

## CHAPTER 3. INFLUENCES ON SOCIAL COMPETENCE

3.1 The Development of Social Competence.....	41
3.2 Importance of the Development of Social Competence.....	42
3.3 Factors Influencing The Development of Social Competence.....	44
3.31 Child Characteristics.....	44
3.311 Temperament.....	44
3.312 Physical Attractiveness.....	45
3.32 Parent Characteristics.....	46
3.321 Psychological and Interpersonal Functioning.....	47
3.3211 Genetic difference.....	47
3.3212 Level of Adjustment.....	47
3.3213 Mental Health.....	48
3.3214 Aggression.....	48
3.3215 Altruism.....	49
3.3216 Social Class.....	49
3.3217 Marital Status.....	49
3.3218 Parental Employment.....	50
3.3219 Grandparents.....	52
3.322 Parenting Style.....	52
3.323 Discipline.....	54
3.3231 Disciplinary Techniques.....	55
3.32311 Physical punishment.....	55
3.32312 Verbal punishment.....	55
3.32313 Timeout.....	56
3.32314 Withdrawal of love.....	56
3.32315 Extinction.....	56
3.32316 Withdrawal of privileges.....	56
3.33 Familial Influences.....	56
3.331 Mother/child relationship.....	57
3.3311 Infant Attachment.....	58
3.332 Father-Child Relationship.....	61
3.3321 Extent of Involvement.....	61
3.3322 Stylistic differences.....	63
3.333 Sibling-child relationship.....	64
3.34 Teacher-Child and Caregiver-Child Relationship.....	66
3.35 Peer Relationships.....	69
3.36 Intervention.....	71

## CHAPTER 3. INFLUENCES ON SOCIAL COMPETENCE

In this chapter, the factors which influence the development of social competence such as parents, caregivers, siblings, peers, teachers, and preschool intervention, are discussed.

### 3.1 The Development of Social Competence

During the 1930s and the 1940s a vast amount of research was done concerning peer relationships and social skills in childhood, for example, Piaget (1932), Mead (1934). However, later this interest waned in favour of other areas such as development of cognition. A revival in research on social competence as measured by peer acceptance and peer relations occurred around the 1970s eg. Roff, Sells, and Golden (1972); Cowen, Pederson, Babigian, Izzo, and Trost (1973); Gottman, Gonso, and Rasmussen (1975); Gottman (1977); and Asher (1978); because it was seen as an important indicator of academic failure or success, and whether a child remained at or dropped out of school. Researchers were preoccupied with peer isolation and peer rejection, and tended to concentrate on increasing social interaction, especially amongst preschoolers. The goal of such intervention was to provide increased opportunities for social interaction using adult reinforcement and modelling techniques. During the 1980's with the increased interest in metacognitive and cognitive psychology by such researchers such as Flavell (1979); Mulcahy, Marfo, Peat, and Andrews (1987); Dweck (1986); Borkowski, Estrada, Milstead, and Hale (1989); Deshler and Schumaker (1986); and Torgesen and Wong (1985); the intervention goal changed to the teaching of skills that promoted positive interactions with peers. During the 1990's researchers have focused on linkages between parenting and their child's sociometric status (Dekovic & Janssens, 1992; Denham & Grout, 1992); between childcare arrangements and social competence (Anderson, 1992; Howes & Hamilton, 1992a; Howes & Hamilton, 1992b); importance of affect on social competence (Casey, 1993, Denham et al, 1990); the role of communication for social competence (Howe, 1991); factors that lead to peer rejection (Asher, 1990; Coie, 1990; Rubin, LeMare & Lollis, 1990); later outcomes of aggression and peer rejection (Coie, Lochman, Terry, & Hyman, 1992); and intervention (Coie & Koepl, 1990 ; Mize & Ladd, 1990b).

### 3.2 Importance of the Development of Social Competence.

Children's abilities to successfully function within a peer group (peer acceptance) or to form close relationships (friendships) are perceived as being important indicators of social competence (Asher & Parker, 1989; Putallaz & Gottman, 1981) and success is a reliable indicator of adjustment in later life (Asher, Renshaw, & Hymel, 1982; Parker & Asher, 1987; Perry & Bussey, 1984).

Ladd (1990) investigated the effect of having friends, keeping them, making new friends and being liked when first starting school (elementary or kindergarten) and whether it affected children's later adjustment. He indicated that children with a larger number of classroom friends had more favourable perceptions of school. More favourable perceptions of school were associated with gains in school performance. Children who were rejected by peers obtained less favourable perceptions of school. This in turn led to higher levels of absenteeism and hence, lower levels of school performance.

Children who are socially incompetent (rejected or isolated) are predicted to have major problems in later life (adolescence and adulthood). Gottman (1983) suggested that children who had not acquired social competence by seven years of age were likely to become school dropouts. Other researchers have suggested that young children with low levels of peer acceptance may be at risk for a variety of mental health problems or social and emotional problems in later life (Cowen et al, 1973; Hill, 1989). Coie et al (1992) suggested that both childhood aggression and peer rejection appear to be significant predictors of adolescent disorder and may have different significance for boys than girls. There is a stronger correlation between aggression and peer rejection for boys than for girls. Low levels of peer acceptance are manifested as aggression, loneliness, isolation, fear and poor self concept in middle childhood (7-10 years of age) (Dodge, 1983). Distinctions have been made between *rejected* children [who are in greater danger of behavioural and adjustment problems during adolescence (Rolf, Sells & Golden, 1972) and mental health problems during adulthood (Cowen et al, 1973)] and *neglected* children who may not have difficulties in later life, and whose status often changes over time.

*Rejected* children are those children who rate as low on popularity (sociometric scale) or are actively disliked by their peers. They tend to externalise their frustrations (display aggression both physically and/or

verbally) and also tend to become socially isolated. *Neglected* children, those who are ignored and rate moderately on a sociometric scale, often internalise their problems (show anxiety, fear, and display solitary behaviours). Both groups view themselves as lonely (Rubin, Hymel, LeMare, & Rowden, 1989). However, loneliness is not an indicator of later problems mainly because neglected children's status can change. Internalised problems are significant predictors of negative self-perceptions whereas externalised problems are not indicative of negative self-perceptions (Rubin et al, 1989).

Social competence needs to be developed before a child is seven years of age, because by that time their sociometric status has stabilised (Gottman, 1983). Denham and Holt (1993) have suggested likeability is solidified as early as the end of the first year of preschool (by age 45 months). Intervention should thus be explored to promote it from a very early age. Intervention can improve a young child's sociometric status (La Greca & Santogrossi, 1981; Ladd, 1981) but has little effect on peer acceptance on preadolescents (Hymel & Asher, 1977).

Hill (1989) states that the level of children's competence has its roots in early experience in the home. A secure, nurturing relationship with an adult, especially one who discusses and explains rather than dictates authority, provides the first step to having the ability to form a relationship. Intervention should occur before behaviours, self perceptions and reputations stabilise within a peer group (Hill, 1989). An early childhood setting is often the first opportunity children have to interact with larger numbers of children at the same time, and to be able to choose a friend. It is a perfect place for children to observe, practise interaction strategies, monitor them, evaluate them and develop social competence. Many opportunities arise in which to promote social awareness and cooperative behaviour within an early childhood environment (Katz & McClellan, 1991).

Mulcahy, Marfo, Peat, and Andrews (1987) discuss three phases of instruction and emphasise that engaging in only Phase I, direct instruction, is not appropriate but it is necessary to move on to Phase II and Phase III instruction for unpopular (neglected and rejected) children learning social skills. A behavioural change but not a change in sociometric status was found by La Greca et al (1980), in older children (over seven years of age). A change in behaviour seems to be important even if the social status does not change. Later, the status may change as other children become aware of the improved social interactions of the child. Hymel et al (1977) reported that trained

children gained in sociometric status, but so did children who had increased play opportunities and no verbal instruction. Renshaw and Asher (1982) obtained clear support for social skills deficit training, which produced an increase in sociometric status exceeding the control group's status.

Instruction in social competence can be taught through mediated instruction. Goals are set and strategies can be modelled, opportunities provided for rehearsal, and feedback given in various naturalistic situations. Mize et al, (1990b) suggested that if a child's behaviour was to be changed (by intervention) then questions needed be asked beforehand about what the child already knew; whether the child could act within that knowledge; and if the child was able to apply social understanding in future social interactions.

### **3.3 Factors Influencing The Development of Social Competence**

In this section, those factors which influence the development of social competence are discussed. The factors included are child characteristics, parent characteristics, mother-child relationships, father-child relationships, sibling relationships, teacher and caregiver relationships and intervention.

#### **3.31 Child Characteristics**

Children's temperament and their physical characteristics can influence how people perceive them and so too their relationship with them.

##### **3.311 Temperament**

Children who predominantly show positive emotions such as happiness, love, pride, and goodness, are more likely to be popular. People tend to respond to such children in a positive manner. This reinforces their positive behaviour. On the other hand, children who exhibit negative emotions such as anger, aggression, or sadness, receive responses which are unfavourable. This may limit their positive emotional experiences and so affect their social cognitive abilities and their prosocial responding (social competence). A child's temperament as well as his/her social cognitive abilities predict prosocial behaviour with peers (Denham, 1986).

Attachment theorist (Ainsworth, 1979) proposed that a bond between a mother and her child is affected by the child's temperament. For example, a cranky baby may make a mother feel uneasy and makes it difficult for her to respond in a responsive and sensitive manner.

Eisenberg and Fabes (1994) argue that children's emotionality is not primarily the outcome of parent socialisation, but a perception of their child's temperament. In a study using 79 four to six year olds in two preschool centres, conducted over two academic semesters, it was found that if a mother viewed her child as aversive (showed high emotional intensity and negative affect), then she tended to use practices that were likely to reduce her own distress. Thus, if a mother saw her child as showing considerable negative emotions and not having the ability to regulate their attention, that is, shift or focus it, she tended to be relatively punitive and nonsupportive. In contrast, if a mother viewed her child as being able to control his/her emotion, then the mother was reported to be supportive and constructive in socialisation reactions. Kyrios and Prior (1990) supported the view that even if a mother's perceptions of her child's temperament were accurate, then differences in maternal reactions to children's emotions helped to shape the frequency, intensity, and regulation of children's overt emotional responses and vice versa.

### **3.312 Physical Attractiveness:**

Physical attractiveness can affect the way people feel about someone, that is, if children are pleasant to look at, people may warm to them. If, however, they are unattractive or are very different in physical appearance, then people may avoid eye contact or interacting with them.

Two variations of physical attractiveness have been researched as predictors of social acceptance. They are facial attractiveness and body build. It has been determined that children have different expectations for attractive and unattractive children. For example, preschool children expect that attractive children are more friendly and nonaggressive, whereas, unattractive children are expected to display more negative social behaviours (Adams & Crane, 1980). Preschoolers also expect that attractive children make better friends than unattractive children (Langlois & Stephan, 1977).

Attractiveness may relate differently to social effectiveness in males and females (Hartup, 1983). For girls, attractiveness may be a social advantage, that is, pretty girls are socially accepted and expected to have positive behavioural attributions. However, for boys it is more complex. Attractiveness which is associated with both social competence and incompetence, and prosocial and antisocial behaviour, is perceived to be a disadvantage for older boys but not for young boys (Hartup, 1983).

The most favoured body types according to Staffieri (1967) are mesomorphs (broad shoulders, strong legs and large muscles), next favoured are ectomorphs (long thin bodies), and least popular are endomorphs (rounded or chubby bodies).

Burns and Farina (1992) suggested that attractiveness influenced a person's adjustment. They presented a model which consisted of three stages. Firstly, they suggested that varying levels created differential responses in other people. Secondly, these differential responses resulted in differential treatment of the person. Then finally, this differential treatment resulted in differential adjustment of that person from childhood to adulthood.

### **3.32 Parent Characteristics.**

In the early years of a child's life (0-5 years), parent-child interactions are by far the most influential, mainly because of the time spent together and ideally the power parents have and use to shape their child's development. Sameroff and Seifer (1983) stated that parents' knowledge, that is, their attitudes toward their child; their understanding of their child and social situations; and their mediating and buffering abilities, were implicit contributors to their child's social competence. Parents' intentions and capabilities to mediate the impact of the environment and encourage and stimulate their child's development were also perceived to contribute to social competence.

Stimulation and interaction make an explicit contribution to a child's outcome. Direct interaction with family members provides many opportunities to learn, rehearse, and refine social skills.

Parent-child relationships as outlined by Putallaz and Heflin (1990) depend upon:

- (1) the characteristics of the parent's psychological and interpersonal functioning;
- (2) parenting style; and
- (3) their discipline techniques.

None of these characteristics are entirely influential by themselves, but of critical importance in combination .

### **3.321 Psychological and Interpersonal Functioning.**

Anything that has an effect on parents' psychological and personal well-being affects their level of functioning and their ability to provide a good model for their child's social behaviour. Factors such as genetic difference, level of adjustment, mental health, aggressive tendencies, altruistic tendencies, social class, maternal employment, and marital status will have an important effect on their coping abilities. Risk factors such as a high level of stress, mental illness, low educational level, low self esteem, single parent, a large number of children in the family, low socioeconomic factor and others, have a greater influence when they increase in number. Protective factors such as social support, and high self esteem must be balanced against the risk factors. These factors affect the child, the child's family, and the child's environment. Hence, risk is a very complex issue.

#### **3.3211 Genetic difference**

Most behavioural variability is indirectly influenced by genetic differences among individuals, for example, personality. Chipuer, Plomin, Pedersen, McClearn, and Nesselroade (1993) in a study using 400 twins, examined the relation between genetic influence on personality (extroversion and neuroticism) and genetic influence on family environment measures. It was suggested that perceptions of family environment are partially affected by genetically influenced characteristics of the individual's personality. Questions were raised as to what other characteristics of the individual might account for genetic influence on these environmental factors. Such genetic influences affect a child's style of interaction and thus social competence.

#### **3.3212 Level of Adjustment**

Mothers who have high self esteem and are well adjusted, are more likely to provide encouragement, stimulation and formation of prosocial behaviours in their child and are more likely to provide a good model for their child. Sameroff and Seiffer (1983) hypothesised that coping abilities (as well as beliefs and attitudes) were important mediators between environmental stress and child competencies.

Grossman, Pollack and Golding (1988) predicted that the more skilful mothers were in supporting relationship formation and independence of their children, the more skilful fathers were. They suggested that fathers learnt parenting



skills from their wives as a result of direct modelling of warmth, nurturance, care, and healthy psychological functioning.

### **3.3213 Mental Health**

Zahn-Waxler, Cummings, McKnew, and Radke-Yarrow (1984) proposed that parents with psychological problems, such as, mental illness (depression, schizophrenia, manic depression etc) were less able to provide good models for their children. For example, depression in adults is often accompanied by impairments in social relations. Depression produces withdrawal and mood disturbances, such as, crying, helplessness; dysregulation of discrete emotions, such as, feelings of guilt; and low self esteem which decreases the ability and motivation to socially interact. Mania is expressed as hyperactivity, flight of ideas, inflated self esteem and excessive involvement in painful activities and also affects social relationships. Children of parents with such problems often show heightened distress and preoccupation with conflict and suffering of others especially adults. This in turn affects their social-emotional relationships with peers as they may have deficits with empathy, conflict resolution, and maintaining friendly relationships (Zahn-Waxler et al, 1984).

### **3.3214 Aggression**

A positive association has been reported between level of aggression in parents and children. Eron (1982) reported that a boy's aggression is positively related to that of parental aggression. Parents of aggressive children are more likely to use physical punishment with their children than parents of nonaggressive children (Bandura & Walters, 1959; Eron, 1982). Parents, thus provide a model for aggressive behaviour.

Salinger, Feldman, Hammer, and Rosario (1993) in a study using 87 physically abused children, presented significant findings that abused children had lower peer status; less positive reciprocity with chosen friends; were rated as less cooperative and more aggressive by their peers; were rated as more disturbed by their teachers; and their social networks were more insular, atypical and negative.

Bandura and Walters (1959) and Eron (1982) have also reported that more subtle forms of parental aggression, such as, rejection, disapproval or a high level of criticism directed at their child, were associated with aggression in children.

Research has shown a consistent relationship between aggressive behaviour in children and TV violence viewing, that is, aggressive children prefer violent TV programs and video games. Such violent programs and games tend to stimulate and nourish children's aggression, and provide a model of behaviour which may then be demonstrated by the children (Pryor, 1994).

### **3.3215 Altruism**

The level of altruism, which is a characteristic of interpersonal functioning, has been related to a child's social behaviour. Hoffman (1975) reported that parents with altruistic values promoted altruism in their children, usually in a child of the same sex. He stated that parents communicated these values in words and actions.

Putallaz and Hefflin (1990) theorised that mothers who focused on people's feelings, thoughts, needs, or intentions, rather than rules governing behaviour, attended to the speaker's and listener's perspective. Such behaviour created more effective communication.

### **3.3216 Social Class**

Parents from various social classes tend to have different beliefs and use different styles of discipline. They more often use strategies used by their parents. Middle class parents tend to believe that their children should be happy, behave appropriately, be inquisitive, and above all, be independent. They tend to reason inductively and are more open to negotiation. Hence, they tend to use forms of discipline that promote appropriate behaviour, curiosity and independence eg. they are permissive or authoritative (see Section 3.3.2.3.). Parents from lower socioeconomic groups, however, tend to stress outward appearances such as keeping out of trouble, being neat and being obedient. They tend to use more control and power assertion, that is, they are authoritarian.

### **3.3217 Marital Status**

Single parents usually are more socially isolated, especially if they work. They tend to work longer hours (which leaves less time for their own socialisation) and so receive less emotional support (Weintraub & Wolf, 1983). They tend to have less stable social networks and experience more potentially stressful life changes. Weintraub et al, (1983) investigated the effect of stress and social supports on mother-child relationships and compared single

mothers with two parent families. They found that the factors that affected single mothers were increased, such as, daily stress, more chaotic home life, task overload, decreased financial resources and reduced social supports. They also reported that social and practical supports were linked to maternal adjustment, self esteem, confidence, nurturance, disciplinary style and their ability to stimulate their child. Hence, two parent families are in a better position regarding finances and support networks and so have a better chance for developing better parent-child relationships.

### **3.3218 Parental Employment**

Until recently it was thought that employment only affected child development if the level of family income was altered and if outside childcare was needed. However, satisfaction and stresses due to parent's work (changes in employment, getting a promotion, losing a job, and returning to work) affect the quality of their parenting (Greenberger & Goldberg, 1989). Job loss has perhaps the greatest effect on parenting and has been linked with an increase in child abuse, alcohol abuse, stricter expectations from other family members, and less patience with normal child behaviour (Berger, 1991).

Greenberger et al, (1989) suggested that parental employment may have had an effect on their children's lives by:

- altering *parental investment* (degree to which parents commit to their role and to fostering of optimal child development as defined by Maccoby & Martin, 1983);
- changing parents' *expectations* for their child's behaviour;
- altering *parental styles* or strategies of *discipline* and control; or
- varying parents' *perceptions* and *evaluations* of their children.

In the last decade there has been an increase in the number of mothers returning to the work force. Researchers have been interested in the effect this may have on a child's emotional security, since work deprives a child of time spent with his/her mother. When examining research to date, caution must be exercised and many questions must be asked. Research to date, on parental employment in relation to child outcomes, has several shortcomings, such as:

- largely ignoring the consequences of fathers' employment;

- treating work in simple terms (part time or full time, employed or unemployed); and,
- lack of consideration of how parent employment has affected child outcome.

Greenberger et al, (1989) explored *how* parents' employment and parenting behaviour encroached on socialisation practices and their perceptions of their child's behaviour. Included in the study were 194 employed mothers and 104 employed fathers, each with an employed spouse and a 3 or 4 year old child. The authors reported that measures of work and parenting involvement complicated the issue. For example, *men* who were highly or moderately committed to their work made more demands on their children to be considerate, and cooperative (prosocial behaviour) whereas *women* who were highly or moderately committed to being a parent exercised the same behavioural demands. Further findings suggested that parental investment was a stronger predictor of how parents viewed their children than commitment to work; that women with high commitments to both working and parenting were more likely than others to engage in authoritative parenting; and that parenting styles were related to mothers' ratings of their children's behaviour. Hence, men's and women's degree of investment in parenting was more influential for socialisation and perceptions of their children than their degree of investment in work

Maternal employment is a very complex issue which is affected by many factors. It is important to distinguish which socioeconomic background the family belongs. For example, a mother from an economically disadvantaged background may return to work because of economic necessity whereas a mother from an affluent background may return to work to fulfil an intellectual need. The level of education that a mother has will also be relevant and may affect the type of care that is chosen for her child, her view about child rearing, and the hours that her child spends in care. Also of great importance is the age of the child when its mother returns to work.

Middle class working mothers are found to be more content with their role and less anxious about their infant's development than non-working mothers (Hock, 1978). Working mothers have exhibited more demonstrative and vocal behaviours when communicating with their infants than mothers who were with their infants all day (Schubert, Bradley-Johnson, & Nuttal, 1980). Many working mothers carefully compensated for the time *not* spent with their child

by ensuring that time spent was of high quality. Moorehouse (1991) in a study relating maternal employment patterns to shared mother-child activities and to school outcomes of 112 first graders, suggested that frequent shared activities may have compensated for disruptive features of mother's work or may have transmitted psychological benefits of work to children.

Vaughn, Gove, and Egeland (1980) reported that infants whose mothers (from a highly economically disadvantaged background), returned to work before their first birthday, suffered and tended to form anxious/avoidant attachments. These mothers were very stressed about returning to work, were poor, and uneducated.

Baydar and Brooks-Gunn (1991) investigated the effect of maternal employment and child care arrangements on preschoolers' cognitive and behavioural outcomes. Results suggested that employment in the first year had detrimental effects on the cognitive and behavioural development of all children regardless of gender or poverty status. The most beneficial care arrangement for cognitive development in poverty stricken children, was care by grandmothers. For boys, care by a mother was the most beneficial and for girls, care by a baby-sitter was most beneficial regarding behavioural development.

### **3.3219 Grandparents**

Grandparents often provide support and are of valuable assistance especially in times of separation, divorce, and illness. They too contribute to social interactions and their style of interaction may affect the child.

### **3.322 Parenting Style.**

Parental attitudes and behaviours shape the way parents interact with their child, that is, their "style" of parenting. A consistent finding in the literature was that the most socially competent children had parents that were warm, responsive, used inductive reasoning and had firm control over their children. They encouraged their child to be friendly and cooperative with their peers, they fostered independence in their child, and they appealed to their child's maturity.

Control and warmth seem to be the most important and influential of parenting styles in the formation of socially competent behaviours. *Warmth* is described by Perry et al, (1984) as providing reinforcement (praise and affectionate

expression); being sensitive to the child's needs and viewpoints; enjoying the child's company; and rarely using physical punishment, derogatory comments or criticism. *Hostility* lies at the other end of the scale, and such parents rarely give praise; they ignore their child's needs and viewpoints; give harsh physical punishment without explanation and continually criticise and make derogatory comments. Naturally there will be those parents whose style lies somewhere in between.

*Parental control* is defined by Baumrind (1973, p. 6) as ..."those parental acts intended by the parent to shape the child's goal-oriented activity; to modify his expression of dependent, aggressive and playful behaviour; and to promote internalisation of parental standards". A parent's ultimate goal is usually independence for their child. Hence, in order to promote this, they will have to *encourage* independence and responsibility.

Baumrind (1973) identified three main types of parenting styles: authoritarian, authoritative, and permissive. *Authoritarian* parents are highly controlling, enforce an absolute set of standards which they rarely justify to the children, are less warm, favour power assertion, discourage communication with their children (especially if it challenges their authority), and sometimes reject their children. Their children are often not independent, and not popular (rejected) because they are often hostile and aggressive to their peers and are average on social responsibility scores.

*Authoritative* parents have firm control by consistently enforcing directives; they make demands for maturity by pressuring their child to act according to their abilities (socially and intellectually) and by encouraging independence, self control and decision making they promote prosocial behaviour in their child; encourage verbal give and take or justify their reasons for decisions; encourage their children to give opinions and allow themselves to be swayed by their children's arguments; and discipline their children in a way that provides a warm and emotionally supportive environment. Their children are usually socially competent or are popular, socially responsible, and independent (Baumrind, 1973).

MacDonald (1992) proposed that warmth was conceptualised as a reward system which evolved to facilitate cohesive family relationships. Paternal investment in children played an important motivational role for children by facilitating compliance and acceptance of adult values; and was complexly related to attachment classification.

*Permissive* parents avoid exercising control; use little punishment; make few maturity demands; allow their children to regulate their own activities; and are generally accepting of their children's behaviours, in a positive way, that is, they are often warm. Their children are only moderately independent and show little social responsibility (Baumrind, 1973).

Baumrind maintained that permissive parents were often ambivalent with punishment and so often tended to nullify the effects of their punishment. Authoritative parents, on the other hand, because they were more nurturing than permissive or authoritarian parents, made better use of their affection and approval. They were also more consistent with and committed to, punishment. Hence they were more effective as teachers of social behaviour.

Another important aspect of parents' style is their social disposition, that is, whether they arrange for contact with a child's peers and how often; whether and how they coach, interfere or supervise the interaction; as well as how, whether and how often they play with their child. It is only natural that the child who experiences a vast amount of social interaction will have a better chance of observing a greater range of social behaviours and will have an increased knowledge as such. However, often social interaction *per se* is not enough to develop social competence.

### **3.323 Discipline.**

Parental discipline is important to the development of social competence. Research in the past has mainly concentrated on two most general prominent forms of discipline:

- power assertion (the use of commands, physical punishment or deprivation of privileges from a more powerful or stronger individual to achieve compliance); and
- induction, that is, reasoning so as a child understands the rationale for the parents' use of a punishment, prohibition or action (Putallaz & Hefflin, 1990).

Both are consistently linked to how a child behaves and thinks in a peer situation. Power assertive disciplinary styles have been linked to high levels of aggression in children (Becker, 1964); to a child's own use of power assertion to influence another child (Hoffman, 1963); to a child's expectation for successful outcomes for hostile behaviour and to more aggressive

childhood interactions with peers (Baumrind, 1967,1973; Dishion, 1990; Hart, Ladd, & Burleson, 1990). Aggression is a negative correlate of sociometric status. Thus, children of more power assertive mothers are more rejected and less accepted by their peers (Dishion, 1990; Hart et al 1990).

Becker (1964) hypothesised that there were three explanations that would account for the relationship between power assertive techniques and child aggression. Firstly, this type of discipline frustrates a child provoking anger and aggression; secondly, parents provide a model for aggression for their child which sanctions the behaviour; and thirdly, parents may be rewarding their child for fighting for their rights.

### **3.3231 Disciplinary Techniques**

Disciplinary techniques discussed are physical punishment, verbal punishment, timeout, withdrawal of love, extinction, and withdrawal of privileges.

#### **3.32311 Physical punishment.**

Under certain conditions physical punishment, for example, when used sparingly and when accompanied by reasoning; can be effective in teaching children that some outcomes of behaviour should be avoided, that is, it produces anxiety or expectancy of punishment. Children need to have a clear understanding of proper and improper behaviour. Physical punishment (or the threat of physical punishment) helps demonstrate which behaviour is appropriate to the social norm. If physical punishment is used judiciously then it can benefit the socialisation process. However, physical punishment and the threat of physical punishment are two major types of power assertive disciplinary techniques and often are not associated with benefiting the socialisation process. Cognitive factors play an important role in mediating the effects of physical punishment especially when accompanied by a verbal rationale (Perry et al, 1984).

#### **3.32312 Verbal punishment**

Verbal punishment can vary from harsh criticism to unemotional indications that certain behaviour is inappropriate for children. Children need to be told which type of behaviour is acceptable, in order to learn valuable information which can help them change their own behaviour. However, if children are



continually criticised harshly by their parents, then they are at risk of being aggressive and then of being rejected or feeling debilitated (Perry et al, 1984).

#### 3.32313 Timeout

When a child is physically removed from a situation whereby his/her behaviour is inappropriate and placed in a quiet place for a brief period, this is known as timeout. Reasoning usually accompanies this punishment and it is often used in behaviour modification programs. Because reasoning accompanies this type of discipline, it may promote social competence.

#### 3.32314 Withdrawal of love

This involves ignoring, turning away, or threatening to leave a child; telling a child that they are not loved because of their behaviour; or stating that one is disappointed in a child's behaviour. This type of punishment is often long lasting and stressful to a child. It may cause a child to develop exaggerated anxieties if used as a main form of discipline. Short periods of love withdrawal may be effective because of loss of attention (Perry et al, 1984).

#### 3.32315 Extinction

This type of punishment completely relies on ignoring bad behaviour. It is a slow and tedious process. Permissive parents often use this type of punishment. Often a child increases the behaviour being ignored, in order to gain attention, which then usually results in the parent becoming very angry and physically punishing the child. Thus, this form of punishment is often associated with inconsistent parenting.

#### 3.32316 Withdrawal of privileges

This type of punishment involves the loss of privileges as a result of undesirable behaviour, for example, a child is not allowed to go to the movies for a month because he/she took a small amount of money without permission from the kitchen table. This form of punishment is often accompanied by reasoning.

### **3.33 Familial Influences**

It is proposed that people socially involved in a child's environment, such as parents, teachers, peers, siblings and grandparents directly influence a child's learning through instruction and/or discipline. However, a child also learns by

observing the actions of other people (vicarious learning). Both types of learning situations exert powerful influences on a child's social behaviour and social competence development.

Infants (0-12 months) and toddlers (13-36 months) as they cannot foresee the consequences of their actions, are constantly given direct instruction and are disciplined particularly by their parents, primarily for the purposes of safety. As they grow and develop, they begin to observe others' actions and learn to anticipate consequences, and later organise and plan their own activities and actions. Gradually, parents transfer the regulation of behaviour to their child. A child learns to control or changes his/her behaviour after having practised strategies which include self control, negotiating skills, social awareness, self assertion etc. Initially, when a child is asked to conform to a parent's request, his/her motivation may be external such as a fear of punishment; then as a child develops, motivation may come from an internal source, that is, a pleasurable feeling may arise from behaving well.

People from a child's social environment interact with a child giving him/her a chance to observe and process information, then practise self efficacy (exert an effect) on the forming relationship. These relationships will then provide direct, useful information needed for social competency development. Hence, it is important to look at some of these relationships in more detail.

### **3.331 Mother/child relationship.**

One of the most influential people, on children's social development, is a mother. She tends to engage in more direct one-to-one interaction, be more responsible for her child's care and discipline, and is more supportive toward her child than anyone else including the father, despite her employment status (Lamb & Oppenheim, 1989). A father unless he is a primary caregiver, influences a child's social development but in a different way to that of a mother. If a father is the primary caregiver, his influence will be similar although his style of interaction may be different. In the majority of families the mother is still the primary caregiver and so the primary caregiver will be referred to as the mother.

Over time a mother focuses on different aspects of social behaviour. For example, during infancy (0-12 months) a mother focuses on developing a bond with her child (infant-mother attachment). Later, during early toddlerhood (13-24 months) the child begins to explore and form new

relationships, having used the mother-child relationship as a model. During late toddlerhood (25-36 months) and preschool age (36-60 months), adult and peer relationships become very different from one another, that is, an adult's role generally focuses on devising and enforcing rules for social behaviour. Rules include emphasising sharing, cooperation, and diffusing aggression. At that time, a 'normally functioning' child begins to form relationships with peers and continually observes, monitors, processes and adapts new social information. Strategies are devised for group entry; maintaining social interaction; resolving and avoiding conflict; and social problem solving. By using this information a child may begin to develop friendships with peers. At different ages familial relationships have a different impact or influence on the development of social competence.

Researchers (Denham et al, 1992; McDonald & Parke, 1984; Putallaz, 1987) investigated the link between parenting and peer relations from two different perspectives: firstly, attachment theory or quality of parent-child attachment as related to a child's relationship with peers; and secondly, parent-child interaction and its relationship to peer interaction. The author hypothesises that parents who form quality attachments (such as those who show warmth, sensitivity and firm discipline) with their child, are more likely to provide quality interaction with their child as well. Thus, the two different approaches assess the same concept from two different angles.

### **3.3311 Infant Attachment.**

Mothers or primary caregivers play an important role in the development of their children's social competence. Relationships are bidirectional, that is, a mother influences the child, and the child influences the mother. For example, a happy child makes it easier for a mother to be happy and vice versa. A mother-child relationship is usually the first relationship to form and is built on trust.

Behaviours exhibited by mothers toward their children are highly related to the manner in which children act both with them and their peers (Putallaz, 1987). These relationships form very early (within the first year) and aid in the emotional security of an infant. Attachments (nature of a tie formed between mother, or other person, and child) begin before relationships (reciprocating interactive bond). Ainsworth, Blehar, Waters, and Wall (1978) proposed that infants have different styles of reacting to their mothers (or caregivers) and that the style reflects the degree of their security or insecurity. They proposed that

there were two patterns of behaviour of insecure infants and labelled these infants as anxious/avoidant and anxious/resistant. The distinctions between secure and insecure infants are displayed in Table 3.1.

**Table 3.1** Patterns of Behaviour in Secure and Insecure Infants.

Situation	Secure Infant	Insecure Infant	
		Anxious/avoidant	Anxious/resistant
Exploring new environment	Uses mother as base for exploration/ checks for mother	Mother not used as base. Does not check for mother.	Explores very little. Stays close to mother
Presence of stranger	Prefers mother to stranger in new place	Reacts to both mother & stranger in similar manner	Distressed by a stranger even in mother's presence
Separation from Mother	Play reduced, distress obvious	Not distressed.	Intensely distressed
Reunion with mother	Actively greets & seeks interaction	Avoids eye contact. Refuses interaction.	Difficulty settling. Mixed avoidance

Social competence in children has been related to quality of attachment during infancy. Those children who were secure in their attachments to their parents were more likely than insecure children to attempt new relationships outside of the family because they knew that they could seek reassurance and comfort from home (Ainsworth, 1979; and Sroufe, 1979).

Waters, Wippman, and Sroufe (1979), have successfully predicted social competence in preschoolers using attachment ratings and Arend, Gove, and Sroufe (1979) have used it with kindergarteners. Lewis, Feiring, McGuffog, and Jaskir (1984) indicated that attachment classification at age 1 year in males only, was significantly related to later psychopathology (behaviour patterns); that is, insecurely attached males (anxious-avoidant and anxious-resistant) showed more psychopathology than securely attached males. Securely attached males exhibited fewer behaviour problems at 6 years of age thus showing a better psychological profile. For females, no significant relationship occurred between various attachment groups at 6 years of age. This indicated that early attachment ratings and psychosocial development are not related.

Katz and McClellan (1991) suggested that children with insecure or weak attachments to adults were subject to early intense dependence on peer acceptance and may have been susceptible to peer influence throughout childhood. Cohn (1990) also indicated a difference between the predictability of social competence at school and quality of attachment. She reported that insecurely attached boys were less well-liked by peers and teachers; were

perceived as more aggressive by classmates; were rated by teachers as less socially competent; and were seen as having more behaviour problems than securely attached children. Other researchers (Bakeman & Brown, 1980; Clarke-Stewart, VanderStoep, & Killen, 1979) did not find such a relationship. Putallaz and Heflin (1990) theorised that this may have been due to difference in assessment techniques, whereas Fagot and Cavanagh (1990) emphasised a need for caution when using attachment ratings to predict future problems.

Mothers of secure children appear to have a different style of mothering to mothers of insecure children. Mothers of secure children responded more reliably and quickly to a stressed infant (Bell & Ainsworth, 1972); showed more sensitivity in interpreting and responding to their infants' signals (Blehar, Lieberman, & Ainsworth, 1972); were more supportive (Matas, Arend, & Sroufe, 1978); were more involved in stimulating their child socially (Clarke-Stewart, 1973); expressed more affection consistently, for example, more physical touching, (Clarke-Stewart, 1973); and were more concerned with maintaining higher standards of physical care than mothers of insecure children (Perry et al, 1984).

Mothers of insecure children appeared angry with their children (Main, Tomasini & Tocan, 1979); seemed to have an aversion to physical contact (Tracey & Ainsworth, 1981); interfered with or ignored infants' behaviour (Ainsworth, 1979) and showed signs of physical neglect toward their children (Egeland & Sroufe, 1981).

Infants are active participants in a dyad and can contribute to a normally developing relationship (Rutter, 1979). Infant temperament can contribute to the quality of infant attachment. For example, difficult infants may affect their mothers adversely, causing them to be less responsive, less sensitive and less affectionate (Crockenberg, 1981). This appears more crucial to those mothers who lack a good social support system such as a partner, grandparents or friends who can help out and respond to such infants. Social support may buffer the effects of unresponsive mothering by providing a responsive substitute (Crockenberg, 1981). Insecure attachments are reversible ie. insecure children can become secure.

Securely attached infants tend then to be more competent at establishing relationships with new adults and peers and they approach new problems more eagerly than their less secure counterparts (Perry et al, 1984).

Sensitivity and responsiveness by caregivers helps infants develop feelings or perceptions of competence of the self and trust in others (Ainsworth, 1979).

Waters et al, (1979) indicated that preschool aged children who tested as secure at 15 months, showed greater leadership qualities and skills in social interaction. Lieberman (1977) proposed that secure children were more often sharing and giving; and had less negative behaviours. Interpersonal problem solving was better in these children (Arend et al, 1979).

Katz and McClellan (1991) suggested that children with poor attachments to adults were subject to intense and early dependence on peer acceptance and may have been susceptible to peer influence throughout childhood.

### **3.332 Father-Child Relationship**

Over the years, fathers and their contributions to the family have been ignored and researchers (Ainsworth, 1979; Clarke-Stewart, 1973; Denham, Cook & Zoller, 1992; Denham, Renwick, & Holt 1991) have tended to focus on the mother child relationship. However, over the last 15 years there has been a renewed interest in fatherhood and the roles played by fathers within the family. The author feels that this renewed interest is linked to the increase in single parent families and mothers who have returned to the workforce.

#### **3.3321 Extent of Involvement**

The extent of involvement of a father is determined by whether a father is a primary care-giver or not. In some cases fathers are the primary caregivers and so assume the role of the mother (providing care as a primary function) and are no less skilled than mothers in this role (Lamb, Frodi, Hwang, Frodi, & Steinberg, 1982).

In two parent families, whereby the mother is the primary caregiver, the extent of involvement of a father will vary according to whether his spouse is employed or not. Quantity of time spent on fathers' accessibility to and interaction with their children will vary but not the responsibility of caregiving. Table 3.2 which shows the extent of involvement of father, as compared to mother, with children from two parent families, and has been adapted by the author from Lamb et al, (1989). Hence, regardless of whether or not a mother is employed, a father will not become any more involved in caregiving. However, a father increases the amount of time spent being accessible and interacting if their spouse works.

**Table 3.2** Extent of involvement of father (as compared to mother) with children from two parent families.

	Non-employed mother	Employed mother
Time spent by father in direct one-to-one interaction.	20-25%	33%
Father's accessibility	33%	65%
Fathers' responsibility for caregiving	Negligible	Negligible

Grossman, Pollack, and Golding (1988, p. 89) suggested that "in healthily functioning flexible family units men's fathering is strongly, albeit indirectly, affected by the wives". They also suggested that a man's function as a father was quite different from that of his wife and he functioned as an integral, individual component of a larger interpersonal system which was a complex, multilevel relational family system. MacDonald and Parke (1984) suggested that parents' behaviour with their preschoolers at home during play was associated with children's peer acceptance and that these relations varied according to gender of both parents and child. *Fathers'* directiveness as opposed to suggestions, was related to lower popularity of both boys and girls, whereas *mothers'* directiveness was related to greater popularity of girls. MacDonald (1987) stated that fathers who engaged in less emotionally arousing, physical play tended to have children who were neglected socially. Children who were rejected socially had *fathers* who engaged in overstimulation of their boys which often was accompanied by avoidance (of stimulation) by the boy, whereas *mothers* of rejected boys were very directive, issuing a high proportion of commands.

Clarke-Stewart (1978) proposed that a triadic rather than a dyadic relationship existed in two parent families. Hence, a father influenced maternal behaviour and vice versa, a mother and father influenced a child's behaviour, a child influenced both parents. She stated that usually a mother, in the presence of a father, initiated less talk and play with the children than when she was alone with them. Clarke-Stewart proposed that she may have done this in order to allow the father to take the "centre-stage". She also hypothesised that a father's influence on child development was indirect (it was mediated by the mother) whereas a mother's effect was direct.

Pacella (1989) summarised the effect of paternal influence on early child development. He stated that a father enhanced maturation by facilitating the

separation-individuation process; helped shift and resolve a child's interest away from the mother; facilitated independence; aided in formation of ego-ideal, self esteem, confidence and gender identity in both sexes; helped modulate and regulate psychosexual development; and promoted the development of reality.

Grossman, Pollack, and Golding (1988) reported, in a study investigating parents having their first child, that mothers who had more autonomy tended to monopolise the job of parenting, especially those in the traditional role. It may be that women who were primarily homemakers needed to justify their choice by greater involvement. Fathers, thus, whose wives were traditional mothers, tended to spend less time with their children. However, although fathers spent less time with their children they were not less skilled or less sensitive when they did interact (Clarke-Stewart, 1978).

### **3.3322 Stylistic differences.**

In two parent families, whereby a mother assumes the role of primary caregiver, then a father usually adopts stylistic differences to the mother (see Table 3.3).

**Table 3.3** Type of parent-child interaction. (Adapted from Lamb et al, 1989).

	Mother	Father
Primary type of interaction (as proportion of total time)	*Caretaking	Play
Type of play initiated	Fantasy and joint positive play	Rough and tumble play.

*\*Mothers (when primary caregivers) do play more with their children than fathers but for a smaller percentage of their total time.*

Lamb et al, (1989) suggested that mothers' interactions were dominated by caregiving while fathers were behaviourally defined as playmates. Clarke-Stewart (1978) proposed that fathers engaged in more physical and physically stimulating rough and tumble, non intellectual and non predictable play; and mothers engaged in more verbally interactive, intellectual, positive and responsive play. Fathers were less interactive than mothers in amounts of verbalisations, physical contact (cuddling etc) and play with toys (quantity of interaction) regardless of being highly involved (Lamb et al, 1989; Clarke-Stewart, 1978), but did not differ in measures of responsiveness, stimulation, affection or effectiveness of behaviour (quality of interaction) (Clarke-Stewart, 1978).



Greenberger and Goldberg (1989) who investigated the effect of employment on socialisation in children, discovered that fathers who used authoritarian methods of discipline viewed their daughters strikingly less favourably than did other fathers.

### **3.333 Sibling-child relationship**

The role of siblings in child development has largely been ignored over the years and little is known about sibling-sibling interaction as compared to mother-child interaction or even father-child interaction. Siblings, through their interactions with one another, may develop and exercise social skills. A sibling can have a similar role to a peer if there is only a small age difference (1-2 years) because of a similarity of power relations, in contrast to an adult. Younger siblings (up to 5 years of age) often spend a lengthy amount of time together and may develop more intimate relationships with each other.

An older sibling can serve as a teacher and a model for social competence and an older sibling (a preschooler) is more likely to hit, offer or take a toy from a younger sibling (toddler) (Lamb, 1978a; 1978b) whereas a younger child is more likely to observe an older sibling (Abramovitch, Corter, & Lando, 1979); imitate an older sibling's actions (Lamb, 1978a, 1978b); submit to an older sibling's aggression (Abramovitch et al, 1979); and teach a younger sibling during a board game (Brody, Stoneman, & MacKinnon, 1982).

A gender difference exists in the way they react to their siblings. Girls are more influenced by their siblings than are boys (Sutton-Smith, & Rosenberg, 1970); are more effective as teachers with younger siblings (Cicerelli, 1972, 1973); are more likely to see themselves in the caretaking role (Koch, 1956); and are more likely to praise and teach their siblings (Minnett, Vandell, & Santrock, 1983). Boys on the other hand, are less responsive to sibling prosocial behaviour (Abramovitch et al, 1979) and are more likely to engage in neutral behaviours (Minnett, Vandell, & Santrock, 1983).

Same-sex sibling behaviour often varies as compared to opposite-sex sibling behaviour eg. cheating, aggression, dominance are more characteristic of same-sex sibling behaviour than opposite-sex sibling behaviour (Minnett et al, 1983).

Very few researchers have looked at how sibling relationships influence the formation of peer relationships or how peer relationships contribute to the formation of sibling relationships.

Kramer and Gottman (1992) in a study with 30 preschoolers (3-5 year olds) whose families were expecting a second child, examined qualities of children's friendships (overall quality of peer play, engagement in fantasy play, and conflict management) and suggested that children's friendships make a unique and significant contribution to their adaptation to being a sibling.

In the case of second born or later born children, it is proposed by the author that sibling relationships contribute to developing a positive sibling relationship for later born siblings and helps contribute to peer friendship formation and social competence. The younger siblings have many opportunities to experience and practise prosocial activities (sharing, helping, cooperating and conflict management) which are significant predictors of quality social interactions, within a sibling relationship. Prosocial tendencies are associated with peer acceptance (Coie & Kupersmidt, 1983). Dunn and Kendrick (1982) propose that child-sibling interaction is of special significance because of its intimacy, emotional intensity and the extensive amount of time spent interacting.

Parents may aid in the development of positive sibling relationships. Variations in parental style of child rearing can contribute to friendly sibling relations. Mothers who discuss with their first-born child, the feelings and wants, desires and needs of their new born baby; and actively encourage the older child to help care for the younger child, help foster perspective taking (Dunn et al, (1982). Berghout Austin and Knudsen Lindauer (1990) in a small study with four more liked boys and four less liked boys (mean age = 58.13 months) observed the interactions of these boys with their parents and the other set of parents. They noted that parents of more liked boys had extensive interactive patterns of behaviour that included praise and encouragement of children other than their own. Parents of less liked boys were more intensive in their interactions, such as being more controlling, directive and intrusive than parents of more liked boys.

Recently, researchers (Brody, Stoneman, & McCoy, 1992; Volling & Belsky, 1992), investigated links between parental behaviour towards their children and sibling relationships. This was examined from two different approaches: firstly, the direct effects of parents' behaviour on children in the family and the behaviour directed by those children on each other; and secondly by examining differential treatment (differences in parental behaviour toward siblings). These authors proposed that sibling conflict arose if a first born

formed an insecure attachment with his/her mother; if a mother was intensely intrusive with an older child; or there was a great deal of conflict between parents and an older child. On the contrary, a positive sibling relationship developed if fathers were more facilitative and supportive with their first born child especially after the age of 3 years; the father showed affection for an older child relative to the younger child rather than ignoring the child or being controlling. They also suggested that father-child interaction was not related to sibling interaction (positive interaction between father and child did not lead to positive interaction between siblings or the reverse).

### **3.34 Teacher-Child and Caregiver-Child Relationship**

Many young children engage in some form of childcare (be it part-time, full-time, a daycare centre, a family daycare home, or a preschool), before they start school. Parents entrust their children to caregivers expecting that they will provide good care for them. Children are thus in contact with many adults and may form special relationships with their caregivers. Infants-caregivers attachments develop. Goossens and van Ijzendoorn (1990) stated that the quality of infant-caregiver attachment was independent of both infant-mother and infant-father attachments. They also stated that those infants who were securely attached to their professional caregivers were those who were from a middle class background, spent more days in daycare and their caregivers were younger and more responsive to their needs in the free play situation. Howes et al, (1992a) suggested that children who were securely attached to their parents experienced more teacher involvement (sensitivity and interaction) than children in insecure relationships.

Howes, Phillips, and Whitebook (1992) proposed that there was a relationship between group size and teacher-child attachment. In a study consisting of 3 independent childcare centres containing 414 children aged 14- 54 months, it was suggested that classrooms that meet Federal Interagency Day Care Requirements (FIDCR) standards provided higher quality childcare than classrooms that failed to meet these requirements. The authors stated that centres that were of high quality maintained:

- *adult/child ratios* of 1:8;
- had *group sizes* of 18 for preschoolers;
- had teachers who provided *appropriate childcare* (emotionally secure teacher-child attachments) and *developmentally appropriate activities*

which were interesting and so the child was more likely to engage in them with others; and *social orientation* (freedom to move from activity to activity at will, yet maintaining orderliness).

It was also suggested that teacher training influenced the childcare process. Tertiary level training was associated with effective teaching (Whitebrook, Howes, & Phillips, 1990) and more likely affected the provision of developmentally appropriate activities. Howes, Phillips and Whitebrook (1992) proposed a pathway between group size and developmentally appropriate activities to social orientation and to social competence with peers. In other words, teachers who were responsible for a small number of children, were more able to individualise care and responded to the children's social bids in comparison to those with a large number of children.

A child's relationship with a teacher as well as a parent is a powerful predictor of a child's later social development (Oppenheim, Sagi, & Lamb, 1988). Many researchers have associated attachment behaviour to later socioemotional development (Waters et al, 1979 and Arend et al, 1979). Oppenheim et al, (1988) studied a sample of 59 infants raised in a kibbutz in Israel. They suggested that there was *no* relation between infant-mother or infant-father attachment and later socioemotional development but attachment status with a metapelet (caregiver) was the best predictor of later socioemotional development. The author feels that in some situations the teacher or caregiver may have a very influential effect on a child's social development. Children who are aggressive and disruptive often have a negative impact on their caregivers or teachers because in order to maintain safety and order, they spend a great deal of time restraining and punishing these children, that is, they call attention to their misbehaviour (Coie, 1990). A "good" teacher or caregiver will attempt to reduce opportunities for aggression and provide strategies for coping with aggression for all children. Hence, the selection of quality childcare is essential.

Parents have four main choices regarding childcare arrangements and need to select the best. Whether they employ someone to come to their home and mind their child; have their child minded by a friend or relative; put their child into "family day care", that is, several children are minded in a caregiver's own home; or whether they send their child to a daycare centre, they need to look for quality. High quality facilities produce social stimulation, have plenty of equipment, have staff stability, and a low caregiver/child ratio. High quality

care is not associated with an increased risk of security in a child but low quality care is sometimes associated with insecurity in a child.

Howes and Stewart (1987) proposed that status of parents affects selection of the quality of care for their child. For example, parents who were more stressed and restrictive in child-rearing attitudes, were associated with the lowest quality care and frequently changed their child-care arrangements. Howes (1990) observed that those families who chose low quality care for their child had more complex lives (not well integrated into social networks, high levels of stress, low level of education) and used less appropriate socialisation practices themselves. However, those parents who were more nurturing and socially supported (those whose friends or relatives could be counted on to help out) were associated with higher quality childcare.

Howes (1990), for example, compared 80 children (at toddler, preschool, and kindergarten periods) who began high quality day care before and after the age 12 months and found no differences between early and late entry. On the other hand, early starters in low quality care, were associated with having less sociable behaviour (distractible, low in task orientation and were less considerate to others).

High quality daycare has been associated with more socially interactive behaviour, that is, children who began day care earlier and attended full time rather than part time, engaged in more cooperative play, spent more time interacting, engaged in more frequent positive verbal interactions and exhibited a low incidence of aggression in the playground (Field, Masi, Goldstein, Perry, & Parl, 1988).

Field (1991) in a study using two longitudinal data sets, discovered that in school aged children (7-8 years), the amount of time spent previously in full-time quality day care was positively related to children's emotional well-being, popularity, assertiveness, attractiveness (rated by parents); increased participation in extracurricular activities; and high self esteem (rated by themselves as expressed in their self portraits). They also showed a highly negative correlation between high quality daycare and aggression. The second study reported that 65 sixth grade children who had spent more time in stable, quality infant day care were rated as more attractive, and assertive by their teachers. Their teachers had been unaware of the amount of time spent in daycare by each child. These teachers also rated them higher on emotional well being.

Ragozin (1980) conducted a study on 20 infants and toddlers from a middle class background placed in daycare. He proposed that these infants separated cheerfully from their mothers three months after beginning daycare although they had previously showed some signs of stress when initially placed and usually had adapted quickly. He also found that proportions of secure and insecure children did not differ between those who were home-reared and those who had been in daycare settings.

Schweinhart, Weikart, and Larner (1986) proposed that a preschool programme that emphasised helping children develop positive social skills in a relatively informal context, (social interaction opportunity was plentiful) produced children who succeeded academically and had higher IQs than those who had direct instruction of social skills. On the contrary, children who had no preschool, were at risk for a higher rate of delinquency, drug abuse, acts of property damage, poor family relations, low participation in sport, and low expectations for educational attainment. The research of these authors was long term (15 years) ranging from preschoolers to adolescents.

### **3.35 Peer Relationships**

In this section, how peers can influence each other's development of social competence was examined. For more information on peer relationships see Chapter 4 on the construct of social competence.

Peers (and siblings) influence social competence in a very different manner to parents or other adults mainly because of the difference in power status between child-adult and child-peer relationships. There is more equality of power between peers. Peers are the best judges of social status because they have an implicit understanding of what is normal or expected behaviour within the peer group and are conscious of consequences of violation of these norms. Social acceptance or being liked (positive status) by the peer group plays an important role in a child's social development and is a measure of social competence. Children with similar likes and dislikes will tend to associate with one another or form groups. Each group will create a social environment with unwritten rules and varying patterns of interaction. Gender will play an important part in determining similar likes and dislikes. Girls and boys develop very different values, attitudes and styles of interaction. Girls tend to use polite suggestions and wait until others have spoken, whereas boys use physical and verbal domination as well as direct demands (Maccoby, 1988).

Coie, Dodge, and Coppotelli (1982) stated that aggression was a better discriminator of social status among boys while cooperativeness was a better discriminator among girls. These two styles of interaction were ineffective and incompatible with one another and tended to contribute to gender segregation. Gender labelling and gender identity attracted children toward same sex interactions and likewise away from cross sex interactions and aided in the development of intergroup bonds (Maccoby, 1988;1990).

Denham et al, (1993) suggested that in the first year of preschool, likeability of peers was determined by behaviour such as friendliness, empathy, cooperativity, aggression, and anger, whereas in the second year of preschool, reputation had a greater impact than prosocial behaviour. Buzzelli (1992) proposed that the social environment of accepted or popular children was quite different to the social environment of rejected children and that popular and rejected children encountered different social experiences. Thus, they formed different assumptions of social causality which may have accounted for differences in the formulation of judgements and justifications for moral and social decisions. Rejected children tended to use inappropriate aggressive solutions to solve interpersonal problems and paid attention to inappropriate aspects of social situations (Renshaw & Asher, 1983); often attributed hostile intentions to peers' actions where there was no hostile intent (Dodge & Somberg, 1987) and so retaliated or acted in an antisocial or aggressive manner toward the "offender". Thus, there was an expectation that rejected children behaved in an unaccountably aggressive manner toward their peers (reputational bias) and so they were treated in a negative and biased way (Hymel, Wagner, & Butler, 1990). This reputational bias affected their social experiences with peers and aided in the formation of negative socialisations, such as few prosocial interactions and increased aggressive responses to others' behaviour. This affected social cognitive processing. Buzzelli (1992, p. 340) hypothesised that negative socialisation

"may contribute to rejected children's reasoning that those who transgress against them deserve punishment, or that because of the perceived hostile actions of others, rejected children's own retaliatory actions are excusable and should mediate the amount of punishment they receive."

Some behavioural orientations are related to social status in the peer group. Prosocial behaviour and cooperativeness are correlates of positive status at each age whereas aggression, disruptiveness and inappropriate social

behaviour are correlates of negative status. As a child grows and develops, some of these correlates change and vary in intensity. For example, preschoolers do not like children who display aggression and are disruptive but like those who are friendly and helpful. On the contrary, young adolescents admire those who engage in provoked physical aggression (they see this as "sticking up" for yourself) and a good leadership quality; but they dislike unprovoked physical aggression. Young adolescents dislike those who are overemotional and continually ask for help. This behaviour is however, accepted by preschoolers (Coie, Dodge, & Kupersmidt, 1990).

### **3.36 Intervention**

Intervention can be an important factor in establishing social competence. The long-term consequences of peer rejection (or social incompetence) have initiated a response by researchers (Bierman & Furman, 1984; Coie & Koeppl, 1990; Hops, 1982; Katz et al, 1991; Kohler & Strain, 1993; Mize & Ladd, 1990a; Mize et al, 1990b; Orlick 1981) to develop interventions capable of improving children's social skills and acceptance by peers.

Many programs have been devised for improving children's social skills and peer acceptance but unfortunately, most of these programs have been aimed at 7-10 year olds who have already established reputations as rejected or neglected children (Coie, & Koeppl, 1990; Hops, 1982). In response to success from early intervention programs for developmentally delayed children, more researchers (Kohler et al, 1993; Mize et al, 1990a) are devising programs for the younger age group (preschoolers). Denham et al, (1993) stated that reputations form as early as 45 months of age or by the beginning of the second year of preschool. The author hypothesises that unlike traditional programs, all preschoolers (normally developing children, and those with poor social skills) should be taught and learn strategies for developing social acceptance. The more competent peers would then act as 'good' models for the less competent peers and all children would have the common goals.

Initially it was thought that children who were socially incompetent had infrequent social interactions. Intervention, thus focused on increasing social interaction. It was aimed primarily at preschoolers and kindergarteners. Later, the emphasis for intervention shifted to enhancement of positive play skills and so again aimed at an older age group (7-10 years.) However, it was hypothesised by researchers that children with low status (rejected or ignored)



lacked critical skills for positive social interaction (Asher & Renshaw, 1981) and so had fewer positive social experiences. This further increased the problem.

Social skills training (coaching) has been directed toward enhancing prosocial behaviours rather than reducing negative behaviours (Coie, & Keoppl, 1990) and is most beneficial to those children who are demonstrably deficient in the skills for which they are being coached (Coie, & Koepl, 1990) such as teaching prosocial behaviour to those who lack prosocial skills.

Research has shown that coaching can improve children's social behaviour (Ladd, 1981; La Greca & Santagrossi, 1980) and young children's sociometric status (Ladd, 1981) but whether or not it improves primary school children's peer acceptance is controversial. The reason for mixed results in the older age group (above 7 years of age) may be due to the fact that older children have already established their social behaviour and it is very difficult to change established patterns. Howes (1988a) stated that peer social competence began to stabilise in infancy (9-12 months) or toddlerhood (1-2 years) and that by preschool clear distinctions were made between children's social competence and their acceptance by peers. Children with a low sociometric status should be recognised and coached for social skill training. Early intervention should reduce later peer rejection and isolation.

Social skill training in low status preschoolers produced success for Mize et al, (1990b). They examined the effect of training on 33 children. These children were coached in four skills (leading peers, asking questions of peers, making comments to peers and supporting peers). From pre test to post test, increases occurred in skill use in the classroom and were correlated with improvements in children's knowledge of friendly social strategies.

In the area of developmental disabilities, success was attained by Odom, Kohler and Strain (1987). They developed a programme (The Early Childhood Social Skills Programme) which taught preschoolers skills necessary to interact with their competent peers. Unlike most programs both socially competent and incompetent children received formal teaching for social interaction skills (Kohler, et al, 1993).

Children with developmental disabilities have acquired through intervention, the skills necessary to engage in positive social interaction with competent peers (Strain, 1985) and develop friendships and positive relationships

(Kohler et al, 1993). Also, positive interactions were continued throughout the school day (Kohler, Strain, Maretsky, & De Cesare, 1990).

Other researchers (Johnson & Johnson, 1983; Orlick, 1981) attained increased positive socialisation through *cooperation*. Orlick (1981) in a study involving 71 five year old children, assessed the effects of cooperatively structured games on sharing and happiness (enjoyment). It was revealed that children in the cooperative games programme increased their sharing significantly more than the control children and also increased their overall happiness. A study by Johnson et al, (1983) in which 59 students participated (both developmentally delayed and regular children), showed that cooperative learning experiences promoted more interpersonal attraction between the two groups; higher self esteem in both groups; and an improvement in perspective taking amongst the regular children.

Katz and McClellan (1991) proposed that social skills training should not come through direct instruction because interaction patterns (effective or ineffective) become integrated into personality organisation and cannot be fragmented. Hence, social skills training should be integrated into a child's naturalistic environment using the teacher as a facilitator.

The previous discussion outlined the importance of parents, caregivers, siblings, peers, teachers, and intervention on the development of the social competence. In this study, the researcher designed a teaching program for social competence because of the success outlined above, by intervention programs. The program was based on those concepts which are viewed as being linked with social competence and which are described in the literature review in the next chapter.

## CHAPTER 4. THE CONSTRUCT OF SOCIAL COMPETENCE

4.1 Pre-requisites for Learning .....	74
4.2 Communication Skills.....	75
4.3 Emotions.....	78
4.31 Emotion and Communication.....	78
4.32 Emotional Correlates and Social Competence .....	78
4.321 Children's Understanding of Emotions.....	79
4.322 Expression of Emotion.....	80
4.3221 Development of Emotional Expression.....	80
4.3222 Emotional Expressiveness and Social Competence.....	81
4.3223 Control Over Emotional Display .....	82
4.323 Responding to Emotions .....	82
4.324 Children's Identification of Their Own Emotions.....	83
4.33 Emotion as a Motivator .....	84
4.34 Emotion as a Behavioural Regulator .....	84
4.35 Emotion and Likeability .....	86
4.36 Emotion and Cognition .....	87
4.37 Emotion and Gender.....	87
4.4 Self Concept.....	89
4.41 Definition of Self Concept .....	89
4.42 Development of Self Concept.....	90
4.43 Factors Influencing Self Concept Development .....	90
4.431 Real and Ideal Self.....	91
4.432 Self Esteem.....	91
4.433 Self Confidence, Self-Efficacy or Perceived Competence.....	92
4.434 Self Control.....	93
4.435 Autonomy or Independence .....	93
4.436 Self Assertion .....	93
4.437 Defiance .....	94
4.438 Compliance.....	94
4.5 Other Awareness .....	94
4.51 Prosocial Behaviours.....	95
4.511 Antisocial Behaviour.....	95
4.512 Altruism.....	96
4.513 Perspective Taking or Role taking.....	97
4.514 Moral Sense .....	98
4.515 Justice.....	99
4.516 Cultural Awareness.....	99
4.6 Social Interaction.....	100
4.61 Children's Entry Behaviour.....	101
4.62 Negotiation Skills.....	101
4.621 Conflict Resolution.....	101
4.622 Compromise Acceptance.....	102
4.623 Turn taking .....	102
4.624 Sharing.....	102
4.625 Helping .....	102
4.626 Cooperation.....	102
4.63 Social Relationships .....	103
4.631 Acquaintanceship.....	103
4.632 Friendship .....	103
4.7 Interpersonal Problem Solving .....	104

## CHAPTER 4. THE CONSTRUCT OF SOCIAL COMPETENCE

Preschool aged children (3-5 year olds) are no longer thought of as egocentric, selfish, and aggressive but as being perceptive and able to empathise (Dunn, 1991); having attachments to many others (Oppenheim, Sagi, & Lamb, 1988); having quite elaborate communication skills (Miller, Lechner & Rugs, 1985); having a basic sense of mental representations and having an emerging theory of mind (Wellman, 1992). Preschool aged children also develop new skills and elaborate on existing skills for social competence.

In order to gain social competence, preschoolers must possess certain features such as a capacity to learn; the ability to communicate clearly and appropriately; the potential to understand and express emotions; an awareness of self and others; an understanding of the unwritten rules for social interaction; and an ability to socially problem solve. These skills comprise the construct of social competence and are discussed in detail below.

### 4.1 Pre-requisites for Learning

To learn, children need to develop processing skills such as paying *attention* (being able to focus on what is happening by listening, and/or observing), *selecting* what is important, *remembering* which information is useful, and having the ability to *adapt* useful information to given situations. This processing of information normally begins a few months after birth and is necessary to all learning.

Continual social interaction within various contexts provides different experiences for a child. The information gained by different experiences leads to a repertoire of skills and strategies for participation in different social activities or events. Information is continually learnt and refined over time.

Different groups in which a child is involved, have different expectations, norms, and beliefs. It is only through observation and participation in the social world of peers that the social rules are learnt. Those who conform with those rules gain social acceptance. Social acceptance implies social competence which is dependent, however, on communication skills.

## 4.2 Communication Skills

Communication (language and nonverbal behaviour) is the basis of social interaction, and is essential for the initiation and maintenance of social relationships. Halle (1985, p. 77) states that "any social act is a form of communication between or among people."

Skills associated with communication have been linked to social acceptance in childhood (Dodge, Pettit, McClaskey, & Brown, 1986; Putallaz & Gottman, 1981). Training to improve communication skills has been used successfully to increase peer acceptance in school aged children, that is, from five years on (Bierman & Furman, 1984; Ladd, 1981) and in children with disabilities (Goldstein & Wickstrom, 1987).

In children, communication is influenced by individual characteristics such as cognitive abilities and maturational level; and environmental factors such as socioeconomic status (Quay & Baney, 1991). The authors investigated the effect of age, gender, and socioeconomic level on verbal, nonverbal and private speech in preschoolers aged 4 years and 5 years. Preschoolers communicate to themselves using private speech (talk to themselves) to direct their actions; and communicate to others using nonverbal and verbal expression (Quay et al, 1991).

Private speech provides direction and guidance for a child's actions. For a young child it is important for expressing thought. With increasing cognitive maturity, it is internalised as verbal thought (Vygotsky, 1962). The quantity of private speech increases when a child is faced with a difficult and demanding task and is an important aid to task solution (problem solving); helping children overcome impulsive behaviour; and aiding in planning and ordering task related actions (Vygotsky, 1962). It is important for social competence primarily for its involvement in control of behaviour.

Conflicting results have been reported by research regarding whether private speech increases or decreases with age and development of verbal communication. Berk (1986) in a study using 39 first-grade (21 boys and 18 girls) and 36 third-grade (20 boys and 16 girls) children working in a maths classroom (ages not stated), indicated that use of task relevant private speech was an extremely frequent everyday occurrence in young children (*I add this one to this one*); and that it predicted greater task attentional focus and suppressed extraneous tension reducing behaviours such as tapping with

fingers, stretching body and chewing objects; and attention focused behaviour. The author stated that the development of private speech was affected by cognitive maturity that increased with both age and mental ability. Quay et al, (1991), in a study (225 four and five year old children) indicated that private speech decreased from the age of 4 years to 5 years for middle socioeconomic preschoolers but remained at the same frequency for both age groups for lower socioeconomic preschoolers. Private speech plays an important role in social problem solving, social planning, and self control needed for gaining social competence.

Nonverbal communication (smiles, gestures, nods, shrugs etc) are part of normal communication. It indicates the attentiveness of the listener (nods, smiles, facial expression, etc); aids in regulation of turn taking in conversation (taking a breath, opening the mouth looking like you are about to speak) as well as indicates meaning (shrug for non understanding, gestures for direction, non eye contact for lack of interest). Negative nonverbal communications, such as, visual hostility are associated with relationship difficulties (Nowicki & Oxenford, 1989). Verbal or non language utterances, such as uhhum, mmm, mnnt, can have a similar function to nonverbal communication.

Miller et al, (1985) studied the use of responsive listener cues such as nods, yesses, gazes etc and relevant comments in the regulation of conversation of 33 preschool children (2.5 to 5.5 years) and discovered that older children used more head nods and spent more time talking than younger children; children who used more responsive nonverbal cues tended to engage in more responsive verbal behaviours; and age was significantly correlated with the use of relevant comments.

Verbal communication (speech) develops in young children in tandem with nonverbal communication. Successful discourse exchanges obey unwritten rules. Firstly, participants should contribute *relevant* information ; secondly, information should be *clearly* presented; and thirdly, responses should be *related* to initiations so as to keep the discourse moving. When speaking to more than one person, discourse should be directed to all listeners rather than one person. These are necessary skills for effective communication and social competence.

Communication skills that contribute to coherent discourse are fundamental to social interaction and may influence young children's peer acceptance

(Hazen et al, 1989). Mize and Ladd (1990), used coaching of four specific verbal communication skills in order to improve children's peer acceptance. Skills such as *leading* (offering positive play suggestions or directions to peers); *questioning* (asking peers questions); *supporting* (making explicitly positive statements, helping or showing affection to peers); and, *commenting on ongoing activities* were taught to 18 preschoolers who were not socially accepted. Significant increases were seen in coached children, especially in the use of leading and commenting although non significant gains occurred in questioning and supporting. Peer acceptance immediately after coaching was not significantly altered. This may be because preschool children are slow to notice and accept these changes. Problems occurred (a high attrition rate and small numbers) with collecting useable sociometric data in order to determine long term effects.

Connectedness of conversation leads to the beginnings of friendship and appears to be a pre-requisite of more intimate conversational processes (Gottman, 1983). Communication is essential for entering a group (*I have a good idea*); for social interaction (*You be the mother, and I'll be the father*); for negotiation (*I'll let you play with my truck if I can play with your bulldozer*); and for compromising (*I'll have a swing after you've had two more ups*).

During peer group entry, popular children are more likely to make *relevant comments* regarding ongoing play (connectedness of conversation) while unpopular children draw attention to their own interests and needs which interrupts the flow of discourse (Dodge et al, 1986; Putallaz, 1983; Putallaz et al, 1981). On the other hand, during entry rejection (refusing to allow a child to enter a group), preschool children who offer a *reason* for disagreement, or an *alternative idea* and provide conversational *turn taking*, have more success at resolving conflicts and tend to be more popular (Eisenberg & Garvey, 1981). When low status (unpopular) children tend to disagree with others they do not provide reasons, rules or alternative ideas and so do not provide successful discourse.

Goldstien, Wickstrom, Hoyson, Jamieson, and Odom (1988) stated that children who are taught sociodramatic play scripts improved social and communicative interaction during free play. These authors trained preschoolers: 2 triads (1 language disabled and 2 non disabled classmates) in one experiment and 2 triads (language delayed children) in a second, to act out themes and exchange roles according to sociodramatic play scripts. Hence, classroom interaction for language delayed or language disabled

children can be improved by this type of intervention, thereby offering improved opportunities for language learning from peers.

Communicating feelings is another communicative aspect important to social competence.

### **4.3 Emotions**

In this section, the importance of emotions to social competence is discussed. Topics discussed are emotion and communication; understanding of emotions; identification of emotions; control over emotional display; mood states; expression of emotion development of emotional expression; emotional expressiveness and social competence; responding to emotions; emotion as a motivator; emotion as a behavioural regulator; emotion and likeability; emotion and cognition; and emotion and gender.

Emotions are important in developing social skills for two reasons: firstly, they mediate prosocial behaviour; and secondly, they communicate our feelings and desires.

#### **4.31 Emotion and Communication**

Affect or emotions play a vital role in promoting and maintaining social interaction and contribute to the emergence of peer group social structure. It is conveyed through voice (tone, pitch, and intonation); body posture; and facial expression.

*Expression* of emotions strongly *communicates* to others how an individual feels, (unless they deliberately hide their feelings) eg. sobbing communicates deep sorrow, smiling communicates happiness, screaming communicates fear, anger, or pain. Hence it is necessary to *understand* cues which will help interpret another's emotional state and so understand the implications of that emotion.

Links exist between social competence and emotional functioning.

#### **4.32 Emotional Correlates and Social Competence**

Social competence is measured by peer acceptance. Children who are well liked by their peers are better able to identify, experience and express emotions (Cassidy, Parke, Butkovsky, & Braungart, 1992); have knowledge of emotional antecedents (Cassidy et al, 1992); are better able to detect the



social intentions of their peers (Dodge, Murphy, & Buchsbaum, 1984); are better at recognising emotions of others necessary for establishing a frame of reference which enable appropriate group entry (Dodge, Schlundt, Schocken, & Delugach, 1983; Putallaz, 1983); and coordinate mutual play which involves understanding of emotions (Ladd, 1983).

#### **4.321 Children's Understanding of Emotions**

The ability of children to think about emotions and regulate their emotions is a sociocognitive process that is an antecedent to behaviour. Emotional development research of late has focussed on children's understanding of the connection between common interpersonal situations and the emotions that are produced by these situations, such as, the situational determinants of happy, scared, sad, and angry during early childhood (Hubbard & Coie, 1994).

Stein and Levine (1987) have proposed a theory of the conceptual linkage between children's emotions and situations that produced them. This theory proposes that children conceptualise emotions as the outcome of particular relationships between desire or goals and reality. In other words, happiness can be explained as the result of attainment of a desired goal. To the contrary, fear can be explained as worrying about not attaining a goal. Sadness results from a goal being unattainable, while anger results from an attainable goal being hindered by an obstacle. This theory has further been modified for older children by Weiner, Graham, Stern, and Lawson (1982) who had earlier proposed that older children gain increased understanding of emotions and perceive goal achievement as having causal attribution of the goal status. For example, they experience happiness at reaching a goal and at the same time may feel pride knowing that it was because they had the ability to attain that goal.

Gordon (1989) argues that children's emotions are socially constructed, that is, emotional experience and expression depend primarily upon the meanings assigned to emotions through social interpretation. He states that facial expressions and bodily gestures that communicate emotion, are a product of social learning; that discussion of emotion is through cultural vocabulary of emotion concepts; and that emotions are regulated by social norms. He perceives that the concepts children form about emotion are not wholly their own construction but that of the culture through social interaction. He notes that to become an effective participant in social relationships requires the

acquisition of the emotional culture and he describes it as "emotional competence". He takes the view of the social constructionist regarding children's understanding of emotion.

Gnepp (1989) writes of the importance of older children (5-8 years) in acquiring an understanding that various people will respond to similar situations in a different manner according to demographic factors, personality traits, preferences, abilities, and previous experiences. Preschoolers however, could only take into account individual preferences.

Of greater importance is the use of emotion knowledge as effective behaviour. Gnepp (1989) related higher social status to having the ability to use personalised information about others, when inferring emotional reactions in emotion-evoked situations. Cassidy et al, (1992) reported that children's understanding of emotion across a broad range of measures (identification, experience and expression of emotion and knowledge of its precursors) was related to social acceptance.

#### **4.322 Expression of Emotion**

In this section the development of emotional expression; emotional expressiveness and social competence; and, control over emotional display, are discussed.

##### **4.3221 Development of Emotional Expression**

Infants from 8 months of age begin to express emotion as a response to a specific situation. Outward and visible signs (emotional signals) such as crying, laughing, and quietness, are exhibited. Such signals are interpreted by others to determine their feelings.

During toddlerhood (18-36 months), children begin to talk about emotions by labelling emotions for many psychological and emotional states; refer to self and other's emotional states; refer to past and future emotional states; and talk about reasons or events linked to emotional states. Emotion language learnt during the beginning of toddlerhood, becomes more complex during the latter part (the second year). During the preschool years children begin to think consciously about emotions. Table 4.1 relates emotional expression to the child's approximate age and development.

**Table 4.1** Development of Emotions

Age	Expression of Emotion	Author
1 mth	Cringe for injection	Izard (1978)
2 mths	Smile in anticipation of game eg. peek-a-boo	Sroufe & Wunsch (1972)
18-20 mths	Onset of emotion language	Bretherton, Fritz, Zahn-Waxler, & Ridgeway (1986)
28 mths	Produce positive emotion words eg. happy, fun, love, good, etc Produce negative emotion words eg. sad, mad, yucky, bad, scary, etc Understand function of emotion and relate it to an event	Bretherton et al, (1986)
18-36 mths	Label emotions, discuss past & future emotions, explain cause & consequence of feeling state	Bretherton et al, (1986)
36-60 mths	Verbally reflect on emotion related situations and growing awareness of lingering moods; growing knowledge about deliberate regulation of emotion	Bretherton et al, (1986)

#### **4.3222 Emotional Expressiveness and Social Competence**

The expression of positive emotions such as a smile communicates affiliative intent especially during social exchanges. This possibly contributes to a positive perception of a child by social partners, and reinforces positive feelings toward the child, which later increases the likelihood of future positive initiations and responses to the child (Sroufe, Schork, Motti, Lawroski, & LaFreunier, 1984).

Emotional expressiveness within the family context is linked to peer relations. Cassidy et al, (1992) examined links between children's emotional expressiveness within the family, and peer relations using 61 kindergarten and first grade (33 girls, 28 boys) middle class white children. Results indicated that both maternal and paternal (but not child) emotional expressiveness are associated with children's peer relations. Children's understanding of emotions assisted in predicting peer relations, that is, whether they were popular or unpopular.

Various cultures and peer groups have unwritten rules for the expression of emotions. Children, to exhibit these appropriate emotions, need to learn to control inappropriate ones.

#### **4.3223 Control Over Emotional Display**

Children are required to control their emotions to produce appropriate behaviour. This requires them to alter their emotional response in often provocative situations. This process of altering an emotional response is referred to as emotion regulation.

Harris, Olthof and Meerum Terwogt (1981) state that it is possible for children to change their feelings by either leaving or changing a situation, or even altering how they feel by thinking different thoughts.

Gender differences occur in controlling emotions. Saarni (1984) explains the differences in terms of being motivated by gender role pressures. For example, girls are expected to be "nice, friendly, and agreeable, despite their real feelings". Cole (1986) stresses that even four year old girls are influenced by the pressure of social contexts. Both of these studies propose that girls are more likely to hide disappointment. Gender differences are discussed in more detail in Section 4.3.7.

Children are also capable of altering their mood. Meerum Terwogt and Olthof (1986) state that young children are capable of influencing their mood state where an actual change is virtually impossible, as when listening to a very sad story; that is, they listen to the story, are affected by it, and can remain in a happy mood. The authors propose that the behaviour of changing the mood is exhibited without knowledge of the strategy used. This may be important for social competence, that is, children may adopt behaviours without understanding them first and after repeated behaviour, may gain understanding of what is actually happening.

Others respond to expressed emotions either positively or negatively.

#### **4.323 Responding to Emotions**

*Responding* or reacting to others' emotions prosocially is a skill learnt early in life (Strayer, 1980) and is an important predictor of likeability for young children (Denham, McKinley, Couchoud, & Holt, 1990). Children by the time they have reached 5-6 years have learned well articulated emotional scripts which help in the understanding of appropriate emotional responding, both for self and others in particular situations (Lewis, 1989). Children in the friendship situation are more likely to respond and intervene on behalf of others (Costin & Jones, 1992).

Maternal characteristics and maternal practices influence children's vicarious emotional responding both directly and indirectly. Parents influence their children's emotional responses firstly, by providing examples of emotional behaviour which can be imitated; and secondly, by shaping children's behaviour through reinforcement, punishment and talking about emotions. Thus, by the time a child enters preschool he/she usually has positive expectations of others, a capacity for sharing emotions, enjoys social exchanges, and can maintain organised behaviour in the face of arousal (Sroufe et al, 1984). In contrast, children whose caregiver has been inconsistent or emotionally unavailable will express anger and hostility (Arend, Gove, & Sroufe, 1979; Egeland & Sroufe, 1981; Matas, Arend, & Sroufe, 1978).

Sroufe et al, (1984) concluded that social competence was much more than "knowing what to do" or "understanding the intentions of others" but being able to *respond* in an empathetic way.

Understanding of emotions requires that children be able to identify their own to be able to understand other's emotions.

#### **4.324 Children's Identification of Their Own Emotions.**

Children express emotions at an early age but learning to identify them comes later. In order for children to identify their own emotions, they need to interpret the physiological and cognitive signals that are present as a result of emotional reactions (Carroll & Steward, 1984). This may be simple if only one emotion is felt but often, more than one emotion is felt at the same time. Distinguishing between the mixed emotions can be quite difficult.

The extent to which children can identify their own emotions and relate to peers is related to family expressiveness in the home (Cassidy, Parke, Butkovsky, & Braungart, 1992); positive feedback from a peer (Casey, 1993); and the ability to talk about emotions in naturally occurring interactions (Bretherton, Fritz, Zahn-Waxler, & Ridgeway, 1986).

The number of emotions children are able to describe and the sophistication of those descriptions increases with age (Lewis, Wolman & King, 1972). If emotions are recognised then they can be learnt to be controlled.

Children who continually identify negative emotions in the peer group are reluctant to participate as part of that peer group whereas those who experienced positive emotions through peer interactions will want to

participate as a member of the group. Emotions felt are linked to motivation to belong to the peer group.

### **4.33 Emotion as a Motivator**

Peer relations must be enjoyable for children to *want* to participate. Rejected children whose social experiences have in the past been negative will not have any reason for maintaining social interaction. On the other hand, children who are popular will have had positive emotional experiences (which are more enjoyable), and so they will be motivated to continue their social interactions.

Those children whose caregivers have not contributed pleasurable and secure emotional interactions may not be aware of joy that can be experienced from a close relationship. Hence, when the child ventures out into the world (the preschool) it is mandatory that they be made aware of the "fun" they could be having with a friend.

Lewis, Sullivan and Michalson (1984, p. 272) propose that "action or thought patterns that are likely to result in pleasure or reduce pain will be taken; action or thought patterns that are likely to lead to pain will not be taken". Children will be motivated by their emotional consequence. This view takes a cognitive constructivist perspective. The social constructivist would view people, the culture, and the peer group, as the motivation for producing effective behaviours, that is, children want to please and conform to the norms. Hence children are motivated to conform and regulate their behaviours because of the peer group pressure.

### **4.34 Emotion as a Behavioural Regulator**

Emotions are increasingly viewed as strong interpersonal and intrapersonal regulators of behaviours (Denham et al, 1990) and have been the focus of renewed interest of late especially in infancy and early childhood.

Rothbart (1989) defines regulation as controlling impinging stimuli and internal states, which implies the shifting or focusing attention. This aids in coping with emotion. Coping is defined by Lazarus and Folkman (1984) as changing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the individual. Emotion focussed coping refers to efforts to reduce emotional stress. Parke (1994) proposes that strategies are developed to cope with

situations such as visual avoidance and focusing attention. Eisenberg, Fabes Nyman, Bernzweig, and Pineuēlas (1994) view emotion regulation as switching one's attention to some different aspect of the situation, avoiding the situation, or involving oneself in a distracting activity.

Eisenberg, Fabes, Bernzweig, Karbon, Poulin, and Hanish (1993) examined the relations between emotions and regulation to preschoolers' social skills and peer status. Regulation of emotion was attained by switching one's attention to something different, avoiding a situation, distracting oneself, and changing aspects of an emotional situation. Meerum Terwogt and Olthof (1989) proposed that children who escaped from a situation, as do many young children, did so because they were not capable of enduring that situation.

Some emotions such as guilt and empathy are thought to be mediators of prosocial behaviour.

*Empathy* consists of a cognitive concept (recognition of what another person feels) and an affective concept (various emotional arousal, and response to another's state). Ianotti (1979) however, stresses that the interactive components of cognition and affect must also be recognised. Zahn-Waxler, Ianotti, and Chapman (1982) define empathy as affectively experiencing what the other is experiencing. However, Asendorpf and Baudoniere (1993) define it as sharing the cognitions and emotions of others. Eisenberg, Fabes, Carlo, Troyer, Speer, Karbon and Switzer (1992) feel that it is important to stress the difference between sympathy and personal distress since they are often both referred to as empathy. Sympathy is other oriented whereas personal distress is self oriented. Hence, it is sympathy that is associated with altruism.

Empathy is hypothesised as a mediator of prosocial interventions especially when accompanied by acts of compassion and or sympathy. Empathy provides motivation to act while cognition provides the knowledge (Zahn-Waxler et al, 1982).

Farver and Branstetter (1994) in a study, using 52 preschoolers (36-56 months old), reported that variations in the manner that children responded to another's distress, were related to temperament, friendship status, and positive interactive style with peers; rather than age, gender, social competence, and childcare experience. Lewis (1989) proposed that affective responsiveness to others is organised within knowledge structure through well

articulated emotional scripts. Such scripts are reported by the author to include information about appropriate emotion for self and other in particular situations.

*Affective empathy* is defined as experiencing the emotional state of the other such as when one child cries in response to another child's cry (Zahn-Waxler et al, 1982).

*Guilt* (blame of self) can act as mediator of prosocial behaviour such as when a child has harmed another child and feels he/she should right the harm. Thompson and Hoffman (1980) viewed guilt as a developmental progression consisting firstly, of rudimentary guilt feelings appearing in the young child because the young child does not separate self from other clearly; and secondly, when the child can separate self from other, causal attributions can be made (the child can take the perspective of the other). Thus, feelings of guilt may arise. Later a young adolescent may include guilt feelings about anticipated harm, unperformed prosocial actions, or assign disadvantage to the other and be aware of self's advantage. Hence, guilt becomes a very complex issue.

#### **4.35 Emotion and Likeability**

Peers interact more easily with emotionally positive children and so happy children are rated as more popular (Sroufe, Schork, Motti, Lawroski, & LaFreniere, 1984) whereas angry children are rated as unlikeable (Rubin & Clarke, 1983). Prosocial emotions such as friendliness, humour, comforting a distressed person, nurturance, altruism, etc would facilitate likeability when a peer is in need. Feelings that are expressed such as having fun, being excited, and being humorous can induce responses that are almost contagious whereby everyone becomes excited, or has fun. Shared feelings create bonds between people and so aid in relationship formation since relationships are essentially what people share (Sroufe et al, 1984).

In a research project, which was part of a longitudinal study, Sroufe et al, (1984) using 39 preschoolers, found strong relationships between the tendency to initiate social encounters with positive emotions as well as to respond to others' emotions with control and modulation, and that of assessed social competence. Emotion variables were related to teachers' assessments of social competence and sociometric status.



Denham, McKinley, Couchoud, and Holt (1990) in a study using 65 preschool children aged between 33 and 55 months reported that emotion knowledge and prosocial behaviour together, were direct predictors of likeability. They also stated that emotion situation knowledge relates directly to likeability; and that peer competence ratings were *not* related to likeability in preschoolers since social skill information may not be used to judge likeability.

#### **4.36 Emotion and Cognition**

Cognition is often seen to be of major importance in social competence whereas emotion or affect is largely ignored (Meadows, 1993). Emotion and cognition are interdependent. Cognition is involved in the timing of a response, the pacing of a response, recognising another's readiness for interaction, intention, interest, and displeasure (Sroufe et al, 1984). The meaning of an event however, is often interpreted largely by previous emotional experiences and so it is difficult to separate cognitive from emotional components.

The cognitive constructivists have concentrated on two connections between emotions and cognitions: firstly, as cognitive functions mature, new emotions emerge and become available to the child as experiences; and secondly, that cognitive developmental transitions are preconditions for a child to be able to think about emotion (Gordon, 1989).

Some children with high intellectual abilities have shown low levels of social competence while some children with low intellectual abilities have been very socially competent. To be effective in the peer group, children must *want* to be involved and to maintain that involvement effectively they must find interaction pleasurable (Sroufe et al, 1984). Hence, motivation is an important concept for social interaction.

#### **4.37 Emotion and Gender**

Gender differences have been found to occur especially in expression of emotion and responding to emotion. Radke-Yarrow, Zahn-Waxler, and Chapman (1983) compared the literature for gender differences in prosocial behaviour. They proposed that cultural expectations would lead to greater sensitivity, empathy, and compassion from girls than boys. They stressed that traditional socialisation pressures would emphasise competitiveness, assertiveness, bravery, achievement, and non emotional behaviour from males; and compliant, dependent, subjective, and person oriented interests

from females. However they found a very mixed result for each of the areas examined (comfort, sympathy, and caregiving; cooperation; sharing; and empathy).

Saani (1984) explained gender difference in terms of social pressure, that is, girls conformed to the image of being "nice" rather than expressing their real emotions (see section 4.3.1.1.2 Control Over Emotional Display).

Boyatzis, Chazan, and Ting (1993) in a study of 32 preschoolers (16 three and a half year olds and 16 five year olds) examined children's abilities to decode facial emotions. They discovered that girls were significantly better at identifying emotions than boys; in fact girls aged 3.5 years were as accurate as 5 year old boys. Casey (1993) proposed that females were more aware of facial expressions; were conscious of displaying socially acceptable feelings; and regulated their emotions to exhibit socially acceptable emotions.

Strayer (1989) states that females report more empathy than males. Females report more empathy with sadness and fear, whereas males report more empathy with anger than girls. Table 4.2 provides a summary of the gender differences in emotion knowledge, emotional response, empathy, emotional intensity, and emotion regulation.

**Table 4.2** Gender Differences in Emotions

	Males	Females	Author
Emotion Knowledge	Know less of facial display	More aware of facial display	Casey (1993)
Empathy	More empathy with anger	More empathy with sadness and fear	Strayer (1989)
Emotional Responses	Less prosocial	More prosocial	Denham, McKinley, Couchard & Holt (1990)
Emotional Intensity	Low intensity of emotions	High intensity of emotions	Terwogt & Olthof (1989)
Emotional regulation	Mask feelings	Show socially acceptable feelings	Casey (1993)
	Suppress overt signs of fear	Suppress overt signs of anger	Terwogt & Olthof (1989)
	Internal control suppress negative emotions	Add socially acceptable expressions	Casey (1993)

Eisenberg, Fabes, Carlo, Troyer, Speer, Karbon and Switzer (1992) proposed that maternal sympathy/perspective taking as well as reinforcement of sympathy/prosocial behaviour were associated with high levels of facial markers of sympathy and low levels of personal distress in *girls*. Mothers'

verbalisations of her own emotional state (during a film) and perspective taking were associated with *boys'* self reported sympathy.

Emotion, as indicated by the previous discussion is intertwined with communications; is important to behaviour as well as its control of behaviour; and is related to social competence and social acceptance. Children's knowledge and understanding of emotions and how they express their own or respond to others' emotions, are influenced by parental style such as talk about emotions and modelling of responses to situations.

#### **4.4 Self Concept**

How children perceive themselves, influences the way they socially and emotionally interact with others. Self concept is a complex construct with many dimensions. Those dimensions relevant to social competence, such as real vs ideal; self esteem; self confidence; self control; autonomy; self assertion; defiance; and compliance are discussed.

##### **4.41 Definition of Self Concept**

Self concept is defined as the perceptions, feelings and attitudes that a person has about his or her self (Marshall, 1989). She states that *self concept* and *self image* are terms which are used interchangeably to indicate a global conception of the self which includes physical characteristics, psychological traits, cultural identity and gender.

Self concept is a cognitive capacity that influences overt social behaviour. It is a prerequisite for self presentation in social interaction (Lewis, Stanger, & Sullivan, 1989). Children view themselves as individuals with unique thoughts, dreams, viewpoints, feelings, plans, skills, and inadequacies. They later perceive themselves as objects of knowledge and imagination (Asendorpf & Baudonniere, 1993)

Social self concept is one facet of general self concept and includes general perceptions of social relationships (how well liked or unpopular one is) and also includes evaluations of social behaviour in specific situations ( whether or not one was unkind or pleasant).

#### **4.42 Development of Self Concept**

The development of self concept is important to later life outcomes, such that, low self concept is related to poor academic achievement, delinquency, and poor mental health (Harter, 1983; Parker & Asher, 1987).

Children acquire self concept by coming to understand their own personality and psychological functioning. The first step in self concept development occurs at quite an early age (about 24 mths) when children learn to distinguish themselves as a separate physical being through touch and sight (mirror image). Later when children acquire language they can describe their physical appearance and even state their likes and dislikes (usually less than 8-9 years). Psychological descriptions of self such as happy, lazy, funny or dumb, usually occur from the age of 9 years (Perry & Bussey, 1984). Self concept develops as a result of recognising similarities and differences in psychological dimensions from others and self. As children develop, their self concept also encompasses their social role, or group to which they belong (Perry et al, 1984) and becomes increasingly differentiated into various areas such as social, physical, and academic.

#### **4.43 Factors Influencing Self Concept Development**

It may be assumed that children with a positive self concept are confident, more likely to be positive to others, and more able to interact successfully in the peer group. A number of factors influence the development of self concept. Firstly, caregiver responsiveness such as quality, consistency, and timing of responses by adults to children may carry messages of trust, caring and the value of the child (Marshall, 1989). Trust affects interactions with others. Secondly, parental attitudes and childrearing practices will have an effect on self esteem. For example, parents who are authoritative and warm have children with high self esteem; while parents who are authoritarian or permissive have children with low self esteem (Honig, 1984). Thirdly, others' expectations may influence children's self esteem either directly or indirectly. For example, if an adult believes a child can perform a task they are more likely to provide the opportunity and equipment needed (Marshall, 1987). Fourthly, a number of aspects of the physical environment such as accessibility of developmentally appropriate materials, will enhance feelings of confidence in approaching new materials (Bredenkamp, 1987). Fifthly, if the classroom environment caters for a broad number of interests and abilities (art, music, problem solving, reading, writing, dramatic play, etc.) then the child

will have a better chance of demonstrating skills and self concept will be improved. Sixthly, providing choice will support a child's independence and develop a sense of personal control and so lead to improved self esteem and competence. Finally, peer interaction will influence self esteem and social perceptions of competence (Marshall, 1987).

The global self concept comprises many dimensions such as self esteem, self confidence (perceived competence), personal control, real- vs ideal-self, and autonomy/independence as displayed as self assertion, compliance or/and defiance, comprise the self concept. All of these dimensions will affect relationships with others.

#### **4.431 Real and Ideal Self.**

As children grow, they develop a concept of their personalities at that particular time. They also form ideas about how they would like to be. The difference between a child's real self and their ideal self is called their *self-image disparity* (Perry et al, 1984). If children perceive that their real and ideal self are the same, they are more likely to like themselves and feel "good" about themselves.

Pacella (1989) states that fathers help in the formation of ego-ideal and also aid in promoting the development of reality in their children.

#### **4.432 Self Esteem**

Self esteem is the evaluative component of the self concept (Perry et al, 1984). In other words it is our judgement of our self worth.

Children become able to evaluate their appearance and their actions: firstly, by viewing themselves as a reflection of the way others treat them; secondly, through observation of their own behaviour, their outcomes, and correlations between the two; thirdly, by looking at the reason for behaving in a certain manner; and fourthly, by comparing their behaviour with that of others.

Most children by the end of elementary school have formed a stable estimate of their self esteem (Coopersmith, 1967). Children with high self esteem are participants of conversation rather than listeners; they do not submit to irrational peer pressure; they express their opinions confidently and assertively; they are not preoccupied with themselves; they approach new

tasks confidently; and they make friends easily (Coopersmith, 1967). Hence high self esteem is important to friendship formation and social competence.

Coopersmith's (1967) study showed that self esteem and social development were strongly related to parental practices, especially parental warmth and the type of rules and discipline imposed. He proposed that *boys* with high self esteem had parents who displayed a warm interest in the child's welfare; indicated that the child was a significant person; demanded high standards of behaviour; enforced rules consistently; used reward rather than punishment; treated the child fairly; and overall defined clear and consistent limits of behaviour. He also stated that parents who were cold, withdrawn, inconsistent and rejecting produced children who were withdrawn, hostile, dependent and passive because the children felt they lacked acceptance and were unclear about what is expected or right (limits were inconsistent or lacking).

Anderson and Hughes (1989) suggested that there was an association between parenting attitudes and the self esteem of their male and female children. Pacella (1989) stated that fathers played an important role in aiding the formation of self esteem in both sexes of their children.

Children belong to a peer group and may experience success or failure as a result of being part of that group. The researcher proposes that success in peer relationships contributes to self esteem.

#### **4.433 Self Confidence, Self-Efficacy or Perceived Competence**

Self-efficacy is defined as the belief that a person can successfully perform behaviour required to produce desired outcomes (Wheeler & Ladd, 1982). Perceived social competence is related to self perceptions of social relationships (popularity and peer acceptance) and self evaluations of social behaviour.

Most children at some time, belong to a group which often contributes to their self evaluation. Tajfel (1978, p 63) proposed that children had a social identity which was defined as an "individual's self concept which derives from his/her knowledge that (s)he belongs to certain social groups together with some emotional and value significance to him/her of this group membership". He theorised that an individual sought a positive identity through his/her social group which only had positive status if it compared favourably to other groups. Yee and Brown (1992) proposed that if a group contributed to a person's identity, then the result of group comparisons should have affected a person's

self concept. In a study with 128 children aged 3, 5, 7, and 9 years, they indicated that social comparisons were made at both intergroup and interpersonal levels as early as 3 years. It was apparent that 3 year olds attended to and understood team performance information. Intergroup comparisons and their associated effects on self evaluation indicated marked developmental changes not simply related to age. A gender difference occurred: *boys* focused more on group level social comparison of performance whereas *girls* focused on the individual level.

#### **4.434 Self Control**

Self control is defined as the ability to control one's own actions despite the external pressures of the immediate situation (Dworetzky, 1987). Behavioural self control is important for social competence (see Section 4.3.4). Children either believe that they are or are not in control of their behaviour and their outcome. Those who believe that they are in control or are causal agents (they are responsible for their own failings or successes, can make choices, etc) are said to have an *internal* locus of control. Those who believe that their behaviour and its outcomes are a result of circumstances beyond their control, are said to have an *external* locus of control. Locus of control is highly correlated with academic achievement such that, children with an internal locus of control perform better on standardised achievement tests and get better grades (Stipek & Weisz, 1981).

#### **4.435 Autonomy or Independence**

It is expected that being independent affects social relationships and contributes to social competence especially in older children. Autonomy is often expressed as self assertion, compliance or defiance. It is a way of negotiation for independence and it is hoped that this goal can be met without violating the integrity of the goals of another.

Fathers are important in aiding independence in their children by facilitating in the individuation process (prompting awareness of and separateness) and help shift and resolve their child's interest away from the mother (Pacella, 1989).

#### **4.436 Self Assertion**

Self assertion is an important feature of social competence and is associated with more frequent negotiation between a mother and child (Kuczynski,

Kochanska, Radke-Yarrow, Girnius-Brown (1987); and is associated with more developmentally advanced children (Vaughn, Kopp, & Krakow, 1984).

Self assertion is defined as insisting on the recognition of one's rights or claims (The Shorter Oxford Dictionary). It accompanies a child's awareness of the "other" and "self" and begins about 18 months. With the emergence of self assertion comes the dawning of compromise and negotiation (Crockenberg & Litman, 1990).

#### **4.437 Defiance**

Defiance is not linked with social competence (Crockenberg & Litman, 1990) and is seen as deliberate resistance to an adult and is often accompanied by persistence and intensity. It is associated with highly power-assertive parental control strategies (Crockenberg, 1987).

#### **4.438 Compliance**

Compliance develops during the first and second year of life and is an antecedent of self regulation or autonomy (Kopp, 1982). It is considered to be a desirable goal of socialisation and a sign of growing maturity of the child (Kopp, 1982). Compliance is defined as obedience by a child to an adult's directive or request.

Children are said to be autonomous if they comply because their goals coincide with their parents; but not if they comply because of fear of the parent's actions (Crockenberg & Litman, 1990). Children who attend high quality daycare centres (see Chapter 3 p. 66) are more compliant because their teachers are more involved in producing child compliance (Howes & Olenick, 1986).

### **4.5 Other Awareness**

Prosocial behaviours such as altruism, role taking, moral sense, justice, and cultural difference are discussed in this section because they convey a sense of other awareness. Other awareness is defined by Asendorpf and Baudonniere (1989) as the cognitive capacity to represent another's internal state as distinct from one's own state.

As an infant learns to recognize certain people, visual-image schemas are formed (Perry et al, 1984). During the second year of life, children become aware of others' intentions, emotions, motivations and are able to use this



information in social interaction (Asendorpf & Baudonniere, 1993). Preschoolers tend to focus on people's superficial appearance, rarely talk about psychological characteristics and tend to be egocentrically biased (Perry et al, 1984). Later (7-10 years) children dramatically increase their use of psychological terms, refer to inner thoughts and feelings, perceive underlying traits and decrease their use of egocentric references (Perry et al, 1984).

Terms used by various researchers are varied and are often used inconsistently . Hence it is worthwhile to have a look at some of these terms and how they are used.

#### **4.51 Prosocial Behaviours**

Most psychologists use the term prosocial behaviours quite loosely, some include cost and reward, while others focus on motives, intentions and consequences. Research has been complicated by these variations in definition.

Prosocial behaviours cover a range of activities such as sharing, cooperating, comforting, caregiving, sympathising, protecting and helping others. These terms are often "lumped" together and called prosocial behaviours and hence, research is scanty on sharing turn taking , cooperating and others. Peers play important roles both as recipients, elicitors, and stimulators of the above behaviours. Peer interactions provide many natural opportunities for prosocial acts and differ in frequency and form from that of adults. Peers can function as potential models, teachers, reinforcers, and punishers. On the contrary, parents influence prosocial behaviour by being models, tutors and caregivers (Zahn-Waxler et al, 1982).

#### **4.511 Antisocial Behaviour**

Antisocial behaviour is the opposite of prosocial behaviour and may be defined as showing little or no concern for other people and little sense of right or wrong (Dworetzky, 1987). Antisocial behaviours are associated with social incompetence. Children need to learn how to deal with antisocial behaviours.

#### **4.512 Altruism**

Children often respond to others' distress by responding emotionally or by intervening on behalf of another and exhibit altruism. Altruism is defined as having regard for or devotion to the interests of others (Zahn-Waxler et al, 1982 ). It includes such emotional acts as empathy, sympathy, perspective taking (role taking) etc. Altruism, can be considered a form of moral behaviour since it involves self control, and inhibition of self indulgence in favour of what is good for others (Perry et al, 1984).

Perry et al, (1984) stated that altruistic actions *may* be motivated by the knowledge that the recipient will feel obliged to repay the favour at a later time. Young children tend to define the worth of an action in terms of material consequences and so will be more inclined to perform an altruistic act if there is a material reward.

Fabes, Eisenberg, McCormick and Wilson (1988) believed that young children were capable of identifying other persons' distressed states and the situations that produced those states. Lanotti (1985) reported that children were responsive to these states and had expressed changes to their own emotions. Costin et al, (1992) stated that friendship enhanced the sensitivity to and concern for the other.

Ma and Leung (1992) in a study using 144 Chinese children in Hong Kong aged 5-12 years, reported that children were more altruistic to someone they liked rather than to someone that they disliked; were more altruistic to a sibling rather than an unknown child; and were more altruistic to someone whose academic performance was good rather than poor.

Zahn-Waxler et al (1982) stated that first prosocial interventions of children (such as patting, hugging or object mediation), occurred shortly after the first year of life. During the second year of life these interventions became more differentiated and elaborated, and later became efforts to interact positively with victims in distress (such as helping, sharing, suggesting, protecting victims, making rescue attempts, and mediating fights).

It must be emphasised that preschool age children have a large repertoire of prosocial behaviours with peers such as helping, cooperating, sharing, and sympathising.

### **4.513 Perspective Taking or Role taking**

Social interaction is dependent on a participant taking the perspective of the other such as in communicating, showing concern for others, being able to alter one's own behaviour to fit in with that of one's playmates, and anticipating the expectations of others. Perspective taking (role taking) is defined as having the cognitive ability to put one's self in the place of another and understand that person's internal state (Zahn-Waxler et al, 1982).

Perry et al, (1984) identified role taking as being separated into three main categories:

1. visual or spatial role taking ( predicting what others are seeing) and may involve perceptual discrimination;
2. affective or emotional role taking which involves predicting what others are feeling; and
3. cognitive or conceptual role taking which involves predicting what others are planning, thinking or intending.

There seem to be no significant correlations between the three types (Rubin, 1978). However, children who participate in constructive (cooperative) or fantasy play score higher in tests for the three types of role taking (Burns & Brainerd, 1979).

Role taking development is a gradual process that involves a child progressing through a series of stages. Selman (1976) hypothesised that there were five stages:

1. Egocentric role taking (4-6 years) whereby children recognise others' thoughts, feelings, and experiences;
2. Social information role taking (6-8 years) whereby children appreciate others' motives, purposes, intentions and capacities which cause others to react differently in one situation;
3. Self reflective role taking (8-10 years) whereby children evaluate themselves according to how others see them;
4. Mutual role taking (10-12 years) whereby children consider both their own and others' perspectives; and

5. Social and conventional role taking (12 years and above) whereby the social system is seen as shared perspectives of most members.

#### **4.514 Moral Sense**

Strong social relationship bonds depend on children honouring one another or having a moral sense. Moral sense is defined as having a sense of right or wrong and being able to act on it (Kagan & Lamb, 1987). The extent of a child's cognitive development may also affect moral judgement which is dependent on problem solving ability and perspective taking ability. Piaget (1932) in his book *The Moral Judgement of the Child* provided the foundation for modern moral theory.

Kagan and Lamb (1987) proposed that children began to display a moral sense during the second year of life. At this age children also began to develop self conscious, moral emotions which reflected some capacity for role taking. As they grew and developed they learnt to exercise control over their own behaviour by adopting standards of conduct for themselves, with both rewards (feeling of goodness) and punishment (guilt) for these behaviours. Children internalised these rules (*I will not steal ; I must be nice to Sara because she is new*). Children learnt to feel guilty when they did wrong and rewarded themselves when they did right. Children continually observed their own behaviour and made decisions about whether their behaviour was satisfactory (self regulation).

From a very young age children learn to make moral judgements (*That's naughty to hit my brother!*). Social learning theory suggested that moral judgements were multidimensional social decisions. An act was judged as either right or wrong according to the nature of an act, its motivating conditions, its consequences, characteristics of the actor, the situation in which the act occurs, the remorse of the wrongdoer, and the number and type of people who were the victims (Bandura, 1977).

Differing social experience affects children's ability to morally judge. They depend on factors such as age, cultural factors, child rearing experiences, and the particular situation. Young children assign greater weight to consequences rather than intention of actions. Development of moral judgement in terms of social learning theory, comprise recognising factors relevant to moral judgements and learning to change the weights assigned.

Seegmiller and Suter (1977) suggested that kindness choices in prosocial dilemmas stories were positively related to tests of cooperation but unrelated to tests of helping. Damon (1977) stated that children's levels of reasoning in real life situations were positively related to teacher ratings of children's prosocial behaviour.

#### **4.515 Justice**

Children's relationships are dependent on a sense of justice such as for sharing toys, or resolving a conflict in play. Children must learn to solve dilemmas involving rights of possession and sharing obligations, such as when a friend comes to play they must share their favourite toy even though they may want to play with that specific toy. Conflicts provide a valuable opportunity for children to practise problem solving and thus to develop concrete knowledge of the meaning of justice or fairness. Justice is defined as the principle of treating each person equally (Edwards, 1986). Children's concepts of justice are different from those of adults and they change dramatically as they develop.

During the preschool years, children initially focus on the perspective of one person (*I want it because it's mine*) until they are aware of the other's perspective. Once this occurs justice becomes rigidly focused on everyone getting equal shares. During middle childhood they learn to balance *needs* of the people involved in the conflict, they try to address *equality*, and the *merits* of the situation (Edwards, 1986).

With an increasing awareness that schools need to meet the needs of many students has come the emphasis on confronting discrimination and creating a more just society for children. Ramsey and Derman-Sparks (1992) advocated that in order to teach children respect for one another, bias against race, sex and ability needed to be confronted and eliminated; parents needed to be involved; connections between community and the classroom needed to be created and maintained; support systems needed to be created; and links made between advocates for human rights and the community.

#### **4.516 Cultural Awareness**

In the promotion of justice for all children, preschoolers should be encouraged to develop an understanding of cultural/racial awareness. Studies have shown that young children (3-4 years) notice skin colour differences, can identify, label, and match people according to racial characteristics (Katz,

1983). Skin colour appears more salient to preschoolers than hair or facial features (Edwards, 1986).

Although they may notice unfamiliar types of food, dress, or lifestyles, they may not conceptualise these differences as cultural. They notice concrete differences (physical characteristics) and associate them with social conventions. If the differences violate their expectations they may often react negatively. Children express varying degrees of same-race preference (Singleton & Asher, 1979). Preschoolers exhibit less preference than older children (Edwards, 1986). Difficulties often occur in interpreting facial expression and determining gender among cross-race peers (Edwards, 1986). Racial permanence does not appear to be understood by children until they are 7-8 years (Katz, 1983).

A study conducted in Australia by Palmer (1990) using 32 four year old preschool non-Aboriginal children (16 males and 16 females) examined the attitudes of these children toward Aboriginal children. All of these children were aware of race and all of them made racial evaluations and preferences. A large percentage (80%) were negative in their racial orientation; and girls were more negative than boys. It is also interesting to note that although this study determined racial awareness through story book reading and discussion, no appropriate books with Aboriginal female characters in central roles were found. When discussing the story books non-Aboriginal children with high racial awareness focused mainly on race rather than their roles in the story and could verbalise more about it. Hence, it could be concluded that 4 year olds can be racist and that preschool teachers, because they play such a significant role in young children's lives, need to promote understanding and effective contact between various cultures and races.

#### **4.6 Social Interaction**

Successful social interaction is dependent on many skills such as having the ability to gain entry to a peer group, being able to negotiate with peers in times of conflict, knowing how to compromise, having the ability to turn take, being able to share with peers, and being able to cooperate with peers. If these skills are attained, successful peer interaction can occur, and maybe even friendships can form.

### **4.61 Children's Entry Behaviour**

To interact socially, a child needs to be able to approach a group of peers and gain entry (assimilate) without being intrusive. Researchers such as Feldbaum, Christenson, and O'Neal (1980) attempted to understand the process of assimilation of the newcomer amongst preschoolers. The behaviour of 12 newcomers and 42 hosts (aged 3-4.5 years) was observed. It was reported that a usual sequence of events for successful entry occurred within the unfamiliar peer group. Initially, the newcomer engaged in a high frequency of immobility, passive but alert *observation* of the group for a period of time. This strategic hovering and watching allowed children to determine their frame of reference (Phillips, Shenker, & Revitz, 1951). Next, the newcomer attempted to become involved through *vocalisation* (verbal statement or laughter); or *cooperative activity* (engagement in related activity, interdependent and supplementing toward a common goal). By observation, the newcomer began engaging in the group's behaviours, that is, it shared the group's frame of reference (Feldbaum, Christenson, & O'Neal, 1980). Sharing a group's frame of reference is critical for acceptance by a group (Putallaz & Wasserman, 1990).

Children who are rejected by their peers often approach a group aggressively, intrusively, or disruptively and do not wait until there is a transition in a group activity or 'room' for them (Putallaz et al, 1990).

### **4.62 Negotiation Skills**

Once children have learnt to gain entry successfully to a group, they need negotiation skills to enable them to resolve conflicts, accept compromises, take turns, share and cooperate. They learn these skills by observing others (modelling from adults or from competent children), as well as experiencing and offering a solution themselves in times of conflict.

#### **4.621 Conflict Resolution**

Resolving conflict in a prosocial manner is important to social relationship formation and social competence. Conflict resolution occurs when a social dilemma is resolved. For example, if two children want the same toy (a horse) then a possible solution may be to present another toy (a tiger) that can be used in a similar manner.

**4.622 Compromise Acceptance**

Being able to initiate or accept a compromise is important in social interaction. Compromise acceptance is defined as being able to accept a solution to a social problem to which both parties benefit.

**4.623 Turn taking**

Turn taking is important during social interaction and is defined as having the ability to wait one's turn. It is an important component of conversation making and general social interaction.

**4.624 Sharing**

Sharing is a prosocial behaviour and is defined as giving some of a possession to another person. It will not be an altruistic act unless the person is not motivated by self interest.

Most research on prosocial behaviours has examined sharing of possessions in young children. From their first year children share objects, and give gifts (stones, paper, etc.) by their second and third year. Children also share emotions such as feel another's emotional distress, and empathise (Dunn, 1991). Sharing both emotions and objects are necessary components of social competence.

**4.625 Helping**

Helping is a prosocial behaviour and is defined as providing services, skills, or information necessary to others (Dworetzky, 1987). Young children (as young as 18-30 months) often offer help with household chores to adults. During pretend play preschoolers take on the imaginary role of someone giving help (Bar-Tal, Raviv, & Goldberg, 1982).

**4.626 Cooperation**

Cooperation is important for social interaction and is a prosocial behaviour. Cooperation is defined as working together toward a common end or purpose (Dworetzky, 1987). Cooperation is common among 4-5 year olds but often declines from 8 years onwards to be replaced by competitiveness (Dworetzky, 1987).



### **4.63 Social Relationships**

Social relationships are of central importance for development because they are the contexts within which social competence emerges. Children's abilities to function successfully within the peer group are viewed as important indicators of social competence. Children who can successfully interact with other children are often able to form acquaintanceships and/or friendships. Acquaintanceships are social relationships in which people are familiar with one another but are not intimate. Friendships are social relationships in which people are mutually attracted to one another and form a close attachment to one another.

#### **4.631 Acquaintanceship**

Familiarity may enhance social interaction by providing a secure base for exploration in the social environment (Hartup, 1983). Within the preschool environment, familiar children have more frequent social interactions, and cognitive maturity of social play is enhanced (Doyle, Connolly, & Rivest, 1980). Therefore, by interacting more frequently, children will have more opportunity to learn about themselves, how to interact with others, and will have a chance to discover their similarities. This may lead to an attraction for one another and becoming friends (since children are attracted to those most like themselves).

#### **4.632 Friendship**

Most children's social relations are concentrated on their friends. Friendship is a specific attachment and in some ways resembles a mother-child attachment but is more vulnerable (Hartup, 1983). Rubin (1980), proposed that preschoolers view friends in terms of accessibility (someone you play with a lot), physical attributes (someone who wears certain clothing) and actions (someone who is not mean). Damon (1983) suggested that as children grow older their friendships become more stable.

If a child is socially competent they are able to form friendships. Stable friendships are apparent by the preschool years and are accompanied by expectations for liking and helping (Costin et al, 1992). Children who have many friends tend to have more positive outcomes in school, that is, are higher achievers (Ladd, 1990). Friendship enhances the sensitivity to and concern for others and increases the likelihood of responding emotionally and intervening on behalf of others (Costin et al, 1992).

Young children tend to choose same sex friends although cross sex friends are not uncommon (Maccoby, 1990). As children grow and develop, more children tend to choose same sex friends. This preference for same sex friends occurs about three years of age (Howes, 1988b). Maccoby & Jacklin (1987) state that four year olds play with same sex peers nearly three times as often as with those children of the opposite sex. By the age of six years, the proportion of children who prefer same sex peers as compared to cross sex peers is eleven times as great. Attempts to change or influence choice of peers have not been successful (Howes, 1988b; Katz, 1986).

Maccoby (1990) hypothesised that girls avoid boys because girls dislike boys' competitiveness and their rough and tumble play styles. She also proposed that girls have little or no influence over boys, who seem to disregard them.

#### **4.7 Interpersonal Problem Solving**

Children often use their problem solving abilities to adapt to a situation. In times of conflict they apply a response which they feel will be successful, if not they may have to try another. Children with 'good' problem solving abilities will tend to adapt well to various peer situations.

When young children encounter various social situations they must invariably determine how they must act. For example, if a child is playing with a toy and another child takes the toy a child will call on previous experiences to determine what to do. He/ she will recall what is acceptable (tell the teacher; ask the child to give back the toy; wait for the child to have a turn) or choose to disregard what is acceptable (grab back the toy; hit the child). He/she will examine the situational and contextual information (he grabbed it off the boy ten minutes previously; this child is always grabbing toys; this child is having a birthday today and taking it may spoil his day; this child will hit him if he takes it back). He/she may remember the last time this type of situation arose and the strategy which was successful or unsuccessful. Taking all of this information into account the child tries to solve the problem and act on it. If the first strategy is unsuccessful then another strategy may be tried. Hence, the child who has had success in similar situations will be better able to act. Children thus, in the social environment are constantly solving problems and generalising successful strategies.

Prosocial children will tend to look at behaviours and think about the consequences of their actions or the causes of other's actions. They can

usually determine the difference between an accident or intentional behaviour. Rejected children because of continuous negative experiences with peers, tend to label accidental behaviour as intentional behaviour.

This chapter examined the construct of social competence and those subcategories which are related to it. In summary, pre-requisites for learning, communication, emotion, self concept, the awareness of others, skills needed for social interaction and interpersonal problem solving skills, were closely related to social competence. These subcategories of social competence have been used to inform the HESCI checklist, the teaching program, and the interviews in this study. The next chapter discusses the conceptual framework for the research.