults have a lot to say, much of it emotionally charged, but they have difficulty integrating and gaining a perspective on their experiences. Secure adults are able to reflect on their family experience and make sense of it—even when they have had miserable childhoods.

Research using the AAI and other instruments suggests that adults do have predominant styles of attachment. In a pioneering study conceptualizing romantic love as attachment, Cindy Hazan and Phillip Shaver (1987) classified 56% of the adults they studied as having a secure attachment style, 19% as resistant, and 25% as avoidant. (They did not measure the fearful or disorganized-disoriented attachment style.) Adults’ styles of attachment were related to the quality of their romantic relationships. For example, adults with a secure attachment style experience a good deal of trust and many positive emotions in their

current love relationships, and their relationships tend to last longer than those of adults with insecure attachment styles. Avoidant lovers fear intimacy, whereas resistant individuals tend to be obsessed with their partners. Both avoidant and resistant adults report a lot of jealousy and emotional extremes of love and pain in their romantic relationships. In a recent study in which engaged and married partners discussed problems in their relationships (Roisman, 2007), adults with a secure attachment style calmly shared their feelings and thoughts; avoidant-style adults showed physiological signs of shutting down or inhibiting their true feelings; and resistant-style adults became highly emotionally aroused, as indicated by high heart rates.

The quality of the parent-child relationship an adult experienced earlier in life predicts both adult attachment style and romantic relationship quality. In a longitudinal study spanning the years from infancy to adulthood, adults who had experi-



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Romantic attachment shares qualities with parent–infant attachment.

enced sensitive maternal care in infancy had more positive mental representations of their romantic relationships than did other adults (Grossmann et al., 2002b). In addition, the quality of the parent–child attachment, especially after infancy, predicted the quality of an adult’s romantic relationship. Similarly, and as we saw earlier, Jeffrey Simpson and his colleagues (2007) found that a secure attachment at 1 year of age was linked, in turn, to social competence in childhood, close friendships in adolescence, and an emotionally positive romantic relationship in early adulthood. So, as Bowlby theorized, internal working models of self and other formed on the basis of parent–child interactions affect the quality of later relationships (Fraley, 2002; Mayseless & Scharf, 2007).

Internal working models also predict the capacity for exploration—the extent to which adults have the confidence and curiosity to explore and master their environments (Mikulincer & Shaver, 2003). A secure attachment style in adulthood is associated with strong achievement motivation and a focus on mastering challenges as opposed to avoiding failure (Elliot & Reis, 2003). Securely attached adults also enjoy their work and are good at it, whereas preoccupied (resistantly attached) adults want approval and grumble about not being valued enough, and dismissing (avoidantly attached) adults bury themselves in their work and do little socializing with coworkers (Hazan & Shaver, 1990).

Internal working models also affect an adult’s capacity for caregiving—most importantly, for being a sensitive and responsive parent (Mikulincer & Shaver, 2003). Mothers and fathers who had secure relations with their parents tend to interact more sensitively with their children and form more secure attachment relationships with them than parents whose early attachments were insecure (van IJzendoorn, 1995). Mothers with a dismissing attachment style seem to derive little pleasure from their infants, whereas preoccupied mothers are anxious and behave irritably and intrusively with theirs (Adam, Gunnar, & Tanaka, 2004). Attachment styles are even transmitted across multiple generations. In one study, grandmothers who completed the AAI, mothers-to-be who completed the AAI when pregnant, and infants tested in the Strange Situation with their mothers all fell in the same attachment category in 64% of the cases (Benoit & Parker, 1994).

Finally, attachment styles have a bearing on adjustment even in old age. Older adults who recall loving relationships with their parents during childhood tend to have better physical and mental health than those who recall unsupportive relationships (Shaw et al., 2004). Interestingly, whereas most young and middle-aged adults appear to have secure adult attachment styles, Carol Magai and her colleagues (2001) found that most European American and African American elderly adults fall in the dismissing–avoidant attachment category; they express some discomfort with closeness and tend to be compulsively self-reliant. Elderly people with either a secure or a dismissive (avoidant) attachment style tend to be happier than those whose styles are preoccupied or fearful, suggesting that the independent, dismissive style may be adaptive in old age, possibly helping adults who have lost spouses manage life on their own (Webster, 1998).

Overall, internal working models, past and present, have implications for romantic relationships, exploration and work, relationships with children, and overall adjustment in adulthood. Research on secure, preoccupied, dismissing, and fearful styles of attachment in adulthood has taught us a good deal about adult relationships.

## Adult Friendships

Friendships are important across the life span, although they take on different characters at different ages (Blieszner & Roberto, 2004). Young adults typically have more friends than older adults do, but even very old adults usually have one or more close friend and are in frequent contact with their friends (Ueno & Adams, 2006). The friends of elderly adults are generally elderly; in one study, 68% of adults over age 75 had no one in their social network younger than 35, suggesting a good deal of age segregation (Uhlenberg & de Jong-Gierveld, 2004). Elderly adults seem fine with this, however: Almost three-fourths of the women Rebecca Adams (1985–1986) interviewed claimed that “old friends are the best friends,” even though they continued to make new friends late in life.

Friendships can have a negative side too, however, especially as older adults begin to develop significant health problems and disabilities (Ueno & Adams, 2006). When one friend needs more aid than the other and is able to give less aid in return, this imbalance can strain the relationship. Social psychologists have long emphasized the importance of **equity**, or a balance of contributions and gains, to satisfaction in relationships (Walster, Walster, & Berscheid, 1978). A person who receives more from a relationship than he gives is likely to feel guilty; a person who gives a great deal and receives little in return may feel angry or resentful.

Consistent with equity theory, involvement in relationships in which the balance of emotional support given and received is unequal is associated with lower emotional well-being and more symptoms of depression than involvement in more balanced relationships (Keyes, 2002; Ramos & Wilmoth, 2003). Interestingly, overbenefited, or dependent, friends often experience more distress than underbenefited, or support-giving, friends (Roberto & Scott, 1986). Being able to help other people, or at least to reciprocate help, tends to boost the self-esteem and reduce the depressive symptoms of elderly adults (Krause & Shaw, 2000; Ramos & Wilmoth, 2003). Perhaps because of gender-role norms, men who have a strong desire to be independent react especially negatively to receiving help (Nagumey, Reich, & Newsom, 2004). Perhaps because inequity threatens friendships, older adults usually call on family before friends when they need substantial help (Felton & Berry, 1992; Kendig et al., 1988).

## Adult Relationships and Adult Development

We have emphasized throughout this chapter that close attachments to other people are essential to normal cognitive, social, and emotional development. It should not surprise you to

## BUILDING STRONGER SOCIAL RELATIONSHIPS

How might knowledge of social relationships be applied to help humans develop more satisfying relationships across the life span? As you have seen, parents who are likely to be insensitive to their infants, as well as infants who have difficult temperaments, are at risk for forming insecure attachments. Naturally there has been a good deal of interest in discovering how to help them form secure attachment bonds (Berlin, 2005). In one study (van den Boom, 1995), low-income mothers in Holland with irritable babies were given a series of three, 2-hour training sessions designed to make them more sensitive and responsive caregivers. Home visitors worked with the mothers during everyday interactions to help them recognize, interpret, and respond appropriately to their infants' signals.

Not only did the trained mothers become more sensitive caregivers, but their infants also were more likely than those of mothers who received no training to be able to soothe themselves when upset, to be securely attached at age 1, and to remain securely attached at age 3. What is more, these children had more positive relationships with peers. It is now clear that parents can be trained in only a few sessions to be more sensitive caregivers and, as a result, to build more secure attachments with even

difficult infants (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003; Berlin, 2005; Velderman et al., 2006).

Also promising is toddler-parent psychotherapy based on attachment theory (Cicchetti, Toth, & Rogosch, 2004; Cicchetti, Rogosch, & Toth, 2006). In this approach, depressed or abusive parents are helped to understand how their internal working models (for example, lingering anger at a mother who was not there for them in childhood) affect their interactions with their infants and how they can improve those interactions. Such therapy can change disorganized attachments into secure ones.

Children who are neglected or, worse, rejected by their peers are another group at risk of having relationship difficulties. They can be helped through coaching programs designed to teach them the social and social cognitive skills they lack (Bierman, 2004; Ladd, 1999). In social-skills coaching programs, an adult therapist models or displays social skills, explains why they are useful, allows children to practice them, and offers feedback to help children improve their skills. In a pioneering study, Sherrie Oden and Steven Asher (1977) coached third- and fourth-grade social isolates in how to play, how to take turns and share, how to communicate effectively, and how to provide attention and help to peers. Children

who were coached developed more outgoing and positive social behavior and achieved gains in sociometric status within the classroom.

For some individuals, though, the real problem is a restricted social environment rather than a lack of social skills (Rook, 1984, 1991). Such was the case for the socially isolated elderly people described by Marc Pilisuk and Meredith Minkler (1980). Living in inner-city hotels in San Francisco, these individuals were often prisoners in their rooms because of disability, poverty, and fear of crime. To change this situation, public health nurses began to offer free blood pressure checkups in the lobby of one hotel. As the nurses got to know the residents, they were able to draw them into conversations and to link individuals who had common interests. After about a year, the residents formed their own activities club; organized discussions, film showings, and parties; and were well on their way out of their social isolation. Programs in which home visitors befriend lonely elderly adults can also help (Andrews et al., 2003), as can senior centers that allow isolated elders to meet and form friendships with other isolated elders (Aday, Kehoe, & Farney, 2006). The message may be this: To improve social relationships, change the individual, the social environment, or both as appropriate.

learn, then, that adults are better off in many ways when they enjoy meaningful social relationships. Research tells us this: The quality rather than the quantity of an individual's social relationships is most closely related to that person's sense of well-being or life satisfaction (O'Connor, 1995; Pinquart & Sorensen, 2000). Just as people can feel lonely despite being surrounded by other people, adults apparently can feel deprived of social support even though they receive a lot of it—or they can have restricted social networks yet be highly satisfied with their relationships.

The size of an adult's social network is not nearly as important as whether it includes at least one **confidant**—a spouse, relative, or friend to whom the individual feels especially attached and with whom thoughts and feelings can be shared (de Jong-Gierveld, 1986; Levitt, 1991). For most married adults in our society, spouses are the most important confidants, and the quality of an adult's marriage is one of the strongest influences on overall satisfaction with life (Fleeson, 2004). Men are particularly dependent on their spouses; women rely more on friends, siblings, and children for emotional support (Gurung, Taylor, & Seeman, 2003). Of concern is a recent finding that

the percentage of adults in the United States who say they have no one with whom to discuss important matters increased from 10% in 1985 to almost 25% in 2004 and the number of confidants the average person had dropped from about three to two over this same time span (McPherson, Smith-Lovin, & Brashears, 2006).

Also important to life satisfaction is whether interacting with close companions is rewarding or stressful (Krause, 1995). Perhaps because of their personality traits, people who have positive (or negative) interactions in one relationship tend to have similar experiences in other relationships, creating a constellation of supportive (or stressful) relationships (Krause & Rook, 2003). Relationships with spouses, children, or other significant companions can undermine rather than bolster emotional well-being if they involve mostly negative exchanges (Newsom et al., 2003).

So, a small number of close and harmonious relationships can improve the quality of an adult's life, whereas negative relationships (or none) can make life unpleasant. It is more than that, however: Social support, especially from family members, has positive effects on the cardiovascular, endocrine, and im-

mune systems, keeps blood pressure in the normal range, improves the body's ability to cope with stress, and can contribute to better physical functioning and a longer life, especially in old age (Charles & Mavandadi, 2004; Uchino, Cacioppo, & Keicolt-Glaser, 1996). Close relationships with family and friends can also help people maintain high levels of cognitive functioning (Béland et al., 2005; Zunzunegui et al., 2003). By contrast, both being socially isolated and feeling lonely, whether one is isolated or not, have been linked to cognitive decline and even to signs of dementia (Wilson et al., 2007).

Susan Charles and Shahrzad Mavandadi (2004), noting that emotions and social relationships are closely linked throughout life starting in infancy, suggest that they may have evolved together. They go on to suggest that social relationships affect health and well-being through their effects, good or bad, on emotions and emotion regulation. Thus, separations from caregivers, abuse, and social deprivation raise stress hormone levels in infants and can disrupt neural development and make children more reactive to stress later in life (Gunnar & Quevedo, 2007). By contrast, warm, responsive parenting can help even infants who are highly emotionally reactive to stressors cope better, and close relationships later in life can help people keep their emotions in check and avoid stress-related illnesses (Charles & Mavandadi, 2004). Whatever the mechanisms, and whatever our ages, our well-being and development hinge considerably on the quality of our ties to our fellow humans—particularly on having a close emotional bond with at least one person. It is fitting, then, that we conclude this chapter by illustrating, in the Applications box, approaches to improving social relationships across the life span.

## SUMMING UP

- Social networks shrink from early to later adulthood; according to Carstensen's socioemotional selectivity theory, this is because older adults, seeing less time ahead, focus on emotional fulfillment rather than acquisition of information for future use.
- As revealed by the AAI and other tools, adults have secure, preoccupied, dismissing, or fearful internal working models or attachment styles that are rooted in their early attachment experiences and that affect the quality of their romantic relationships, ability to work productively, relationships with their own children, and adjustment.
- Adults continue to value friends, but disability and disease can introduce inequity into relationships, so older adults often turn first to family for help.
- Life satisfaction, physical health, and cognitive functioning are maintained better in old age when people have at least one close confidant to help them regulate their emotions.

## Critical Thinking

1. Laura Carstensen's socioemotional selectivity theory suggests that adults narrow their social networks with age to better meet

their emotional needs. Develop some alternative hypotheses about why young adults have larger social networks than elderly adults.

2. Focusing on Pete the Preoccupied and Dwight the Dismissing, compare their behavior in past and current relationships and at work.

## CHAPTER SUMMARY

### 14.1 PERSPECTIVES ON RELATIONSHIPS

- The developmental significance of early parent-child relationships is emphasized in the Bowlby-Ainsworth attachment theory, which argues that attachments are built into the human species, develop through an interaction of nature and nurture during a sensitive period, and affect later development by shaping internal working models of self and other.
- The second world of childhood, the peer world, is believed to be especially important by Jean Piaget, who emphasized the reciprocal nature of peer relations, and Judith Rich Harris, who argues that children are socialized more by peers than by parents.

### 14.2 THE INFANT

- Biologically based emotions such as anger and fear appear in the first year of life, self-conscious emotions in the second year. Attachment figures arouse strong emotions, socialize emotions, and help infants regulate their emotions until they can develop their own emotion regulation strategies.
- Parents typically become attached to infants before or shortly after birth and parent and child quickly establish synchronized routines. Infants progress through phases of undiscriminating social responsiveness, discriminating social responsiveness, active proximity seeking, and goal-corrected partnership. The formation of a first attachment around 6 or 7 months is accompanied by separation anxiety and stranger anxiety, as well as by exploration from a secure base.
- Research using Mary Ainsworth's Strange Situation classifies the quality of parent-infant attachment as secure, resistant, avoidant, or disorganized-disoriented. Harry Harlow demonstrated that contact comfort is more important than feeding in attachment; secure attachments are also associated with sensitive, responsive parenting. Infant characteristics (temperament and achievement of person permanence) also contribute.
- Repeated long-term separations and social deprivation can make it difficult for an infant to form normal attachments, though recovery is evident. Attending day care normally does not disrupt parent-child attachments, although quality of care matters. Secure attachments contribute to later cognitive and social competence, but attachment quality often changes over time, and insecurely attached infants are not doomed to a lifetime of poor relationships.
- Infants are interested in peers and become increasingly able to coordinate their own activity with that of their small companions; by 18 months, they participate in complementary interactive exchanges and form friendships.

### 14.3 THE CHILD

- From ages 2 to 12, children participate in goal-corrected partnerships with their parents and spend increasing amounts of

- time with peers, especially same-sex ones, engaging in increasingly social and imaginative play, including social pretend play, and later in organized games and hobbies.
- Physical attractiveness, cognitive ability, social competence, and emotion regulation skills contribute to popular—rather than rejected, neglected, or controversial—sociometric status. Children who are rejected by their peers or who have no friends are especially at risk for future problems.

#### 14.4 THE ADOLESCENT

- During adolescence, same-sex and cross-sex friendships increasingly involve emotional intimacy and self-disclosure, and a transition is made from same-sex cliques, to mixed-sex cliques and larger crowds, and finally to dating relationships, which at first meet self-esteem and status needs and later become more truly affectionate. Although susceptibility to negative peer pressure peaks around age 14 or 15, peers are more often a positive than a negative force in development, unless poor relationships with parents lead to association with an antisocial crowd.

#### 14.5 THE ADULT

- Adult social networks shrink with age, possibly because of increased socioemotional selectivity. Adults have secure, preoccupied, dismissing, or fearful internal working models that appear to be rooted in their early attachment experiences and that affect their romantic relationships, approaches to work, attachments with their own children, and adjustment.
- Although adults are highly involved with their spouses or romantic partners, they continue to value friendships, especially long-lasting and equitable ones. Having at least one confidant has beneficial effects on life satisfaction, as well as on physical health and cognitive functioning.

## KEY TERMS

- attachment theory 406  
 attachment 406  
 imprinting 407  
 internal working model 407  
 peer 408  
 self-conscious emotion 409  
 social referencing 410  
 emotion regulation 410  
 synchronized routines 411  
 goal-corrected partnership 412  
 separation anxiety 412  
 stranger anxiety 412  
 secure base 412  
 Strange Situation 412  
 secure attachment 412
- resistant attachment 412  
 avoidant attachment 413  
 disorganized-disoriented attachment 413  
 contact comfort 414  
 pretend play 422  
 social pretend play 423  
 sociometric techniques 424  
 clique 427  
 crowd 427  
 social convoy 430  
 socioemotional selectivity theory 430  
 equity 433  
 confidant 434

## MEDIA RESOURCES



### BOOK COMPANION WEBSITE

[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

Find online quizzes, flash cards, animations, video clips, experiments, interactive assessments, and other helpful study aids for this text at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman). You can also connect directly to the following sites:

### ABOUT.COM PSYCHOLOGY: ATTACHMENT STYLES

The About.com Psychology website on attachment styles offers the visitor an excellent overview of numerous types of attachments. Unique to this site are tables that describe how characteristics of each type of attachment are manifested in childhood and adulthood.

### ADULT ATTACHMENT LAB

This University of California at Davis-housed site contains links to many respected attachment research labs and numerous research publications on attachment.

### ONLINE DATING SERVICES

Even those not looking for a date or a mate might be interested in the newest fad in dating, the online service. Of particular interest are the types of characteristics that each of the services uses to sort for potential partners.

### SOCIAL AND EMOTIONAL DEVELOPMENT

This PBS-sponsored site offers visitors access to links on a wide variety of topics related to early social development including milestones in social and emotional development, self-esteem and identity, and self-control.

## UNDERSTANDING THE DATA: EXERCISES ON THE WEB



[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

For additional insight on the data presented in this chapter, try out the exercise for this figure at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman):

Figure 14.6 Frequency of activities engaged in by preschool children of different ages

## CENGAGENOW



[academic.cengage.com/login](http://academic.cengage.com/login)

Go to [academic.cengage.com/login](http://academic.cengage.com/login) to link to CengageNOW, your online study tool. First take the Pre-Test for this chapter to get your Personalized Study Plan, which will identify topics you need to review and direct you to online resources. Then take the Post-Test to determine what concepts you have mastered and what you still need work on.



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### 15.1 UNDERSTANDING THE FAMILY

- The Family as a System within Systems
- The Family as a Changing System
- A Changing System in a Changing World

### 15.2 THE INFANT

- Mother-Infant and Father-Infant Relationships
- Mothers, Fathers, and Infants: The System at Work

### 15.3 THE CHILD

- Parenting Styles
- Social Class, Economic Hardship, and Parenting
- Models of Influence in the Family
- Sibling Relationships

### 15.4 THE ADOLESCENT

- Ripples in the Parent-Child Relationship
- Renegotiating the Relationship

### 15.5 THE ADULT

- Establishing the Marriage
- New Parenthood
- The Child-Rearing Family
- The Empty Nest
- Grandparenthood
- Changing Family Relationships

### 15.6 DIVERSITY IN FAMILY LIFE

- Singles
- Childless Married Couples
- Dual-Career Families
- Gay and Lesbian Families
- Divorcing Families

### 15.7 THE PROBLEM OF FAMILY VIOLENCE

- Why Does Family Violence Occur?
- What Are the Effects of Family Violence?

# 15

CHAPTER

## The Family

**FOR THESE BROTHERS**, divorce was painful (Harvey & Fine, 2004, pp. 32–33):

My brother, for instance, became very distant and cold toward my mother. He chose not to express any emotion. . . . I, on the other hand, became very sad. I didn't un-

derstand, because as I said, their marriage was perfect. I withdrew from my friends, couldn't sleep, and I cried all of the time. For this college student, by contrast, divorce was a growth-promoting experience (Harvey & Fine, 2004, p. 64):

I look back at the divorce of my parents and I think it was a very important time in my life. It helped my [sic] to mature and to become more responsible. I have no regrets. I have lost a man who was intended to be my father, but gained a real dad.



For good or bad, we are all bound to our families. We are born into them, work our way toward adulthood in them, start our own as adults, and continue to be bound to them in old age. We are part of our families, and they are part of us. James Garbarino (1992) has gone so far as to call the family the “basic unit of human experience” (p. 7).

This chapter examines the family and its central roles in human development throughout the life span. How has the family changed in recent years? How do infants, children, and adolescents experience family life, and how are they affected by their relationships with parents and siblings? How is adult development affected by such family transitions as marrying, becoming a parent, watching children leave the nest, and becoming a grandparent? Finally, what are the implications of the diversity that characterizes today’s family lifestyles—and of such decisions as remaining childless or divorcing?

## 15.1 UNDERSTANDING THE FAMILY

The family is a system—and a system within other systems. It is also a changing system—and a changing system in a changing world.

### The Family as a System within Systems

Debate rages in the United States today about whether the marriage that forms the basis of a family must be between husband and wife or can be between two men or two women. This illustrates that it may not be possible to define *family* in a way that applies across all cultures and eras; many forms of family life have worked and continue to work for humans (Coontz, 2000a; Leeder, 2004). However we define it, proponents of **family systems theory** conceptualize a family as a system. This means that the family, like the human body, is truly a whole consisting of interrelated parts, each of which affects and is affected by every other part, and each of which contributes to the functioning of the whole (Bornstein & Sawyer, 2006; Parke & Burriel, 2006). Moreover, the family is a dynamic system—a self-organizing system that adapts itself to changes in its members and to changes in its environment (Maccoby, 2007). In the past, developmentalists did not adopt this family systems perspective. They typically focused almost entirely on the mother-child relationship, assuming that the only process of

interest within the family was the mother’s influence on the child’s development.

The **nuclear family** typically consists of father, mother, and at least one child. Even a simple man, woman, and infant “system” can be complex. An infant interacting with her mother is already involved in a process of reciprocal influence: The baby’s smile is greeted by a smile from Mom, and Mom’s smile is reciprocated by the infant’s grin. However, the presence of both parents means that we must consider husband-wife, mother-infant, and father-infant relationships (Belsky, 1981). Every individual and every relationship within the family affects every other individual and relationship through reciprocal influence.

Now think about how complex the family system becomes if we add another child (or two or six) to it. We must then understand the husband-wife relationship, the relationships between each parent and each of their children, and the relationships between siblings. The family now becomes a system with subsystems—in this case the marital, parent-child, and sibling subsystems (Parke & Burriel, 2006). In addition, researchers have begun to focus on another subsystem, **coparenting**, the ways in which the two parents coordinate their parenting and function well (or poorly) as a team in relation to their children (J. McHale et al., 2002; Parke & Burriel, 2006). Do they talk to each other about the children, are they consistent in the rules they set, do they back one another up—or do they contradict one another, compete for their children’s affection, and undermine each other’s parenting? Mutually supportive coparenting can make a big difference in development, beyond the impact of a close marital relationship.

Now consider the complexity of an **extended family household**, in which parents and their children live with other kin—some combination of grandparents, siblings, aunts, uncles, nieces, and nephews. Extended family households are common in many cultures of the world (Ruggles, 1994), and humans may have evolved to involve the whole “village,” or at least many members of the extended family, rather than just the mother and father in raising children (Hrdy, 2005). In the United States, African Americans, Hispanic Americans, and other ethnic minorities tend to place more emphasis on extended family bonds than European Americans do (Parke & Burriel, 2006). For example, economically disadvantaged single mothers can obtain needed help with child care and social support by living with their mothers (Burton, 1990; Oberlander, Black, & Starr, 2007). Even when members of the



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Extended families have many paths of reciprocal influence.

extended family live in their own nuclear family households, they often interact frequently and share responsibility for raising children, often to the benefit of the children.

The family is also a *system within other systems*; whether it is of the nuclear or the extended type, it does not exist in a vacuum. Urie Bronfenbrenner's bioecological model (see Chapter 1) emphasizes that the family is a system embedded in larger social systems such as a neighborhood, a community, a subculture, and a broader culture (Bronfenbrenner & Morris, 2006). The family experience in our culture is different from that in cultures where new brides become underlings in the households of their mothers-in-law or where men can have several wives. There is an almost infinite variety of family forms and family contexts in the world and a correspondingly wide range of developmental experiences within the family.

## The Family as a Changing System

It would be difficult enough to study the family as a system if it kept the same members and continued to perform the same activities for as long as it existed. However, family membership changes as new children are born and as grown children leave the nest. Moreover, each family member is a developing individual, and the relationships between husband and wife, parent and child, and sibling and sibling change in systematic ways over time. Because the family is truly a system, changes in family membership and changes in any individual or relationship within the family affect the dynamics of the whole.

The earliest theories of family development featured the concept of a **family life cycle**—a sequence of changes in family composition, roles, and relationships from the time people marry until they die (Hill & Rodgers, 1964). Family theorist Evelyn Duvall (1977), for example, outlined eight stages of the family life cycle, from the married couple without children through the family with children to the aging family. In each stage, family members were said to play distinctive roles—

husband, wife, daughter, and so on—and carry out distinctive developmental tasks—for example, establishing a satisfying relationship in the newlywed phase, adjusting to the demands of new parenthood in the childbearing phase, and adapting to the departure of children in the “launching” phase.

In this chapter, we look at the effect of these family transitions on adults, and we examine how the child’s experience of the family changes as she develops. You will see, however, that an increasing number of people do not experience this traditional family life cycle. They remain single or childless, they marry multiple times, or they otherwise deviate from a scenario in which a man and woman form a nuclear family, raise children, and grow old together (Patterson & Hastings, 2007). As a result, many family researchers reject the overly simple concept of the family life cycle with its set stages. However, they have embraced the concept that we lead “linked lives” across the life course—that our development is intertwined with that of other family members (Elder & Shanahan, 2006). They have also embraced the concept that families function as systems and, like the individuals in them, develop and change over the life span.

## A Changing System in a Changing World

Not only is the family a system embedded within systems, and not only is it a developing system, but the world in which it is embedded is ever changing. During the second half of the 20th century, several dramatic social changes altered the makeup of the typical family and the quality of family experience. Drawing on analyses of U.S. Census Bureau data and other surveys, we will highlight some of these trends (see Bryant et al., 2006; Teachman, 2000; U.S. Census Bureau, 2006; Whitehead & Popenoe, 2003; Wilmoth & Longino, 2006):

1. *More single adults.* More adults are living as singles today than in the past; often they are living with a partner or a partner and children but are unmarried. Do not conclude that marriage is out of style: more than 90% of adults can still be expected to marry at some time in their lives (Whitehead & Popenoe, 2003). The percentage of the population that is married at any given time has been dropping, though, especially among African Americans with little education (Schoen & Cheng, 2006).

2. *Postponed marriage.* Many adults are not rejecting marriage but are simply delaying it while they pursue educational and career goals. The average age of first marriage decreased during the first half of the 20th century, but it has since risen to about 25 for women and 27 for men (Whitehead & Popenoe, 2003). This has meant that more babies—about 35%—are being born outside marriage (U.S. Census Bureau, 2006).

3. *Fewer children.* Today’s adults are also having fewer children and therefore spend fewer years of their lives raising children. Increasing numbers of young women are also remaining childless; in 1998, 19% of women ages 40 to 44 were childless, compared with 10% in 1980 (Whitehead & Popenoe, 2003).

4. *More women working.* In 1950, 12% of married women with children younger than 6 years worked outside the home; in 2005, the figure was about 60%, a truly dramatic social change (U.S. Census Bureau, 2006). Fewer children today have a mother whose full-time job is that of homemaker.

5. *More divorce.* The divorce rate has also increased over the past several decades, although it leveled off around 1980. At least 4 in 10 newly married couples can expect to divorce (Schoen & Canudas-Romo, 2006).

6. *More single-parent families.* Partly because of more out-of-wedlock births, but mostly because of the rise in divorce, more children live in single-parent families. In 1960, only 9% of children lived with one parent, usually a widowed one (Whitehead & Popenoe, 2003); in 2002, 23% of children younger than 18 years lived with their mothers only and 5% lived with their fathers only (U.S. Census Bureau, 2006).

7. *More children living in poverty.* The higher number of single-parent families has meant an increase in the proportion of children living in poverty. About 17% of children in the United States live in poverty today (U.S. Census Bureau, 2006). Fully 33% of African American children and almost 29% of Hispanic American children are poor.

8. *More remarriages.* As more married couples have divorced, more adults have been remarrying. Often they form new, **reconstituted families** that include at least a parent, a stepparent, and a child; sometimes they blend multiple children from two families into a new family.

9. *More years without children.* Because modern couples are compressing their childbearing into a shorter time span, because some divorced adults do not remarry, and mainly because people are living longer, adults today spend more of their later years as couples—or, especially if they are women, as single adults—without children in their homes (Johnson & Troll, 1996). Of adults age 65 and older, 30% live alone, 55% live with a spouse or partner, and 15% live with someone else, such as a sibling or adult child (U.S. Census Bureau, 2006).

10. *More multigenerational families.* As a result of these same trends, more children today than in the past know their grandparents and even their great-grandparents; parent-child and grandparent-child relationships are lasting longer, and multigenerational bonds are becoming more important (Bengtson, 2001). As three- and even four-generation families have become more common, the result has been dubbed the **beanpole family**, characterized by more generations, but smaller ones, than in the past (Bengtson, Rosenthal, & Burton, 1990).

11. *Fewer caregivers for aging adults.* Smaller families with fewer children, increases in the numbers of adults living alone, increased longevity, and the large Baby Boom generation poised to enter old age mean that more and more aging adults need care from relatives and have fewer relatives to provide it (E. Brody, 2004).

Clearly, many important changes have been occurring. Some observers view these changes as evidence of a “decline of

marriage and the family,” noting the negative effects on children of increased divorce, single-parent families, and poverty, and the problem of more elderly adults having fewer children to support them. Observers also worry because most Americans now view marriage as an institution whose purpose is more to meet the emotional needs of adults than to raise children (Whitehead & Popenoe, 2003).

Other scholars, though, find good news with the bad in these trends (Teachman, 2000; L. White & Rogers, 2000). For example, postponing marriage improves its chances of success, men’s and women’s roles in the family are more equal than they used to be, more children have relationships with their grandparents and great-grandparents, and families are better off financially with two wage earners than with only one. From this perspective, the family is not dying; it is just different. It can even be characterized as a highly “adaptable institution” in that it has survived despite many social changes that could have done it in (Amato et al., 2003).

Whether it is in decline or not, the American family is more diverse than ever before. Our stereotyped image of the family—the traditional, stereotypical nuclear family with a breadwinner–father, a full-time housewife–mother, and children—has become just that: a stereotype. By one estimate, about 45% of families in 1960, but only 12% of families by 1995, conformed to this pattern (Hernandez, 1997). Today only about one-fourth of all households are married couples with children, most of which are dual-earner families (U.S. Census Bureau, 2006). Clearly, we must broaden our image of the family to include the many dual-career, single-parent, reconstituted, childless, and other nontraditional families that exist today. We must also avoid assuming that families that do not fit the stereotypical family model are deficient.

## SUMMING UP

- Family systems theorists view the family as a system with subsystems, embedded in other systems (as Bronfenbrenner emphasizes), changing over time (as family life cycle theorists note), and changing in a changing world.
- Changes in the last half century include trends toward more single adults, postponed marriage, fewer children, more women working, more divorce, more single-parent families, more children in poverty, more reconstituted families, more years without children, more multigenerational families, and fewer caregivers for aging adults.
- Given increased diversity of family forms, the stereotypical nuclear family is hard to find.

## CRITICAL THINKING

1. If present trends continue, do you think the family will be stronger or weaker in 2050 than it is now? What statistics would you cite to make your case?

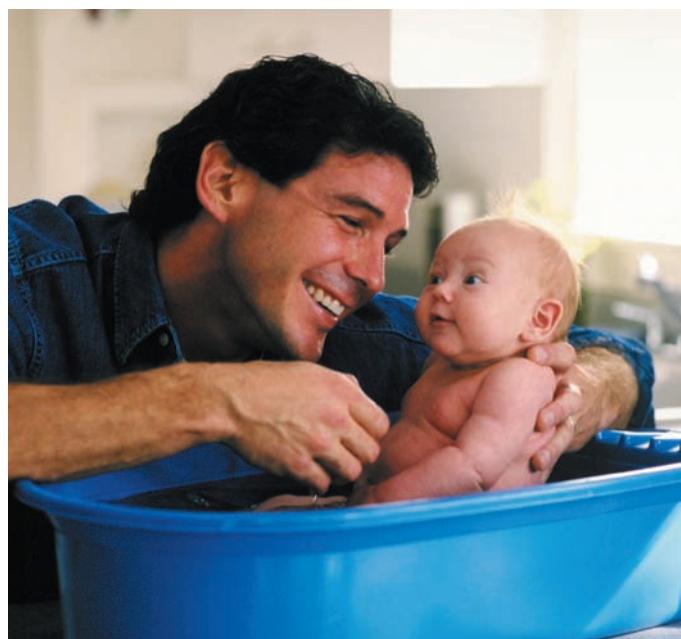
## 15.2 THE INFANT

We begin this look at family development by adopting a child's perspective and tracing a child's development in the family from infancy to adolescence. Later, we will adopt the perspective of this child's parents and see how the events of the family life cycle look to them.

### Mother-Infant and Father- Infant Relationships

Once developmentalists took seriously the idea that the family is a system, they discovered the existence of fathers and began to look more carefully at how both mothers and fathers interact with their children and at what each parent contributes to a child's development. They have also asked how mothers' and fathers' roles have changed as more mothers have gone to work and as divorce rates have climbed.

Gender stereotypes would suggest that fathers are not cut out to care for infants and young children; however, the evidence suggests that they are (Lamb & Tamis-Lemonda, 2004; Parke, 1996). Researchers repeatedly find that fathers and mothers are more similar than different in the ways they interact with infants and young children. For example, when mothers and fathers are observed feeding their babies, fathers prove to be no less able than mothers to perform this caregiving task effectively and to ensure that the milk is consumed (Parke & Sawin, 1976). And, fathers, like mothers, provide sensitive parenting, become objects of attachment, and serve as secure bases for their infants' explorations (Cox et al., 1992; Schoppe-Sullivan et al., 2006). We have no basis for thinking that moth-



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Fathers are just as capable as mothers of sensitive, responsive parenting.

ers are uniquely qualified to parent or that men are hopelessly inept around babies.

However, that fathers are capable of sensitive parenting does not mean that they play the same roles as mothers in their children's lives. Fathers and mothers differ in both the quantity and the style of the parenting they provide (Lamb & Tamis-Lemonda, 2004; Marsiglio et al., 2000), and we can ask how nature and nurture contribute to these differences. Consider first differences in quantity: Mothers spend more time with children than fathers do (Bianchi, 2000). This gender difference is common across cultures, causing some to argue that it has been built into our genes during the course of evolution; it may even be related to the biological fact that mothers are more certain their children are theirs than fathers are (Bjorklund & Pellegrini, 2002).

True, fathers today are more involved with their children than fathers of the past were (Marsiglio et al., 2000; Pleck & Masciadrelli, 2004). Some are even sharing responsibility for child care equally with their spouses rather than just "helping," especially if they hold egalitarian views about gender roles (Bulanda, 2004; Deutsch, 2001). Yet there is still a gap.

Now consider differences in style or type of parenting provided. Mothers and fathers differ in their typical styles of interacting with young children. When mothers interact with their babies, a large proportion of their time is devoted to caregiving: offering food, changing diapers, wiping noses, and so on. Fathers spend much of their time with children in playful interaction. They specialize in tickling, poking, bouncing, and surprising infants, whereas mothers hold, talk to, and play quietly with infants (Laflamme, Pomerleau, & Malcuit, 2002; Neville & Parke, 1997). Yet fathers are able to adopt a "motherlike" caregiver role if they have primary responsibility for their children, so their playful parenting may be more about being in the role of the "backup" parent than about being male rather than female (Phares, 1999). It seems, then, that both nature (evolution) and nurture (societal gender-role norms) contribute to mother-father differences in parental involvement and styles of interacting with young children.

In view of the roles that fathers play in their children's lives, what are their contributions to child development? Fathers contribute to healthy development by supporting their children financially, whether they live together or not (Marsiglio et al., 2000). They also contribute by being warm and effective parents, just as mothers do. Babies are likely to be more socially competent if they are securely attached to both parents than if they are securely attached to just one (Main & Weston, 1981). In addition, children whose fathers are warm and involved with them tend to become high achievers in school (Cabrera et al., 2000). A father's tendency to challenge his young children during play, egging them on to take risks, may be particularly important, breeding a secure attachment style later in life and encouraging exploration (Grossmann et al., 2002b). Finally, children generally have fewer psychological disorders and problems if their fathers are caring, involved, and effective parents than if they are not (Cabrera et al., 2000; Marsiglio et al., 2000).

## Mothers, Fathers, and Infants: The System at Work

We now need to view the new family as a three-person system functioning in a social context (Bornstein & Sawyer, 2006). The mother-child relationship cannot be understood without considering the father; nor can the father-child relationship be understood without taking the mother into account. This is because parents have **indirect effects** on their children through their ability to influence the behavior of their spouses. More generally, indirect effects within the family are instances in which the relationship or interaction between two individuals is modified by the behavior or attitudes of a third family member.

Fathers indirectly influence the mother-infant relationship in many ways. For example, mothers who have close, supportive relationships with their husbands tend to interact more patiently and sensitively with their babies than do mothers who are experiencing marital tension and who feel that they are raising their children largely without help (Cox et al., 1992; Lamb & Tamis-Lemonda, 2004). Meanwhile, mothers indirectly affect the father-infant relationship. For example, fathers are more likely to become involved in their children's education when their wives are involved (Flouri & Buchanan, 2003), and fathers who have just had arguments with their wives are less supportive and engaged when they interact with their children than fathers who have just had pleasant conversations with their wives (Kitzmann, 2000). As you can imagine, infant development goes best when parents get along well and truly coparent, or work as a team (Parke & Burriel, 2006). When parents compete rather than cooperate—for example, when one parent tries to capture the child's attention while she is being engaged by the other parent—their infants may show signs of insecure attachment or may become securely attached to one parent but be blocked from enjoying close relationships with both parents (Caldera & Lindsey, 2006).

### SUMMING UP

- Mothers and fathers are tremendously important forces in human development. Although they spend less time than mothers with their children, and often adopt a playful rather than a caregiving role, fathers are capable of sensitive and responsive parenting and contribute in many ways to their children's development.
- Both mothers and fathers affect their children not only directly but also through indirect effects on their spouses. Overall, children are best off when the marital relationship is solid and couples provide mutual support and encouragement that allow both to be more sensitive and responsive parents.

### Critical Thinking

1. Parents are not the only members of the family who can have indirect effects on other family members. Imagine how Little Raoul could have both (a) direct positive effects on his father and (b) indirect positive effects on his father through his effects on his mother.

## 15.3 THE CHILD

As children reach age 2 or 3, parents continue to be caregivers and playmates, but they also become more concerned with teaching their offspring how (and how not) to behave, using some approach to child rearing and discipline to achieve this end. Siblings also serve as socialization agents and become an important part of the child's experience of the family.

### Parenting Styles

How can I be a good parent? Certainly this question is uppermost in most parents' minds. You can go far in understanding which parenting styles are effective by considering just two dimensions of parenting: acceptance-responsiveness and demandingness-control (Darling & Steinberg, 1993; Maccoby & Martin, 1983; Schaefer, 1959; and see Maccoby, 2007).

Parental **acceptance-responsiveness** refers to the extent to which parents are supportive, sensitive to their children's needs, and willing to provide affection and praise when their children meet their expectations. Accepting, responsive parents are affectionate and often smile at, praise, and encourage their children, although they also let children know when they misbehave. Less accepting and responsive parents are often quick to criticize, belittle, punish, or ignore their children and rarely communicate to children that they are loved and valued.

**Demandingness-control** (sometimes called *permissiveness-restrictiveness*) refers to how much control over decisions lies with the parent as opposed to with the child. Controlling and demanding parents set rules, expect their children to follow them, and monitor their children closely to ensure that the rules are followed. Less controlling and demanding parents (often called *permissive parents*) make fewer demands and allow their children a great deal of autonomy in exploring the environment, expressing their opinions and emotions, and making decisions about their activities.

By crossing the acceptance and demandingness dimensions, we have four basic patterns of child rearing to consider, as shown in ■ **Figure 15.1:**

1. **Authoritarian parenting.** This is a restrictive parenting style combining high demandingness-control and low acceptance-responsiveness. Parents impose many rules, expect strict obedience, rarely explain why the child should comply with rules, and often rely on power tactics such as physical punishment to gain compliance.
2. **Authoritative parenting.** Authoritative parents are more flexible; they are demanding and exert control, but they are also accepting and responsive. They set clear rules and consistently enforce them, but they also explain the rationales for their rules and restrictions, are responsive to their children's needs and points of view, and involve their children in family decision making. They are reasonable and democratic in their approach; although it is clear that they are in charge, they communicate respect for their children.

|                                |      | Parental acceptance-responsiveness   |   |
|--------------------------------|------|--|---|
|                                |      | High   | Low   |
| Parental demandingness-control | High | <b>Authoritative</b><br>Reasonable demands, consistently enforced, with sensitivity to and acceptance of the child | <b>Authoritarian</b><br>Many rules and demands; few explanations and little sensitivity to the child's needs and perspectives |
|                                | Low  | <b>Permissive</b><br>Few rules and demands; children are allowed much freedom by indulgent parents                 | <b>Neglectful</b><br>Few rules and demands; parents are uninvolved and insensitive to their children's needs                  |

**FIGURE 15.1** The acceptance-responsiveness and demandingness-control dimensions of parenting. Which combination best describes your parents' approach?

SOURCE: From E. E. Maccoby & J. A. Martin, Socialization in the context of the family: Parent-child interaction. In E. M. Hetherington (Ed.), P. H. Mussen (Editor in Chief), *Handbook of child psychology: Vol. 4, socialization, personality, and social development* (4th Ed.). Copyright © 1983 by Wiley. Reprinted with permission.

**3. Permissive parenting.** This style is high in acceptance-responsiveness but low in demandingness-control. Permissive parents are indulgent; they have relatively few rules and make relatively few demands, encourage children to express their feelings and impulses, and rarely exert control over their behavior.

**4. Neglectful parenting.** Finally, parents who combine low demandingness-control and low acceptance-responsiveness are relatively uninvolved in their children's upbringing. They seem not to care much about their children and may even reject them—or else they are so overwhelmed by their own problems that they cannot devote sufficient energy to setting and enforcing rules (Maccoby & Martin, 1983).

We assume that you have no difficulty deciding that parental acceptance and responsiveness are preferable to parental rejection and insensitivity. As you have seen in this book, warm, responsive parenting is associated with secure attachments to parents, academic competence, high self-esteem, good social skills, peer acceptance, a strong sense of morality, and many other virtues. By contrast, lack of parental acceptance and affection contributes to depression and other psychological problems (Ge et al., 1996).

The degree of demandingness and control is also important. The authoritarian, authoritative, and permissive parenting styles were originally identified and defined by Diana Baumrind (1967, 1977, 1991). In a pioneering longitudinal study, Baumrind found that children raised by authoritative parents were the best adjusted: They were cheerful, socially responsible, self-reliant, achievement oriented, and cooperative with adults and peers. Children of authoritarian parents tended to be moody and seemingly unhappy, easily annoyed,

relatively aimless, and unpleasant to be around. Finally, children of permissive parents were often impulsive, aggressive, self-centered, rebellious, without self-control, aimless, and low in independence and achievement, although a warm, permissive style can be effective with an older, more independent child.

Subsequent research has shown that the worst developmental outcomes are associated with a neglectful, uninvolved style of parenting. Children of neglectful parents display behavioral problems such as aggression and frequent temper tantrums as early as age 3 (Miller et al., 1993). They tend to become hostile and antisocial adolescents who abuse alcohol and drugs and get in trouble (Lamborn et al., 1991; Weiss & Schwarz, 1996). Parents who provide little guidance and communicate that they do not care breed children who are resentful and prone to strike back at their uncaring parents and other authority figures.

In short, children develop best when they have love and limits. If they are indulged or neglected and given little guidance, they will not learn self-control and may become selfish and lacking in direction. If they receive too much guidance, as the children of authoritarian parents do, they will have few opportunities to learn self-reliance and may lack confidence in their own decision-making abilities. The link between authoritative parenting and positive developmental outcomes is evident in most ethnic groups and socioeconomic groups studied to date in the United States (Glasgow et al., 1997; Steinberg, 2001) and in a variety of other cultures (Scott, Scott, & McCabe, 1991; Vazsonyi, Hibbert, & Snider, 2003). Yet the effectiveness of different parenting approaches still differs depending on the cultural or subcultural context in which they are used, as illustrated in the Explorations box on page 444.

## Social Class, Economic Hardship, and Parenting

Middle-class and lower-class parents as groups have been found to pursue different goals, emphasize different values, and rely on different parenting styles in raising children—with some important implications. Compared with middle-class and upper-class parents, lower-class and working-class parents tend to stress obedience and respect for authority, be more restrictive and authoritarian, reason with their children less frequently, and show less warmth and affection (Conger & Dogan, 2007; McLoyd, 1990). Although you will find a range of parenting styles in any social group, these average social-class differences in parenting have been observed in many cultures and across racial and ethnic groups in the United States. Moreover, they help explain social class differences in developmental outcomes such as school achievement, adjustment, and life success (Conger & Dogan, 2007).

Why might these socioeconomic differences in parenting exist? One possibility is that personal traits that influence socioeconomic status (SES) and life outcomes are passed genetically from parents to children (Conger & Dogan, 2007). A genetically influenced trait such as aggression, for example, could help explain both a parent's difficulty holding jobs and a child's difficulty succeeding in school.

## PARENTING IN CULTURAL AND SUBCULTURAL CONTEXT

Although much research tells us that an authoritative style of parenting is effective in a variety of cultural contexts, it remains important to understand parenting in its cultural and subcultural context. Parents of different cultures and ethnic backgrounds are socialized to hold different beliefs and values about child rearing that shape their parenting practices and, in turn, affect their children's development (MacPhee, Fritz, & Miller-Heyl, 1996; McLoyd et al., 2000; Parke & Burriel, 2006; Rothbaum & Trommsdorff, 2007). For example, some traditional Native American groups such as the Mayan and Navajo Indians believe that the freedom and autonomy of young children must be respected. As a result, although parents may try to persuade young children to do things, they feel it would be wrong to force them (Rogoff, 2003). Their children seem to do fine with this relatively permissive parenting style, learning at an early age to cooperate with their parents and with other people.

By contrast, Asian and African American parents sometimes rely on a more authoritarian approach to parenting than most European American parents would use, but get good results with it (Parke & Burriel, 2006). Ruth Chao (1994, 2000), for example, was puzzled by findings suggesting that Asian students do no better in school when their parents use an authoritative style of parenting than when they use an authoritarian style, even though the authoritarian style is associated with higher achievement in other ethnic groups (Steinberg, Dornbusch, & Brown, 1992). Chao's analysis led her to conclude that what Chinese parents do is not well described by the Western concept of authoritarian parenting. These parents offer their children clear and specific guidelines for behavior, believing that this is the best way to express their love and train their children properly. Although the style seems controlling or authoritarian to European American eyes, Chinese parents and children view it as warm, caring parenting and children respond well to it as a result (see also Rothbaum & Trommsdorff, 2007). Similarly, the use of physical, coercive discipline (short of abuse) is not as strongly linked to aggression and antisocial behavior among African American youths as it is among European Americans—probably because it is

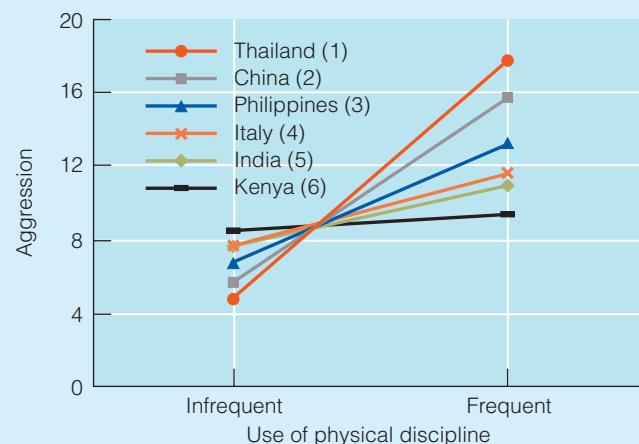
viewed by African American children as a sign that their parents care rather than as a sign of hostility and rejection (Deater-Deckard et al., 1996; Deater-Deckard, Dodge, & Sorbring, 2005).

Is the acceptability of a parenting approach in a particular cultural context the key to its success then? This hypothesis was put directly to the test by Jennifer Lansford and her colleagues (2005). Interviews with mothers and children and adolescents in six countries were conducted to study the relationship between physical discipline and child outcomes as a function of how common the use of physical punishment was in the country. Mothers were asked how often they used various discipline strategies, and both mothers and children were asked how often parents in general use these strategies. The study focused on three punitive methods: spanking or slapping, grabbing or shaking, and beating up.

Receiving lots of physical punishment rather than little was more closely associated with having behavior problems (aggression and anxiety) in countries where physical punishment was rare than in countries where it was widely used by mothers and perceived as normal by parents and children. The graph shows the effects of frequent or infrequent use of physical punishment in relation to children's average scores on an aggressive behavior checklist in each of the six countries studied. In Thailand, where physical punishment is rarely used, there was a strong relationship between being physically punished and being aggressive, whereas in Kenya, where physical punishment is commonly used, children who were physically punished frequently were not much more aggressive than chil-

dren who were hardly ever physically punished. Children's perceptions of how normal physical punishment is proved to be more important than their mothers' perceptions. When children view spanking as something that most parents do, it may not be as emotionally upsetting to them as being singled out for a practice that no other children in their social world experience.

In this study, frequent use of physical discipline was correlated to some extent with child aggression and anxiety in all of the countries. As a result, we would continue to recommend against heavy reliance on physical discipline, just as we would continue to recommend in favor of authoritative parenting, in most settings. Still, it is important to understand parenting in its cultural context and appreciate that parenting practices can be more or less effective depending on how they are interpreted by those who use and experience them.



Frequent use of physical discipline is more strongly linked to high levels of aggression in children in cultures like Thailand where the use of physical discipline is infrequent, than in cultures like Kenya where physical discipline is widely used and accepted as normal. Numbers in parentheses after the countries show their ranking based on how frequently mothers report using physical discipline (with 1 being the country in which it is least normal and 6 being the country in which it is most normal).

SOURCE: From J. E. Lansford, L. Chang, K. A. Dodge, P. S. Malone, P. Oburu, K. Palmerus, D. Bacchini, C. Pastorelli, A. S. Bombi, A. Zelli, S. Tapanya, N. Chaudhary, K. Deater-Deckard, B. Manke, & N. Quinn, Physical discipline and children's adjustment: Cultural normativeness as a moderator, *Child Development*, 76, pp. 1234-1246 (Figure 6 top graph, p. 1242). Copyright © 2005 Blackwell Publishing. Reprinted with permission.

Another explanation centers on the negative effects of financial stresses (Conger & Dogan, 2007; McLoyd, 1990). Rand Conger and his associates (1992, 1995, 2002), for example, have shown that parents experiencing financial problems (economic pressure) tend to become depressed, which increases conflict between them. Marital conflict, in turn, disrupts each partner's ability to be a supportive, involved, and effective parent—another example of indirect effects within the family. This breakdown in parenting then contributes to negative child outcomes such as low self-esteem, poor school performance, poor peer relations, and adjustment problems such as depression and aggression, as summarized in ■ **Figure 15.2.**

Stresses are magnified for families living below the poverty line or moving in and out of poverty as a result of economic crises. Parents living in poverty tend to be restrictive, punitive, and inconsistent, sometimes to the point of being abusive and neglectful (Brooks-Gunn, Britto, & Brady, 1999; Seccombe, 2000). In high-crime poverty areas, parents may feel the need to be more authoritarian and controlling to protect their children from danger (Taylor et al., 2000). In addition, parents and children may be coping with a physical environment characterized by pollution, noise, and crowded, unsafe living conditions and a social environment characterized by family instability and violence (Evans, 2004). The effects of poverty on child development include health problems, emotional and behavioral problems, and school failure (Bradley & Corwyn, 2002; Evans, 2004).

In addition to personal traits and financial stress, a third explanation of social class differences in parenting and child outcomes is that low SES parents have fewer resources to invest in their children's development than high SES parents do (Conger & Dogan, 2007). Wealthier parents can invest more in getting their children a good education, providing books, computers, and other learning materials in the home, and taking their children to cultural events, and they may be able to devote more time to stimulating their children's minds as well (Conger & Dogan, 2007).

Finally, high and low SES parents may emphasize different qualities in preparing their children for the world of work based on their own work experiences. Sociologist Melvin Kohn (1969) observed that parents from lower socioeconomic groups tend to emphasize obedience to authority figures because that is what is required in jobs like their own. Middle-class and upper-class parents may reason with their children and foster initiative and creativity more because these are the attributes that count for business executives, professionals, and other white-collar workers.

In sum, low family socioeconomic status may be associated with poor developmental outcomes because of genes that contribute to both parents' low socioeconomic status and children's poor life outcomes, economic stresses that result in use of a harsher, more authoritarian parenting style, limited investment of resources, financial and otherwise, in children's development, and an orientation toward preparing children to obey a boss rather than be the boss.

## Models of Influence in the Family

In thinking about influences within the family, we will bet that you, like most developmental scientists, think first about parents affecting children. But consider three different models of influence in the family: the parent effects, child effects, and transactional models.

### Parent Effects Model

The study of human development has been guided through most of its history by a simple **parent effects model** of family influence (Maccoby, 2007). This model assumes that influences run one way, from parent (particularly mother) to child. You have just reviewed research demonstrating effects of parenting styles on child development. But what if you turn things around: Could it be that a child's behavior influences the style of parenting his parents adopt and that what appear to be parent effects are instead child effects?

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## Child Effects Model

A child effects model of family influence highlights the influences of children on their parents (Crouter & Booth, 2003; Sanson, Hemphill, & Smart, 2004). One good example of a child effect is the influence of a child's age and competence on the style of parenting used with that child. For example, infants in their first year of life require and elicit sensitive care, whereas older infants who are asserting their wills and toddling here and there force parents to provide more instruction and set more limits (Fagot & Kavanagh, 1993). Normally, parents then become less restrictive as their children mature and gradually, with parental guidance, become capable of making their own decisions (Steinberg, 2002).

Now consider the possibility that a child's personality influences the parenting she receives. Is it not possible that easygoing, manageable children cause their parents to be warm and authoritative? Could not difficult, stubborn, and aggressive children help mold parents who are rejecting rather than accepting—and who either rule with an authoritarian iron hand or throw up their hands in defeat and become neglectful?

Recall the description in Chapter 13 of the discipline techniques of induction, power assertion, and love withdrawal. In an early demonstration of child effects, Barbara Keller and Richard Bell (1979) set out to challenge the finding that a parent's use of induction (explanations emphasizing the consequences of a child's behavior for other people) fosters moral maturity. Is it not possible instead, they reasoned, that children who are already "good" are more likely than less responsive children to elicit inductive explanations from adults? Keller and Bell had female college students attempt to convince 9-year-old girls to behave altruistically (for example, to spend more time sewing a pillow for a handicapped child than sewing a pillow for themselves). The girls had been coached to respond either attentively or inattentively. As expected, students confronted with an attentive child used a great deal of induction, pointing out how other children might feel if the child behaved selfishly. By contrast, college students who interacted with an inattentive child relied on power-assertion techniques such as promising rewards for altruism and threatening penalties for selfishness.

A study of budding juvenile delinquents from age 14 to age 16 also revealed child effects on parents (Kerr & Stattin, 2003). In response to their delinquent child's difficult behavior at age 14, parents became less warm and emotionally supportive and less in control of their adolescents by the time the adolescents were 16. In contrast, these researchers could detect few links between the parenting these young delinquents received when they were 14 and their behavior at age 16. Not all child effects are this predictable; for example, a child's difficult temperament sometimes prompts parents to be warmer and more nurturing rather than more hostile (Bates & Pettit, 2007). Still, there do seem to be many instances in which children influence the parenting they receive.

## Transactional Model

As the research reviewed in Chapter 13 indicated, antisocial behavior most likely results when a child genetically predisposed to be aggressive behaves in ways that elicit negative, coercive parenting and when that parenting causes the child to become even more aggressive (Ge et al., 1996; O'Connor et al., 1998). When such a destructive family process develops, it becomes impossible to say who is more influential, parent or child. This scenario is best described by a **transactional model** of family influence, in which parent and child are seen as influencing one another reciprocally (Kuczynski & Parkin, 2007; Sameroff, 1975). According to this model, child problems can develop if the relationship between parent and child goes bad as the two interact over time. Optimal child development is likely to result when parent-child transactions evolve in more positive directions.

Genes play a role in these transactional processes. For example, Jenae Neiderhiser and her colleagues (2004) found that a mother's genes influence her positivity toward all her children and children's genes influence how positively their mothers treat them in particular. As Chapter 3 showed, a child's genetic endowment influences many aspects of the parenting style and the home environment she experiences (Collins et al., 2000; Reiss et al., 2000). Through the process of gene-environment correlation (Scarr & McCartney, 1983; see Chapter 3), the genes children inherit (and share with their parents) influence how their parents and other people react to them and what experiences they seek and have. If a child's genes predispose him to antisocial behavior, the child's hostile behavior and the coercive parenting it is likely to elicit will feed on each other through a transactional process that ends up aggravating the child's behavioral problems (Ge et al., 1996).

Demonstrations of child effects and transactional effects within the family are tremendously important. They mean that parents do not singlehandedly control the developmental process. Yet parents' effects on their children's development remain significant; indeed, parents probably have more influence than children do on how the parent-child relationship unfolds over time (Kuczynski & Parkin, 2007). Still, we should not assume, as early child development researchers did, that parents are solely responsible for whether their children turn out "good" or "bad." We must remind ourselves repeatedly that the family is a system in which family members are influenced in reciprocal ways by both their genetic endowments and the environments they create for one another.

## Sibling Relationships

A family system consisting of mother, father, and child is changed by the arrival of a new baby and becomes a new—and considerably more complex—family system. How do children adapt to a new baby in the house, how does the sibling relationship change as children age, and what do brothers and sisters contribute to development in the final analysis?

## A New Baby Arrives

When Judy Dunn and Carol Kendrick (1982; see also Dunn, 1993, 2007) carefully studied young children's reactions to a new sibling, they found that mothers typically pay less attention to their firstborns after the new baby arrives than before. Partly for this reason, firstborns often find being "dethroned" a stressful experience. They become more difficult and demanding, or more dependent and clingy, and they often develop problems with their sleeping, eating, and toileting routines. Most of their battles are with their mothers, but a few firstborns are not above hitting, poking, and pinching their younger brothers or sisters. Secure attachments can become insecure, especially if firstborns are 2 years old or older and can fully appreciate how much they have lost (Teti et al., 1996). Although positive effects such as an increased insistence on doing things independently are also common, it is clear that many firstborns are not thrilled to have an attention-grabbing new baby in the house. They resent losing their parents' attention, and their own difficult behavior may alienate their parents further.

How can problems be minimized? Adjustment to a new sibling is easier if the marital relationship is good and if the firstborn had secure relationships with both parents before the younger sibling arrived—and continues to enjoy close relationships with them afterward (Dunn, 2007; Teti et al., 1996). Parents are advised to guard against ignoring their firstborn, to continue providing love and attention, and to maintain the child's routines as much as possible. Increased involvement in parenting by the father can be critical (Volling, 2005). Parents can also encourage older children to become aware of the new baby's needs and feelings and to assist in her care (Dunn & Kendrick, 1982; Howe & Ross, 1990).



Sibling relationships are ambivalent—close but rivalrous.

## Ambivalence in Sibling Relationships

Fortunately, most older siblings adjust fairly quickly to having a new brother or sister. Yet even in the best of sibling relationships, *sibling rivalry*—the spirit of competition, jealousy, and resentment between brothers and sisters—is normal. It may be rooted in an evolutionary fact: Although siblings share half their genes on average and are therefore more motivated to help one another than to help genetically unrelated individuals, siblings also compete with one another for their parents' time and resources to ensure their own survival and welfare (Bjorklund & Pellegrini, 2002). As a result, sibling relationships are typically ambivalent—they tend to involve both closeness and conflict.

The number of skirmishes between very young siblings can be as high as 56 per hour (Dunn, 1993). Jealousies, bouts of teasing, shouting matches, and occasional kicks and punches continue to be part of the sibling relationship throughout childhood; squabbles are most often about possessions (McGuire et al., 2000). Each combatant, of course, feels that he is blameless and has been terribly wronged (Wilson et al., 2004). Thankfully, levels of conflict decrease after early adolescence as teenagers spend more time away from the family (Furman & Buhrmester, 1992; Larson et al., 1996).

Some sibling relationships are consistently closer than others over the years (Dunn, 2007). Sibling relationships are friendlier and less conflictual if mothers and fathers get along well as a couple and if they respond warmly and sensitively to all their children rather than unfairly favoring one over another (Dunn, 2007). Children are able to accept that differences in treatment can be fair, and therefore not objectionable, if they are based on differences in the ages, competencies, and personalities of the siblings, but they do not like unfairness (Kowal et al., 2002).

## Sibling Influences on Development

For most children, the sibling relationship is close, interactions with siblings are mostly positive, and siblings play mostly positive roles in one another's development. It is only when sibling relationships are extremely hateful and destructive, or when older siblings are poor role models, that parents should worry that siblings may contribute negatively to development (Ardelt & Day, 2002; Garcia et al., 2000).

One of the important positive functions of siblings is to provide *emotional support*. Brothers and sisters confide in one another, often more than they confide in their parents (Howe et al., 2000). They protect and comfort one another in rough times. Even preschoolers jump in to comfort their infant siblings when their mothers leave them or when strangers approach (Stewart & Marvin, 1984).

Second, older siblings often provide *caregiving* services for younger siblings; they babysit and tend young children. Indeed, in a study of 186 societies, older children were the principal caregivers for infants and toddlers in 57% of the cultures studied (Weisner & Gallimore, 1977). In many societies, chil-



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In many societies, older siblings are major caregivers for young children.

dren as young as 5 years are involved in meaningful ways in the care of infants and toddlers (Rogoff, 2003).

Older siblings also serve as *teachers*. One 5-year-old was aware of how much her 2-year-old sister acquired from her through observational learning: “See. I said, ‘Bye, I’m going on the slide,’ and she said, ‘Bye.’ She says whatever I say.” Although older brothers and sisters are not always as skilled in teaching as parents are (Perez-Granados & Callanan, 1997), they clearly feel a special responsibility to teach, and younger siblings actively seek their guidance on any number of things.

Finally, siblings provide *social experience*. Although having a large number of siblings has negative implications for cognitive development, most likely because each child receives less intellectual stimulation from adults, having at least one sibling to interact with has positive effects on a child’s social cognitive development and social skills (Dunn, 2007; S. McHale, Kim, & Whiteman, 2006; and see Chapter 13). In their interactions with siblings, especially all those skirmishes, children learn how to take others’ perspectives, read others’ minds, express their feelings, negotiate, and resolve conflicts.

Finally, note that an older sibling can affect a younger sibling not only directly but also through the indirect effects he has on parents. Gene Brody (2003, 2004) has discovered that,

if an older sibling is competent, this contributes positively to his mother’s psychological functioning (possibly because she feels good about herself as a parent), which makes her more likely to provide supportive parenting to a younger sibling, which in turn increases the odds that the younger sibling will also be competent. By contrast, an incompetent older sibling can set in motion a negative chain of events involving less supportive parenting and less positive outcomes for the younger sibling.

## SUMMING UP

- Parents who adopt an authoritative parenting style (as opposed to an authoritarian, permissive, or neglectful one) generally influence their children’s development positively.
- Economic hardship undermines effective parenting because of the negative effects of family stress and limited resources.
- Children, through transactional effects, help influence where their parents fall on the acceptance and demandingness dimensions of parenting.
- Adjusting to a little sister or brother can be difficult. Involving both closeness and rivalry, sibling relationships provide emotional support, caretaking, teaching, and social experience and have both direct and indirect effects on development.

## CRITICAL THINKING

1. Alison, a 16-year-old teenager who was drunk at the time, plowed the family car into a Dairy Queen and is being held at the police station for driving under the influence. Her father must pick her up. What would you expect an authoritarian, authoritative, permissive, and neglectful father to say and do in this situation? What implications might these contrasting approaches to parenting have for this young women’s development?
2. How might a believer in the parent effects model, the child effects model, and the transactional model explain a relationship between a mother’s warmth toward a child and the child’s sociability?

## 15.4 THE ADOLESCENT

When you picture the typical relationship between a teenager and her parents, do you envision a teenager who is out all the time with friends, resents every rule and restriction, and talks back at every opportunity? Do you imagine parents wringing their hands in despair and wondering if they will survive their children’s adolescent years? Many people believe that the period of the family life cycle during which parents have adolescents in the house is a particularly stressful time, with close parent-child relationships deteriorating into bitter tugs-of-war. How much truth is there to these characterizations?

## Ripples in the Parent–Child Relationship

Although many people believe that adolescents lose respect for their parents and feel less close to them than they did as children, these beliefs are largely unfounded. Parents of adolescents, especially mothers, often speak positively about their relationships with their adolescents (Collins & Laursen, 2006). They note positive changes such as increased independence and maturity in their children as they become teenagers and feel that the parent–child relationship becomes closer rather than chillier (Shearer, Crouter, & McHale, 2005). Most parent–adolescent relationships are close, and most retain whatever quality they had in childhood (Collins & Laursen, 2006).

Still, though, the parent–child relationship does change during adolescence. Time spent together decreases, and this can make adolescents feel less emotionally close to their parents (Collins & Laursen, 2006). A modest increase in parent–child conflict is also common at the onset of puberty (Steinberg, 2002). Young adolescents assert themselves, and they and their parents squabble more. However, the bickering is mainly about relatively minor matters such as disobedience, homework, household chores, and access to privileges, and the frequency of conflicts decreases from early to late adolescence, possibly having served a purpose in helping the adolescent become more independent (Collins & Laursen, 2006). By any account, adolescence is not the time of “storm and stress” that pioneering psychologist G. Stanley Hall believed it was.

A study by Matthew McGue and his colleagues (2005) offers interesting insights into why parent–adolescent relationships change as they do. The study focused on twins who were 11 years old and were then assessed again 3 years later when they were 14. As in other studies, parent–child conflict increased during this early adolescence period; in this study, warmth decreased as well on average, although there were wide differences among families in the tone of relationships. As in other studies, perceived parent–child closeness and conflict turned out to be heritable characteristics—more similar for identical twin pairs than for fraternal twin pairs.

Most interesting, genes became an even stronger influence on both perceived closeness and conflict between the ages of 11 and 14. McGue and his colleagues suggest that this reflects the workings of gene–environment correlations. As adolescents gain power in the parent–child relationship, they increasingly shape the quality of the relationship in ways that reflect their genetically influenced traits (for example, the temperamentally hot-headed child contributes to increased parent–child warfare). This interpretation fits with other evidence that 13- and 14-year-olds become more active than younger children in initiating and controlling interactions with their parents (Granic et al., 2003).

## Renegotiating the Relationship

Conflicts now and then help bring about change in the parent–child relationship, not so much in its closeness as in the balance of power between parents and adolescents. Most theo-

rists agree that a key developmental task of adolescence is to achieve **autonomy**—the capacity to make decisions independently and manage life tasks without being overly dependent on other people. If adolescents are to “make it” as adults, they cannot be rushing home for reassuring hugs after every little setback or depending on parents to get them to work on time or manage their checkbooks.

As children reach puberty and become more physically and cognitively mature and more capable of acting autonomously, they assert themselves more. As they do so, parents turn over more power to them, and the parent–child relationship changes from one in which parents are dominant to one in which parents and their sons and daughters are on a more equal footing (Steinberg, 2002). It is usually best for their development if adolescents maintain close attachments with their parents even as they are gaining autonomy and preparing to leave the nest (Kobak et al., 1993; Lamborn & Steinberg, 1993). Gaining some separation from parents is healthy; becoming detached from them is not (Beyers et al., 2003). Some combination of autonomy and attachment, or independence and interdependence, is most desirable.

How much autonomy parents grant differs from culture to culture. Andrew Fuligni (1998) found that adolescents from different ethnic groups in the United States differ considerably in their beliefs about how much authority parents should have and how much autonomy adolescents should have. For example, Filipino and Mexican American adolescents are more likely than European American adolescents to believe that they should not disagree with their parents, and Chinese Americans are less likely to expect the freedom to go to parties and to date at a young age. Adolescents in Japan are even more strongly socialized to expect limited autonomy. They remain closer to their mothers and fathers than American adolescents throughout the adolescent years, do not feel as much need to distance themselves from their parents, and spend less time with peers (Rothbaum, Pott, et al., 2000). In collectivist Asian cultures,



Parent–child conflict escalates in early adolescence.

then, parents continue to impose many rules and the balance of power does not change as much, or at least as early, during adolescence as it does in the United States.

Across cultures, adolescents are most likely to become autonomous, achievement oriented, and well adjusted if their parents consistently enforce a reasonable set of rules, involve their teenagers in decision making, recognize their need for greater autonomy, monitor their comings and goings, gradually loosen the reins, and continue to be warm, supportive, and involved throughout adolescence (Collins & Laursen, 2006; Lamborn et al., 1991). In other words, the winning approach is usually an authoritative style of parenting, although in some cultures and subcultures a more authoritarian style can also achieve good outcomes (Steinberg et al., 1992). Although you should remind yourself that children also affect their parents, an authoritative parenting style gives adolescents opportunities to strengthen their independent decision-making skills but retain the benefit of their parents' guidance and advice. It creates a climate in which teenagers confide in their parents—and parents, therefore, do not have to spy to monitor where their children are and who they are with (Kerr & Stattin, 2003). When parents are extremely strict and stifle autonomy, or when they are extremely lax and fail to monitor their adolescents, teenagers are likely to become psychologically distressed, socialize with the wrong crowds, and get into trouble (Goldstein, Davis-Kean, & Eccles, 2005; Knoester, Haynie, & Stephens, 2006; Lamborn et al., 1991).

## SUMMING UP

- Most parents and their teenagers are able to work through minor conflicts at puberty and maintain positive feelings for each other while renegotiating their relationship to allow the adolescent more freedom.
- With the help of an authoritative parenting style, most adolescents shift toward a more mutual relationship with their parents and become more autonomous.

## CRITICAL THINKING

- At age 13, Miki moved from Japan to the United States with her family and now finds her relationship with her parents strained. Drawing on the material in this section, how would you analyze what is going on?

## 15.5 THE ADULT

So far we have offered a child's-eye view of family life. How do adults experience the family life cycle? We will look at the establishment, new parenthood, child-rearing, empty nest, and grandparenthood phases of family life.

## Establishing the Marriage

In U.S. society, more than 90% of adults choose to marry at some point in their lives (Whitehead & Popenoe, 2003). Most choose to marry partners they love. Marriages in many other cultures are not formed on the basis of love but are arranged by leaders of kin groups who are concerned with acquiring property, allies, and the rights to any children the marriage produces (Ingoldsby & Smith, 1995). As Corinne Nydegger (1986) put it, "These matters are too important to be left to youngsters" (p. 111). So, in reading what follows, remember that our way of establishing families is not the only way.

Marriage is a significant life transition for most adults: It involves taking on a new role (as husband or wife) and adjusting to life as a couple. We rejoice at weddings and view newlyweds as supremely happy beings. Indeed, they feel on top of the world, their self-esteem rises, and at least some of them adopt a more secure orientation toward attachment relationships as a result of marrying (Crowell, Treboux, & Waters, 2002; Giarrusso et al., 2000). Yet individuals who have just been struggling to achieve autonomy and assume adult roles soon find that they must compromise with their partners and adapt to each other's personalities and preferences.

Ted Huston and his colleagues have found that the honeymoon is short (Huston, McHale, & Crouter, 1986; Huston et al., 2001; also see Kurdek, 1999). In a longitudinal study of newlywed couples, these researchers discovered that perceptions of the marital relationship became less favorable during the first year after the wedding. For example, couples became less satisfied with their marriages and with their sex lives; they less frequently said "I love you," complimented each other, or disclosed their feelings to each other. Although they spent only somewhat less time together, more of that time was devoted to getting tasks done and less to having fun or just talking.



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The honeymoon is great, but it often ends quickly.

Although most couples are far more satisfied than dissatisfied with their relationships after the “honeymoon” is over, adapting to marriage clearly involves strains. Blissfully happy relationships evolve into still happy but less idealized ones (Huston et al., 2001). Whether this happens because couples begin to see “warts” that they did not notice before marriage, stop trying to be on their best behavior, have run-ins as an inevitable part of living together, or start to take each other for granted, it is normal.

Does the quality of a couple’s relationship early in their marriage have any implications for their later marital adjustment? Apparently it does. Huston and his colleagues (2001) assessed couples 2 months, 1 year, and 2 years into their marriages and again 13 to 14 years after the wedding. It is commonly believed that marriages crumble when negative feelings build up and conflicts escalate, but Huston’s findings provide little support for this escalating conflict view. Compared with couples who were happily married after 13 years, couples who remained married but were unhappy had had relatively poor relationships all along. Even as newlyweds, and probably even before they married, these couples were less blissfully in love and more negative toward each other than were couples who stayed married and remained happy in their marriages. Apparently, it is not the case that all marriages start out blissfully happy and then some turn sour; some start out sour. Even couples who divorced did not usually experience escalating conflict over time; rather, they lost their positive feelings for each other.

So, the establishment phase of the family life cycle involves a loss of enthusiasm for most couples. Some couples are already on a path to long-term marital satisfaction, whereas others are headed for divorce or for staying in a marriage that will continue to be less than optimal. Couples seem best off when they can maintain a high level of positive and supportive interactions to help them weather the conflicts that inevitably arise in any relationship (Fincham, 2003). Participating in a premarital education program can help couples remain happy and keep conflict to a minimum (Stanley et al., 2006).

## New Parenthood

How does the arrival of a new baby affect a wife, a husband, and their marital relationship? Some people believe that having children draws a couple closer together; others believe that children strain a relationship. Which is it?

On average, new parenthood is best described as a stressful life transition that involves both positive and negative changes (Cowan & Cowan, 2000; Nomaguchi & Milkie, 2003). On the positive side, parents claim that having a child brings them joy and fulfillment and contributes to their own growth as individuals (Emery & Tuer, 1993; Palkovitz, 2002). But couples have added new roles (as mothers and fathers) to their existing roles (as spouses, workers, and so on); new parents often find juggling work and family responsibilities challenging. They not only have a lot of new work to do as caregivers, but they also

lose sleep, worry about their baby, find that they have less time to themselves, and sometimes face financial difficulties. In addition, even egalitarian couples who previously shared household tasks begin to divide their labors along more traditional lines. She specializes in the “feminine” role by becoming the primary caregiver and housekeeper, often reducing her involvement in work outside the home, and he concentrates on his “masculine” role as provider (Cowan & Cowan, 2000; Noller, 2006).

What are the effects of increased stress and of sharper gender role differentiation? Marital satisfaction typically declines somewhat in the first year after a baby is born (Belsky, Lang, & Rovine, 1985; Gottman & Notarius, 2000). This decline is usually steeper for women than for men, primarily because child care responsibilities typically fall more heavily on mothers and they may resent what they regard as an unfair division of labor (Levy-Shiff, 1994; Noller, 2006). Overall, women often experience more of both the positive and negative impacts of new parenthood (Nomaguchi & Milkie, 2003).

However, individuals vary widely in their adjustment to new parenthood. Some new parents experience the transition as a bowl of cherries, others as the pits—as a full-blown crisis in their lives. What might make this life event easier or harder to manage? Characteristics of the baby, the parent, and the support the parent has available all count.

A *baby* who is difficult (for example, cries endlessly) creates more stresses and anxieties for parents than an infant who is quiet, sociable, responsive, and otherwise easy to love (Levy-Shiff, 1994; Meredith & Noller, 2003). *Parent characteristics* matter too. Parents who have good problem-solving and communication skills and find adaptive ways to restructure and organize their lives to accommodate a new baby adjust well (Cox et al., 1999; Levy-Shiff, 1994). Similarly, parents who have realistic expectations about how parenthood will change their lives and about children tend to adjust more easily than those who expect the experience to be more positive than it turns out to be (Kalmuss, Davidson, & Cushman, 1992; Mylod, Whitman, & Borkowski, 1997). Mentally healthy parents also fare better than parents who are experiencing mental health problems such as depression going into new parenthood (Cox et al., 1999).

Attachment styles are also important. New parents who remember their own parents as warm and accepting are likely to experience a smoother transition to new parenthood than couples who recall their parents as cold or rejecting (Florsheim et al., 2003; van IJzendoorn, 1992). Mothers who have a preoccupied (resistant) style of attachment—emotionally needy and dependent individuals who express a lot of anxiety and ambivalence about romantic relationships—are likely to become increasingly depressed from before the birth to 6 months after and to become less satisfied with their marriages if they perceive that their husbands give them little support and are angry (Rholes et al., 2001; Simpson et al., 2003). Women with other attachment styles are not as vulnerable to depression and drops in marital satisfaction, even when they go into parenthood feeling that their partners are not supportive.

Finally, *support* can make a great deal of difference to the new parent. Most important is partner support: As suggested already, things go considerably better for a new mother when she has a good relationship with the father, and when he shares the burden of child care and housework, than when she has no partner or an unsupportive one (Demo & Cox, 2000; Levy-Shiff, 1994). Social support from friends and relatives can also help new parents cope (Stemp, Turner, & Noh, 1986), as can interventions designed to help expecting mothers and fathers prepare realistically for the challenges ahead and support one another as they deal with these challenges (Doherty, Erickson, & LaRossa, 2006; Schulz, Cowan, & Cowan, 2006).

In sum, parents who have an easy baby to contend with; who possess positive personal qualities and coping skills, including a secure attachment style; and who receive reliable support from their partners and other people are in the best position to cope adaptively with new parenthood, a transition normally both satisfying and stressful that can undermine marital satisfaction, especially for women.

## The Child-Rearing Family

The child-rearing family is the family with children in it. What can parents look forward to as they have additional children and as their children age? A heavier workload! The stresses and strains of caring for a toddler are greater than those of caring for an infant, and the arrival of a second child means additional stress (O'Brien, 1996). Parents must not only devote time to the new baby but also deal with their firstborn child's normal anxieties about this intruder. Mothers complain of the hassles of cleaning up food and toys, constantly keeping an eye on their children, and dealing with their perfectly normal but irritating demands for attention, failures to comply with requests, and bouts of whining (O'Brien, 1996). Because the workload increases, fathers often become more involved in child care after a second child is born (Dunn, 2007). However, the mother who is raising multiple children as a single parent or the mother whose partner is not very involved may find herself without a moment's rest as she tries to keep up with two or more active, curious, mobile, and dependent youngsters.

Additional challenges sometimes arise for parents when their children enter adolescence. As you saw earlier, parent-child conflicts become more frequent for a while as children enter adolescence. In addition, there is intriguing evidence that living with adolescents who are becoming physically and sexually mature and beginning to date may cause parents to engage in more than the usual amount of midlife questioning about what they have done with their lives and what they can expect next (Silverberg & Steinberg, 1990). Middle-aged parents are clearly affected by how well their children are doing and have difficulty maintaining a sense of well-being if their children are experiencing problems (Greenfield & Marks, 2006). Here, then, may be another example of child effects within the family system. But it works the other way, too: When parents are unhappy or are experiencing marital problems,

adolescents are at greater risk for problems such as delinquency, alcohol and drug use, and anxiety and depression, probably because the parenting they receive deteriorates (Cui, Conger, & Lorenz, 2005).

Children clearly complicate their parents' lives by demanding everything from fresh diapers and close monitoring to college tuition. By claiming time and energy that might otherwise go into nourishing the marital relationship and by adding stresses to their parents' lives, children seem to have a negative—although typically only slightly negative—effect on marital satisfaction (Kurdek, 1999; Rollins & Feldman, 1970). Yet when parents are interviewed about the costs and benefits of parenthood, they generally emphasize the positives and feel that parenthood has contributed a great deal to their personal development, making them more responsible and caring people (Palkovitz, 2002).

## The Empty Nest

As children reach maturity, the family becomes a “launching pad” that fires adolescents and young adults into the world to work and start their own families. The term **empty nest** describes the family after the departure of the last child—a phase of the family life cycle that became common only starting in the 20th century (Fox, 2001a). Clearly, the emptying of the nest involves changes in roles and lifestyle for parents, particularly for mothers who have centered their lives on child rearing. There can be moments of deep sadness (Span, 2000, p. 15):

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DON'T GET DISCOURAGED. DEVELOPMENTALLY,  
ALL PARENTS PROGRESS AT A DIFFERENT PACE.

Pamela automatically started to toss Doritos and yucky dip into her cart—and then remembered. “I almost burst into tears,” she recalls. “I wanted to stop some complete stranger and say, ‘My son’s gone away to college.’ I had such a sense of loss.”

Overall, however, parents react positively to the emptying of the nest. Whereas the entry of children into the family causes modest decreases in marital satisfaction, the departure of the last child seems to be associated with either modest increases in marital satisfaction or at least a slowing of the decline in marital satisfaction that began early in the marriage (White & Edwards, 1990; Van Laningham, Johnson, & Amato, 2001). After the nest empties, women often feel that their marriages are more equitable and that their spouses are more accommodating to their needs (Mackey & O’Brien, 1995; Sujitor, 1991). Only a few parents find this transition disturbing.

Why are parents generally not upset by the empty nest? Possibly it is because they have fewer roles and responsibilities and, therefore, experience less stress and strain. Empty nest couples also have more time to focus on their marital relationship and to enjoy activities together and more money to spend on themselves. Moreover, parents are likely to view the emptying of the nest as evidence that they have done their job of raising children well and have earned what Erik Erikson called a sense of generativity. One 44-year-old mother put it well: “I have five terrific daughters who didn’t just happen. It took lots of time to mold, correct, love, and challenge them. It’s nice to see such rewarding results.” Finally, most parents continue to enjoy a good deal of contact with their children after the nest empties, so it is not as if they are really losing the parent-child relationship (White & Edwards, 1990).

In recent years, an increasing number of adult children have been remaining in the nest or leaving then “refilling” it, often because of unemployment, limited finances, divorce, or other difficulties getting their adult lives on track (Ward & Spitz, 1992; White & Rogers, 1997). Compared to emerging adults who leave the nest on time, those who stay put or leave only to return are less likely to have experienced a secure parent-child attachment that allowed them room to develop autonomy (Seiffge-Krenke, 2006). Parents can find having these adult children in the house distressing (Aquilino, 1991; Umberson, 1992). However, most empty nesters adapt, especially if their children are responsible young adults who are attending school or working rather than freeloading and seem to be making progress toward greater independence (Aquilino, 2006; Ward & Spitz, 2004).

## Grandparenthood

Although we tend to picture grandparents as white-haired, jovial elders who knit mittens and bake cookies, most adults become grandparents when they are middle-aged, not elderly, and when they are likely to be highly involved in work and community activities (Conner, 2000). Grandparenting styles are diverse, as illustrated by the results of a national survey of grandparents of teenagers conducted by Andrew Cherlin and

Frank Furstenberg (1986). These researchers identified three major styles of grandparenting:

1. *Remote*. Remote grandparents (29% of the sample) were symbolic figures seen only occasionally by their grandchildren. Primarily because they were geographically distant, they were emotionally distant as well.

2. *Companionate*. This was the most common style of grandparenting (55% of the sample). Companionate grandparents saw their grandchildren frequently and enjoyed sharing activities with them. They only rarely played a parental role. Like most grandparents, they were reluctant to meddle in the way their adult children were raising their children and were happy not to have child care responsibilities. As one put it, “You can love them and then say, ‘Here, take them now, go on home’” (Cherlin & Furstenberg, 1986, p. 55).

3. *Involved*. Finally, 16% of the grandparents took on a parentlike role. Like companionate grandparents, they saw their grandchildren frequently and were playful with them, but unlike companionate grandparents, they often helped with child care, gave advice, and played other practical roles in their grandchildren’s lives. Indeed some involved grandparents lived with and served as substitute parents for their grandchildren because their daughters or sons were unmarried or recently divorced and could not tend the children themselves.

You can see, then, that grandparenting takes many forms but that most grandparents see at least some of their grandchildren frequently and prefer a companionate role that is high in enjoyment and affection but low in responsibility. Most grandparents find the role gratifying, especially if they see their grandchildren frequently (Reitzes & Mutran, 2004). Like grandparents, grandchildren report a good deal of closeness in



Most grandparents prefer and adopt a companionate style of grandparenting.

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the grandparent–grandchild relationship and only wish they could see their grandparents more (Block, 2000).

Grandparents have been called “the family national guard” because they must be ever ready to come to the rescue when there is a crisis in the family and they never know when they will be called (Hagestad, 1985). Grandmothers often help their daughters adjust to new parenthood and help with child care when their grandchildren are young (Dunn, Fergusson, & Maughan, 2006). When a teenage daughter becomes pregnant, grandmother and grandfather may become the primary caregivers for the baby—sometimes in their 30s or even late 20s when they are not yet ready to become grandparents (Burton, 1996b). Similarly, grandparents may step in to help raise their grandchildren after a divorce (Dunn et al., 2006). If their child does not obtain custody, however, their access to their grandchildren may suddenly be reduced or even cut off, causing them much anguish (Ahrons, 2007; Cooney & Smith, 1996).

Grandparents who do get “called to duty” sometimes make a real contribution to their grandchildren’s development. A grandmother who mentors an adolescent mother and coparents with her can help her gain competence as a parent (Oberlander et al., 2007). Teenagers raised by single mothers tend to have low educational attainment and high rates of problem behavior, but they resemble children raised by two parents if they are raised by a single mother and at least one grandparent (DeLeire & Kalil, 2002). A close grandparent–grandchild relationship can even protect the child of a depressed mother from becoming depressed (Silverstein & Ruiz, 2006).

Involved grandparenting can take a toll, however: Grandmothers sometimes show symptoms of depression when grandchildren move in with them and they must become substitute parents (Szinovacz, DeViney, & Atkinson, 1999). In one study of African American grandparents raising grandchildren, 94% reported significant levels of stress (Ross & Aday, 2006). Although grandparents may benefit from the intellectual challenges and emotional rewards that parenting brings (Ehrle, 2001), their development and well-being can suffer if they become overwhelmed by their responsibilities.

## Changing Family Relationships

All family relationships develop and change with time. What becomes of relationships between spouses, siblings, and parents and children during the adult years?

### Marital Relationships

As you have seen, marital satisfaction, although generally high for most couples throughout their lives together, dips somewhat after the honeymoon period is over, dips still lower in the new-parenthood phase, continues to drop as new children are added to the family, and recovers only when the children leave the nest. Women, because they have traditionally been more involved than men in rearing children, tend to be more strongly

affected by these family life transitions—for good or for bad—than men are. Women are typically less happy with their marriages than men (Amato et al., 2003), and their general happiness also depends more on how well their marriage is going (Kiecolt-Glaser & Newton, 2001).

The quality of marital relationships changes over the years. Although frequency of sexual intercourse decreases, psychological intimacy often increases. The love relationship often changes from one that is passionate to one that is companionate, more like a best-friends relationship (Bierhoff & Schmohr, 2003). Elderly couples are often even more affectionate than middle-aged couples, have fewer conflicts, and are able to resolve their conflicts without venting as many negative emotions (Carstensen, Levenson, & Gottman, 1995; Gagnon et al., 1999).

Overall, however, knowing what stage of the family life cycle an adult is in does not allow us to predict accurately how satisfied that person is with his marriage. Personality is more important. Happily married people have more pleasant personalities than unhappily married people; for example, they are more emotionally stable and vent negative feelings less often (Robins, Caspi, & Moffitt, 2000). Moreover, in happy marriages, the personalities of marriage partners are similar, and are likely to remain similar over the years, as each partner reinforces in the other the traits that brought them together (Caspi, Herbener, & Ozer, 1992). It is when “opposites attract” and find their personalities clashing day after day that marital problems tend to arise (Kurdek, 1991a; Russell & Wells, 1991).

The family life cycle ends with widowhood. Marriages face new challenges if one of the partners becomes seriously ill or impaired and needs care. Wives may suffer ill effects when they must care for a dying husband, but they generally cope reasonably well with their spouse’s death, often feeling afterward that they have grown (Seltzer & Li, 2000; and see Chapter 17). By the time they reach age 65 or older, about 72% of men are still married and living with their wives; only 42% of women live with their husbands (U.S. Census Bureau, 2006).

Without question, the marital relationship is centrally important in the lives and development of most adults. Overall, married adults tend to be “happier, healthier, and better off financially” than other adults and are likely to remain so if they can weather bad times in their marriages (Waite & Gallagher, 2000).

### Sibling Relationships

Relationships between brothers and sisters often change for the better once siblings no longer live together in the same home. Conflict and rivalry diminish as brothers and sisters forge their own lives. Sibling relationships tend to become warmer and more equal from adolescence to adulthood (Cicirelli, 1995; Scharf, Shulman, & Avigad-Spitz, 2005). Siblings often grow even closer in old age (Cicirelli, 1995). Most adult siblings are in frequent contact and have positive feelings toward one another (Spitze & Trent, 2006). They do not often discuss intimate problems or help one another, but they usually feel that

they can count on each other in a crisis (Cicirelli, 1982, 1995).

Some of the ambivalence that characterizes sibling relationships during childhood carries over into adulthood. Emotional closeness persists despite decreased contact, but the potential for sibling rivalry persists, too (Cicirelli, 1995). Siblings who enjoyed a close relationship during childhood are likely to be drawn closer after significant life events such as a parent's illness or death, whereas siblings who had poor relationships during childhood may clash in response to the same life events (Lerner et al., 1991; Ross & Milgram, 1982). Even in middle age, siblings feel closer to each other, and to their parents, when they feel that their parents do not unfairly favor one of them over the other (Boll, Ferring, & Filipp, 2005).

The sibling relationship is typically the longest-lasting relationship we have, linking us to individuals who share many of our genes and experiences (Cicirelli, 1991). It is a relationship that can be close, conflictual, or, for most of us, some of both.

## Parent–Child Relationships

Parent and child generations in most families are in close contact and enjoy affectionate give-and-take relationships throughout the adult years. When aging parents eventually need support, children are there to help.

**Forming More Mutual Relationships.** Parent–child relationships in adulthood take many forms—some are strained or conflictual, some are built more on obligation than love, and



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Young adults and their parents often negotiate a more mutual, friendlike relationship.

some are very close and friendlike (Van Gaalen & Dykstra, 2006). Usually the quality of the parent–child relationship stays much the same as adolescents become adults (Aquilino, 2006). However, as young adults leave the nest, they have an opportunity to negotiate a new phase of their relationship with their parents in which they move beyond playing out their roles as child and parent and become more like friends (Lefkowitz, 2005; Shulman & Ben-Artzi, 2003). Still under their parents' roof, emerging adults sometimes feel that they are being treated like children and cross horns with their parents; once they move out, it becomes easier for parents to give their emerging adults more freedom and for emerging adults to develop greater autonomy (Arnett, 2007). A more mutual and warm relationship is especially likely to develop when children are married (but are still childless) and are employed (Aquilino, 1997; Belsky et al., 2003). Relationships are also closer and less conflictual if parents were supportive, authoritative parents earlier in the child's life (Belsky et al., 2001).

When children are middle-aged and their parents elderly, the two generations typically continue to care about, socialize with, and help each other (Umberson & Slaten, 2000). Aging mothers enjoy closer relations and more contact with their children, especially their daughters, than aging fathers do (Umberson & Slaten, 2000). And Hispanic American, African American, and other minority group elders often enjoy more supportive relationships with their families than European Americans do, especially with regard to living together or near one another and providing mutual help (Bengtson, Rosenthal, & Burton, 1996; Sarkisian, Gerena, & Gerstel, 2007). Most elderly people in our society prefer to live close to but not with their children; they enjoy their independence and do not want to burden their children when their health fails (E. Brody, 2004).

Relationships between the generations are not only close and affectionate, but they also are generally equitable: each generation gives something, and each generation gets something in return (Conner, 2000; Markides, Boldt, & Ray, 1986). If anything, aging parents give more (E. Brody, 2004). Contrary to myth, then, most aging families do not experience what has been called **role reversal**—a switching of roles late in life such that the parent becomes the needy, dependent one and the child becomes the caregiver (E. Brody, 2004). Only when parents reach advanced ages and begin to develop serious physical or mental problems does the parent–child relationship sometimes become lopsided.

**Caring for Aging Parents.** Elaine Brody (1985, 2004) uses the term **middle generation squeeze** (others call it the *sandwich generation* phenomenon) to describe the situation of middle-aged adults pressured by demands from both the younger and the older generations simultaneously (see also Grundy & Henretta, 2006). Imagine a 50-year-old woman caring for her daughter's children (and maybe her granddaughter's children) as well as for her own ailing parents (and possibly her grandparents); it can happen in today's beampole family.

Adults with children do increasingly find themselves caring for their aging parents (Gallagher & Gerstel, 2001); about

one-third of women ages 55–69 report helping members of both the older and younger generations (Grundy & Henretta, 2006). Spouses are the first in line to care for frail elders, assuming they are alive and up to the challenge, but most caregivers of ailing elders are daughters or daughters-in-law in their 40s, 50s, and 60s. Daughters are more likely than sons to assist aging parents. This gender imbalance exists partly because, according to traditional gender-role norms, women are the “kinkeepers” of the family and therefore feel obligated to provide care (E. Brody, 2004) and partly because women are less likely than men to have jobs that prevent them from helping (Sarkisian & Gerstel, 2004).

In many Asian societies, daughters-in-law are the first choice. Aging parents are often taken in by a son, usually the oldest, and cared for by his wife (Youn et al., 1999). In our society, where most aging parents do not want to have to live with their children, much elder care is provided from a distance (Bengtson et al., 1996). Either way, families are the major providers of care for the frail elderly today. We see little support here for the view that today’s families have abandoned their elders or that adult children have failed to meet their **filial responsibility**, a child’s obligation to his parents (E. Brody, 2004; Conner, 2000).

Middle-aged adults who must foster their children’s (and possibly their grandchildren’s) development while tending to their own development and caring for aging parents sometimes find their situation overwhelming. They may experience **caregiver burden**—psychological distress associated with the demands of providing care for someone with physical or cognitive impairments. Although caring for an aging parent can be rewarding, many adult children providing such care experience emotional, physical, and financial strains (Hebert & Schulz, 2006; Pinquart & Sorensen, 2006). A woman who is almost wholly responsible for a dependent elder may feel angry and resentful because she has no time for herself. She may experience role conflict between her caregiver role and her roles as wife, mother, and employee that undermines her sense of well-being (Stephens et al., 2001). She is at risk for depression.

Caregiver burden is likely to be perceived as especially weighty if the elderly parent engages in the disruptive and socially inappropriate behaviors often shown by people with dementia (Caugler et al., 2000; Pinquart & Sorensen, 2003). The caregiver’s personality also makes a difference; caregivers who lack a sense of mastery or control may have difficulty coping (Li, Seltzer, & Greenberg, 1999). Cultural factors also enter in: for example, white caregivers devote fewer hours but feel more burdened than do African American caregivers, possibly because of differences in feelings of filial responsibility (Kosberg et al., 2007). Finally, the strain is likely to be worse if a caregiving daughter is unmarried and, therefore, does not have a husband to lean on for practical and emotional support (E. Brody et al., 1992); if her marriage is an unsupportive one; or if her family life is otherwise conflict ridden (Scharlach, Li, & Dalvi, 2006).

Do the caregiver’s motivations matter? In an interesting attempt to find out, Cicirelli (1993) assessed whether daugh-



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Caring for an ailing parent can result in middle generation squeeze and caregiving burden.

ters helped their aging mothers out of love (“I feel lonely when I don’t see my mother often”) or out of a sense of duty (“I feel that I should do my part in helping”). Both daughters who were highly motivated to help based on a strong attachment to their mothers and daughters who were motivated by a sense of obligation spent more time helping than women whose motivations to help were weaker. However, those who helped out of love experienced helping as less stressful and burdensome than those who helped mainly out of a sense of duty (see also Lyonette & Yardley, 2003).

So, the caregivers most likely to experience psychological distress are those who must care for parents or spouses with behavioral problems, who lack coping skills and social support, and whose assistance is not motivated by love. Interventions such as behavior management training, anger management training, and cognitive-behavioral therapy can help them sharpen their caregiving skills, learn to react less negatively to the difficult behavior often shown by elderly adults with dementia, and cope with the stress associated with their role (Gallagher-Thompson & Coon, 2007; Hebert & Schulz, 2006).

## SUMMING UP

- Marital satisfaction declines soon after the honeymoon period and again in response to new parenthood—a rewarding but also stressful transition especially if the baby is difficult, the parent is ill equipped to cope, and social support is lacking.
- The empty nest transition is generally smooth, and middle-aged adults enjoy playing a companionate grandparental role. Women are especially affected by family life cycle transitions.
- Family relationships evolve. Marital satisfaction is more strongly influenced by personalities than by stage of family life but tends to drop until the nest empties. Adult siblings continue to be both

close and rivalrous, and the parent-child relationship becomes more mutual in adulthood until some middle-aged adults, particularly daughters, are overburdened when they must care for an ailing parent.

## Critical Thinking

1. Martha has just married George and wonders how her experience of the family life cycle is likely to differ from his. Can you enlighten her?
2. Is the term “middle generation squeeze” too negative a characterization of middle age? Comment, referring to relevant research.

## 15.6 DIVERSITY IN FAMILY LIFE

Useful as it is, the concept of a family life cycle does not capture the diversity of adult lifestyles and family experiences. Many of today’s adults do not progress in a neat and orderly way through the stages of the traditional family life cycle—marrying, having children, watching them leave the nest, and so on. A small number never marry; a larger number never have children. Some continue working when their children are young, others stop or cut back. And many adults move in and out of wedded life by marrying, divorcing, and remarrying. Let us examine some of these variations in family life (and see Patterson & Hastings, 2007).

### Singles

It is nearly impossible to describe the “typical” single adult. This category includes not only young adults who have not yet married but also middle-aged and elderly people who experienced divorce or the death of a spouse or who never married. It is typical to start adulthood as a single person though; the large majority of adults in the 18 to 29 age range are unmarried and have never been (U.S. Census Bureau, 2006). Because adults have been postponing marriage, the number of young, single adults has been growing.

**Cohabitation**, living with a romantic partner without being married, is also on the rise (Amato et al., 2003). Some never-married people live together as a matter of convenience—because they are in a romantic relationship, need a place to live, and want to save money; they may later contemplate marriage if the relationship is working (Sassler, 2004). Other cohabiters see living together as a trial marriage; still others have seen their marriages end and are looking for an alternative to marriage (Seltzer, 2000). Many have children; by one estimate, 4 out of 10 children will live in a family headed by a cohabiting couple sometime during childhood (Whitehead & Popenoe, 2003).

It makes sense to think that couples who live together before marrying would have more opportunity than those who do not to determine whether they are truly compatible. Yet cou-

ples who live together and then marry seem to be more dissatisfied with their marriages and more likely to divorce overall than couples who do not live together before marrying, especially if they have had multiple cohabitation experiences before they marry (Teachman, 2003). It is unlikely that the experience of cohabitation itself is responsible (Booth & Johnson, 1988). Instead, it seems that people who choose to cohabit with multiple partners may be more susceptible to marital problems and less committed to the institution of marriage than people who do not. They tend, for example, to be less religious, less conventional in their family attitudes, less committed to the idea of marriage as a permanent arrangement, and more open to the idea of divorcing (Axinn & Barber, 1997; DeMaris & MacDonald, 1993).

What of the 5% of adults who never marry? Stereotypes suggest that they are miserably lonely and maladjusted, but they often make up for their lack of spouse and children by forming close bonds with siblings, friends, or younger adults who become like sons or daughters to them (Rubinstein et al., 1991). As “old-old” people in their 80s and 90s, never-married people sometimes lack relatives who can assist or care for them (Johnson & Troll, 1996). Yet it is divorced or widowed rather than never-married single adults who tend to be least happy with their singlehood in old age (Pudrovska, Schieman, & Carr, 2006).

### Childless Married Couples

Like single adults who never marry, married couples who remain childless do not experience all the phases of the traditional family life cycle. Many childless couples want children but cannot have them. However, a growing number of adults, especially highly educated adults with high-status occupations, voluntarily decide to delay having children or decide not to have them at all (Heaton, Jacobson, & Holland, 1999).

How are childless couples faring when their peers are having, raising, and launching children? Generally, they do well. Their marital satisfaction tends to be higher than that of couples with children during the child-rearing years (Kurdek, 1999). And middle-aged and elderly childless couples seem to be no less satisfied with their lives than parents whose children have left the nest (Allen, Blieszner, & Roberto, 2000; Rempel, 1985). However, elderly women who are childless and widowed may find themselves without anyone to help them if they develop health problems (Johnson & Troll, 1996). It seems, then, that childless couples derive satisfaction from their marriages and are happier than single adults as a result but may suffer from a lack of social support late in life after their marriages end.

### Dual-Career Families

As more mothers have gone to work outside the home, developmental scientists have asked what effect having two employed parents has on families and on child development.

Some have focused on the concept of **spillover effects**—ways in which events at work affect home life and events at home carry over into the workplace. Most of their research has focused on negative spillover effects from work to home (Barnett, 1994; Crouter, 2006). When adults are asked to keep daily diaries, it becomes clear that negative interactions and stressful workloads at work can precipitate angry confrontations with partners at home (Story & Repetti, 2006). Positive spillover effects can also occur: A good marriage and rewarding interactions with children can protect a woman from the negative psychological effects of stresses at work and increase her job satisfaction (Barnett, 1994; Rogers & May, 2003), and a rewarding, stimulating job can have positive effects on her interactions within the family (Greenberger, O’Neil, & Nagel, 1994).

Despite negative spillover effects, dual-career families are faring well overall (Gottfried & Gottfried, 2006). Women are giving up personal leisure time (not to mention sleep) and cutting back on housework to make time for their children; meanwhile, their husbands are slowly but steadily increasing their participation in household and child care activities (Cabrera et al., 2000; Coltrane, 2000). There is no indication that a mother’s decision to work, in itself, has damaging effects on child development; it can have positive or negative effects depending on the age of the child and the family’s circumstances (Gottfried & Gottfried, 2006). Living in a dual-career family is likely to be best for children when it means an increase in family income, when mothers are happy with the choice they have made, when fathers become more involved, and when children are adequately supervised after school (Hoffman, 2000; Lerner & Noh, 2000).

Having two working parents can be a negative experience, however, if working parents are unable to remain warm and involved parents who share “quality time” with their children



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Dual-career families work best when partners share the workload.

(Beyer, 1995; Parke & Buriel, 2006). For example, Martha Moorehouse (1991) found that 6-year-olds whose mothers began working full-time were more cognitively and socially competent (according to their teachers) than children whose mothers were homemakers if these youngsters frequently shared activities such as reading, telling stories, and talking with their mothers. However, they fared worse than children with stay-at-home mothers if they lost out on such opportunities.

Fortunately, most working mothers, by reducing housework and leisure time, manage to spend almost as much time interacting with their children as nonworking mothers do, and their husbands are more involved than ever in child care (Bianchi, 2000). As a result, most dual-career couples are able to enjoy the personal and financial benefits of working without compromising their children’s development. They might be able to do so even more successfully if the United States, like other industrialized nations, did more to support paid leave for parents, flexible work hours, day care and preschool programs, after-school programs, and other support systems for working parents and their children (Heymann, Penrose, & Earle, 2006).

## Gay and Lesbian Families

The family experiences of gay men and lesbian women are most notable for their diversity (Patterson & Hastings, 2007; Peplau & Fingerhut, 2007). In the United States, several million gay men and lesbian women are parents, most through previous heterosexual marriages, others through adoption or artificial insemination. Some no longer live with their children, but others raise them as single parents and still others raise them in families that have two mothers or two fathers. Other gay men and lesbian women remain single and childless or live as couples without children throughout their lives. Gay and lesbian families face special challenges, as the national controversy over the legality of gay marriages suggests, because they are not fully recognized as families by society and are sometimes the target of discrimination (Peplau & Fingerhut, 2007).

Those gay and lesbian adults who live as couples debunk many stereotypes that associate homosexuality with unhappiness, loneliness, and difficulty sustaining romantic relationships (Peplau & Fingerhut, 2007). Gay and lesbian couples also do not follow traditional gender stereotypes in which one is the “husband” and one the “wife.” Instead, relationships are egalitarian; partners share responsibilities equally and tend to work out a division of labor, through trial and error, based on who is especially talented at or who hates doing certain tasks (Huston & Schwartz, 1995). Even the transition to parenthood does not cause partners to divide housework less equally; most couples report that their child has two equally involved parents (Goldberg & Perry-Jenkins, 2007). Generally, gay and lesbian relationships evolve through the same stages of development, are satisfying or dissatisfying for the same reasons, and are typically as rewarding as those of married or cohabiting heterosexuals (Kurdek, 1995, 2006; Peplau & Fingerhut, 2007).

What are the implications for children of being raised by gay or lesbian parents? Comparing lesbian mothers with heterosexual mothers in two-parent and single-parent homes, Susan Golombok and her colleagues (2003) found that lesbian mothers tend to hit children less and to engage in imaginative and domestic play more but are otherwise similar to heterosexual mothers. Moreover, their lesbian partners are as involved in co-parenting as fathers typically are. Finally, children who lived with two parents of the same sex were better off in terms of developmental outcomes than children living with a single mother, and they were no different than children living with two heterosexual parents. This study and others suggest that gay and lesbian adults who raise children are as likely as heterosexual parents to produce competent and well-adjusted children (Patterson & Hastings, 2007). Moreover, contrary to what many people believe, their children display the usual gender-role behavior and are no more likely than the children of heterosexual parents to develop a homosexual or bisexual orientation.

## Divorcing Families

Orderly progress through the family life cycle is disrupted when a couple divorces. Divorce is not just one life event; rather, it is a series of stressful experiences for the entire family that begins with marital conflict before the divorce and includes a complex of life changes as the marriage unravels and its members reorganize their lives (Amato, 2000; Hetherington & Kelly, 2002). Why do people divorce? What effects does divorce typically have on family members? And how can we explain, as illustrated by the two contrasting quotes at the start of this chapter, why some adults and children thrive after a divorce whereas others experience persisting problems?

### Before the Divorce

Gay Kitson and her colleagues (Kitson, Babri, & Roach, 1985; Kitson, 1992) and Jay Teachman (2002) have pieced together a profile of the couples at highest risk for divorce. Generally, they are young adults, in their 20s and 30s, who have been married for an average of 7 years and often have young children. These days, only about 70% of marriages make it to the 10-year mark (Teachman, 2002). Couples are especially likely to divorce if they married as teenagers, had a short courtship, conceived a child before marrying, or are low in socioeconomic status—all factors that might suggest an unreadiness for marriage and unusually high financial and psychological stress accompanying new parenthood.

Contrary to the notion that today's couples do not give their marriages a chance to work, research suggests that most divorcing couples experience a few years of marital distress and conflict and often try separations before they make the final decision to divorce (Kitson, 1992). They typically divorce because they feel their marriages lack communication, emotional fulfillment, or compatibility. Wives tend to have longer lists of complaints than their husbands do and often have more to do

with initiating the breakup (Hewitt, Western, & Baxter, 2006; Thompson & Amato, 1999).

### After the Divorce

Most families going through a divorce experience it as a genuine crisis—a period of considerable disruption that often lasts at least 1 to 2 years (Amato, 2000; Hetherington, 2006; Hetherington & Kelly, 2002). The wife, who usually obtains custody of any children, is likely to be angry, depressed, and otherwise distressed, although often she is relieved as well. The husband is also likely to be distressed, particularly if he did not want the divorce and feels shut off from his children. Both individuals must revise their identities and their relationship. Both may feel isolated from former friends and unsure of themselves as they try out new romantic relationships. Divorced women with children are likely to face the added problem of getting by with considerably less money (Amato, 2000).

Because of all these stressors, divorced adults are at higher risk than married adults for depression and other forms of psychological distress, physical health problems, and even death (Amato, 2000; Lillard & Panis, 1996). Their adjustment is especially likely to be poor if they have little income, do not find a new relationship, take a dim view of divorce, and did not initiate the divorce (Wang & Amato, 2000). The consequences of divorce for adult well-being are also worse if there are young children in the home than if there are not (Williams & Dunne-Bryant, 2006). Some adults actually feel better about themselves and more in control of their lives after extracting themselves from a miserable marriage. Thus, divorce is at least temporarily stressful for most adults, but it can have negative or positive effects in the long run depending on the individual and the circumstances (Amato, 2000).

As you might suspect, psychologically distressed adults do not make the best parents. Moreover, children going through a



INTERESTING. WHAT ABOUT THAT, PHIL? HOW DO YOU FEEL ABOUT BECOMING SOMEONE ELSE ENTIRELY?

Nick Galifianakis, Interesting, what about that, Phil? How do you feel about becoming someone else entirely? © 2003, The Washington Post Writers Group. Reprinted with permission.

divorce do not make the best children because they, too, are suffering. They are often angry, fearful, depressed, and guilty, especially if they fear that they were somehow responsible for what happened (Hetherington, 1981). They are also likely to be whiny, dependent, disobedient, and disrespectful. A vicious circle of the sort described by the transactional model of family influence can result: children's behavioral problems and parents' ineffective parenting styles feed on each other.

Mavis Hetherington and her associates (Hetherington, Cox, & Cox, 1982; Hetherington & Kelly, 2002) have found that stressed custodial mothers often become impatient and insensitive to their children's needs. In terms of the major dimensions of child rearing, they become less accepting and responsive, less authoritative, and less consistent in their discipline. They occasionally try to seize control of their children with a heavy-handed, authoritarian style of parenting, but more often they fail to carry through in enforcing rules and make few demands that their children behave maturely. Noncustodial fathers, meanwhile, are likely to be overly permissive, indulging their children during visitations (Amato & Sobolewski, 2004).

This is not the formula for producing well-adjusted, competent children. The behavioral problems that children display undoubtedly make effective parenting difficult, but deterioration in parenting style aggravates those behavioral problems. When this breakdown in family functioning occurs, children are likely to display not only behavioral problems at home but also strained relations with peers, low self-esteem, academic problems, and adjustment difficulties at school (Amato, 2001; Hetherington, 2006). Children are especially vulnerable to developing behavior problems, adolescents to drops in their performance at school (Lansford et al., 2006).

Families typically begin to pull themselves back together about 2 years after the divorce, and by the 6-year mark most differences between children of divorce and children of intact families have disappeared (Hetherington & Kelly, 2002). Yet even after the crisis phase has passed and most children and parents have adapted, divorce can leave a residue of negative effects on at least some individuals that lasts years (Amato, 2006; Hetherington & Kelly, 2002). For example, as adolescents, children of divorce are less likely than other youth to perceive their relationships with their parents, especially their fathers, as close and caring, and many are still negative about what divorce has done to their lives (Emery, 1999; Woodward, Fergusson, & Belsky, 2000). About 20 to 25% of Hetherington's children of divorce still had emotional scars and psychological problems as young adults (Hetherington & Kelly, 2002). And a study of middle-aged adults revealed that 24% of those whose parents had divorced when they were younger had never married, compared with 14% of adults from intact families (Maier & Lachman, 2000). Adults whose

parents divorced are also more likely than adults from intact families to experience marital conflict and divorce themselves (Amato, 2006).

On a more positive note, not all families experience divorce as a major crisis; of those that do, most parents and children rebound from their crisis period and adapt well in the long run, sometimes even undergoing impressive growth as a result of their experience (Hetherington & Kelly, 2002; and see Harvey & Fine, 2004). A conflict-ridden two-parent family is usually more detrimental to a child's development than a cohesive single-parent family (Amato, 2006). Perhaps the most important message of research on divorce is that the outcomes of divorce vary widely. As Alan Booth and Paul Amato (2001) conclude, "divorce may be beneficial or harmful to children, depending on whether it reduces or increases the amount of stress to which children are exposed" (p. 210). As you can see in the Explorations box, several factors can help facilitate a positive adjustment to divorce and prevent lasting damage—among them adequate finances, effective parenting, minimal conflict between parents, social support, and minimal additional changes and stressors.

### Remarriage and Reconstituted Families

Within 3 to 5 years of a divorce, about 75% of single-parent families experience yet another major transition when a parent remarries and the children acquire a stepparent—and sometimes new siblings (Hetherington, 1989; Hetherington & Stanley-Hagan, 2000). Because about 60% of remarried couples divorce, some adults and children today find themselves in a recurring cycle of marriage, marital conflict, divorce, single status, and remarriage.



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Most children adjust to being part of a reconstituted family, but boys have an easier time than girls do.

## "GOOD" AND "BAD" DIVORCES: FACTORS INFLUENCING ADJUSTMENT

- Some adults and children thrive after a divorce, whereas others suffer long-lasting negative effects. Why is this? Here are some factors that can make a big difference.
1. *Adequate financial support.* Families fare better after a divorce if the father pays child support and the family therefore has adequate finances (Amato & Sobolewski, 2004; Marsiglio et al., 2000). Adjustment is likely to be more difficult for mother-headed families that fall into poverty and must struggle to survive.
  2. *Good parenting by the custodial parent.* If the custodial parent can continue to be warm, authoritative, and consistent, children are far less likely to experience problems (Hetherington, 2006). It is difficult for parents to be effective when they are depressed and under stress, but parents who understand the stakes may be more able to give their children the love and guidance they need. Interventions can help them. Marion Forgatch and David DeGarmo (1999) randomly assigned divorced mothers of boys either to a parenting skills program designed to prevent them from becoming less positive and more coercive toward their children or to a control group. Training helped mothers rely less on coercive methods and remain positive toward their sons over a 12-month period. Better yet, these positive changes in their parenting behaviors were linked to improvements in their children's adjustment at school and at home (see also Wolchik et al., 2000).
  3. *Good parenting by the noncustodial parent.* Children may suffer when they lose contact with their noncustodial parent. A quarter or more of children living with their mothers lose contact with their fathers, and many others see their fathers only rarely (Demo & Cox, 2000). More important than amount of contact, however, is quality of contact. Fathers who are authoritative and remain emotionally close to their children can help them make a positive adjustment to life in a single-parent home (Amato & Sobolewski, 2004; King & Sobolewski, 2006).
  4. *Minimal conflict between parents.* However their mothers and fathers parent, children should be protected from continuing marital conflict. If parents continue to squabble after the divorce and are hostile toward each other, both will likely be upset, their parenting will suffer, and children will feel torn in their loyalties and experience behavioral problems (Amato, 1993). When parents can agree on joint custody, children's adjustment tends to be better than when custody is granted to one parent or the other (Bauserman, 2002). When the mother has custody, positive coparenting in which parents co-ordinate and cooperate helps keep fathers close to and involved with their children (Sobolewski & King, 2005).
  5. *Additional social support.* Divorcing adults are less depressed if they have close confidants than if they do not (Menaghan & Lieberman, 1986). Children also benefit from having close friends (Lustig, Wolchik, & Braver, 1992) and from participating in peer-support programs in which they and other children of divorce can share their feelings and learn positive coping skills (Grych & Fincham, 1992). Friends, relatives, school personnel, and other sources of social support outside the family can all help families adjust to divorce.
  6. *Minimal other changes.* Generally families do best if additional changes are kept to a minimum—for example, if parents do not have to move, get new jobs, cope with the loss of their children, and so on (Buehler et al., 1985–1986). It is easier to deal with a couple of stressors than a mountain of them.

Here, then, are some insights into why some divorces are less disruptive than others. As Paul Amato (1993) concludes, adjustment to divorce will depend on the "total configuration" of stressors the individual faces and on the resources he has available to aid in coping, including both personal strengths and social supports.

How do children fare when their custodial parent remarries? The first few years are a time of conflict and disruption as new family roles and relationships are ironed out (Hetherington & Stanley-Hagan, 2000). Interviewed 20 years after their parents divorced, about one-third of the adults interviewed in one study recalled the remarriage as more stressful than the divorce (Ahrons, 2007). The difficulties are likely to be worse if both parents bring children to the family (or the couple has children of their own) than if only one parent does (Hetherington, 2006). Girls are often so closely allied with their mothers that they may resent either a stepfather competing for their mother's attention or a stepmother attempting to play a substitute-mother role and can become sullen and hostile. Although most children adapt and fare better with time,

adolescents from complex reconstituted families blending children from more than one marriage, like children of divorce living in single-families, are less well adjusted and show more problems such as depression and antisocial behavior on average than adolescents from intact two-parent families (Hetherington, 2006). Children in reconstituted families in which all the children came from one parent fare much better. Outcomes are also better if children develop positive relationships with their fathers—both their noncustodial biological fathers and, even more importantly, their new stepfathers (King, 2006). As Mavis Hetherington concludes, though, "It is family process rather than family structure that is critical to the well-being of children" (p. 232); children and adolescents can thrive in any type of family if they receive good parenting.

## SUMMING UP

- Single adults are diverse, and cohabitation tends to be associated with later marital problems.
- Childless married couples and gay and lesbian families generally fare well, and dual-career families can be good or bad for children depending on the quality of parenting they receive.
- Divorce creates a family crisis for 1 or 2 years and has long-term negative effects on some children; becoming part of a reconstituted family can also be a difficult transition, especially when children from multiple parents are involved.

## CRITICAL THINKING

1. Three months after her divorce, Blanca has become depressed and increasingly withdrawn. Her son Carlos, age 7, has become a terror around the house and a discipline problem at school. From the perspective of (a) the parent effects model, (b) the child effects model, and (c) the transactional model of family influence, how would you explain what is going on in this single-parent family?

## 15.7 THE PROBLEM OF FAMILY VIOLENCE

As this chapter makes clear, family relationships normally contribute positively to human development at every point in the life span. At the same time, families can be the cause of much anguish and of development gone astray. Nowhere is this more obvious than in cases of family violence (St. George, 2001, p. A20):

From a young age, I have had to grow up fast. I see families that are loving and fathers who care for their children, and I find myself hating them. . . . I have nightmares pertaining to my father. I get angry and frustrated when family is around.

These sobering words were written by Sonyé Herrera, an abused adolescent who for years had been hit, threatened with guns, choked, and otherwise victimized—and had witnessed her mother abused—by an alcoholic father. The abuse continued even after the couple divorced. At age 15, unable to stand any more, Herrera had her father charged with assault, but he returned one afternoon, hit her, and shot and killed both her and her mother before turning his gun on himself (St. George, 2001, p. A21).

Child abuse is perhaps the most visible form of family violence. Every day, infants, children, and adolescents are burned, bruised, beaten, starved, suffocated, sexually abused, or otherwise mistreated by their caretakers (Miller & Knudsen, 2007). Accurate statistics are hard to come by, but in 2005 almost 900,000 children in the United States were determined to be victims of child maltreatment, a rate of about 12 of every 1000 children (U.S. Department of Health and Human Services, 2007). Of the 900,000 children, 63% were neglected, 17%

physically abused, 9% sexually abused, 7% emotionally or psychologically abused, and 16% experienced still other types of maltreatment (and many children experienced more than one of the preceding types). Surveys reveal even higher rates, because much child abuse goes unreported. According to a national survey of U.S. families, for example, 11% of children had reportedly been kicked, bitten, hit, hit with an object, beaten, burned, or threatened or attacked with a knife or gun by a parent in the past year (Wolfner & Gelles, 1993).

Child abuse commands a good deal of attention, but the potential for abuse exists in all possible relationships within the family (Tolan, Gorman-Smith, & Henry, 2006). Children and adolescents batter, and in rare cases kill, their parents (Agnew & Huguley, 1989). Siblings, especially brothers, abuse one another in countless ways, especially if there is violence elsewhere in the family (Hoffman, Kiecolt, & Edwards, 2005). And spousal or partner abuse, rampant in our society, appears to be the most common form of family violence worldwide. Globally, it is estimated that about one-third of women are beaten, coerced into sex, or emotionally abused by their partners (Murphy, 2003). An anthropological analysis of family violence in 90 nonindustrial societies by David Levinson (1989) revealed that wife beating occurred in 85% of them; in almost half of these societies, it occurred in most or all households, suggesting that it was an accepted part of family life.

Although spousal abuse is viewed as intolerable in most segments of U.S. society, Murray Straus and Richard Gelles (1986, 1990) nonetheless estimate 16% of married couples in the United States experience some form of marital violence in a year's time—often "only" a shove or a slap, but violence nonetheless—and that almost 6% experience at least one instance of severe vio-



Hill Creek Pictures/Alamy Stock Photo/Jupiterimages

Child abuse occurs in all ethnic and racial groups.

lence (such as kicking or beating). Much “mild” spousal abuse is mutual. In rarer and more serious cases, the violence is one-sided: Men batter their female partners, usually in an attempt to control them (Johnson & Ferraro, 2000; Tolan et al., 2006). Millions of children witness this violence (McDonald et al., 2006).

Elderly adults are also targets of family violence. Frail or impaired older people are physically or psychologically mistreated, neglected, financially exploited, and stripped of their rights—most often by adult children or spouses serving as their caregivers (Flannery, 2003; Jayawardena & Liao, 2006; Wolf, 2000). Around 5% of elderly adults are probably neglected or abused in various ways, and all agree that many cases go unreported (Tolan et al., 2006). The most common scenario is neglect of an impaired elder near the end of life by a stressed caregiver, often motivated by financial considerations (Jayawardena & Liao, 2006).

This is not a pretty picture. Here is a social problem of major dimensions that causes untold suffering and harms the development of family members of all ages. What can be done to prevent it, or to stop it once it has started? To answer this question, we must understand why family violence occurs.

## Why Does Family Violence Occur?

Various forms of family violence have many similarities, and the contributors are often similar (Tolan et al., 2006). Because child abuse has been studied the longest, we will look at what has been learned about how characteristics of the abuser, abused, and social context contribute to child abuse.

### The Abuser

Hard as it may be to believe, only about 1 child abuser in 10 appears to have a severe psychological disorder (Kempe & Kempe, 1978). Rather, the abusive parent is most often a young mother who tends to have many children, to live in poverty, to be unemployed, and to have no partner to share her load (U.S. Department of Health and Human Services, 2007; Wolfner & Gelles, 1993). Yet child abusers come from all races, ethnic groups, and social classes. Many of them appear to be fairly typical, loving parents—except for their tendency to become extremely irritated with their children and to do things they will later regret.

A few reliable differences between parents who abuse their children and those who do not have been identified. First, child abusers tend to have been *abused as children*; abusive parenting, like effective parenting, tends to be passed from generation to generation (Conger et al., 2003; van IJzendoorn, 1992). Although most maltreated children do not abuse their own children when they become parents, roughly 30% do (Kaufman & Zigler, 1989). They are also likely to become spousal abusers; about 60% of men who abuse their partners report that they either were abused or witnessed abuse as children, compared with about 20% of nonviolent men (Delsol & Margolin, 2004). All forms of witnessing or being the target of violence in adults’ families of origin predict all forms of perpetration and victimization later in life, suggesting that what children from violent homes learn is that violence is an integral part of human relationships (Kwong et al., 2003). The cycle of abuse is not inevitable, however; it can be broken if abused individuals receive emotional support from parent substitutes, therapists, or spouses and are spared from severe stress as adults (Egeland, Jacobvitz, & Sroufe, 1988; Vondra & Belsky, 1993).

Second, abusive mothers are often *battered by their partners* (Coohey & Braun, 1997; McCloskey, Figueiredo, & Koss, 1995). Adults are more likely to be in an abusive romantic relationship or marriage if they were abused or witnessed abuse as a child (Stith et al., 2000). Thus, abusive mothers may have learned through their experiences both as children and as wives that violence is the way to solve problems, or they may take out some of their frustrations about being abused on their children.

Third, abusers are often insecure individuals with *low self-esteem*. Their unhappy experiences in insecure attachment relationships with their parents, reinforced by their negative experiences in romantic relationships, may lead them to formulate negative internal working models of themselves and others (Pianta, Egeland, & Erickson, 1989; and see Chapter 14). These adults often see themselves as victims and feel powerless as parents (Bugental & Beaulieu, 2003). However, they have also learned to be victimizers (Pianta et al., 1989).

Fourth, abusive parents often have *unrealistic expectations* about what children can be expected to do at different ages and have difficulty tolerating the normal behavior of young children (Haskett, Johnson, & Miller, 1994). For example, when infants cry to communicate needs such as hunger, nonabusive mothers correctly interpret these cries as signs of discomfort, but abusive mothers often infer that the baby is somehow criticizing or rejecting them (Egeland, 1979; Egeland, Sroufe, & Erickson, 1983).

In short, abusive parents tend to have been exposed to harsh parenting and abusive relationships themselves, to have low self-esteem, and to find caregiving more stressful, and threatening to their egos, than other parents do. Still, it has been difficult to identify a particular kind of person who is highly likely to turn into a child abuser. Could some children bring out the worst in parents?

### The Abused

An abusive parent sometimes singles out only one child in the family as a target; this offers a hint that child characteristics might matter (Gil, 1970). No one is suggesting that children are to blame for being abused, but some children appear to be more at risk than others. For example, children who have medical problems or who have difficult temperaments are more likely to be abused than quiet, healthy, and responsive infants who are easier to care for (Bugental & Beaulieu, 2003). Yet many difficult children are not mistreated, and many seemingly cheerful and easygoing children are.

Just as characteristics of the caregiver cannot fully explain why abuse occurs, then, neither can characteristics of children. There is now intriguing evidence that the *combination* of a high-

risk parent and a high-risk child spells trouble. For example, a mother who feels powerless to deal with her child who confronts a child who has a disability or illness or is otherwise difficult is prone to overreact emotionally when the child cannot be controlled and to use harsh discipline such as spanking or, in the extreme, to become abusive (Bugental, 2001). Such powerless parents experience higher levels of stress than most parents, as indicated by high cortisol levels, when interacting with children who are unresponsive and that is what provokes the use of power tactics (Martorell & Bugental, 2006). However, even the match between child and caregiver may not be enough to explain abuse. We must, as always, consider the ecological context surrounding the family system (Cicchetti & Valentino, 2006).

### The Context

Consistently, abuse is most likely to occur when a parent is under great stress and has little social support (Cano & Vivian, 2003; Egeland et al., 1983). Life changes such as the loss of a job or a move to a new residence can disrupt family functioning and contribute to abuse or neglect (Wolfner & Gelles, 1993). Abuse rates are highest in deteriorating neighborhoods where families are poor, transient, socially isolated, and lacking in community services and informal social support. These high-risk neighborhoods are areas in which adults do not feel a sense of community and do not look after each other's children, neighborhoods in which the motto "It takes a village to raise a child" has little meaning (Korbin, 2001).

Finally, the larger macroenvironment is important. Ours is a violent society in which the use of physical punishment is common and the line between physical punishment and child abuse can be difficult to draw (Whipple & Richey, 1997). Parents who believe strongly in the value of physical punishment are more at risk than those who do not to become abusive if they are under stress (Crouch & Behl, 2001). Child abuse is less common in societies that discourage physical punishment and advocate non-violent ways of resolving interpersonal conflicts (Gilbert, 1997; Levinson, 1989). Child abuse is particularly rare in Scandinavian countries, where steps have been taken to outlaw corporal (physical) punishment of children not only in schools but also at home (Finkelhor & Dziuba-Leatherman, 1994).

As you can see, child abuse is a complex phenomenon with a multitude of causes and contributing factors. It is not easy to predict who will become a child abuser and who will not, but abuse seems most likely when a vulnerable individual faces overwhelming stress with insufficient social support. Much the same is true of spousal abuse, elder abuse, and other forms of family violence.

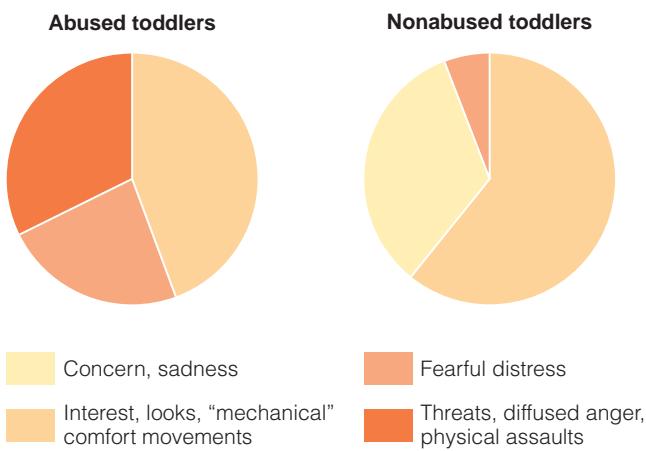
## What Are the Effects of Family Violence?

As you might imagine, child abuse is not good for human development. Physically abused and otherwise maltreated children tend to have many problems, ranging from physical injuries and impaired brain development to cognitive and social deficits, behavioral problems, and psychological disorders (Cicchetti & Valentino, 2006; Margolin & Gordis, 2000).

Intellectual deficits and academic difficulties are common among mistreated children (Malinosky-Rummell & Hansen, 1993; Shonk & Cicchetti, 2001). A particularly revealing study focused on 5-year-old identical and fraternal twins to rule out possible genetic influences on the association between exposure to domestic violence and intellectual development (Koenen et al., 2003). Children exposed to high levels of domestic violence had IQ scores 8 points lower, on average, than those of children who were not exposed to domestic violence, even taking genetic influences on IQ into account.

Behavioral problems are also common among physically abused and other maltreated children (Flores, Cicchetti, & Rogosch, 2005). Many tend to be explosively aggressive youngsters, rejected by their peers for that reason (Bolger & Patterson, 2001). They learn from their experience with an abusive parent to be supersensitive to angry emotions; as a result, they may perceive anger in peers where there is none and lash out to protect themselves (Reynolds, 2003). Even as adults, individuals who were abused as children not only tend to be violent, both inside and outside the family, but also tend to have higher-than-average rates of depression, anxiety, and other psychological problems (Margolin & Gordis, 2000). Children who witness parental violence display as many behavior problems as those who are the targets of violence; the odds of problems are greatest when children both witness parental violence and experience it directly (K. J. Sternberg et al., 2006).

Finally, the social and emotional development of many abused children is disrupted (Darwish et al., 2001). One of the most disturbing consequences of physical abuse is a lack of normal empathy in response to the distress of others. When Mary Main and Carol George (1985) observed the responses of abused and non-abused toddlers to the fussing and crying of peers, they found that nonabused children typically attended carefully to the distressed child, showed concern, and attempted to provide comfort. As shown in ▀ Figure 15.3, not one abused child showed appropriate



**▀ FIGURE 15.3** Responses to distressed peers observed in abused and nonabused toddlers in day care. Abused children distinguish themselves by a lack of concern and a tendency to become upset, angry, and aggressive when other children cry.  
SOURCE: Adapted from Main & George (1985).



## BATTLING FAMILY VIOLENCE

That family violence has many causes is discouraging. Where do we begin to intervene, and just how many problems must we correct before we can prevent or stop the violence? Despite the complexity of the problem, progress is being made.

Consider first the task of preventing violence before it starts. This requires identifying high-risk families—a task greatly aided by the kinds of studies you have reviewed. For example, once we know that an infant is at risk for abuse because she is particularly irritable or unresponsive, it makes sense to help the child's parents appreciate the baby's positive qualities (Widmayer & Field, 1980).

Better yet, efforts to prevent abuse can be directed at the combination of a high-risk parent and a high-risk child. Daphne Bugental and her colleagues (Bugental & Beaulieu, 2003; Bugental et al., 2002) have focused on parents who feel powerless as parents and as a result often believe that their children are deliberately trying to annoy or get the best of them. Such parents are especially likely to become abusive if they face the challenge of raising a child who is unresponsive and difficult. In an intervention study, Bugental and her colleagues focused on high-risk mothers who had recently emigrated from Mexico to California and who scored high on a measure of family stress. Some had infants who were high risk (who were born prematurely or scored low on the Apgar examination at birth and were therefore at risk for future health problems), and others had infants who were low risk. The researchers designed a home visitation program aimed at empowering these mothers by teaching them to analyze the causes of caregiving problems without blaming either themselves or their children and to devise and try solutions to caregiving problems. Families were randomly assigned to the empowerment program, another home visitation program without the empowerment training, or a control condition

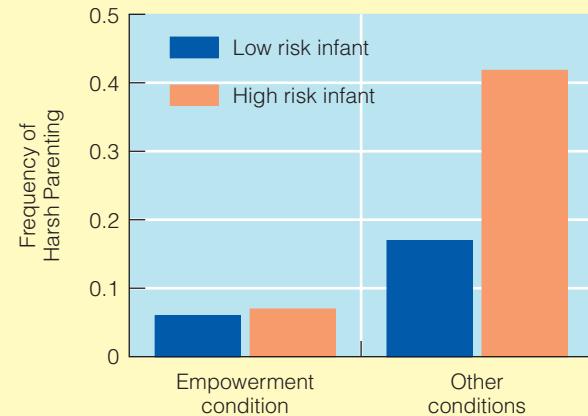
in which families were referred to regular community services.

After the intervention period, mothers in the empowerment training condition had more of a sense of power in the family than mothers in the other conditions did, and they reported fewer postpartum depression symptoms. The rate of physical abuse, including spanking and slapping, was only 4% in the empowerment group compared with 23% in the other home visitation group and 26% in the community referral group. Moreover, the children in the empowerment group were in better health and were better able to manage stress. Importantly, the benefits of the program were greatest for families with high-risk children. As the graph here shows, after empowerment training, harsh parenting was unlikely whether the child was at risk for health problems or not, whereas in the control conditions, children at risk were treated far more harshly than low-risk children, suggesting that they were headed for trouble developmentally.

What about parents who are already abusive? Here the challenge is more difficult. Occasional visits from a social worker are unlikely to solve the problem. A more promising approach is Parents Anonymous, a self-help program based on Alcoholics Anonymous that helps caregivers understand their problems and gives them the emotional support they often lack. However, Robert Emery and Lisa Laumann-Billings (1998) argue that the social service sys-

tem needs to distinguish more sharply between milder forms of abuse, for which supportive interventions such as Parents Anonymous are appropriate, and severe forms, where it may be necessary to prosecute the abuser and protect the children from injury and death by removing them from the home. Courts traditionally have been hesitant to break up families, but too often children who have been seriously abused are repeatedly abused.

A comprehensive approach is likely to be most effective. Abusive parents need emotional support and the opportunity to learn more effective parenting, problem-solving, and coping skills, and the victims of abuse need day care programs and developmental training to help them overcome cognitive, social, and emotional deficits caused by abuse (Malley-Morrison & Hines, 2004). The goal in combating child abuse and other forms of family violence must be to convert a pathological family system into a healthy one.



Empowerment training for low-income mothers under stress reduces harsh parenting practices, especially among mothers who are the most at risk of being abusive because their babies had medical problems or were born prematurely.

SOURCE: Reprinted from *Advances in child development and behavior*, Vol. 31, Kail, Empowerment training for low-income mothers, Page 252, Copyright 2003, with permission from Elsevier.



concern in this situation. Instead, abused toddlers were likely to become angry and attack the crying child, reacting to the distress of peers much as their abusive parents react to their distress (Main & George, 1985, p. 410; see also Klimes-Dougan & Kistner, 1990):

Martin (an abused boy of 32 months) tried to take the hand of the crying other child, and when she resisted, he slapped her on the arm with his open hand. He then turned away from her to

look at the ground and began vocalizing very strongly, "Cut it out! CUT IT OUT!" each time saying it a little faster and louder. He patted her, but when she became disturbed by his patting, he retreated, hissing at her and baring his teeth. He then began patting her on the back again, his patting became beating, and he continued beating her despite her screams.

Remarkable as it may seem, many other neglected and abused children turn out fine. What distinguishes these chil-

dren from the ones who have long-term problems? Part of the reason may be that they have genes that protect them from the negative psychological effects of abuse and possibly other stressful life events. Avshalom Caspi and his colleagues (Caspi et al., 2003) found that maltreatment during childhood increases the likelihood of clinical depression among individuals with a genetic makeup that predisposes them to depression but not among individuals with a genetic makeup known to protect against depression. Indeed, among individuals whose genes protect against depression, the rate of depression is no higher among adults who were mistreated as children than among adults who were not. Similarly, maltreatment increases the risk of aggression, or conduct disorder, in children, but only among children who have a high genetic risk to behave antisocially (Jaffee et al., 2005). It seems, then, that genes and environment interact to determine the life outcomes of abused and maltreated children and that some children's genes protect them. Environmental factors can also make a big difference; for example, a close relationship with at least one nonabusive adult helps protect children against the destructive effects of abuse (Egeland et al., 1988).

Knowing what we know about the causes and effects of abuse, what can be done to prevent it, stop it, and undo the damage? What would you propose? The Applications box on page 465 offers some solutions. Meanwhile, we hope this examination of diverse family experiences has convinced you that the family is indeed centrally important in human development.

## SUMMING UP

- Family violence occurs in all possible relationships within the family. A closer look at child abuse reveals that parent characteristics such as a history of abuse and low self-esteem, child characteristics such as medical problems or a difficult temperament, and contextual factors such as lack of social support and a culture that condones violence all contribute.
- Prevention efforts should therefore focus on empowering high-risk parents to deal with difficult and unresponsive children and treatment efforts on either strengthening social support for mild abusers or removing children from the reach of chronic, severe abusers.

## CRITICAL THINKING

1. Given what you now know about the roles of the abuser, the abused, and the context in child abuse, how do you think these three sets of factors might enter into spouse violence?

## CHAPTER SUMMARY

### 15.1 UNDERSTANDING THE FAMILY

- The family, whether nuclear or extended, is best viewed as a changing social system embedded in larger social systems that are also changing and in ways that have resulted in more single adults, fewer children, more working women, more divorce, and fewer caregivers for aging adults.

### 15.2 THE INFANT

- Infants affect and are affected by their parents. Fathers are less involved in caregiving than mothers and specialize in challenging play. Developmental outcomes are likely to be positive when parents have positive indirect effects on development because of their positive influence on each other.

### 15.3 THE CHILD

- Parenting styles can be described in terms of the dimensions of acceptance–responsiveness and demandingness–control; children are generally more competent when their parents adopt an authoritative style. Genes, socioeconomic status and economic hardship, and culture all affect parenting styles.
- Research on the parent effects, child effects, and transactional models of family influence reminds us that children's problem behaviors are not always solely caused by ineffective parenting.
- When a second child enters the family system, firstborns find the experience stressful; sibling relationships are characterized by both affection and rivalry and siblings play important roles as providers of emotional support, caregiving, teaching, and social experience.

### 15.4 THE ADOLESCENT

- Parent–child relationships typically remain close in adolescence but involve increased conflict initially before they are renegotiated to become more equal.

### 15.5 THE ADULT

- Marital satisfaction declines somewhat as newlyweds adjust to each other and become parents, whereas the empty nest transition and a companionate style of grandparenthood are generally positive experiences. Marital satisfaction is more affected by personality than phase of the family life cycle, though.
- In adulthood, siblings have less contact but normally continue to feel both emotionally close and rivalrous. Young adults often establish more mutual relationships with their parents, and most middle-aged adults continue to experience mutually supportive relationships with their elderly parents until some experience middle generation squeeze and caregiver burden.

### 15.6 DIVERSITY IN FAMILY LIFE

- Inadequately described by the traditional family life cycle concept are single adults (some of whom cohabit), childless married couples, dual-career families, and gay and lesbian adults.
- Divorce creates a crisis in the family for 1 or 2 years; some children of divorce in single-parent and reconstituted families experience long-lasting adjustment problems.

### 15.7 THE PROBLEM OF FAMILY VIOLENCE

- Parent characteristics, child characteristics, and contextual factors all contribute to child abuse and must be considered in formulating prevention and treatment programs.

## KEY TERMS

- family systems theory 438  
nuclear family 438  
coparenting 438  
extended family household 438  
family life cycle 439  
reconstituted family 440  
beanpole family 440  
indirect effect 442  
acceptance–responsiveness 442  
demandingness–control 442  
authoritarian parenting 442  
authoritative parenting 442  
permissive parenting 443
- neglectful parenting 443  
parent effects model 445  
child effects model 446  
transactional model 446  
sibling rivalry 447  
autonomy 449  
empty nest 452  
role reversal 455  
middle generation squeeze 455  
filial responsibility 456  
caregiver burden 456  
cohabitation 457  
spillover effects 458

## MEDIA RESOURCES

### BOOK COMPANION WEBSITE

[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

Find online quizzes, flash cards, animations, video clips, experiments, interactive assessments, and other helpful study aids for this text at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman). You can also connect directly to the following sites:

### CENTER FOR EFFECTIVE DISCIPLINE

This site is designed to help parents identify non-violent means of disciplining their children.

### ELDERLY RIGHTS AND RESOURCES: ELDERLY ABUSE

This site, located within the United States Department of Health and Human Services: Administration on Aging web page, is a great resource for accessing information related to elder abuse.

### SEPARATION AND DIVORCE

This site hosted by the Department of Family Relations and Human Development at The Ohio State University offers some excellent information on the impact of divorce on child development.



### STEPFAMILY ASSOCIATION OF AMERICA

A nice site with information on stepfamilies that includes links to support groups and other available resources. It also contains information about other types of families.

## UNDERSTANDING THE DATA: EXERCISES ON THE WEB



[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

For additional insight on the data presented in this chapter, try out the exercises for these figures at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman):

**Figure 15.3** Responses to distressed peers observed in abused and nonabused toddlers in day care

**Unnumbered Figure** in Applications box “Battling Family Violence.” Empowerment training for low-income mothers under stress reduces harsh parenting practices.

## CENGAGENOW



[academic.cengage.com/login](http://academic.cengage.com/login)

Go to [academic.cengage.com/login](http://academic.cengage.com/login) to link to CengageNOW, your online study tool. First take the Pre-Test for this chapter to get your Personalized Study Plan, which will identify topics you need to review and direct you to online resources. Then take the Post-Test to determine what concepts you have mastered and what you still need work on.

# 16

CHAPTER

## Developmental Psychopathology



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### **16.1 WHAT MAKES DEVELOPMENT ABNORMAL?**

DSM-IV Diagnostic Criteria  
Developmental Psychopathology

### **16.2 THE INFANT**

Autism  
Depression

### **16.3 THE CHILD**

Attention Deficit Hyperactivity  
Disorder  
Depression  
Nature and Nurture  
Continuity and Discontinuity

### **16.4 THE ADOLESCENT**

Storm and Stress?  
Eating Disorders  
Depression and Suicidal Behavior

### **16.5 THE ADULT**

Depression  
Aging and Dementia

**PEGGY, A 17-YEAR-OLD FEMALE,** was referred by her pediatrician to a child psychiatry clinic for evaluation of an eating disorder. She had lost 10 pounds in 2 months and her mother was concerned. . . . At the clinic she stated that she was not trying to lose weight, had begun to sleep poorly about 2 months ago unless she had several beers, and that she and friends "got

"trashed" on weekends. Her relationship with her parents was poor; she had attempted suicide a year previously with aspirin and was briefly hospitalized. The day before this evaluation she had taken a razor to school to try to cut her wrists, but it was taken away by a friend. She admitted being depressed and wanting to commit suicide and finally told of discovering that she was

pregnant 4 months earlier. Her boyfriend wanted her to abort, she was ambivalent, and then she miscarried spontaneously about 2 months after her discovery. After that, "It didn't really matter how I felt about anything" (Committee on Adolescence, 1996, pp. 71–72).



We do not all have as many problems as Peggy, but it is the rare person who makes it through the life span without having at least some difficulty adapting to the challenges of living. Each phase of life poses unique challenges, and some of us inevitably run into trouble mastering them. This chapter is about psychopathology or psychological disorder—about some of the ways in which human development can go awry. It is about how development influences psychopathology and how psychopathology influences development. By applying knowledge of life-span human development to the study of psychological disorders, we understand them better. And by learning more about abnormal patterns of development, we gain new perspectives on the forces that guide and channel—or block and distort—human development more generally.

## 16.1 | WHAT MAKES DEVELOPMENT ABNORMAL?

Clinical psychologists, psychiatrists, and other mental health professionals struggle to define the line between normal and abnormal behavior and diagnose psychological disorders, often using three broad criteria to do so:

1. *Statistical deviance.* Does the person's behavior fall outside the normal range of behavior? By this criterion, a mild case of the "blahs" or "blues" would not be diagnosed as clinical depression because it is so statistically common, but a more enduring, severe, and persistent case might be.

2. *Maladaptiveness.* Does the person's behavior interfere with adaptation or pose a danger to self or others? Psychological disorders disrupt functioning and create problems for the individual, other people, or both.

3. *Personal distress.* Does the behavior cause personal anguish or discomfort? Many psychological disorders involve personal suffering and are of concern for that reason alone.

Although these guidelines provide a start at defining abnormal behavior, they are vague. We must identify specific forms of statistical deviation, failures of adaptation, and personal distress.

## DSM-IV Diagnostic Criteria

Professionals who diagnose and treat psychological disorders use the more specific diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, published in 1994 by the American Psychiatric Association (with an update, or text revision, DSM-IV-TR, in 2000). The fourth edition of this manual, known as **DSM-IV**, spells out defining features and symptoms for the range of psychological disorders. Because we will be looking closely at depression in this chapter, we will use it here as an example of how DSM-IV-TR defines disorders. Depression is a family of several affective or mood disorders, some relatively mild and some severe. One of the most important is **major depressive disorder**, defined in DSM-IV-TR as at least one episode of feeling profoundly depressed, sad, and hopeless, and/or losing interest in and the ability to derive pleasure from almost all activities, for at least 2 weeks (American Psychiatric Association, 2000). To qualify as having a major depressive episode, the individual must experience at least five of the following symptoms, including one of the first two, persistently during a 2-week period:

1. Depressed mood (or irritable mood in children and adolescents) nearly every day
2. Greatly decreased interest or pleasure in usual activities
3. Significant weight loss or weight gain (or in children, failure to make expected weight gains)
4. Insomnia or sleeping too much
5. Psychomotor agitation or sluggishness/slowing of behavior
6. Fatigue and loss of energy
7. Feelings of worthlessness or extreme guilt
8. Decreased ability to concentrate or indecisiveness
9. Recurring thoughts of death, suicidal ideas, or a suicide attempt

By these criteria, a man suffering from major depression might, for example, feel extremely discouraged, no longer seem to care about his job or even about sexual relations with his wife, lose weight or have difficulty sleeping, speak and move slowly as though lacking the energy to perform even the simplest actions, have trouble getting his work done, dwell on how guilty he feels about his many failings, and even begin to think he would be better off dead. Major depressive disorder would not be diagnosed if

this man were merely a little “down,” if his symptoms were directly caused by drug abuse or a medical condition, or if he were going through the normal grieving process after the death of a loved one. Many more people experience depressive symptoms than qualify as having a clinically defined depressive disorder.

Some think DSM-IV-TR does not say enough about cultural and developmental considerations (Christensen, Emde, & Fleming, 2004; Doucette, 2002), but it does note that both should be taken into account in making a diagnosis of major depressive disorder. For example, DSM-IV-TR indicates that Asians who are depressed tend to complain of bodily ailments such as tiredness rather than talking about psychological symptoms such as guilt (American Psychiatric Association, 2000). And although DSM-IV-TR takes the position that depression in a child is fundamentally similar to depression in an adult, it points out that some depressed children express their depression by being irritable rather than sad.

## Developmental Psychopathology

Psychologists and psychiatrists have long brought major theories of human development to bear in attempting to understand and treat psychological disorders. Freudian psychoanalytic theory once guided most thinking about psychopathology and clinical practice; behavioral theorists have applied learning principles to the understanding and treatment of behavioral problems; and cognitive psychologists have called attention to how individuals interpret their experiences and perceive themselves.

More recently, evolutionary psychologists have begun asking interesting questions about the adaptive functions of psychological disorders—about how they may help people cope with abuse and other stressors or may otherwise carry advantages (Mealey, 2005; Nesse, 2000). For example, depression may be an adaptive response after loss, helping us to conserve energy and avoid further stress (Mealey, 2005). And genes that tend to make humans restless, energetic, and willing to take risks—like those implicated in attention deficit hyperactivity disorder—may have proved adaptive earlier in our evolutionary history (Selikowitz, 2004). Inheriting too many of these genes may not be as adaptive today; although some successful entrepreneurs credit their attention deficit hyperactivity disorder with helping them to think nonlinearly and creatively and take risks where others might hesitate (Underwood, 2005).

Psychologists have now forged a new field devoted to the study of abnormal behavior from a developmental perspective—**developmental psychopathology** (Cicchetti, 2006; Cummings, Davies, & Campbell, 2000; Rutter & Sroufe, 2000). As defined by pioneers L. Alan Sroufe and Michael Rutter (1984), developmental psychopathology is the study of the origins and course of maladaptive behavior. Developmental psychopathologists appreciate the need to evaluate abnormal development in relation to normal development and to study the two in tandem. They want to know how disorders arise and how their expression changes as the individual develops, and they search for causal

pathways and mechanisms involving genes, the nervous system, the person, and the social environment that lead to normal or abnormal adjustment (Rutter & Sroufe, 2000). In doing so, they bring both a life-span perspective and a systems perspective to the study of abnormal behavior.

## Psychopathology as Development, Not Disease

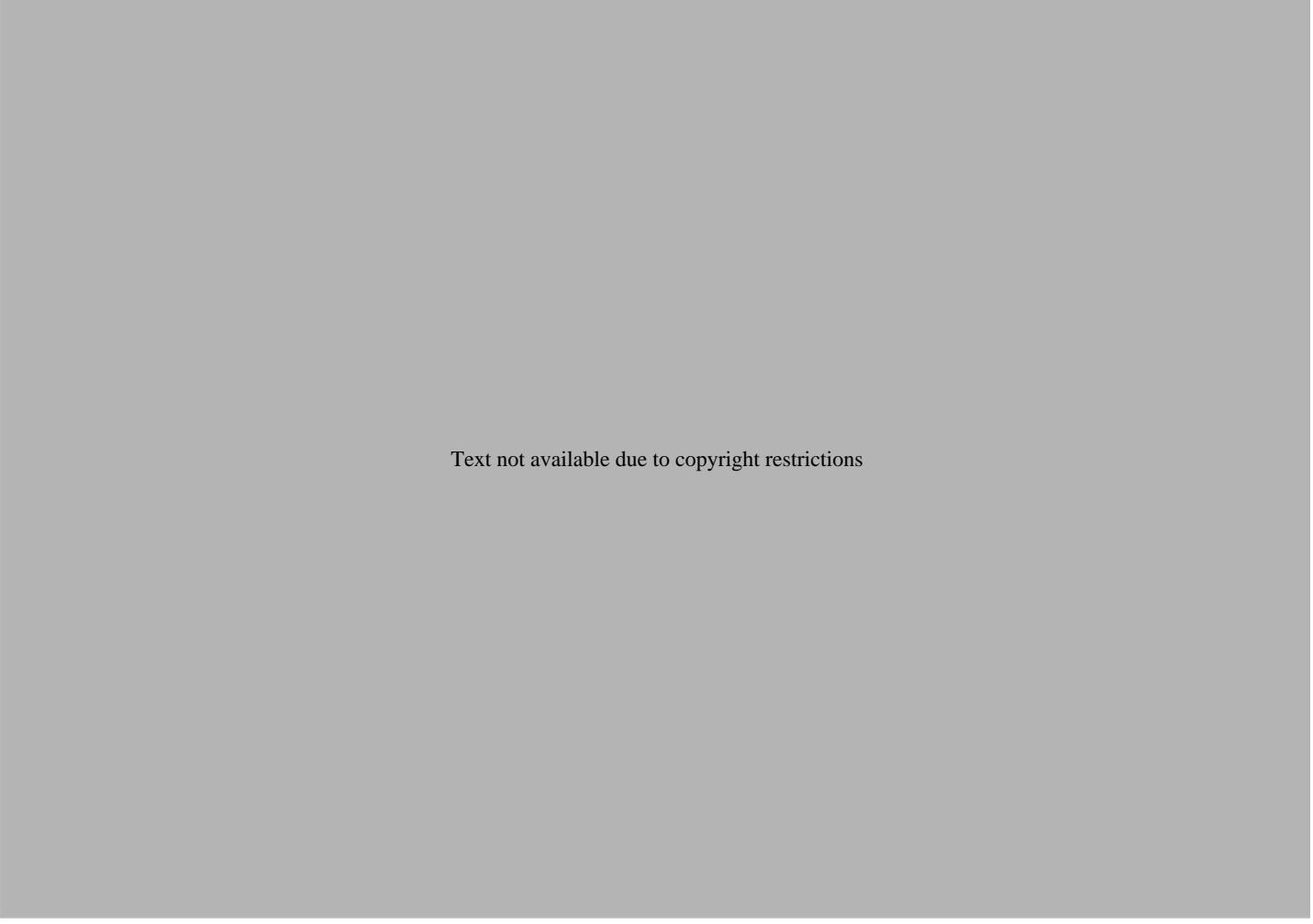
Some developmental psychopathologists fault DSM-IV and similar diagnostic systems for being rooted in a medical or disease model of psychopathology that views psychological problems as diseaselike entities that people either have or do not have. Alan Sroufe (1997) argues that psychopathology is better seen as development rather than as disease; it is a pattern of adaptation that unfolds over time. From this perspective, a researcher cannot understand psychological disorder without understanding not only the person’s characteristics, developmental status, and history of adaptation but also the interactions over time between person and environment that either support or undermine healthy development (Cummings et al., 2000; Sameroff, 2000).

■ **Figure 16.1** illustrates the concept of psychopathology as development. It portrays progressive branchings that lead development on either an optimal or a less-than-optimal course. Start with the assumption that normal human genes and normal human environments normally work to push development along a normal course and pull it back on course if it strays (Grossman et al., 2003). Some individuals—even some whose genes or experiences put them at risk to develop a disorder—manage to stay on a route to competence and good adjustment. Some start out poorly but get back on a more adaptive course later; others start off well but deviate later. Still others start on a maladaptive course and deviate further from developmental norms as they age because their early problems make it hard for them to master later developmental tasks and challenges. They may experience a developmental cascade in which genetic risk and early experiences such as living in a disturbed family environment lead to more negative experiences, lack of social support, and ultimately disorder (Kendler, Gardner, & Prescott, 2002).

Now picture Figure 16.1 with many more roadways. In the developmental pathways model, change is possible at many points, and the lines between normal and abnormal development are blurred. A model of this sort may seem complex, but it fits the facts of development. Diagnostic interviews with adults in the United States indicate that about half of us can expect to have some diagnosable disorder involving anxiety, mood, impulse control, or substance abuse by age 75, although more likely a mild than a severe one (Kessler, Berglund, et al., 2005). Half of these cases of disorder will surface by age 14, three-fourths by age 24.

## Social Norms and Age Norms

Developmental psychopathologists appreciate that behaviors are abnormal or normal only within particular social and developmental contexts (Cummings et al., 2000; Lopez &



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Guarnaccia, 2000). **Social norms** are expectations about how to behave in a particular social context—whether a culture, a subculture, or an everyday setting. What is normal in one social context may be abnormal in another. For example, John Weisz and his colleagues (1997) have discovered that Thai children are more likely than American children to have (or to be reported to have) symptoms of inner distress such as anxiety and depression and are less likely to engage in aggression and other forms of “acting out.” One reason for the difference may be that the Thai culture places high value on emotional control and socializes children to internalize rather than vent their negative emotions. The definitions and meanings, the rates, and the developmental courses and correlates of abnormal behavior vary from culture to culture, from subculture to subculture, and from historical period to historical period (Serafica & Vargas, 2006). Although there are universal aspects of psychopathology too, it is shaped by its social context.

In addition, developmental psychopathologists recognize that abnormal behavior must be defined in relation to age norms—societal expectations about what behavior is appropriate or normal at various ages. The 4-year-old boy who frequently cries, acts impulsively, wets his bed, is afraid of the dark, and talks to his imaginary friend may be perceived as—and may

be—normal. The 40-year-old who does the same things needs serious help. You simply cannot define abnormal behavior and development without having a solid grasp of normal behavior and development.

### Developmental Issues

As they attempt to understand developmental pathways to adaptive or maladaptive functioning, developmental psychopathologists grapple with the same developmental issues that have concerned us throughout this book—most notably, the nature–nurture issue (Rutter, Moffitt, & Caspi, 2006) and the issue of continuity and discontinuity in development (Rutter, Kim-Cohen, & Maughan, 2006; and see Chapter 2). Addressing the nature–nurture issue involves asking important questions such as these:

- How do biological, psychological, and social factors interact over time to give rise to psychological disorders?
- What are the important risk factors for psychological disorders—and what are the protective factors that keep some individuals who are at risk from developing disorders?



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As Japanese mothers have increased pressure on their children to succeed in school, cases of children refusing to attend school have become more prevalent (Kameguchi & Murphy-Shigematsu, 2001). This unhappy student may be reacting to his mother's overinvolvement in his schoolwork.

Addressing the continuity-discontinuity issue means asking these sorts of questions:

- Are most childhood problems passing phases that have no bearing on adjustment in adulthood, or does poor functioning in childhood predict poor functioning later in life?
- How do expressions of psychopathology change as the developmental status of the individual changes?

### The Diathesis-Stress Model

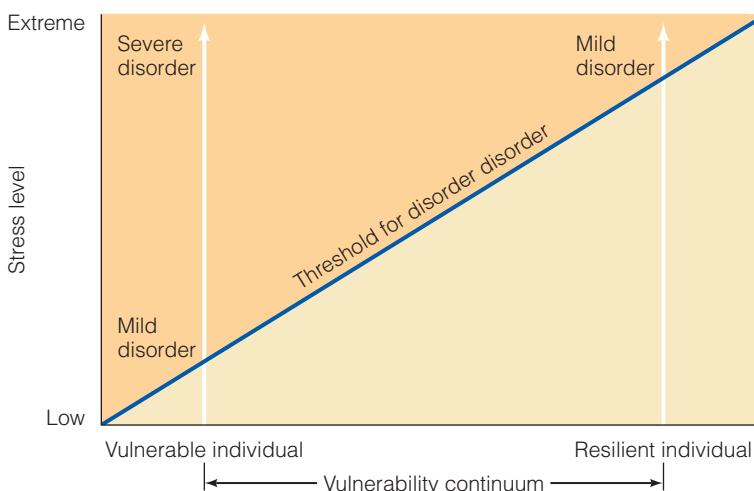
In their efforts to understand how nature and nurture contribute to psychopathology, developmental psychopathologists have found a **diathesis-stress model** of psychopathology useful (Coyne & Whiffen, 1995; Ingram & Price, 2001). This model proposes that psychopathology results from the interaction over time of a predisposition or vulnerability to psychological disorder (called a *diathesis* that can involve a particular genetic makeup, physiology, cognitions, personality, or a combination of these) and the experience of stressful events. This model helps to explain why “bad” things have “bad” effects among some—but not all—people, some—but not all—of the time” (Steinberg & Avenevoli, 2000, p. 66).

Consider depression. We know that certain people are genetically predisposed to become depressed. Genetic factors account for about 40% of the variation in a group

of people in symptoms of major depressive disorder; environmental factors unique to the individual account for the rest (Glowinski et al., 2003). A genetic vulnerability to depression manifests itself as imbalances in serotonin and other key neurotransmitters that affect mood and in such characteristics as high emotional reactivity to stress, including high production of the stress hormone cortisol, and self-defeating patterns of thinking in the face of negative events (Garber & Flynn, 2001; Gotlib et al., 2006).

According to the diathesis-stress model, however, individuals predisposed to become depressed are not likely to do so unless they experience significant losses or other stressful events, as illustrated in ■ **Figure 16.2**. One stressful life event (such as the death of a loved one or a divorce) is usually not enough to trigger major depression, but when negative events pile up or become chronic, a vulnerable person may succumb. Meanwhile, individuals who do not have a diathesis—a vulnerability to depression—may be able to withstand high levels of stress without becoming depressed.

Researchers can now pinpoint some of these diathesis-stress, or gene-environment, interactions. For example, inheriting a particular variant of a gene involved in controlling levels of the neurotransmitter serotonin and experiencing multiple stressful events in early adulthood results in an especially high probability of major depression (Caspi, Sugden et al., 2003; and see Chapter 3). Among people with one or two of the high-risk genes, about 10% became depressed if they experienced no negative life events between ages 21 and 26, but 33% became depressed if they experienced four or more such events. By comparison, even when exposed to many stressful events, only 17% of individuals with two low-risk versions of the gene became depressed (see Jokela et al., 2007, for a similar example).



**■ FIGURE 16.2** The diathesis-stress model. For a vulnerable individual, even mild stress can result in disorder. For an individual who is resilient and does not have a vulnerability or diathesis to disorder, it would take extremely high levels of stress to cause disorder; even then, the disorder might be only mild and temporary.  
SOURCE: Adapted from Ingram & Price (2001).

Depressive disorders (and many other psychological disorders) evolve from an interaction of diathesis and stress—or, to use familiar developmental terms, from the interplay of nature and nurture. It is messier than Figure 16.2 suggests, though. For example, it is clear that genes not only predispose some people to depression but also influence the extent to which they experience stressful life events (Rice, Harold, & Thapar, 2003). Moreover, the relationship between stress and disorder is reciprocal: Life stress aggravates disorder, but disorder also makes lives more stressful (Grant et al., 2004). Finally, in a person genetically predisposed to depression, a depressive episode early in life in response to intense stress may bring about changes in gene activity and in the neurobiology of the stress response system (the hypothalamic–pituitary–adrenal axis). These changes may lower the threshold for a future depressive episode (the diagonal line in Figure 16.2) so that later in life even mild stress can trigger depression (Grossman et al., 2003).

For some disorders we examine in this chapter, the diathesis for disorder is strong, probably more important than environmental influences in causing disorder. Environment may still play an important role, however, by shaping the course of the disorder and its effects on functioning and later development (Steinberg & Avenevoli, 2000). The depressed adolescent growing up in a hostile, disturbed family context, for example, is likely to fare worse than the depressed adolescent who receives parental support and appropriate professional treatment.

This chapter highlights a sampling of developmental problems associated with each phase of the life span (for example, autism to illustrate disorders arising in infancy; attention deficit hyperactivity disorder, or ADHD, to illustrate childhood disorders; anorexia nervosa to illustrate disorders linked to adolescence; and Alzheimer's disease to illustrate disorders of old age). In addition, we look at depression in every developmental period to see how its symptoms and significance change over the life span.

## SUMMING UP

- Diagnosing a psychological disorder such as major depressive disorder involves the broad criteria of statistical deviance, maladaptiveness, and personal distress and the application of specific DSM-IV diagnostic criteria.
- Developmental psychopathology, the study of the origins and course of maladaptive behavior, offers a more developmental approach to psychological disorders, considering both social norms and age norms in diagnosis and charting developmental pathways leading to adaptive or maladaptive developmental outcomes.
- Questions about nature and nurture and about continuity and discontinuity must be answered, and diathesis–stress models must be developed, if researchers want to understand the development of psychological disorders.

## CRITICAL THINKING

1. How are the criteria of statistical deviance, maladaptiveness, and personal distress reflected in the DSM-IV-TR definition of major depressive disorder?

## 16.2 THE INFANT

Adults worry about infants who do not eat properly, who cry endlessly, or who seem overly withdrawn and timid. Because infant development is strongly channeled by biological maturation, few infants develop severe psychological problems. Yet psychopathology exists in infancy, and its effects can be tragic.

### Autism

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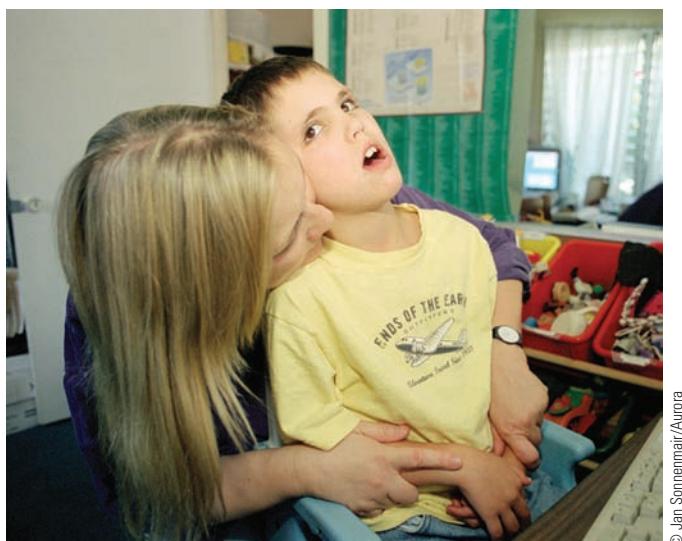
**Autism**, first identified and described by Leo Kanner in 1943, is a serious disorder that begins in infancy and is characterized by abnormal social development, impaired language and communication, and repetitive behavior. Picture the typical infant that we have described in this book: a social being who responds to others and forms close attachments starting at 6 or 7 months of age, a linguistic being who babbles and later uses one- and two-word sentences to converse, and a curious explorer who is fascinated by new objects and experiences. Now consider the three defining features of autism highlighted in DSM-IV-TR (American Psychiatric Association, 2000; also see Bowler, 2007; Frith, 2003):

1. *Abnormal social development.* Autistic children have difficulty forming normal social relationships, responding appropriately to social cues, and sharing social experiences with other people. Like Jeremy, they seem to live in a world of their own, as though they find social contact aversive rather than pleasurable. They are far less likely than other infants to make eye contact, jointly attend to something with a social partner, seek other people for comfort, snuggle when held, and make friends. They also have great difficulty reading other people's minds and emotions, responding with empathy when others are distressed, and demonstrating self-awareness and self-

conscious emotions such as embarrassment and guilt. It has been suggested that they lack self-awareness and have difficulty identifying, as one self to another, with someone else's attitudes and feelings (Hobson et al., 2006). Although many autistic children form secure attachments to their parents, many others display what Chapter 14 described as a disorganized-disoriented pattern of attachment (Sigman & Capps, 1997). Interestingly, Marinus van IJzendoorn and his colleagues (2007) have found that the parents of children with autism are no less sensitive than the parents of children without it, but that the usual relationship between sensitive parenting and secure attachment does not hold true for families with a child who has autism. Instead, the child's social deficits largely govern how secure the parent-child relationship can become.

2. *Impaired language and communicative skills.* Some autistic children are mute; others acquire language skills with some degree of success but still cannot communicate—that is, carry on a true conversation (Tager-Flusberg, 2000). As infants, autistic children often do not babble, gesture, or speak single words at the normal ages (Filipek et al., 2000). When they do speak, they may use a flat, robotlike tone; reverse pronouns (for example, use "you" to refer to the self); and engage in **echolalia** (a parroting of what someone else says).

3. *Repetitive, stereotyped behavior and restricted interests.* Autistic children seek sameness and repetition. They engage in stereotyped behaviors such as rocking, flapping their hands in front of their faces, or spinning toys; if they are more intellectually able, they may carry out elaborate rituals such as a particular sequence of getting-dressed activities. They also become obsessed with particular objects and interests and can become highly distressed when their physical environment is altered (as when a chair in the living room is moved a few feet).



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Many individuals with autism continue to function poorly as adolescents and adults, but some improve with age. One "improver," Jerry, described his childhood as a reign of "confusion and terror" in which "nothing seemed constant; everything was unpredictable and strange" (Bemporad, 1979, p. 192).

It is important to recognize that individuals with autism vary greatly in the degree and nature of their deficits. There is a whole family of autistic conditions, called **autism spectrum disorders (ASDs)**, within the DSM-IV category labeled "pervasive developmental disorders," which includes these and additional conditions that affect many aspects of functioning and have social and communication problems at their core (Bregman, 2005). Autism is an ASD; so is **Asperger syndrome**, in which the child has normal or above-average intelligence and good verbal skills, and clearly wants to establish social relationships, but has seriously deficient social-cognitive and social skills. Affected children are sometimes called "little professors" because they talk rather stiffly and formally, and at mind-numbing length, about the particular subjects that obsess them. They have been largely invisible until recently, although people around them tend to view them as odd and socially aloof. Other ASDs are Rett syndrome and childhood disintegrative disorder, both of which involve declines in multiple areas of functioning after birth.

Rates of autism appear to be rising. Autism in the narrow sense now affects about 20 of 10,000 children, and autism in the broader sense of a spectrum of disorders affects almost 60 children per 10,000, or 1 in 166 (Chakrabarti & Fombonne, 2005). Three or 4 boys are affected for every girl, with affected girls often having severe impairments and low IQ scores (Dawson & Toth, 2006). The Explorations box takes up the question of whether there is an autism epidemic.

Autistic children are autistic before age 3 and probably from birth. However, because at first they often seem to be normal and exceptionally good babies, or because physicians are slow to make the diagnosis even when parents express concerns about their child's development, many autistic children are not diagnosed until preschool (Klin et al., 2004). Researchers are working furiously to improve early screening and detection so that these children can receive early treatment. Autistic infants are given away by their lack of normal social responsiveness—for example, by failure to display normal infant behaviors such as orientation to human voices, babbling, preference for human over nonhuman stimuli, eye contact and visual focus on faces in a scene (autistic babies tend to focus on objects in the background), joint attention (a key precursor of theory-of-mind skills), and reciprocity or taking turns, as in mutual smiling and peek-a-boo games (Klin et al., 2004; Lord, 2007; Zwaigenbaum et al., 2005).

Many people believe that most autistic individuals are exceptionally intelligent. Some have average or above average IQs, but many are mentally retarded. With more higher-functioning children being diagnosed today, the percentage of children with autism who are also mentally retarded has dropped to under half but is still significant (Chakrabarti & Fombonne, 2001; Volkmar et al., 2004). Meanwhile, some autistic individuals, whether their IQs are high or low, show special talents such as the ability to quickly calculate days of the week corresponding to dates on the calendar or to memorize incredible amounts of information about train schedules (see Heaton & Wallace, 2004, and the description of savant syndrome in Chapter 9).

## IS THERE AN AUTISM EPIDEMIC?

A debate has raged in recent years about why rates of autism seem to be increasing. There is no question that they are.

For example, Christopher Gillberg and his colleagues (2006) have been studying the prevalence of autism in an area of Sweden for a number of years (see graph). Their data clearly show an increase in the prevalence of autism and other autistic spectrum disorders such as Asperger syndrome from the 1970s to the 1990s, as shown in the graph. In the United States, the rate has zoomed from around 5 out of 10,000 before 1990 to 60 out of 10,000, recently (Chakrabarti & Fombonne, 2005).

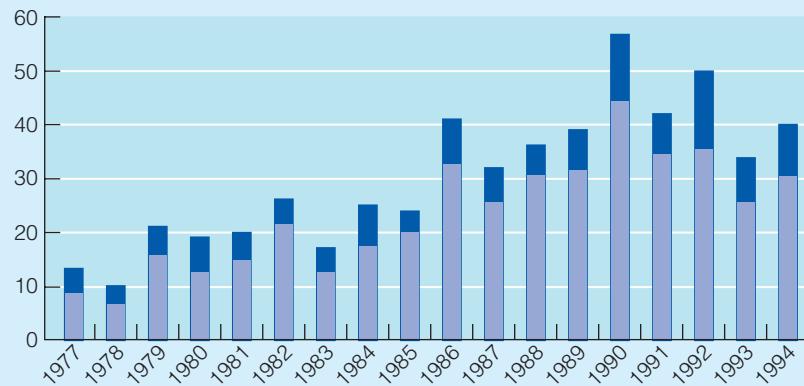
The question is why. You may have seen in the press charges that either the measles virus or a mercury-based preservative in the vaccinations children receive for measles, mumps, and rubella is the culprit. The evidence simply

does not support this charge, which unfortunately has made some parents fear having their children immunized. To cite just one piece of evidence, rates of autism continued to climb after the mercury-based preservative was removed from vaccines in 1999 (Costello, Foley, & Angold, 2006; Vedantam, 2007). Still, because the vaccination is normally given to infants at about 15 months of age and children with autism often seem normal at birth and do not display their autistic symptoms until about that age, the vaccine myth has persisted.

Most researchers, including Gillberg and his colleagues, believe that increased rates of autistic spectrum disorders are mainly a result of increased awareness of autism, broader definitions of it, and better recognition and diagnosis of cases by parents and teachers as well as clinicians—especially cases at the mild end

of the spectrum (Gillberg et al., 2006; Grinker, 2007). In Sweden, for example, legislation on autism was enacted in 1981 and services were made available but a diagnosis was necessary to receive them. Gillberg applied DSM-IV criteria in his study, but the addition of Asperger syndrome to DSM-IV in 1994 is also believed to have contributed to the increase in autism diagnoses since then. Moreover, in the United States, autism was not added to a government list of disabilities eligible for special education services until 1991 (Grinker, 2007).

In sum, it can be difficult to interpret changes in the prevalence of a psychological disorder. In the case of autism spectrum disorders, the recent rise in prevalence seems to be more about better detection of cases that were there all along than about new cases and causes.



The number of diagnosed cases of autism spectrum disorder has been increasing. These data are from Göteborg, Sweden. Of 546 cases identified over the 18-year period, 38% had autism, 17% Asperger syndrome, and 44% “pervasive developmental disorder not otherwise specified.” These numbers of cases translate into a prevalence rate of 53 cases per 10,000 population for the entire period, but 80 per 10,000 in the last 6-year period. The male (light blue) to female (dark blue) ratio was almost 3 to 1.

SOURCE: From C. Gillberg, M. Cederlund, K. Lamberg, & L. Zeijlon, The autism epidemic: The registered prevalence of autism in a Swedish urban area, *Journal of Autism and Developmental Disorders*, 36, 429–435. Copyright 2006 Springer. Reprinted with permission.

Autism used to be seen as a clear example of development that is qualitatively different from normal development. No more. The social impairment that defines autism is increasingly viewed as the extreme end of a genetically influenced continuum of social responsiveness, quantitatively rather than qualitatively different from normal social behavior (Constantino & Todd, 2003). In other words, many of us have some of the traits associated with autism to some degree, and the dividing line between normality and abnormality is arbitrary. Instead of apples and oranges—normal functioning versus autistic functioning—there are only degrees of appleness, a principle that appears to hold for most other psychological disorders.

### Suspected Causes

Interest in solving the mysteries of autism is intense, and some fascinating hypotheses have been put forward in recent years to explain why individuals with autistic spectrum disorders show the symptoms they do. Early theorists suggested that rigid and cold parenting by “refrigerator moms” caused autism, but this harmful myth has long been put to rest (Achenbach, 1982). It is now understood that interacting with an autistic child can easily cause parents to be tense and frustrated and that the parents of autistic children, the source of genes that contribute to autism, sometimes have mild forms of some autistic spectrum

traits themselves. Bad parenting is not responsible for autism; rather, autism has a biological basis. Genes contribute strongly to autism (Veenstra-Vanderweele & Cook, 2003). One research team found that if one identical twin was autistic, the other was autistic in 60% of the twin pairs studied; the concordance rate for fraternal twin pairs was 0% (Bailey et al., 1995). Moreover, when the broader spectrum of autism-related deficits was considered, 92% of the identical twins but only 10% of the fraternal twins were alike.

Many genes on several chromosomes have been implicated; in some cases genes related to neural communication appear to have been copied too many times or left out during meiosis (Autism Genome Project Consortium, 2007). Most likely individuals with autism inherit several genes that put them at risk. It also appears that the three major impairments associated with autism—social impairments, communication disorders, and repetitive behaviors—are associated with distinct genetic causes (Ronald, Happé, Bolton et al., 2006). That one identical twin can be autistic although the other is not suggests that early environmental influences also contribute, although it is not clear how. An environmental trigger like a virus or chemicals in the environment could interact with a genetic predisposition to cause it.

Many autistic children display neurological abnormalities, and many of them have epilepsy (Volkmar et al., 2004). However, the neurological abnormalities are varied, and it is not yet clear which are most central to autism or how they arise. It has been observed, for example, that autistic children experience especially rapid and extensive brain growth during the first year of life, starting out with small heads and brains at birth but experiencing faster-than-normal growth during the first year of life and then a slowing of growth so that by adulthood they have normal-sized brains (Courchesne, Carper, & Akshoomoff, 2003; Redcay & Courchesne, 2005). It is hypothesized that neurons in the frontal cortex proliferate wildly during the early sensitive period for brain development but do not become properly interconnected (Volkmar et al., 2004).

Recognizing that knowledge is changing rapidly, we will outline one promising view that has emerged recently. As we have seen, individuals with autism regularly show limited understanding of mental states such as feelings, desires, beliefs, and intentions and of their role in human behavior—that is, they lack what was characterized in Chapter 13 as a theory of mind (Baron-Cohen, 2000). As infants, they also do not show some of the early precursors of theory of mind such as empathy, joint attention, pretend play, and imitation (Charman, 2000). Researchers have therefore been looking more closely at the brain mechanisms involved in social cognition (Oberman & Ramachandran, 2007), and they are now actively exploring a **mirror neuron simulation hypothesis** of autism. This view holds that malfunctioning of mirror neuron systems located in a number of brain areas account for the deficits individuals with autism show in imitation, theory-of-mind skills, empathy, and language (Oberman & Ramachandran, 2007; and see Chapter 13).

Mirror neuron systems allow us to make sense of other people's feelings and thoughts by relating them to feelings and thoughts we have experienced ourselves. By internally simulating what another person may be experiencing, we connect with that person (see Chapter 13). In one study (McIntosh et al., 2006), autistic and nonautistic adults watched pictures of happy and angry facial expressions so that the researchers could see if their faces automatically and subtly mimicked the expressions they saw—a good example of how mirror neurons allow us to simulate other people's emotions and relate them to our own. Although people with autistic disorders could mimic the faces they saw if asked to do so, they did not do so spontaneously—one example of accumulating evidence suggesting that their mirror neuron systems do not function properly (Oberman & Ramachandran, 2007).

It is not clear whether lack of properly functioning mirror neuron systems or some other neural impairment will prove to be at the heart of the problems autistic children display; the disorder clearly involves multiple cognitive impairments. Autistic individuals not only have social cognitive deficits but they have difficulty with certain **executive functions**, the higher-level control functions based in the prefrontal cortex of the brain that allow us to plan, change flexibly from one course of action to another, and inhibit actions (Bowler, 2007; Frith, 2003). This may explain their repetitive behavior (they often become fixated on doing an activity again and again and may not be able to switch to another activity easily), something the mirror neuron simulation theory does not explain well. Their tendency to focus on details and miss “the big picture” is another key cognitive impairment (Bowler, 2007; Frith, 2003). To make the mystery more intriguing, Simon Baron-Cohen (2003) has put forth an extreme male brain hypothesis regarding autistic spectrum disorders, described in the Explorations box. Perhaps it is not surprising that a number of cognitive and social deficits have been nominated as the “core” deficit in autism and a number of aspects of brain functioning are believed to be impaired; autism is, after all, a *pervasive* disorder.

## Developmental Outcomes and Treatment

What becomes of children with autism as they get older? The long-term outcome in the past has usually been poor, especially if autism is accompanied by mental retardation. Most individuals with autism improve in functioning, but they are autistic for life, showing limited social skills even as adults, although about a third are employed in their 20s (Howlin et al., 2004). Positive outcomes are most likely among those who have IQ scores above 70 and reasonably good communication skills by age 5.

Can treatment help autistic children overcome their problems? Researchers continue to search for drugs that will correct the suspected brain dysfunctions of these children, but they are a long way from discovering a “magic pill.” Some autistic children are given drugs to control behavioral problems such as hyperactivity or obsessive-compulsive behavior, drugs that

## IS AUTISM AN EXTREME VERSION OF THE MALE BRAIN?

Many years ago, the discoverer of Asperger syndrome, Hans Asperger, suggested that the syndrome might reflect an extreme version of stereotypically masculine intelligence (Baron-Cohen, 2003). More recently, Simon Baron-Cohen (2003, 2005) has fleshed out Asperger's suggestion and proposed an **extreme male brain hypothesis** about autism. In his book *The Essential Difference*, Baron-Cohen lays out evidence that females tend to excel in empathizing (identifying people's thoughts and emotions and responding to them with appropriate emotions), males in systemizing (analyzing things to figure out how they work, extracting rules that determine what leads to what, and understanding systems). So, for example, little girls tend to be more interested than little boys in faces and in interacting with people, and women tend to be more able than men to read facial expressions of emotions and more likely to enter the helping professions. Meanwhile, little boys are more likely than little girls to enjoy playing with cars and trucks and building blocks and are more likely as adults to go into math, science, and engineering fields where they can work with predictable systems of objects rather than with ever-unpredictable people. Even when they are only a day old, girls prefer to look at a woman's face rather than a mechanical-looking mobile with some of the features of a face incorporated into it in a scrambled arrangement; by contrast, boys prefer the mechanical mobile (Connellan et al., 2000).

Baron-Cohen is quick to point out that not all women excel at empathizing and not all men excel at systemizing; there are simply average differences between the sexes, most likely caused by a combination of biological and

environmental factors. Moreover, some people are strong at both or weak in both skills. Of interest to us here are the individuals who are extremely weak in empathizing and extremely strong in systemizing. They, Baron-Cohen argues, have the traits associated with autistic spectrum disorders. Much evidence suggests that individuals with autism and autism spectrum disorders are weak at empathizing and reading other people's mental states (Baron-Cohen, 2003; Golan et al., 2006). Moreover, their repetitive actions (spinning plates or dropping sand through their fingers for hours) could be interpreted as attempts to systemize, to figure out the rules, and their desire for sameness an attempt to keep the world orderly and rule governed.

To assess empathizing and systemizing in high-functioning individuals within the autism spectrum, John Lawson, Simon Baron-Cohen, and Sally Wheelwright (2004) gave males with Asperger syndrome, normal males, and normal females tasks to measure empathizing (understanding social outcomes when one person says something likely to upset another character in a story) and systemizing (predicting in mechanical diagrams how two levers or bobs will respond to the movement of another lever connected to them). On the empathizing tasks, females did better than males without Asperger syndrome, who in turn outperformed males with Asperger syndrome. On the systemizing tasks, by contrast, both male groups outperformed the women.

Baron-Cohen also cites concrete cases of the extreme male brain at work. Richard, an award-winning mathematician, has Asperger syndrome. Despite his understanding of the mechanics of phones, he did not know how

to begin or end a phone conversation or what to say in between. He much preferred dealing with people one at a time rather than in groups, because people, unlike numbers, were too unpredictable for him. Noting that Isaac Newton and Albert Einstein had some similar traits, Baron-Cohen points out that Asperger syndrome is common in families with many "male-brained" scientists and engineers. Exposure to a high dose of the male hormone testosterone during the prenatal period has been linked to strong spatial and mechanical abilities, and Baron-Cohen and others are now pursuing the possibility that high exposure to testosterone prenatally may be implicated in autism spectrum disorders and may also explain why these conditions are so much more common among males than among females (see Ingudomnukul et al., 2007).

The extreme male brain hypothesis suggests that autism, once thought to be a prime example of truly deviant human development, may instead just represent the extreme end of a continuum of intellectual functioning. The extreme male brain hypothesis also calls attention to the strengths of individuals with autism and suggests that, if accommodations are made for their cognitive style, they can learn better and can be steered toward the kinds of mechanical and detail-oriented jobs that suit them. It is too soon to say, however, how valid the extreme male brain view of autism is; at this point, Baron-Cohen is still developing the concepts of empathizing and systemizing and has not yet reconciled his theory with evidence of the roles of genes in autism (Bowler, 2007; Ronald, Happé, & Plomin, 2006).

help them benefit from educational programs but do not cure autism (Volkmar, 2001).

The most effective approach to treating autism is intensive and highly structured behavioral and educational programming, beginning as early as possible, continuing throughout childhood, and involving the family (Koegel, Koegel, & McNerney, 2001; Simpson & Otten, 2005). The goal is to make the most of the plasticity of the young brain during its sensitive period, so early intervention is key. O. Ivar Lovaas and his colleagues pioneered the application of reinforcement principles to shape social and language skills in autistic chil-

dren (Lovaas & Smith, 2003). In an early study, Lovaas (1987) compared two groups of children with autism treated at the University of California at Los Angeles. One group received intensive treatment—more than 40 hours a week of one-on-one treatment for 2 or more years during their preschool years. Trained student therapists worked with these children using reinforcement principles to reduce their aggressive and self-stimulatory behavior and to teach them developmentally appropriate skills such as how to imitate others, play with toys and with peers, use language, and master academic concepts. The training procedures involve many repetitions of simple learn-

ing tasks and the delivery of reinforcers such as bits of cereal for successful performance. Parents were taught to use the same behavioral techniques at home. The children who received this intensive treatment were compared with a control group of similarly disturbed children who, because of staff shortages or transportation problems, received a similar treatment program but were exposed to it for only 10 or fewer hours a week.

Lovaas reported astounding results—for example, IQ scores about 30 points higher in the treatment group than in the control group. Other researchers have criticized this study's design, however, because it was not a true experiment with random assignment to treatment and control groups. As it turns out, early behavioral interventions usually do not convert autistic children into normally functioning ones (Volkmar et al., 2004). However, many children with autism, especially those who are young and are not severely retarded, can make good gains if they receive intensive cognitive and behavioral training and comprehensive family services starting early in life (Lovaas & Smith, 2003). In any case, training programs for the growing number of adults with autism and support services for their families are needed.

## Depression

Does it seem possible to you that an infant could experience major depressive disorder as defined in DSM-IV-TR? Infants are surely not capable of the negative cognitions common among depressed adults—the low self-esteem, guilt, worthlessness, hopelessness, and so on (Garber, 1984). After all, they have not yet acquired the capacity for symbolic thought or self-awareness that would allow them to reflect on their experience. Yet infants can exhibit some of the behavioral symptoms (such as loss of interest in activities or psychomotor slowing) and **somatic symptoms** (bodily symptoms such as loss of appetite and disruption of normal sleep patterns) of depression. Researchers are still debating whether true depressive disorders can occur in infancy, but it is clear that babies can and do experience depression-like states and symptoms (Cytryn & McKnew, 1996; Wasserman, 2006).

Depressive symptoms are most likely to be observed in infants who lack a secure attachment relationship or who experience a disruption of an all-important emotional bond (Boris & Zeanah, 1999; Lyons-Ruth, Zeanah, & Benoit, 2003). It has long been observed that infants permanently separated from their mothers between 6 and 12 months of age tend to become sad, weepy, listless, unresponsive, and withdrawn and to show delays in virtually all aspects of their development (Spitz, 1946). Infants who display a disorganized pattern of attachment, in which they do not seem to know whether to approach or avoid the attachment figure (see Chapter 14)—an attachment style common among abused children—are especially likely to show symptoms of depression (Egeland & Carlson, 2004; Lyons-Ruth et al., 2003).

Infants whose mothers—or fathers—are depressed are also at risk (Gotlib et al., 2006; Ramchandani et al., 2005). They

adopt an interaction style that resembles that of their depressed caregivers; they vocalize little and look sad, even when interacting with women other than their mothers, and they begin to show developmental delays by age 1 (Field, 1995a). They are at increased risk of becoming clinically depressed themselves later in life and of developing other psychological disorders. This may be because of a combination of genes and stressful experiences with their unpredictable mothers (that is, because of diathesis–stress). Stress early in life can produce children with an overactive stress-response system who are easily distressed and unable to regulate their negative emotions effectively (Goodman, 2002; Gotlib et al., 2006). Interventions can help depressed parents understand and deal with their problems and interact more sensitively with their babies (Cicchetti, Toth, & Rogosch, 2004).

Some infants who are neglected, abused, separated from attachment figures, or otherwise raised in a stressful or unaffectionate manner by a mother who may be stressed or depressed herself not only display depression-like symptoms but also develop the life-threatening disorder called **failure to thrive** (Benoit & Coolbear, 2004; Chattoor & Ganiban, 2004). These youngsters fail to grow normally, lose weight, and become seriously underweight for their age—and are often developmentally delayed as a result. In some cases a physical cause such as a heart defect or swallowing problem can be identified, but in other cases, labeled nonorganic failure to thrive, the causes seem to be more emotional than physical (Chattoor & Ganiban, 2004; Lyons-Ruth, Zeanah, & Benoit, 2003). Babies with nonorganic failure to thrive may gain weight and overcome their depression-like emotional symptoms quickly when they are removed from their homes but can relapse if they are returned to the insensitive care they were receiving (Bauchner,



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Failure to thrive can have either physical (organic) or emotional (nonorganic) causes.

1996). The long-term development of these infants is likely to be especially poor if they have a history of both failure to thrive and maltreatment (Kerr, Black, & Krishnakumar, 2000). Intervening to change the family system is therefore critical.

## SUMMING UP

- Autism is characterized by abnormal social development, impaired language and communication skills, and repetitive behavior. There are other autistic spectrum disorders, including Asperger syndrome; the “autism epidemic” is mainly a result of better identification of mild cases within the autism spectrum.
- Genetics plays a strong role in autism; hypotheses about the brain dysfunctions and cognitive impairments at the root of this disorder include the mirror neuron simulation theory of social cognitive deficits and extreme male brain hypothesis. Early behavioral intervention is the preferred treatment.
- Even babies can display many of the symptoms of depression, especially the behavioral and somatic ones, or nonorganic failure to thrive if they experience long-term or permanent separation from an attachment figure or are brought up by depressed, unresponsive, or rejecting caregivers.

## CRITICAL THINKING

1. How do you think the now discredited view that autism is caused by cold, “refrigerator” mothers arose, and how would you now characterize parents of children with autism?
2. You believe that 1-year-old Luis is depressed: Why do you think so?

## 16.3 THE CHILD

Many children experience developmental problems—fears, recurring stomachaches, temper tantrums, and so on. A much smaller proportion are officially diagnosed as having one of the psychological disorders that typically begins in infancy, childhood, or adolescence—or as having one of the psychological disorders (such as major depressive disorder) that can occur at any age. ● **Table 16.1** lists the major childhood disorders categorized in DSM-IV-TR. In a study assessing children longitudinally from age 9 to age 16 through detailed interviews with both parents and children, more than one-third of children were judged to have experienced at least one diagnosable psychological disorder by age 16 (Costello et al., 2003). In addition, 1 in 5 young children and 1 in 10 older children qualified as having a diagnosable disorder in any given 3-month window (problems were at their lowest at age 12 before a rise in rates during adolescence).

Many developmental problems of childhood can be placed in one of two broad categories that reflect whether the child’s behavior is out of control or overly controlled (Achenbach & Edelbrock, 1978). When children have **externalizing problems**, or undercontrolled disorders, they act out in ways that disturb other people and violate social expectations. They may be aggressive, disobedient, difficult to control, or disruptive (see aggressive behavior discussion in Chapter 13). If their problems are severe, they may be diagnosed as having a conduct disorder or as hyperactive. **Internalizing problems**, or overcontrolled disorders, involve inner distress; they are more disruptive to the child than to other people and include anxiety disorders (such as persistent worrying about separation from loved ones), phobias, severe shyness and with-

● **TABLE 16.1 SOME PSYCHOLOGICAL DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD, OR ADOLESCENCE**

| DSM-IV-TR CATEGORY                                    | MAJOR EXAMPLES  |
|---|---|
| Mental retardation                                    | Subaverage general intellectual functioning   |
| Learning disorders                                    | Reading, math, and writing difficulties   |
| Motor skill disorder                                  | Developmental coordination disorder (extreme clumsiness, lack of coordination)  |
| Communication disorders                               | Expressive language disorder; stuttering  |
| Pervasive developmental disorders                     | Autism; similarly severe conditions   |
| Attention deficit and disruptive behavioral disorders | Attention deficit hyperactivity disorder; conduct disorders (persistent antisocial behavior); oppositional defiant disorder |
| Feeding and eating disorders                          | Pica (eating nonnutritive substances such as paint or sand)   |
| Tic disorders   | Tourette's disorder (involuntary grimaces, grunts, foul language)   |
| Elimination disorders                                 | Enuresis (inappropriate urination); encopresis (inappropriate defecation)   |

SOURCE: Based on DSM-IV-TR, American Psychiatric Association, 2000.

drawal, and depression. Externalizing behaviors decrease from age 4 to age 18, whereas internalizing difficulties increase (Bongers et al., 2003). Externalizing problems are more common among boys, whereas internalizing problems are more prevalent among girls—across cultures (Crijnen, Achenbach, & Verhulst, 1997). Here we will look at one problem of externalization, attention deficit hyperactivity disorder, and one problem of internalization, depression.

## Attention Deficit Hyperactivity Disorder

The first year of proper school was a disaster for Greg. He spent most of the time being punished for getting out of his seat, for calling out, and for disrupting other children. The other children called him a “naughty Greg” and he became more and more discouraged and defiant. He did not seem to be learning anything at school at all. He was always in trouble. . . . At the end of the year the teacher told me that if she had to teach Greg for another year she would have resigned! (Selikowitz, 2004, p. 34)

When it was first identified, hyperactivity was defined principally as a problem of excess motor activity, and the term was used to describe children who could not seem to sit still and who were continually on the go. Now hyperactivity is viewed mainly as a problem of attentional control. According to DSM-IV-TR criteria, a child has **attention deficit hyperactivity disorder (ADHD)** if some combination of the following three symptoms is present (see also Selikowitz, 2004; Weyandt, 2007):

1. *Inattention*. The child does not seem to listen, is easily distracted, and does not stick to activities or finish tasks.
2. *Impulsivity*. The child acts before thinking and cannot inhibit urges to blurt something out in class or have a turn in a group activity.
3. *Hyperactivity*. The child is restless and is perpetually fidgeting, finger tapping, or chattering.

About 3 to 7% of school-age children, possibly more, are diagnosable as ADHD (American Psychiatric Association, 2000) and at least two boys for every girl have the disorder, although girls may in some cases be underdiagnosed because they often do not show as much of the hyperactivity and acting out associated with ADHD as boys do (Weyandt, 2007). Some critics believe that ADHD is overdiagnosed in the United States and even question whether ADHD is a valid diagnosis, but rates are actually quite similar around the world when similar diagnostic definitions are applied (Moffitt & Melchior, 2007). One recent study estimated that ADHD affects 5.3% of children worldwide (Polanczyk et al., 2007).

Some children with ADHD, about as many of them girls as boys, are mainly inattentive but not hyperactive and impulsive; but, because they are not disruptive, they often go unrecognized, even though they clearly have problems that affect their school performance (Weyandt, 2007). Those children with ADHD who are hyperactive and impulsive as well as inattentive often have conduct disorders or other externalizing

problems. They are likely to irritate adults and become locked in coercive power struggles with their parents, interactions that then aggravate their problems (Barkley et al., 1991; Buhrmester et al., 1992). Because their behavior is so disruptive, they are also rejected by peers, which can have its own damaging effects on their adjustment and later development (Deater-Deckard, 2001; Whalen et al., 1989).

Not only do many children with ADHD have conduct disorders and behave aggressively, but many also have diagnosable learning disabilities, and some suffer from depression or anxiety disorders (Brassett-Harknett & Butler, 2007). This co-occurrence of two or more conditions in the same individual is called **comorbidity** and is extremely common, especially during childhood. That is, many troubled individuals (like Peggy at the start of the chapter) have multiple psychiatric diagnoses rather than just one (Clark, Watson, & Reynolds, 1995). Comorbidity complicates the task of understanding the causes and consequences of any particular psychological disorder.

## Developmental Course

ADHD expresses itself differently at different ages (Pelham et al., 2004; Weyandt, 2007). The condition often reveals itself in infancy. As infants, children with ADHD are often very active, have difficult temperaments, and show irregular feeding and sleeping patterns (Teeter, 1998). As preschool children, they are in perpetual motion, quickly moving from one activity to another. Because most young children are energetic and have short attention spans, behavior must be evaluated in relation to developmental norms; otherwise, we might mistake most average 3- and 4-year-olds for hyperactive children. Finally, by the grade-school years, overactive behavior is less of a problem, but children with ADHD are fidgety, restless, and inattentive to schoolwork (American Psychiatric Association, 2000).



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Hyperactive children test the patience of their parents.

What becomes of hyperactive children later in life? It used to be thought that they outgrew their problems, so parents sometimes delayed getting help, expecting their children's difficulties to go away by adolescence. Most children with ADHD do outgrow their overactive behavior (DuPaul & Stoner, 2003). However, adolescents with ADHD continue to be restless, to have difficulty concentrating on their academic work, and to behave impulsively; they often perform poorly in school or drop out, and they are prone to committing reckless delinquent acts without thinking about the consequences (Brassett-Harknett & Butler, 2007; Wallander & Hubert, 1985).

The picture is more positive by early adulthood; yet many individuals with ADHD get in trouble because they have lapses of concentration, make impulsive decisions, and procrastinate (Brassett-Harknett & Butler, 2007; Wender, 1995). In one study following hyperactive and control children from about age 7 to age 21, the hyperactive adults had lower educational attainment and achievement, had been fired more and received lower performance ratings from their employers, had fewer close friends and more problems in social relations, and had become involved in sexual activity and parenthood earlier (Barkley et al., 2006). Outcomes were especially poor for those who had conduct disorders along with their ADHD as children; this subgroup is also likely to have more than its share of car accidents and law breaking, to abuse alcohol and drugs, and to have emotional problems as adults (Selikowitz, 2004; Weiss & Hechtman, 1993). The more severe the ADHD symptoms and associated problems such as aggression in childhood, the more likely it is that later life outcomes will be poor (Pelham et al., 2004). Overall, an estimated 20% of ADHD children outgrow their problems, 20% continue to have severe problems as adults, and 60% continue to have at least mild problems throughout their lives (Selikowitz, 2004). More than 4% of adults in the United States appear to have diagnosable ADHD, and many could benefit from treatment (Kessler et al., 2006).

## Suspected Causes

What causes this disorder? Researchers have long agreed that ADHD has a neurological basis, but they have had difficulty pinpointing it until recently. No consistent evidence of brain damage or of structural defects in the brain is found in most children with ADHD. Many cannot even be distinguished clearly from non-ADHD children on the basis of neuropsychological tests because they do not all show clear deficits in neuropsychological functions or show them in the same areas (Doyle & Biederman et al., 2000). Still, it is widely agreed that the brains of children with ADHD work differently than the brains of other children do and that the cause is most likely differences in brain chemistry rather than physical brain damage.

Russell Barkley (1997, 2000) put forth the view that the frontal lobes of individuals with ADHD do not function properly, resulting in deficiencies in executive functions, most importantly difficulty inhibiting and otherwise regulating one's behavior. This view has received a good deal of support, al-

though not all individuals with ADHD show executive function impairments and not all executive functions are impaired (Seidman, 2006). Low levels of dopamine and related neurotransmitters involved in communication among neurons in the frontal lobes may be at the root of executive function impairments (Selikowitz, 2004; Weyandt, 2007).

Genes predispose some individuals to develop ADHD and probably underlie the physiological problems that give rise to it. One identical twin is highly likely to have it if the other does, and first-degree relatives of someone with ADHD (including parents) have four to five times the usual risk (Thapar, 2003). Genes account for 60 to 90% of the variation in ADHD among individuals, nonshared environmental factors for the rest (Waldman & Gizer, 2006). There is not one ADHD gene, however. Instead, researchers have identified several gene variants common in individuals with ADHD that influence levels of dopamine, serotonin, and other relevant neurotransmitters in their brains (Waldman & Gizer, 2006).

Environmental influences are also important, not so much as the main cause of ADHD but as forces that help determine whether a genetic potential turns into a reality and whether the individual adapts well or poorly as she develops (Harknett-Brassett & Butler, 2007). Misconceptions that ADHD is due to consuming sugar or food additives such as red food coloring have long been put to rest, although allergies are an issue for a small number of children with ADHD (Weyandt, 2007). Carefully controlled studies comparing diets with and without the suspected culprit foods typically offer no support for diet theories. Low birth weight and maternal smoking, both associated with a shortage of oxygen prenatally, do appear to contribute to some cases of ADHD (Lehn et al., 2007; Linnet et al., 2003). Family risk factors such as marital conflict, an intrusive parenting style, and socioeconomic disadvantage may also worsen the outcomes of children with ADHD (Biederman et al., 1995; Jacobvitz & Sroufe, 1987). And genes and environment may interact: Individuals who inherit genes that adversely affect dopamine levels and who also experience family adversity show more ADHD symptoms than children who do not have both genes and environment working against them (Laucht et al., 2007).

## Treatment

Many children with ADHD are given stimulant drugs such as methylphenidate (Ritalin), and most are helped by these drugs. Although it may seem odd to give overactive children stimulants, the brains of individuals with ADHD are actually under-aroused and these drugs increase levels of dopamine and other neurotransmitters in the frontal lobes of the brain to normal levels and, by doing so, allow these children to concentrate (Selikowitz, 2004). Listen to Greg's mother (she described his behavioral problems at the beginning of this section) on the topic: "The change in his behavior and mood was miraculous. One hour after the tablet I had my first proper conversation with Greg. For the first time in his life he was able to sit still and look at a book" (Selikowitz, 2004, p. 34).

Why, then, does controversy surround the use of stimulants with ADHD children? Some critics feel that these drugs are prescribed to too many children, including some who do not have ADHD. Although it is probably true that Ritalin and other stimulants are overprescribed in some communities, it is also true that many children with ADHD who could benefit from drug treatment go untreated (Jensen, 2000). Others are concerned that stimulant drugs have undesirable side effects such as loss of appetite and headaches (see Weyandt, 2007). Moreover, they do not cure ADHD; they improve functioning only until their effects wear off. And so far, there is not much evidence that individuals with ADHD who took stimulants as children function better as adolescents or adults than those who did not, although some studies are beginning to show beneficial longer-term effects on attention and behavior (Weyandt, 2007). Many experts have concluded that stimulant drugs cannot resolve all the difficulties faced by individuals with ADHD and their families but that they are part of the answer, not only in childhood but continuing into adulthood.

Might behavioral treatment work better than drug treatment? The Multimodal Treatment of Attention Deficit Hyperactivity Disorder Study, a national study of 579 children with ADHD ranging in age from 7 to 9, is the best source of information about the pros and cons of medication and behavioral treatment for ADHD (Jensen et al., 2001). This study compared children who received optimally delivered medication, state-of-the-art behavioral treatment (a combination of parent training, child training through a summer program, and school intervention), a combination of the two approaches, or routine care in the community. The findings were clear: Medication alone was more effective than behavioral treatment alone or routine care in reducing ADHD symptoms. However, a combination of medication and behavioral treatment was superior to medication alone when the goal was defined as not only reducing ADHD symptoms but also improving academic performance, social adjustment, and parent-child relations. Behavioral programs designed to teach children with ADHD to stay focused on tasks, control their impulsiveness, and interact socially; parent training designed to help parents understand and manage the behavior of these often-difficult youngsters; and interventions at school to structure the learning environment can all help (Chronis, Jones, & Raggi, 2006; Weyandt, 2007).

## Depression

Whereas ADHD illustrates an externalizing disorder, depression is an example of an internalizing disorder in childhood. As you saw earlier, the depression-like symptoms displayed by deprived or traumatized infants probably do not qualify as major depressive disorder. When, then, can children experience true clinical depression? For years many psychologists and psychiatrists, especially those influenced by psychoanalytic theory, argued that young children simply could not be depressed. Feelings of worthlessness, hopelessness, and self-blame were not believed to be possible until the child was older (Garber, 1984).

Besides, childhood is supposedly a happy, carefree time, right?

We now know that young children—as early as age 3—can meet the same criteria for major depressive disorder that are used in diagnosing adults (Garber & Flynn, 2001; Wasserman, 2006). Depression in children is rarer than depression in adolescents and adults, but an estimated 2% of children have diagnosable depressive disorders (Gotlib & Hammen, 1992). It used to be thought that depression in children was expressed in a masked manner as other problems. Many youngsters who show the key symptoms of depression do have comorbid problems such as conduct disorder, ADHD, and anxiety disorder. These disorders are distinct, comorbid problems, however, not just veiled symptoms of depression (Kaslow et al., 2000).

Developmentalists appreciate that depression expresses itself somewhat differently in a young child than in an adult, however (Weiss & Garber, 2003). Like depressed infants, depressed preschool children are more likely to display the behavioral and somatic symptoms of depression (losing interest in activities, eating poorly, and so on) than to display cognitive symptoms like hopelessness or to talk about being depressed (American Psychiatric Association, 2000; Kaslow et al., 2000). They are also prone to be anxious (Moffitt et al., 2007). Yet even young children who are depressed sometimes express excessive guilt, claiming that they are bad (Weiss & Garber, 2003), or act out themes of death and suicide in their play (Luby, 2004). Most important, depressed children are sad or irritable and show the same lack of interest in usually enjoyable activities that depressed adults do (Luby, 2004). Observers can reliably identify the depressed children in a group based on their lack of enthusiasm (Luby et al., 2006).



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Even young children can experience a major depressive episode.

## CHALLENGES IN TREATING CHILDREN AND ADOLESCENTS

According to the Surgeon General of the United States, fewer than one in five U.S. children with psychological disorders receives treatment (Shute, 2001). Sometimes the child does not think she has a problem and resists; sometimes parents cannot face reality. Other times, parents are dismissed by doctors or other professionals who say that they are worrying too much or that their child is only going through “a phase” (Carter, Briggs-Gowan, & Davis, 2004). The fact that children are developing and their disorders are changing with them also makes diagnosis tricky (Carter et al., 2004).

When children and adolescents do enter treatment, their therapists must recognize that they are not adults and cannot be treated as such (Holmbeck, Greenley, & Franks, 2003; Kazdin, 2003). First, children rarely seek treatment on their own; they are usually referred for treatment by parents who are disturbed by their behavior. This means that therapists must view the child and her parents as the “client.”

Second, children’s therapeutic outcomes often depend greatly on the cooperation and involvement of their parents (Bailey, 2000; Heru, 2006). Sometimes all members of the family must be treated for any enduring change in the child’s behavior to occur—a principle derived from family systems theory. However, not all parents cooperate.

Third—a point familiar to students of human development—children function at different levels of cognitive and emotional development than adults do, and this must be taken into consideration in both diagnosing and treating their problems (Kazdin, 2000). For example, young children cannot easily participate in therapies that require them to verbalize their problems and gain insight into the causes of their behavior. More developmentally appropriate techniques include play therapy, in which disturbed children are encouraged to act out concerns that they cannot easily express in words, and behavioral approaches that do not require insight and verbal skills.

Is psychotherapy for children and adolescents effective? John Weisz and Bahr Weiss (1993) pulled together research on two major categories of psychotherapy: behavioral therapies (those using reinforcement principles and modeling techniques) and nonbehavioral therapies (primarily psychoanalytic therapies based on Freudian theory and other “talking cures” in which therapists help clients to express, understand, and solve their problems). These studies examined a range of problems (both externalizing and internalizing) and measured a range of outcomes (anxiety, cognitive skills and school achievement, personality and self-concept, social adjustment). Judging from Weisz and Weiss’s analysis, these forms of therapy for children and adolescents work for a range of problems—at least as well as they work with adults—and the benefits are lasting (Kazdin, 2003). Behavioral therapies proved to be more effective with children than “talk therapies,” but more recent work suggests that children can benefit from cognitive behavioral therapy too, even though it requires more cognitive and linguistic ability than strictly behavioral therapy (Kazdin, 2003). In a recent meta-analysis of studies specifically focused on treating depression in children and adolescents, Weisz, McCarty, and Valeri (2006) found again that a variety of psychotherapies can be effective, although treatment effects were often modest and did not always last.

Although the safety of antidepressants for children is now in question, both psychological and pharmacological treatments for children and adolescents with psychological disorders clearly achieve positive results. Yet they do not always work; by one reckoning, 40% or more of clinically depressed children and adolescents do not respond to psychotherapy, and about the same percentage do not respond to antidepressant medications (Asarnow et al., 2001). Apparently, then, we have much left to learn about the special challenges of treating children and adolescents with psychological problems.



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Play therapy can help young children who lack verbal skills express their feelings.

Children as young as age 2 or 3 are even capable of attempting suicide (Rosenthal & Rosenthal, 1984; Shaffer & Pfeffer, 2001). At age 3, Jeffrey repeatedly hurled himself down a flight of stairs and banged his head on the floor; upset by the arrival of a new brother, he was heard to say, “Jeff is bad, and bad boys have to die” (Cytryn & McKnew, 1996, p. 72). An 8-year-old, after writing her will, approached her father with a

large rock and asked in all seriousness, “Daddy, would you crush my head, please?” (Cytryn & McKnew, 1996, pp. 69–70). Other children have jumped from high places, run into traffic, and stabbed themselves, often in response to abuse, rejection, or neglect. Moreover, children who attempt suicide once often try again (Shaffer & Pfeffer, 2001). The moral is clear: Parents, teachers, and human service professionals need

to appreciate that childhood is not always a happy, carefree time and that children can develop serious depressive disorders and suicidal tendencies. Children's claims that they want to die should be taken dead seriously.

Do depressed children tend to have recurring bouts of depression, becoming depressed adolescents and adults? Most children make it through mild episodes of sadness, and carry-over of depression problems from childhood to adulthood is not as strong as carryover from adolescence to adulthood (Rutter, Kim-Cohen, & Maughan, 2006). However, 5- and 6-year-olds who report many depression symptoms are more likely than their peers to be depressed, to think suicidal thoughts, to struggle academically, and to be perceived as in need of mental health services when they are adolescents (Ialongo, Edelsohn, & Kellam, 2001). Moreover, it is estimated that half of children and adolescents diagnosed as having major depressive disorder have recurrences in adulthood (Kessler, Avenevoli, & Merikangas, 2001). Even if depressed children do not have further episodes, their depression can disrupt their intellectual development, school achievement, and social adjustment for years (Kovacs & Goldston, 1991).

Fortunately, most depressed children respond well to psychotherapy. Cognitive behavioral therapies that focus on changing distorted thinking have proved especially effective (Asarnow, Jaycox, & Tompson, 2001). But because children are not adults, treating children with depression and other psychological disorders poses several challenges for psychotherapists, as the Applications box on page 483 reveals. Many depressed children have also been treated with antidepressant drugs such as Prozac (called *selective serotonin reuptake inhibitors*) that correct for low levels of the neurotransmitter serotonin in the brains of depressed individuals, but concerns about the use of antidepressants with children have been raised (Vitiello, Zuvekas, & Norquist, 2006). These drugs do not appear to be as effective with children as with adults, and some research indicates they increase the risk of suicide among child and adolescent users, causing a warning to that effect to be put out by the U.S. government in 2004 (Vedantam, 2006). Antidepressants are still prescribed because they do help seriously depressed youth who may be at greater risk of suicide if they are not put on drugs, but they are prescribed less often and with more careful monitoring of the patient's reactions (Nemeroff et al., 2007).

## Nature and Nurture

Most of us have a strong belief in the power of the social environment, particularly the family, to shape child development. This belief often leads us to blame parents—especially mothers—if their children are sad and withdrawn, uncontrollable and “bratty,” or otherwise different from most children (see Chapter 15). Parents whose children develop problems often draw the same conclusion, feeling guilty because they assume they are at fault.

It is essential to view developmental disorders from a family systems perspective and to appreciate how emerging prob-

lems affect and are affected by family interactions—to understand that problems are located not in an individual family member but in a whole family (Cowan & Cowan, 2006). From a family systems perspective, parents are important but they both influence and are influenced by their children.

On the one hand, youngsters with depression and many other psychological disorders tend to come from problem-ridden families and to have insecure attachments to their parents (Graham & Easterbrooks, 2000). They are also more likely than other children to have mothers, fathers, or both who have histories of psychological disorder (Connell & Goodman, 2002; Ramchandani et al., 2005). Surely this means that children develop problems because they live in disturbed family environments with adults whose own psychological problems and marital conflicts make it difficult for them to parent effectively.

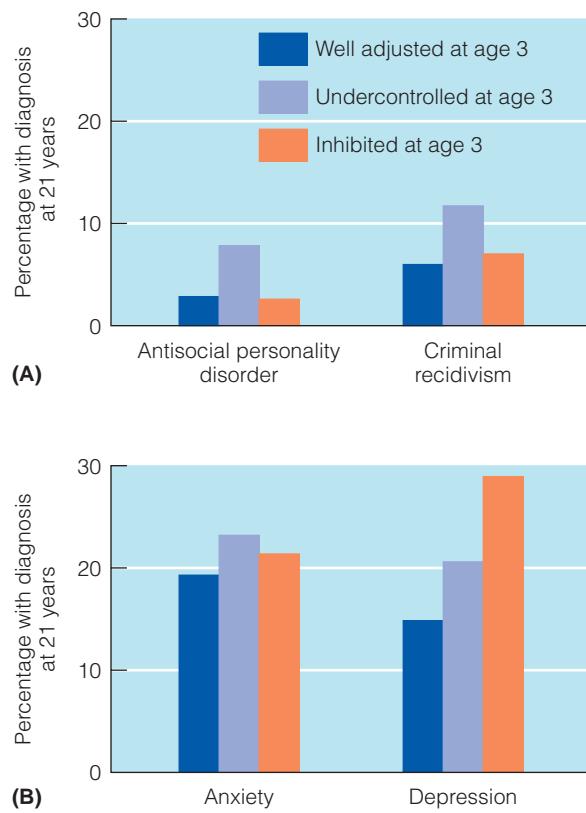
Or are there other interpretations? A child may have a genetic predisposition to disorder that would be expressed even if the child were adopted into another home early in life. In addition, “poor parenting” can be partly the effect of a child’s disorder rather than its cause; children’s problem behaviors can negatively affect their parents’ moods, marital relationships, and parenting behaviors (Cowan & Cowan, 2006).

Unquestionably, family disruption and conflict and ineffective parenting contribute to and aggravate many childhood problems. Indeed, there is evidence that the children of parents who have psychological disorders may or may not develop disorders themselves depending on whether their parents use an ineffective or effective parenting approach (Johnson et al., 2001). As the diathesis–stress model suggests, then, disorders often arise from the interaction of a genetic predisposition and a stressful environment. Abnormal development, like normal development, is the product of both nature and nurture and of a history of complex transactions between person and environment in which each influences the other (Rutter, Moffitt, & Caspi, 2006).

## Continuity and Discontinuity

The parents of children who develop psychological problems want to know this: Will my child outgrow these problems, or will they persist? These parents are understandably concerned with the issue of continuity versus discontinuity in development, which concerns in part the extent to which traits carry over from one developmental period to another. You have already seen that autism, ADHD, and major depression tend to persist beyond childhood in many individuals. To answer the continuity–discontinuity question more fully, consider the spectrum of childhood problems.

Avshalom Caspi and his colleagues (1996) used data from a longitudinal study in New Zealand to determine whether children’s behavioral styles, or temperamental characteristics, at age 3 predicted their susceptibility to psychological disorders at age 21—a span of 18 years. As Part A of ■ Figure 16.3 shows, children who had externalizing problems (such as aggression)



**FIGURE 16.3** Relationships between behavior at age 3 and psychosocial disorders at age 21. Part A shows that children with uncontrolled, externalizing behavioral styles are more likely than other children to show antisocial behavior and repeated criminal behavior at age 21. Part B shows that inhibited, internalizing children are at high risk of depression, but not anxiety disorders, at 21.

SOURCE: Adapted from Caspi et al. (1996).

as young children and were described as irritable, impulsive, and rough were more likely than either inhibited, overcontrolled children or well-adjusted children to be diagnosed as having antisocial personality disorder and to have records of criminal behavior as young adults.

Meanwhile, as Part B of Figure 16.3 shows, inhibited, internalizing children who were shy, anxious, and easily upset at age 3 were more likely than other children to be diagnosed as depressed later in life; contrary to prediction, they were not at significantly higher risk for anxiety disorders. This study and others point to *continuity* in susceptibility to problems over the years and suggest that early problems tend to have significance for later development (Costello et al., 2003; Mesman, Bongers, & Koot, 2001).

Relationships between early behavioral problems and later psychopathology in this study and others tend to be weak, however, so there is also *discontinuity* in development. Notice that most children with temperaments that put them at risk did not have diagnosable problems as adults. Similarly, in a 14-year follow-up of children and adolescents with behavioral and

emotional problems, about 40% still had significant problems in adulthood, but most did not (Hofstra, Van der Ende, & Verhulst, 2000). In other words, having serious psychological problems as a child does not doom most individuals to a life of maladjustment.

Why might we see continuity of problem behavior in some children but discontinuity in others? If children have mild rather than severe psychological problems and receive help, their difficulties are likely to disappear. Some children also show remarkable resilience, functioning well despite exposure to risk factors for disorder or overcoming even severe early problems to become well adjusted (Garmezy, 1994; Small & Memmo, 2004). Such children appear to benefit from protective factors that keep them from becoming maladjusted in the face of risk. These protective factors include their own competencies (especially intellectual ability and social skills) and strong social support (especially a stable family situation with at least one caring parent figure).

## SUMMING UP

- ADHD, characterized by inattention, impulsivity, and hyperactivity, manifests itself from infancy into the adult years but is expressed differently at different ages.
- Genetically predisposed to ADHD, children with it have difficulty with executive functions and are helped most by a combination of stimulant drugs that increase dopamine levels in their brains and behavioral therapy.
- Even young children can meet DSM-IV criteria for depression and become suicidal (although rarely).
- Nature and nurture, diathesis and stress conspire to produce such childhood disorders; they are not just the products of bad parenting. There is also both continuity and discontinuity in development: Some children remain maladapted, whereas others, especially those with mild problems and many protective factors, outgrow their difficulties.

## CRITICAL THINKING

1. Using ADHD and depression as examples, compare and contrast externalizing problems and internalizing problems in childhood.
2. If your child had ADHD or were depressed, would you allow her to be treated with medication? Why or why not?

## 16.4 THE ADOLESCENT

If any age group has a reputation for having problems and causing trouble, it is adolescents. This is supposedly the time when angelic children are transformed into emotionally unstable, unruly, problem-ridden delinquents. The view that adolescence is a time of emotional storm and stress was set forth by the founder of developmental psychology, G. Stanley Hall (1904). It has been with us ever since.

## Storm and Stress?

Are adolescents really more likely than either children or adults to experience psychological problems? In truth, adolescents have a worse reputation than they deserve. Most adolescents are not emotionally disturbed and do not develop serious problem behaviors such as drug abuse and chronic delinquency. Instead, significant mental health problems—real signs of storm and stress—characterize about 20% of adolescents (Ford, Goodman, & Meltzer, 2003; Kazdin, 2000). Moreover, many of these adolescents were maladjusted before they reached puberty and continue to be maladjusted during adulthood (Reinherz et al., 1999).

Yet adolescence is a period of heightened vulnerability to some forms of psychological disorder (Cicchetti & Rogosch, 2002). The 20% rate of diagnosable psychological disorder among adolescents is higher than an estimated rate of about 10% among children (Ford et al., 2003), although it is no higher than that for adults (Kazdin, 2000). Teenagers face greater stress than children; they must cope with physical maturation, changing brains and cognitive abilities, tribulations of dating, changes in family dynamics, moves to new and more complex school settings, societal demands to become more responsible and to assume adult roles, and more (Cicchetti & Rogosch, 2002; Hill, 1993). Most adolescents cope with these challenges remarkably well, maintain the level of adjustment they had when they entered adolescence, and undergo impressive psychological growth, although it is not unusual for them to feel depressed, anxious, and irritable occasionally. For a minority, a buildup of stressors during adolescence can precipitate serious psychopathology. Their problems should not be dismissed as adolescent moodiness and irritability.

Many adolescents of both sexes get themselves into trouble by overusing alcohol and drugs, engaging in delinquent behavior, and displaying other so-called adolescent problem behaviors. These problem behaviors, although common and often correlated with each other, usually do not reach the level of seriousness to qualify as psychological disorders (Boles, Biglan, & Smolkowski, 2006; Jessor, 1998). Here we focus on two serious disorders that clearly become more prevalent in adolescence. Diagnosable eating disorders such as anorexia nervosa can make the adolescent period treacherous, and rates of depression increase dramatically from childhood to adolescence. These problems interfere with normal adolescent development; yet they become far more understandable when you view them in the context of this developmental period.

## Eating Disorders

Perhaps no psychological disorders are more associated with adolescence than the eating disorders that disproportionately strike adolescent girls, either during the transition from childhood to adolescence or during the transition from adolescence to adulthood (Keel & Fulkerson, 2001; and see Bryant-Waugh, 2007). Both anorexia nervosa and bulimia nervosa have be-

come more common in recent years in several industrialized countries (Gordon, 2000; Milos et al., 2004). And both are serious—indeed, potentially fatal—conditions that are difficult to cure.

**Anorexia nervosa**, which literally means “nervous loss of appetite,” has been defined as a refusal to maintain a weight that is at least 85% of the expected weight for the person’s height and age (American Psychiatric Association, 2000). Anorexic individuals are also characterized by a strong fear of becoming overweight, a distorted body image (a tendency to view themselves as fat even when they are emaciated), and, if they are females, an absence of regular menstrual cycles. The typical individual with anorexia may begin dieting soon after reaching puberty and simply continue, insisting, even when she weighs only 60 or 70 pounds and resembles a cadaver, that she is well nourished and could stand to lose a few more pounds (Hsu, 1990). Praised at first for losing weight, she becomes increasingly obsessed with dieting and exercising and gains a sense of control by resisting the urging of parents and friends to eat more (Levenkron, 2000). Fewer than 3 in every 1000 adolescent girls suffer from this condition, and there are about 11 female victims for every 1 male victim (van Hoeken, Seidell, & Hoek, 2003). The victims are getting younger; one third-grader was so severely affected that she considered five Cheerios a meal (Tyre, 2005).

Anorexia nervosa can be distinguished from **bulimia nervosa**, the so-called binge–purge syndrome, which involves recurrent episodes of consuming huge quantities of food followed by purging activities such as self-induced vomiting, use of laxatives, or rigid dieting and fasting (American Psychiatric Association, 2000; and see Pinhas et al., 2007). Bulimia is especially prevalent in late adolescence (college age), affecting about 1% of adolescents, most of them females (Pinhas et al., 2007). A bulimic girl or woman typically binges on the foods that are taboo to dieters, eating entire half gallons of ice cream, multiple bags of cookies and potato chips, or whole pies and cakes—



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Anorexia can be life threatening.

as much as 55,000 *calories* in a single binge session (Johnson et al., 1982). Whereas individuals with anorexia are by definition underweight, individuals with bulimia can be found in all weight ranges. It is a myth that these eating disorders are restricted to European American females from upper middle-class backgrounds. They are evident at all socioeconomic levels (Gard & Freeman, 1996) and in all racial and ethnic groups, although African American females are less concerned with being thin and dieting than European American and Asian American females and have much lower rates of eating disorders (Wildes, Emery, & Simons, 2001).

### Suspected Causes

Both nature and nurture contribute to eating disorders. On the nurture side, cultural factors are significant. We live in a society obsessed with thinness as the standard of physical attractiveness that makes it hard for young women to feel good about themselves (Gordon, 2000; Keel & Klump, 2003). As the Western ideal of thinness has spread to other countries, rates of eating disorders in those countries have risen (Gordon, 2000). Interestingly, exposure to television on the island of Fiji converted girls raised to view plump bodies as a status symbol associated with the generous sharing of food into girls who feel too fat and try to control their weight (Becker et al., 2002).

Well before they reach puberty, starting as early as preschool, girls in our society begin to associate being thin with being attractive, fear becoming fat, and wish they were thinner (Hill, 2007; Ricciardelli & McCabe, 2001). Their desire to be thin and feelings about themselves and their bodies are influenced by how much emphasis they think their peers place on thinness and how much television focused on appearance they watch (Dohnt & Tiggemann, 2006). Ultrathin Barbie dolls with unattainable body proportions also contribute to young girls' dissatisfaction with their bodies (Dittmar, Halliwell, & Ive, 2006). Perhaps all these cultural messages explain why about a fourth of second-grade girls in one study dieted (Thelen et al., 1992; and see Hill, 2007). As girls experience normal pubertal changes, they naturally gain fat and become, in their minds, less attractive; they have more reason than ever to be obsessed with controlling their weight (Murnen & Smolak, 1997). This may be why adolescence is a prime time for the emergence of eating disorders.

But why do relatively few adolescent females in our society develop anorexia or bulimia, even though almost all of them experience social pressure to be thin? Genes serve as a diathesis, predisposing certain individuals to develop eating disorders, at least if they live in a sociocultural context that encourages weight concern and if other environmental influences come into play (Keel & Klump, 2003). Twin studies suggest that more than half of the variation in risk for eating disorders is attributable to genes (Bulik et al., 2006; Klump & Culbert, 2007). A number of biochemical abnormalities have been found in individuals with anorexia (Klump & Culbert, 2007; Wilson, Becker, & Heffernan, 2003). Genes may contribute to the low levels of the neurotransmitter serotonin, which is in-

volved in both appetite and mood and has been linked to both eating disorders and mood disorders (Keel & Fulkerson, 2001; Klump & Culbert, 2007). Other genes involved not only in food intake but in the regulation of emotion, especially anxiety level, have been implicated (Klump & Culbert, 2007). Perhaps owing in part to their genes, anorexic females also have a personality profile that puts them at risk; they tend to be highly anxious and obsessive perfectionists who desperately want to be thin (Lilenfeld et al., 2006).

Yet an eating disorder may still not emerge unless a genetically susceptible girl living in a weight-conscious culture experiences disturbed family relationships or other stressful events—that is, unless heredity and environment interact to produce a disorder (Keel & Fulkerson, 2001). Girls who are overly concerned about their weight tend to come from families preoccupied with weight (Gordon, 2000; Strober et al., 2000). They are often insecurely attached to their parents (Sharpe et al., 1998). Much emphasis has been placed on disturbed mother–daughter relationships, but poor father–daughter relationships may also contribute (Dominy, Johnson, & Koch, 2000). So, family dynamics may contribute to anorexia (and to bulimia as well), although it is not always clear whether disturbed family dynamics are contributors to, or effects of, the condition (Gowers & Bryant-Waugh, 2004). Ultimately, it may take a pileup of stressors to push a young woman over the edge. For example, vulnerable adolescents who are experiencing pubertal changes and weight gains, becoming involved in mixed-sex relationships, and changing schools may have more than they can handle and may then develop an eating disorder (Smolak & Levine, 1996). Emotional, sexual, or physical abuse can also precipitate the disorder (Kent & Waller, 2000). In anorexia nervosa, then, we have another clear example of the diathesis–stress model at work. A young woman who is at risk for it partly because of her genetic makeup may not develop anorexia unless she also grows up in a culture that overvalues thinness and in a family that makes it hard to forge a positive identity—and then faces an accumulation of stressful events. Similarly, bulimia is likely rooted in a combination of genetic risk and dysfunctional family dynamics (Pinhas et al., 2007).

### Treatment

Individuals with bulimia respond better to treatment than those with anorexia, but both can be successfully treated (Wilson et al., 2003). Cognitive behavioral therapy and antidepressant drugs often work well with bulimic patients (Gowers & Bryant-Waugh, 2004). Effective therapies for individuals with anorexia start with behavior modification programs designed to bring their eating behavior under control, help them gain weight, and deal with any medical problems they may have, in a hospital or treatment facility if necessary (Patel, Pratt, & Greydarms, 2003). Then it is possible to move on to individual psychotherapy designed to help them understand and gain control of their problem, family therapy designed to help build healthier parent–child relationships, and medication for depression and

related psychological problems (see Jaffa & McDermott, 2007). Women with anorexia are difficult to treat because they so strongly resist admitting that they have a problem and because the drugs that have been tried so far do not seem to have reliable benefits. However, many people in treatment overcome their eating disorders, or at least get somewhat better; although fewer than half fully recover, many others significantly improve (Gowers & Bryant-Waugh, 2004; Steinhausen, 2007).

Can eating disorders be prevented? C. Barr Taylor and his colleagues (2006) developed an 8-week, Internet-based prevention program based on cognitive behavioral principles called Student Bodies and tested it out with at-risk female college students who were highly concerned about their weight and body shape. The program provided information about healthy eating and body image, had students keep journals, and involved them in interactive discussions with a psychologist. A 2-year follow-up suggested that the program did not affect everyone but did reduce rates of eating disorder among women who, at the start of the program, were overweight or were already engaged in risky behaviors such as self-induced vomiting or obsessive exercising. A similar Internet-based prevention program proved effective with adolescent girls who identified themselves as having body image or eating problems (Heinicke et al., 2007).

## Depression and Suicidal Behavior

Before puberty, boys and girls have similarly low rates of depression; after puberty, rates climb and the rate for girls becomes higher than that for boys (Wasserman, 2006). In one study of female adolescents, the rate of major depressive disorder at some time in the individual's life was 1% among girls younger than age 12 but 17% among young women age 19 and older (Glowinski et al., 2003). Up to 35% of adolescents experience depressed moods at some time, and as many as 7% have diagnosable depressive disorders at any given time (Petersen et al., 1993). Symptoms are mostly like those displayed by depressed adults, although depressed adolescents sometimes act out and look more like delinquents than like victims of depression.

Why is adolescence a depressing period for some? For one thing, research suggests that genetic influences on symptoms of depression become stronger in adolescence than they were in childhood (Rutter, Kim-Cohen, & Maughan, 2006; Scourfield et al., 2003). Pubertal changes may be responsible or may provide another part of the answer: Being an early maturer, especially for females, is associated with high levels of depression symptoms (Ge et al., 2003).

Social factors also put adolescent females at risk for depression. Individuals, especially females, who have experienced family disruption and loss in childhood may be especially vulnerable to interpersonal stress after they reach puberty (Rudolph & Flynn, 2007). Girls are also more likely than males to experience a cumulation of stressful events in early adolescence (Ge et al., 1994; Nolen-Hoeksema & Girgus, 1994), and

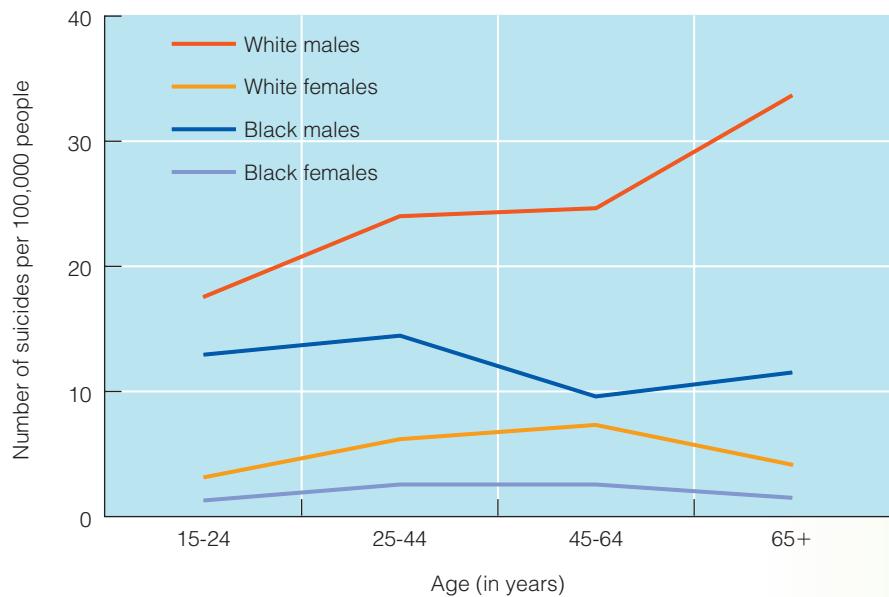
stressful events—especially interpersonal ones such as divorce in the family and relationship breakups—predict increases in depressive symptoms during adolescence (Ge, Natsuaki, & Conger, 2006). Girls are also more likely than boys to engage in **ruminative coping**, dwelling on their problems in an attempt to analyze them (Nolen-Hoeksema, 1990). Ruminative coping can be counterproductive for adolescent girls, perhaps because it makes one's problems seem worse. Indeed, ruminative coping predicts future depression and binge eating in adolescent girls; those conditions in turn make ruminating about one's problems more likely, creating a vicious circle (Nolen-Hoeksema et al., 2007; and see Papadakis et al., 2006). Adolescent girls may even push one another toward depression by co-ruminating about their problems; although frequent discussion of personal problems with friends serves the positive function of strengthening friendships, it also predicts more depression and anxiety symptoms over time and sets the stage for more co-rumination as well (Rose, Carlson, & Waller, 2007). For boys, co-ruminating improves friendships without aggravating depression and anxiety symptoms.

As depression becomes more common from childhood to adolescence, so do suicidal thoughts, suicide attempts, and actual suicides. Suicide is the third leading cause of death for this age group, far behind accidental injuries and just behind homicides; the yearly rate is 10 per 100,000 15- to 24-year-olds, quite a bit higher than it was in 1950 (Freid et al., 2003). For every adolescent suicide, there are many unsuccessful attempts, and suicidal thoughts are even more common (Shaffer & Pfeffer, 2001). National data indicate that almost 12% of males and 22% of females in grades 9 to 12 had seriously considered suicide in the past year; 6% of males and almost 11% of females had attempted it (National Center for Health Statistics, 2006b).

Before you conclude that adolescence is the peak time for suicidal behavior, however, consider the suicide rates for different age groups, as shown in ■ **Figure 16.4**. It is clear that adults are more likely to commit suicide than adolescents are. The suicide rate for females peaks in middle age, and the suicide rate for white males climbs throughout adulthood, making elderly white men the group most likely to commit suicide. As a result, increased attention is being focused on the problem of late-life suicide (Heisel & Duberstein, 2005; Pearson, 2000).

Overall, males are more likely to commit suicide than females, by a ratio of at least three to one—a difference that holds up across most cultures studied (Girard, 1993; Shaffer & Pfeffer, 2001). When we look at suicide attempts, this ratio is reversed, with females leading males by a ratio of about three to one. Apparently, then, females attempt suicide more often than males do, but males more often commit suicide when they try, probably because they use more lethal techniques (especially guns).

If suicide rates are higher in adulthood than in adolescence, why do we hear so much about teenage suicide? Probably because adolescents attempt suicide more frequently than adults do. The typical adolescent suicide attempt has been characterized as a “cry for help”—a desperate effort to get others to notice and help resolve problems that have become unbearable (Berman & Jobes, 1991). The adolescent who at-



**FIGURE 16.4** Number of suicides per 100,000 people by age and sex among European Americans and African Americans in the United States.  
SOURCE: Data from Freid et al. (2003).

tempts suicide often wants a better life rather than death (Lester, 1994). This by no means suggests that adolescent suicide attempts should be taken lightly. Their message is clear: “I’ve got serious problems; wake up and help me!” Indeed, even suicidal thoughts during adolescence should be taken seriously; adolescents who have such thoughts are more likely than those who do not to have attempted suicide, to have psychological disorders, and to display difficulties in functioning at age 30 (Reinherz et al., 2006).

Suicidal behavior in adolescence is the product of diathesis–stress. Four key risk factors are youth psychological disorder, family pathology and psychopathology, stressful life events, and access to firearms (Gould et al., 2003; and see Beautrais, 2003). More than 90% of adolescent suicide victims, partly because of genetic predisposition, suffered from depression, substance use disorder, anxiety disorder, or another diagnosable psychological problem at the time of their death, so screening teenagers for depression and other psychological disorders makes great sense as an approach to prevention (Shaffer & Pfeffer, 2001). Indeed, the more problem behaviors, such as binge drinking, risky sexual behavior, eating disorders, aggression, and so on, an adolescent displays, the more likely she is to go from thinking suicidally to taking action (Miller & Taylor, 2005).

Many suicide attempters also have histories of troubled family relationships, and often psychopathology and even suicide run in the family. In the period leading up to a suicide attempt, the adolescent has often experienced a buildup of stressful life events—deteriorating relationships with parents and peers, academic and social failures, run-ins with the law—and begun to feel incapable of coping (Berman & Jobes, 1991). The availability of firearms makes it easy to act on suicidal im-

pulses. The adolescent who attempts suicide once may try again if he receives little help and continues to feel incapable of coping with problems; as a result, professional help is called for after an unsuccessful suicide attempt (Rotheram-Borus et al., 2000).

## SUMMING UP

- Although most adolescents do not experience storm and stress, rates of psychological disorder climb from about 10% in childhood to 20% in adolescence.
- Females with anorexia nervosa are genetically predisposed to it but also tend to experience a culture obsessed with thinness, a disturbed family, and overwhelming stress.
- Depression and suicide are also associated with diathesis–stress—with a genetically based vulnerability and a pileup of stressors. Still, most adolescents, even though they may diet or think a depressive or even suicidal thought now and then, emerge from this period as well-adjusted and competent young adults.

## CRITICAL THINKING

1. Peggy, the young woman described at the beginning of the chapter, attempted suicide. Using the material on suicide in this section, explain why she might have done so, showing how both diathesis and stress may have contributed.

## 16.5 THE ADULT

Stressful experiences in childhood and adolescence increase a person’s chances of psychological disorder later in life (Turner & Lloyd, 2004). Psychological problems then emerge when a vulnerable individual, perhaps one with a history of adversity, faces overwhelming stress. As it turns out, adults typically experience the greatest number of life strains in early adulthood (McLanahan & Sorenson, 1985; Pearlin, 1980). Life strains decrease from early to middle adulthood, perhaps as adults settle into more stable lifestyles. And, despite increased stress related to health problems, elderly adults report fewer hassles and strains overall than middle-aged adults do (Almeida & Horn, 2004; Martin, Grunendahl, & Martin, 2001). This may be because they have fewer roles and responsibilities to juggle or because they have learned to take more problems in stride.

Age differences in stressful experiences may help explain age differences in rates of psychological disorder. A major government-funded study suggests that about one-fourth of all Americans experienced a mental illness in the past year (Kessler, Chiu, et al., 2005). In another major study, adults age

18 or older were interviewed in their homes about the psychological symptoms they were experiencing, and the researchers then estimated the numbers of respondents who met the criteria for several psychological disorders (Myers et al., 1984; Robins & Regier, 1991). Rates of affective disorders (major depression and related mood disorders), alcohol abuse and dependence, schizophrenia, anxiety disorders, and antisocial personality all decreased from early adulthood to late adulthood. (As you appreciate, this could be either a true age effect or a cohort effect suggesting that recent generations are more vulnerable than previous generations to psychological disorder or report it more.) The only type of impairment that increased with age was cognitive impairment, undoubtedly because some older adults were developing Alzheimer's disease and other forms of dementia (to be described shortly).

Mainly, it appears that young adults, because they experience more stress than older adults, are a group at high risk for mental health problems. With that as background, we can look more closely at one of the disorders to which young adults are especially susceptible, depression, and then turn to an examination of Alzheimer's disease and related cognitive impairments in later life.

## Depression

Major depression and other affective disorders are among the most common psychological problems experienced by adults. Who gets depressed, and what does this reveal?

### Age and Sex Differences

About 28% of Americans can expect to experience a diagnosable mood disorder by age 75 (Kessler, Berglund et al., 2005). Contrary to stereotypes of elderly people, older adults tend to be less vulnerable to major depression and other severe affective disorders than young or middle-aged adults are (Blazer, 2003). Unless older adults develop physical health problems



Although few elderly adults have diagnosed depression, a sizable minority experiences at least some symptoms of depression.

that contribute to depression or experience increasing rather than decreasing levels of stress as they age, their mental health is likely to be good (Lynch & George, 2002; Wrosch, Schulz, & Heckhausen, 2004).

Still, there are good reasons to be concerned about depression in old age. First, we know that depressed elderly adults are more likely than depressed adolescents to take their own lives. Second, reports of depression symptoms, if not diagnosable disorders, increase when people reach their 70s (Nguyen & Zonderman, 2006; Teachman, 2006). Although only about 1 to 2% of elderly adults have major depressive disorder at a given time, about 15% experience symptoms of depression (Knight et al., 2006). Might some of the individuals who report symptoms of depression have a more serious but undiagnosed depressive disorder?

It's possible: Depression can be difficult to diagnose in later adulthood (Charney et al., 2003). Think about it: Symptoms of depression include fatigue and lack of energy, sleeping difficulties, cognitive deficits, and somatic (bodily) complaints. What if a clinician notes these symptoms in an elderly person but interprets them as nothing more than normal aging, as the result of the chronic illnesses so common in old age, or as signs of dementia? A case of depression can easily be missed. Diagnosis is even more complex because elderly adults who are depressed express their depression differently than younger adults do; they tend to deny that they are sad and mention only their somatic symptoms (Nguyen & Zonderman, 2006). Yet overdiagnosis of depression in older adults can also occur if bodily complaints that are actually caused by physical disease or disability are interpreted as symptoms of depression (Grayson et al., 2000).

Depression in elderly individuals is not so different from depression in young and middle-aged adults that different criteria must be developed to detect it. Still, clinicians working with elderly adults need to be sensitive to the differences between normal aging processes, disease, and psychopathology. Moreover, the fact that relatively few elderly people suffer from severe, diagnosable depression should not blind us to the fact that a much larger number feel depressed or demoralized and could benefit from treatment (Lynch & George, 2002). This is especially true of very old women who are physically ill, poor, socially isolated, or a combination of these (Blazer, 1993; Falcon & Tucker, 2000).

Gender differences in depression are also significant. Starting in adolescence, and in a variety of cultures, females are more likely than males to be diagnosed as depressed—by a margin of about two to one (Kuehner, 2003). This is not just because women are more likely than men to admit they are depressed or to seek help when they are depressed (Kessler, 2000). Instead, higher rates of depression in females than in males may be linked to gender differences in a variety of factors (Kuehner, 2003; Nolen-Hoeksema, 2002): hormones and biological reactions to stress, levels of stress (including more exposure to interpersonal stressors among women), ways of expressing distress (women being more likely to express classic depression symptoms, men being more likely to become angry

or overindulge in alcohol and drugs), and styles of coping with distress (especially the tendency for women to engage in more ruminative coping, overanalyzing their despair, whereas men distract themselves from problems and may be better off for it). In short, there is no easy answer, but women are clearly more at risk than men for depression—at least until old age, when male and female rates become more similar (Wasserman, 2006).

## Treatment

One of the biggest challenges in treating adults with major depression and other psychological disorders is getting them to seek treatment; many eventually do but they often go years without help (Wang et al., 2005). Elderly adults are especially likely to go undiagnosed and untreated, particularly if they are African Americans and other minority group members (Charney et al., 2003; Neighbors et al., 2007). Older adults and members of their families may believe, wrongly, that problems such as depression and anxiety are a normal part of getting older or becoming ill or that it is somehow shameful to have psychological problems. Mental health professionals may perceive elderly individuals as less treatable than younger adults and may underdiagnose or misdiagnose their problems (Graham et al., 2003). Medicare regulations also favor drug treatments over psychotherapy and counseling (Knight et al., 2006).

Despite these barriers, depressed elderly adults who seek psychotherapy benefit from it (Scogin et al., 2005). Moreover, those treated with antidepressant drugs, assuming they keep taking them, not only overcome their depression in most cases but also show improved cognitive functioning (Blazer, 2003; Butters et al., 2000). As with many psychological problems, the

most effective approach is often a combination of drug treatment and psychotherapy (Hollon, Thase, & Markowitz, 2002).

## Aging and Dementia

Perhaps nothing scares us more about aging than the thought that we will become “senile.” **Dementia**, the technical term for senility, is a progressive deterioration of neural functioning associated with memory impairment, declines in tested intellectual ability, poor judgment, difficulty thinking abstractly, and often personality changes. Becoming senile is not a normal part of the aging process. Yet rates of dementia increase steadily with age. Overall, dementia affects 6 to 8% of elderly adults age 65 and older (Knight et al., 2006). Rates climb steeply with age, though—from less than 1% in the 60-to-64 age group to around 30% for people 85 and older (Ferri et al., 2005). It is estimated that there are more than 24 million people with dementia in the world today and there will be more than 81 million by 2040 (Ferri et al., 2005).

Dementia is not a single disorder. Much damage can be done by labeling any older person with cognitive impairments as senile—or even as having Alzheimer’s disease—and then assuming that she is a lost cause. Many different conditions can produce the symptoms we associate with senility, and some of them are curable or reversible (Thompson, 2006). It is also a mistake to assume that any elderly person who becomes forgetful or absentminded—who occasionally misplaces keys or cannot remember someone’s name—is becoming senile. As you saw in Chapter 8, small declines in memory capacities in later life are common and usually have little effect on daily functioning. If this were all it took to warrant a diagnosis of dementia, many young and middle-aged adults, not to mention textbook writers, would qualify. Let us look at some of the specific forms of dementia.

## Alzheimer’s Disease

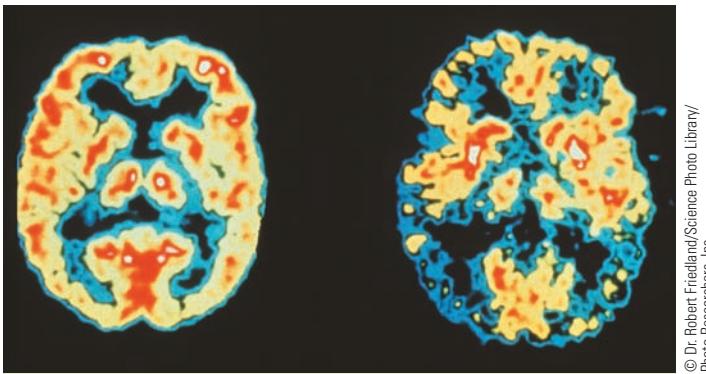
With Alzheimer’s disease, you just know you’re going to forget things, and it’s impossible to put things where you can’t forget them because people like me can always find a place to lose things and we have to flounce all over the house to figure where in the heck I left whatever it was. . . . It’s usually my glasses. . . . You’ve got to have a sense of humor in this kind of business, and I think it’s interesting how many places I can find to lose things. . . . [People with Alzheimer’s] want things like they used to be. And we just hate the fact that we cannot be what we used to be. It hurts like hell. (Cary Henderson, age 64, former history professor diagnosed with Alzheimer’s disease at age 55; Rovner, 1994, pp. 12–13)

**Alzheimer’s disease**, or *dementia of the Alzheimer’s type* as it is termed in DSM-IV-TR, is the most common cause of dementia, accounting for about 70% of all cases, including former President Ronald Reagan’s (Tanzi & Parson, 2000). Dementia can strike in middle



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Ronald Reagan, who died in 1994 of complications of Alzheimer’s disease, brought attention to the tragedy of the disease.



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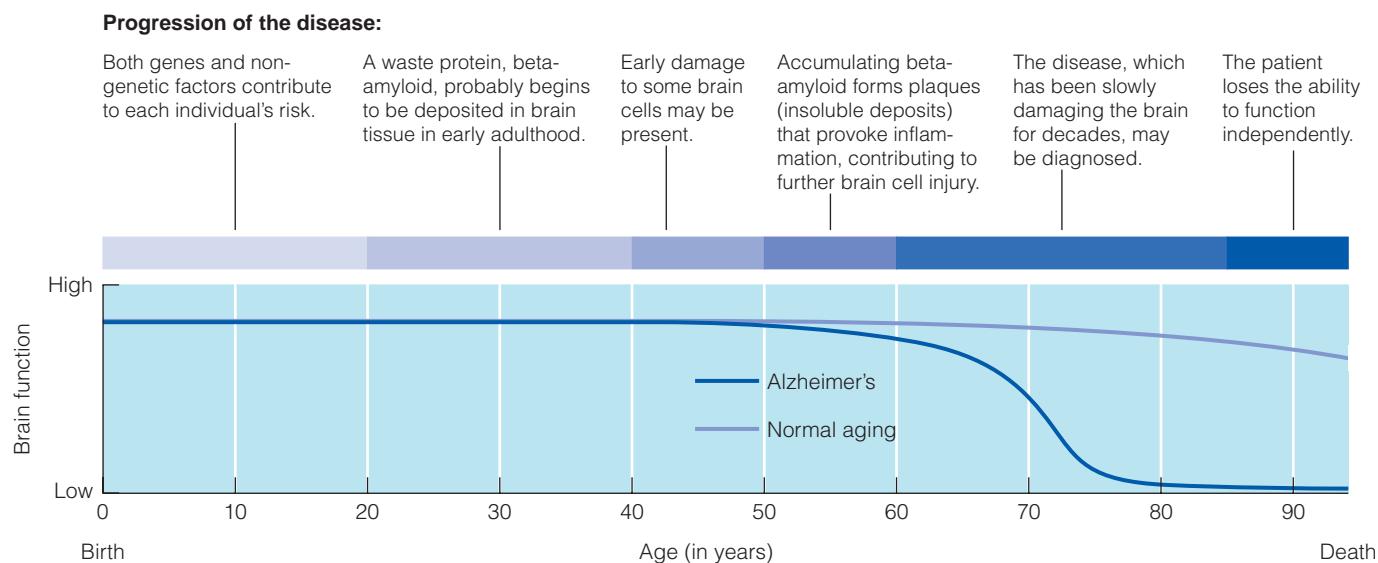
Positron emission tomography (PET scanning) shows metabolic activity in the brain and reveals areas of high brain activity (in red and yellow) and low brain activity (in blue or black). Here we see more activity in a normally functioning brain (left) than in the brain of a person with Alzheimer's disease (right).

age but becomes increasingly likely with advancing age. Because more people are living into advanced old age, more will end up with the disease unless ways of preventing it or slowing its progress are found.

Alzheimer's disease leaves two telltale signs in the brain (Selkoe, 1997; Williams, 1995): *senile plaques* (masses of dying neural material with a toxic protein called **beta-amyloid** at their core that injures neurons), and *neurofibrillary tangles* (twisted strands of neural fibers within the bodies of neural cells). Elderly adults without Alzheimer's disease have senile plaques and neurofibrillary tangles, too; it is not only the number but their type and location that mark the difference between Alzheimer's disease and normal aging (Snowdon, 1997). The results of Alzheimer's disease—deterioration of neurons,

increasingly impaired mental functioning, and personality changes—are progressive (and neither reversible nor curable).

The first sign of Alzheimer's disease, detectable 2 to 3 years before dementia can be diagnosed, is usually difficulty learning and remembering verbal material such as names and phone numbers (Howieson et al., 1997). As you saw in Chapter 8, mild cognitive impairment in some older adults is often an early warning that dementia will follow; this is especially true if the person with mild cognitive impairment has both memory problems and other cognitive deficits such as reduced processing speed and deficits in executive functions such as planning ahead (Tabert et al., 2006). In the early stages, free recall tasks are difficult but memory is good if cues to recall are provided; over time, individuals cannot recall even with the aid of cues and become increasingly frustrated (Grober & Kawas, 1997; Williams, 1995). As the disorder progresses, Alzheimer's patients have more trouble coming up with the words they want during conversations and may forget what to do next midway through making a sandwich or getting ready for bed. If tested, they may be unable to answer simple questions about where they are, what the date is, and who the president of the United States is. Eventually, they become incapable of caring for themselves, no longer recognize loved ones, lose all verbal abilities, and die, some earlier and some later, but on average about 8 to 10 years after onset (National Institute on Aging, 2000; and see ▀ Figure 16.5). Not only do patients with Alzheimer's disease become increasingly unable to function, but they also often test the patience of caregivers by forgetting they have left something cooking on the stove, wandering away and getting lost, accusing people of stealing the items they have misplaced, or taking off their clothes in public. Many become highly agitated and uncontrollable; large numbers suffer from depression; and some experience psychotic symptoms such as hallucinations (Gillick, 1998).



▀ FIGURE 16.5 Alzheimer's disease emerges gradually over the adult years; brain cells are damaged long before noticeable cognitive impairment results in old age. Changes in brain functioning are significantly different from those associated with normal aging.  
SOURCE: Adapted from Okie (2001).

What causes Alzheimer's disease? It has a genetic basis, but there is no single "Alzheimer's gene" (Gatz, 2007; Tanzi & Parson, 2000). Alzheimer's disease strikes repeatedly and early in some families. By analyzing blood samples from families with many Alzheimer's victims, genetic researchers made a big breakthrough when they located a gene for the disease on the 21st pair of chromosomes. Anyone who inherits just one of these apparently dominant genes will develop the disease. A couple of other genes of this sort associated with early-onset Alzheimer's disease have since been discovered, but these single-gene mutations account for only 2% of all cases of Alzheimer's disease (Gatz, 2007).

Genetic contributors to late-onset Alzheimer's disease, by far more common than the early-onset variety, are not as clear-cut or strong. Rather than making Alzheimer's disease inevitable, they only increase a person's risk (Gatz, 2007). One variant of a gene on Chromosome 19 may be especially important; it is responsible for the production of ApoE, a protein involved in processing cholesterol. Having two of the risk-inducing ApoE4 variants of the gene means having up to eight times the normal risk of Alzheimer's disease; having one of the genes means two to four times the normal risk (Hendrie, 2001). Having another variant of the ApoE gene means having a good chance of maintaining good cognitive functioning into very late adulthood (Riley et al., 2000).

Signs of brain atrophy can be detected in people with two ApoE4 genes before they show cognitive impairment (Chen et al., 2007). It is believed that the ApoE4 gene may increase the buildup of beta-amyloid—the damaging substance in senile plaques—and therefore speed the progression of Alzheimer's disease (National Institute on Aging, 2000). Yet not everyone with the ApoE4 gene, or even a pair of them, develops Alzheimer's disease, and many people with Alzheimer's disease lack the gene; other genes, environmental factors, or both apparently play a role.

Twin studies tell us that concordance rates for identical twins, though higher than those for fraternal twins, are in the vicinity of 50%, meaning that in half the cases one identical twin has Alzheimer's but the other does not (Gatz, 2007). Environmental factors must explain this, but which ones? It has not been easy to pinpoint gene-environment interactions (Gatz, 2007). Head injuries in earlier adulthood increase the risk of Alzheimer's disease (Plassman et al., 2000), and a diet that increases the odds of high cholesterol and cardiovascular disease is another contributor (Hendrie, 2001; Nourhashemi et al., 2000). Moreover, people with little education are more at risk than people with lots of education, probably because they have less "cognitive reserve" or brain power to fall back on as aging and disease begin to take a toll on brain functioning (Gatz et al., 2001).

What is being done to prevent and treat Alzheimer's disease? Because victims have a deficit in the neurotransmitter acetylcholine, which is essential for normal learning and memory, researchers have developed drugs to correct this problem and related problems in neural functioning. No pill to prevent or reverse Alzheimer's disease has yet been discovered, but

some drugs are regularly prescribed (for example, Aricept, or donepezil, and Namenda, or memantine). They modestly improve cognitive functioning, reduce behavioral problems, and slow the progression of the disease in some patients (Grossberg & Desai, 2003). More such drugs are likely to follow.

Another promising approach attempts to combat the buildup of beta-amyloid in the brain. Antioxidants such as vitamins E and C may delay the onset and progression of Alzheimer's disease by inhibiting the damaging oxidizing effects of beta-amyloid (National Institute on Aging, 2000). And lending support to the view that high cholesterol levels associated with the ApoE4 gene contribute to dementia, it has been found that statin drugs, widely prescribed to combat high cholesterol, improve cognitive functioning in people with dementia (Hajjar et al., 2002). It is beginning to look as though the same lifestyle factors that contribute to cardiovascular disease (eating too much and not getting enough exercise, which would limit oxygen to the brain) increase the risk of dementia and that we can reduce our odds of Alzheimer's disease by living a healthy lifestyle from an early age (Pope, Shue, & Beck, 2003; Underwood, 2004). Both physical and mental exercise have been shown to delay cognitive decline in later life and may delay the onset of dementia as well (Larson et al., 2006; Willis et al., 2006; and see Chapter 8).

Even if Alzheimer's disease cannot be prevented entirely, researchers are hopeful that its onset and progression can be slowed, especially if it is detected early. And, even though deterioration leading to death must be expected in today's Alzheimer's patients, a great deal can be done through the use of medications for behavioral problems, educational programs and psychological interventions for patients and their caregivers, and memory training to help people with the disease and their family members understand and cope with dementia and function better (Grossberg & Desai, 2003; Kasl-Godley & Gatz, 2000).

## Other Causes of Cognitive Impairment

The second most common type of dementia, often occurring with Alzheimer's disease, is **vascular dementia** (Thompson, 2006). Also called multi-infarct dementia, it is caused by a series of minor strokes that cut off the blood supply to areas of the brain. Whereas Alzheimer's disease usually progresses slowly and steadily, vascular dementia often progresses in a steplike manner, with deterioration followed by improvement after each small stroke. Whereas Alzheimer's disease impairs memory most, vascular dementia may do its greatest damage to executive functions (Román, 2003). And whereas Alzheimer's disease is more strongly influenced by genes, vascular dementia is more closely associated with environmental risk factors for cerebrovascular diseases that affect blood flow in the brain—smoking, eating a fatty diet, and so on (Thompson, 2006). Huntington's disease (a genetic disorder described in Chapter 3), Parkinson's disease, and multiple sclerosis are among the other possible causes of irreversible dementia (Thompson, 2006).

Some cases of dementia—perhaps 10% or more—are not related to any of these causes and, more important, are reversible or curable (Gurland, 1991; Lipton & Weiner, 2003). Such problems as alcoholism, toxic reactions to medication, infections, metabolic disorders, and malnutrition can cause symptoms of dementia. If these problems are corrected—for example, if the individual is taken off a recently prescribed medicine or is placed on a proper diet—a once “senile” person can be restored to normal mental functioning. By contrast, if that same person is written off as senile or as a victim of Alzheimer’s disease, a potentially curable condition may become a progressively worse and irreversible one.

Similarly, some elderly adults are mistakenly diagnosed as suffering from irreversible dementia when they are experiencing **delirium**. This reversible condition, which emerges more rapidly than dementia and comes and goes over the course of the day, is a disturbance of consciousness characterized by periods of disorientation, wandering attention, confusion, and hallucinations (American Psychiatric Association, 2000; Cole, 2004). Up to 50% of elderly hospital patients experience it in reaction to any number of stressors—illness, surgery, drug overdoses, interactions of different drugs, or malnutrition (Cole, 2004). It is essential to watch for signs of delirium, identify possible causes such as an incorrect drug prescription, and intervene to change them quickly (Flaherty & Morley, 2004). Unfortunately the condition is often undetected or misdiagnosed; elderly patients who experience delirium, are not identified, and are sent home from the hospital without treatment for it have high death rates (Kakuma et al., 2003; Moraga & Rodriguez-Pascual, 2007).

Finally, elderly adults who are depressed are sometimes misdiagnosed as suffering from dementia because depression is associated with cognitive impairments such as being forgetful and mentally slow (Butters et al., 2004). As you have seen, treatment with antidepressant drugs and psychotherapy can dramatically improve the functioning of such individuals. However, if their depression goes undetected and they are written off as senile, they may deteriorate further. A history of depression increases the risk of dementia and the two often co-occur (Ownby et al., 2006).

The moral is clear: It is critical to distinguish among irreversible dementias (notably, dementia of the Alzheimer’s type and vascular dementia), reversible dementias, delirium, depression, and other conditions that may be mistaken for irreversible dementias—including old age itself. This requires a thorough assessment, including a medical history, physical and neurological examinations, and assessments of cognitive functioning (Thompson, 2006). Only after all other causes, especially potentially treatable ones, have been ruled out should a diagnosis of Alzheimer’s disease be made.

So ends our tour of psychopathology across the life span. It can be discouraging to read about the countless ways in which genes and environment can conspire to make human development go awry and about the high odds that most of us will experience a psychological disorder sometime during our lives. Yet research provides an increasingly solid basis for attempting

to prevent developmental psychopathology through a two-pronged strategy of eliminating risk factors (such as abusive parenting) and strengthening protective factors (such as social support). If prevention proves impossible, most psychological disorders and developmental problems can be treated successfully, enabling the individual to move back onto a healthier developmental pathway.

## SUMMING UP

- Probably because young adults experience more life strains and stressors than older adults do, most psychological disorders besides those involving dementia or cognitive impairment are more common in early adulthood than in later adulthood.
- Rates of diagnosed depression decrease with age but adults over 70 may experience more depressive symptoms than younger adults and may be underdiagnosed; depression is also more common among women than men for a variety of reasons.
- The most common types of dementia are Alzheimer’s disease, in which a buildup of beta-amyloid within senile plaques damages neurons, and vascular dementia. These irreversible dementias must be carefully distinguished from correctible conditions such as reversible dementias, delirium, and depression.

## CRITICAL THINKING

1. Lula has struggled with major depressive disorder on and off for her entire life. Describe how she may have expressed her depression as an infant, preschool child, school-age child, adolescent, adult, and elderly adult.
2. Grandpa Fred is starting to display memory problems; sometimes he asks questions that he just asked, forgets where he left his car keys, and cannot come up with the names of visiting grandchildren. Fred’s son Will is convinced that his father has Alzheimer’s disease and is a lost cause. What possibilities would you like to rule out before accepting that conclusion—and why?

## CHAPTER SUMMARY

### 16.1 WHAT MAKES DEVELOPMENT ABNORMAL?

- To diagnose psychological disorders, clinicians consider statistical deviance, maladaptiveness, and personal distress and use DSM-IV.
- Developmental psychopathology is concerned with the origins and course of maladaptive behavior; a diathesis–stress model has proved useful in understanding how nature and nurture contribute to psychological disorders.

### 16.2 THE INFANT

- Autism is characterized by deviant social responses, language and communication deficits, and repetitive behavior. It is genetically influenced, involves impairments in social cognition and mirror neuron functioning, and responds to early behavioral training.

- Infants who have been maltreated or separated from attachment figures, infants whose parents are depressed, and infants suffering from failure to thrive display depression-like symptoms.

### **16.3 THE CHILD**

- Children with ADHD, an externalizing disorder, display inattention, impulsivity, and hyperactivity. Stimulant drugs and behavioral training help, but many with ADHD do not entirely outgrow their problems.
- Diagnosable depression, an internalizing disorder, can occur during early childhood; it manifests itself somewhat differently at different ages, tends to recur, and can be treated.
- It is too simple to view “bad” parenting as the cause of all childhood problems, because genes and gene–environment interactions also contribute and children affect parents. Many childhood problems, especially mild ones, are only temporary, whereas others persist.

### **16.4 THE ADOLESCENT**

- Adolescents are more vulnerable than children but no more vulnerable than adults to psychological disorders; most do not experience storm and stress.
- Anorexia nervosa arises when a genetically predisposed female who lives in a society that strongly encourages dieting experiences stressful events.
- Risks of depression rise during adolescence, especially among females. Adolescents, in a cry for help, are more likely to attempt but less likely to commit suicide than adults.

### **16.5 THE ADULT**

- Young adults experience both more life strains and more psychological disorders, including depression, than older adults.
- Dementia, a progressive deterioration in neural functioning associated with significant cognitive decline, increases with age. Alzheimer’s disease, the most common cause of dementia, and vascular dementia, another irreversible dementia, must be carefully distinguished from correctible conditions such as reversible dementias, delirium, and depression.

## **KEY TERMS**

DSM-IV 469  
 major depressive disorder 469  
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 autism 473  
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 autism spectrum disorders (ASDs) 474  
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## **MEDIA RESOURCES**



### **BOOK COMPANION WEBSITE**

[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

Find online quizzes, flash cards, animations, video clips, experiments, interactive assessments, and other helpful study aids for this text at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman). You can also connect directly to the following sites:

### **ALZHEIMER’S ASSOCIATION**

This is a one-stop-shop for anyone interested in Alzheimer’s disease. Be sure to check out the education section that contains sections on the basics of the disorder, behavioral changes associated with the disorder, and a “tour” of the brain changes associated with the disorder.

### **ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

The organization Children and Adults with Attention-Deficit/Hyperactivity Disorder provides support and information to individuals with AD/HD.

### **AUTISM**

The Autism Society of America promotes research, education, advocacy, and awareness of issues related to this condition. Its website provides access to several informative articles.

### **DEPRESSION**

The National Institute of Mental Health site contains some excellent information for anyone interested in clinical depression.

### **NATIONAL EATING DISORDERS ASSOCIATION**

As its header states, the NEDA site is dedicated to the expanding public knowledge of eating disorders. The site contains both general information as well as ways to seek treatment.

## **UNDERSTANDING THE DATA: EXERCISES ON THE WEB**



[academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman)

For additional insight on the data presented in this chapter, try out the exercises for these figures at [academic.cengage.com/psychology/sigelman](http://academic.cengage.com/psychology/sigelman):

**Figure 16.3** Relationships between behavior at age 3 and psychosocial disorders at age 21

**Figure 16.4** Number of suicides per 100,000 people of age and sex among European Americans and African Americans in the United States

## **CENGAGENOW**



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Go to [academic.cengage.com/login](http://academic.cengage.com/login) to link to CengageNOW, your online study tool. First take the Pre-Test for this chapter to get your Personalized Study Plan, which will identify topics you need to review and direct you to online resources. Then take the Post-Test to determine what concepts you have mastered and what you still need work on.