

**PSYC2500, Friday, Nov 15/13**  
**Emotional Development**

**Do newborns express emotions?**

- newborns don't have the capacity to show more emotions; maybe what they have are built-in mechanisms so that we, the caregivers, respond to them so we don't let them die
- maybe the initial phase of mirroring (ie sticking their tongues out) is reflexive
- by **6 weeks of age, babies can react to stimuli**; smiles become more voluntary rather than reflexive
- by **18 weeks of age, babies can show complex emotions like pride and guilt** (associated also w/potty training) due to lots of feedback

**The function of emotions:** one perspective as to what the value is of these emotions: **adaptive and protective**

**Adaptive:** babies and young children who are happier, who smile more, who have adults engaging w/them more often and in a pleasant fashion, are influenced by these happy emotions

- if baby or child is showing fear, it might have a valid function: protecting the baby
- if something scares you, might be a real cause for concern; might have a protective value
- in our culture, anger is discouraged—when toddlers aren't pleased with something, they replace anger w/sadness because, typically, caregivers react more to sadness. So infants, this way, can get more of what they want.

**Cultural differences:**

- babies in Japan show a lot less emotions than babies in North America. Demonstration of emotion is not encouraged in that culture.
- in our culture, we give babies a lot of leeway in expressing their emotions
- we tend not to control them all that much. In other cultures, it's much more controlled. Ie in France, there are clear expectations in how children should express their emotion. Being polite to adults is important there.

**Social Referencing:**

- by 14 months of age babies, faced with a novel situation, will look at the primary caregiver to know how to react (ex: shown 2 toys, the adult would speak badly about one of the toys and then the younger babies will not play with the toy for whom the parent showed disgust)
- by 18 months of age, brought into the playroom 1 hour later, and **STILL** won't play w/the toy

**Emotional Regulation**

- if you have emotions, you don't want to be submerged by those emotions
- don't want to be submerged by those emotions so that you lose control
- if angry, want to express in a way that's socially acceptable
- **when babies witness something that's overwhelming, they'll look away; will seek to be soothed**
- one of the jobs to socialize children is showing them acceptable ways of showing anger
- improves not only w/time but with socialization
- if preschoolers still can't control their anger, one signifier of emotional difficulties later on

**Temperament**

- psychologists have explored whether the characteristic of temperament over time might be **biologically based, because it's stable over time**
- **activity level:** is the baby a very active baby? Some babies will be more physically active from birth onwards and will remain physically active than other babies

- **Positive/negative affect:** is the baby a relatively happy baby that engages in social interactions in a positive manner?

- **Focused attention: is the baby showing focused attention and perseverance in terms of the behaviour?**

- **Anger:** can little kids who experience anger inhibit that anger and speak instead?

Temperament: 60% of the kids are in the regular range; no problems

- activity level seems to be fairly stable over time

- if 60% of the population is in the 'normal' category

- if parents are more child-centred and show child how to deal with those emotions, then the child fairs better

- if you have a negative affect and parents who don't know how to show child how to deal with those negative emotions, linked with later difficulties w/emotions later on

### **John Bowlby**

- Brit who made observations in orphanages

- made observations that children who were cared for (well fed, sufficient clothing, diapers changed)

- but weren't there many social interactions w/the babies

- became more listless, started engaging with other babies also

- we are built to engage others in our care, but we also expect social interactions w/our caregivers

- without these interactions, our social development might be argued

- **similar to Freud – critical periods in our development; if development does not occur during these critical periods, the rest of our lives might suffer from it**

- argued that interactions must occur w/primary caregivers (usually mother)

- **influenced by evolutionary biology** (critical period)

- influenced by a Freudian perspective in the sense that if development does not occur appropriately, psychological, intellectual, social development is compromised

- also like Piaget in that babies developing thru interactions w/primary caregiver will influence future relationships due to the schema framing those relationships in the mind

- **from 6 weeks to 8 months, the baby starts to engage in these interactions w/the parents (attachment in the making)** – more social interactions between the baby and the caregiver

- these social interactions start to determine a relationship

- basic notion: that of trust; “can I trust that primary caregiver to fulfill my baby needs?”

### **Other types of attachment might be more predictive in terms of later outcomes**

- at the basis of attachment is the notion of trust

### **Harlow's experiments (Rhesus Monkeys)**

- from early 60s: studies on primary attachment

- at this time, basic advice was that you care for your baby's basic needs, but not much advice in terms of social, emotional, etc.

- Harlow wanted to demonstrate that if you don't have bonding occurring naturally, that alters the way you interact w/the world

- some baby monkeys raised in isolation

- without security from maternal bonding, you won't go on to relate w/others late in life

### **Mary Ainsworth: one of Bowlby's students**

- **The Strange Situation**

- measured attachment in children using the “strange situation” -- brought a baby to a novel environment w/mother, made mother leave but with stranger in the room, how would the baby react? When the mother comes back, how will the baby react to the mom's return? Will it be a source of comfort, the baby's fears be calmed immediately, which indicates a source of security in the mom?
- if not, what other types of reactions will the baby have?

\* **3 types of insecure attachments; there is some evidence that it affects behaviour later in life**

- **avoidant** (20% of kids), **resistant** (10-15%) **and disorganized** (5-10%) -- the rest are “normal”
- colic babies can affect attachment, because parent less likely to be more willing to soothe the baby if it cries a lot

## Perception of Self and Perception of Others

Self-concept, self-esteem and understanding others

The Rouge experiment (self-recognition) – put red mark on toddlers' foreheads, see whether the infants will recognize it's actually on them in the mirror

- in order to develop a self-concept, the primary step is to use self-concept
- between 15 and 18 months, the children become aware of themselves
- construct mental representations of what the self is
- preschoolers: their self-description is based on what they see and what they have
- 9-year-olds' descriptions are less concrete, more based on social relationships (friends or groups), things they
- the mental concept of what your self is influenced the world; develops along the way from concrete things to more abstract definitions

Errors of reasoning: teenagers are self-conscious (think they are always being observed), they think they are infallible (it won't happen to me, I won't get pregnant, I won't have an accident, etc.)

### Self-esteem:

- pre-schoolers have the highest self-esteem, because they think they are good at everything, anything goes in terms of what you can be when you grow up, **exaggerated self-esteem**
- culturally, the messages we vehicle to children influence also what they want to be and how they grow up
- particularly true in minority setting

### Measuring self-esteem:

- social psychologists like questionnaires; in terms of measurement of self-esteem, most questions are self-esteem-based

### Harter Scale: self-perception profile for children

- measures 5 specific areas:
  - scholastic competence
  - athletic competence
  - social acceptance
  - behavioural conduct
  - physical appearance