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Social Development

Psychological Understanding, Self-Understanding, and Relationships

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All preschoolers are developing individuals. Whether or not they are challenged by autism, anxiety, mood disorders, or other problems of mental health, they are acquiring new forms of self-awareness and social understanding, are striving to understand and manage their emotions, and their psychological development is profoundly influenced by their close relationships with caregivers. The view that typical and atypical children alike face comparable developmental challenges and opportunities is central to the developmental psychopathology perspective that is incorporated into this volume, and has guided theory and research concerning early childhood mental health for the past quarter-century (see Cicchetti & Cohen, 2005). Such a view integrates the special concerns of early mental health problems with the broader challenges of typical development during the preschool years. This integrated view is especially important in light of the pioneering new advances in the conceptualization, prevention, and treatment of early mental health problems in infants and young children. Understanding the developmental processes and influences that shape early social, emotional, and personality development contributes to improved knowledge of the sources of vulnerability and support that can inform the study of preschool mental health.

This chapter, and Chapter 2 by Denham, provides a survey of normative processes of emotional, social, and personality development (see Thompson, 2006, for a more extended discussion of these topics). Here we focus on three facets of early psychological growth that are especially prominent in the preschool years. First, young children dramatically advance in their comprehen-

sion of other people and the intentions, desires, emotions, and beliefs that cause people to act as they do, and we summarize these accomplishments in psychological understanding. These achievements are important to mental health because individual differences in social and emotional understanding are associated with social competence, and lack of social competence is a key feature of some psychological disorders. Second, early childhood is a time of equally dramatic advances in self-understanding as young children begin to represent themselves and their characteristics in psychologically relevant ways, and we describe these accomplishments in the next section. Finally, because young children's experiences in close relationships are central to these and other facets of psychological growth, we consider the nature of these relationships and their developmental importance in the third section. Throughout this chapter we consider the mental health implications of these developmental processes and the influences on them.

DEVELOPMENT OF PSYCHOLOGICAL UNDERSTANDING

The traditional view is that young children are egocentric, limited in their comprehension of others' feelings, desires, and thoughts by their cognitive preoccupation with their own viewpoint. Contemporary developmental scientists are, by contrast, amazed by how early and successfully the young child begins to grasp the mental states of other people, even when those emotions, beliefs, and desires are different from the child's own. Young children may sometimes seem egocentric because of their limited social knowledge, such as when they are judging what would be a desirable snack or gift for an adult. But closer examination (using more incisive research methods) has shown that even infants begin to comprehend that subjective mental states are the key to understanding people's behavior, and during the preschool years children acquire a surprisingly sophisticated understanding of the nature of those mental states. The hallmark of psychological understanding during the preschool years is children's developing "theory of mind," which consists of (1) the realization that mental states underlie actions, (2) the diverse sources of those mental states, (3) the realization that mental states are associated with other mental states, and (4) that mental representations of the world may not always be consistent with the reality they represent. These conceptual accomplishments are important, because the capacity to understand the feelings, desires, and thoughts that govern behavior contributes to other essential skills, such as social competence, emotion sensitivity, and a dawning psychological understanding of self.

Infancy: Social Catalysts to Dawning Psychological Understanding

The earliest origins of developing theory of mind begin in infancy, as babies first become intrigued by the social partners surrounding them and seek to

discern predictable regularities in their behavior. During episodes of face-to-face play in the early months after birth, for example, infants and their caregivers engage each other in close proximity while interacting with facial expressions, vocalizations, touching, behavioral gestures, and in other ways (Malatesta, Culver, Tesman, & Shepard, 1989; Tronick, 1989). These brief but ubiquitous episodes of focused social interaction have no agenda other than mutual entertainment, but they also provide an early forum for the development of social skills and the growth of the baby's social expectations for the adult. From these exchanges, infants gradually learn that people respond to their initiatives in ways that create excitement; that social interaction is dynamic and changing; and that facial, vocal, and behavioral expressions of emotion go together. Furthermore, because episodes of face-to-face play shift frequently between periods of well-synchronized behavioral coordination and periods of dyssynchrony, infants also learn how their actions and feelings can influence the continuing course of social interaction with a partner (Thompson, 2006).

The importance of this learning can be seen in studies of the "still face" effect in young infants, in which mothers alternate episodes of face-to-face interaction with an episode in which they look at the baby but are impassive and unresponsive. During these intervening perturbation episodes, infants reliably respond with diminished positive affect, withdrawal, self-directed behavior, and sometimes with social elicitations (e.g., brief smiles, momentarily increased vocalizing and reaching) alternating with negative affect. These responses seem to reflect their expectation that the adult should continue to interact animatedly with them. When mothers subsequently respond normally, infants become more sociable but also remain subdued (see Adamson & Frick, 2003, for a review of this literature). Studies have revealed that depressed mothers are less responsive and emotionally more subdued and negative in face-to-face play than are nondepressed mothers, and the offspring of depressed mothers are themselves less responsive and emotionally animated than are typical infants as early as 2–3 months of age (e.g., Cohn, Campbell, Matias, & Hopkins, 1990; Field et al., 1988). Moreover, if maternal depression persists, by the end of the first year, infants exhibit atypical patterns of frontal brain activity related to emotion that are also evident in interaction with other, nondepressed partners (Dawson et al., 1999). Differences in early social responsiveness therefore seem to be important for the development of social expectations and social skills, which may be particularly important for mental health if these capacities develop atypically owing to difficult early relational experiences.

Later in the first year, infants become capable of moving about on their own, and this locomotor accomplishment is accompanied by greater goal directedness and intentionality as babies become capable of approaching objects and people that interest them. This achievement is also accompanied by greater parental monitoring and intervention and, perhaps inevitably, conflicts of will between the infant and protective parents when the infant ap-

proaches dangerous or forbidden objects. These conflicts may be conceptually important, however, because they expose infants to social encounters that underscore how others' intentions differ from those of the self (Campos et al., 1999). Perhaps because of experiences like these, elegant experimental studies by Woodward and others have shown that by 9–12 months infants begin to perceive other people as intentional, goal-oriented actors (see Woodward, Sommerville, & Guajardo, 2001). It appears, in other words, that when watching other people reaching, pointing, or acting in an object-oriented way, infants begin to perceive those actions as goal-directed. They are assisted in this realization by sensitive caregivers who are themselves attuned to the intentional orientation of behavior, and who often punctuate their verbal responses to their own goal-oriented activity, or to the infant's goal-directed efforts, with affirmative utterances whenever the goal has been accomplished.

By the end of the first year, therefore, infants have begun to perceive other people as subjective, intentional agents whose goals may or may not be the same as the infant's own. They show this awareness in many ways, such as in the creation of joint attentional states with adults, and in social referencing behavior. Infants create joint attention with adults when they look in the direction of the adult's gaze or look from an object to the adult's face and back to the object again. Such initiatives reflect a rudimentary awareness of the association between attentional direction and subjective focus, and sometimes also seem intended to alter the adult's subjective orientation to elicit a desired response (e.g., getting access to the object, such as a toy, by redirecting the adult's attention to it; see Tomasello & Rakoczy, 2003). "Social referencing" occurs when a person uses another's emotional cues to interpret an uncertain event, and can be observed when 1-year-olds scan the mother's face in an unfamiliar situation (Baldwin & Moses, 1996). Such events show that by the end of the first year, infants are good consumers of emotional cues, and they are acquiring an understanding that others' emotions can be evoked by specific objects or events that the infant also sees, and infants can use this understanding to guide their own interpretation of that event. Taken together, research on joint attention and social referencing portrays the 1-year-old as having a surprisingly nonegocentric regard for people as intentional agents with subjective viewpoints that can, at times, be monitored and altered.

Understanding People's Desires and Emotions

Toddlers expand their developing theory of mind as they comprehend how people's actions are guided by their desires and emotions. These psychological states are actually quite challenging for young children to comprehend, because they are invisible, multidetermined motivators of behavior. But as early as 18 months, children already exhibit a rudimentary comprehension of the importance of differences in desire. In one study, Repacholi and Gopnik (1997) presented 14- and 18-month-olds with two snacks: goldfish crackers (the children's favorite) and broccoli (which the children disliked). Then the

adult tasted each snack, smiling and exhibiting pleasure ("Mmmm!") with one, and frowning and saying "Ewwww!" with the other. In the "match" condition, the adult's preferences were the same as the child's; in the "mismatch" condition, the adult preferred the broccoli and disliked the crackers. Then the adult extended her hand and said, "I want some more; can you give me more?" The 18-month-olds reliably gave the adult the food she desired in both the match and mismatch conditions. By contrast, the 14-month-olds overwhelmingly gave the adult more goldfish crackers in each condition. The sensitivity to differences in desire among 18-month-olds (especially when the adult's desire contrasted with the child's own preferences) is consistent with evidence that spontaneous verbal references to desire emerge by 18 months, and that somewhat later children begin to offer constrastive statements about desire, such as comparing what one person wants with what another desires (Bartsch & Wellman, 1995).

By age 2, toddlers also begin spontaneously to talk about emotions, the causes of emotions, and even emotional regulatory efforts (e.g., Bartsch & Wellman, 1995; Wellman, Harris, Banerjee, & Sinclair, 1995). Careful analyses of the content of these utterances show that children of this age regard emotions as subjective, psychological conditions that can vary between people, with young children often contrasting another's emotions with their own. Later in the third year, toddlers comprehend the connections between desires and emotions (e.g., people are happy when they get what they want, and unhappy when they do not) (Wellman & Woolley, 1990). By age 3, children have begun to understand how emotions are associated with beliefs and expectations about events, such as the surprise a visitor feels after seeing giraffes on a farm (Wellman & Banerjee, 1991). Young children's comprehension of the connection between emotion and thought is also revealed in their appreciation of how feelings can be evoked by mental reminders of past emotionally evocative experiences. By age 5, for example, children understand that someone can feel sad when seeing a cat that reminds her of a pet who ran away (Lagattuta & Wellman, 2001). These insights not only help young children comprehend the origins and consequences of others' feelings but also contribute to children's understanding of their own emotions and how to manage them (Thompson, 1994).

Comprehending Beliefs—and False Beliefs

Consider the following situation: An experimenter shows a child a candy box and asks the child what she thinks is inside. The child replies, naturally, "Candy!" The box is opened, and the child discovers that inside are stones, not candy. The box is closed again, and the experimenter now asks what another child, who has not looked inside the box, will think is inside. A child age 5 or older would probably reply that a naive child would think that the box contains candy. However, a much younger child is surprisingly likely to claim that the naive child would expect to find stones and, in fact, this child

will deny that she *ever* expected to find anything else in the box! The difference can be understood in terms of developing theory of mind. Younger children do not understand how mental representations can be inconsistent with reality; for them, your beliefs about the world *must* be consistent with how things are. By contrast, 4- and 5-year-olds comprehend that reality can be represented in multiple ways and that people act on these mental representations, even though they may be incorrect (Wellman, 2002). Young children's dawning understanding of false belief is significant not only because it reveals an awareness of the independence of mental events from objective reality, but also because it is a gateway to the comprehension of other psychological realities, such as the privacy of personal mental experience, the creation of mistaken beliefs in others, and the mind's interpretive activity independent of experience. In short, young children begin to understand that how you feel or think need not be revealed, that others can be fooled, and that the mind operates independently of experience.

Understanding false belief, and other early achievements in developing theory of mind, emerges because young children are careful observers of other people and think insightfully about what they observe. As they watch people in goal-directed activity and see them express pleasure in their accomplishments and other emotions in different situations, and begin to overhear language incorporating mental state references (e.g., "I *thought* you were leaving . . . "), young children gradually construct an understanding of the mind. In addition, other social experiences are important catalysts for developing psychological understanding. In particular, young children's exposure to, and participation in, simple conversations with adults, siblings, and peers are a rich source of insight into mental events. In these conversations, children can learn about mental events through language that helps to make feelings and thoughts more explicit, they can compare their beliefs and expectations with those of others, and they can benefit from the insight provided by another into the psychological origins of the behavior of others whom they observe (Thompson, Laible, & Ontai, 2003). Thus, when parents discuss mental states (including emotions) more frequently and with greater elaborative detail, especially the causes of mental states in the child and others, preschoolers acquire a better understanding of people's thoughts, feelings, and intentions (Astington & Baird, 2005; Thompson et al., 2003). Indeed, some of the conceptual catalysts in social interaction to the development of theory of mind may arise surprisingly early, such as in the sensitivity of mothers to the psychological experiences of their infants (Meins et al., 2002).

More broadly, everyday conversations may also be important to children's acquisition of values, self-referent beliefs, causal assumptions, moral attributions, and other complex psychological inferences. Studies have shown, for example, that mothers' conversations about feelings contribute to early conscience development, and that disciplinary procedures requiring the child to reflect on the victim's feelings contribute to preschoolers' psychological understanding (Ruffman, Perner, & Parkin, 1999; Thompson et al., 2003). This

may help to explain why individual differences in children's theory of mind understanding, particularly their comprehension of false belief and emotion understanding, are associated with children's social competence in friendship with peers (Denham et al., 2003; Dunn, Cutting, & Demetriou, 2000).

These remarkable advances in psychological understanding in early childhood set the stage for greater insight into people and the self. By ages 5 and 6, for example, young children begin to perceive others in terms of psychological motives and traits, and create expectations for others based on the traits they infer in them (Heyman & Gelman, 2000). They are also beginning to consider fairness in their peer relationships, particularly in relation to gender exclusion, although they have much to learn about social groups (Killen, Pisacane, Lee-Kim, & Ardile-Rey, 2001). Preschoolers are, in short, becoming more insightful in their psychological understanding of others, and these insights also extend to themselves.

There are important implications of these discoveries about developing psychological understanding for preschool mental health. Infants and young children clearly respond not only to people's behavior but also to the emotions, intentions, desires, and beliefs that they infer in others' actions and from what they learn about the psychological world from conversations with family members. Understanding the intergenerational influences that contribute to risk for internalizing and externalizing disorders in troubled families (e.g., inherited vulnerability, emotional climate of the home, coercive family interactions) must include the early sensitivity of young children to the intentions and emotions underlying their interactions with family members, and how attributional biases, moral judgments, and motivational evaluations are conveyed intergenerationally through parent–child conversation. Moreover, early peer relationships are also affected by developing psychological understanding; thus, the emotional vulnerability derived from interaction in a troubled family is likely to be manifested in young children's greater difficulty in peer sociability. Finally, although it is apparent that preschoolers are not sophisticated at misleading others concerning their thoughts and feelings, a rudimentary comprehension of the privacy of personal psychological experience is established in early achievements in theory of mind. This provides a foundation for psychological dissembling in the years that follow, together with a dawning awareness of how the mind itself constructs its own reality that can become enlisted for therapeutic purposes.

DEVELOPMENT OF SELF-UNDERSTANDING

Developing self-understanding in early childhood is important to mental health, because the self organizes experience and guides behavior. How young children represent themselves establishes continuity between an awareness of how one has been in the past and expectations for how one will be in the future. Developing autobiographical memory during the preschool years em-

beds self-understanding in representations of past events (Nelson & Fivush, 2004), and as children develop an awareness of their personal characteristics, it provides a guide to future action (Froming, Nasby, & McManus, 1998). For example, a young child's belief that she is shy may, when activated, discourage the child from interacting with a new child at school. Moreover, self-related beliefs can cause children to structure their experiences and environments in particular ways that influences the range of partners, challenges, and opportunities that children are likely to permit for themselves. Strong, coherent, and positive self-representations may offer a psychological buffer even in negative circumstances, whereas negative self-representations may be a risk factor for early clinical problems (Cicchetti & Rogosch, 1997; Harter, 1999). Both the development of a coherent, autonomous self and the specific characteristics of the developing self-concept have significant consequences for psychological development and risk of mental disorders.

Developmentally Emergent Features of the Self

Although the growth of an autonomous sense of self has traditionally been viewed as an accomplishment of childhood, many of the foundations of self-understanding emerge in infancy (Thompson, 2006). Early in the first year, for example, infants develop a prerepresentational form of self-awareness that derives from the perceptual experiences arising from their sensorimotor activity, affect, and experiences of agency in interaction with the world (Neisser, 1993). Young infants are highly attuned to the contingency between their own actions and the perceptual experiences that derive from them, and from this a nascent sense of "self" becomes constructed (Gergely & Watson, 1999). Later in the first year, the contingency of social interaction contributes to a dawning form of interpersonal or intersubjective self-awareness as infants strive to coordinate their own intentional, subjective states with those of others (e.g., in joint attention), and in their awareness that they can be the object of another's attention and affect. By age 18 months, another aspect of self-awareness emerges as toddlers become capable of featural self-recognition when identifying themselves in a mirror (Lewis & Brooks-Gunn, 1979), which heralds, to some researchers, the birth of the cognitive self-concept (Howe & Courage, 1997). These are each significant foundations to the gradual development of self-awareness and highlight that the emergence of the "self" is not a unitary process, but involves different facets of self-representation emerging at different periods in the early years.

It is not until around the second birthday that children's self-understanding begins to resemble the qualities of self that we recognize in older children. At this time, young children begin verbally self-referencing (e.g., "Me, too!"), as well as asserting their competence (e.g., by refusing assistance) and describing their experiences using internal state words, such as references to feelings and desires (Bretherton & Beeghly, 1982; Stipek, Gralinski, & Kopp, 1990). Young children are also sensitive to how others evaluate them, partly because

they are beginning to conceptualize and apply standards of conduct to their own behavior; thus, others' evaluations of them are important and influential (Stipek, Recchia, & McClintic, 1992; Thompson, Meyer, & McGinley, 2006). This contributes to the earliest experiences of self-referential emotions, such as pride, shame, guilt, or embarrassment, that expand emotional experience and link the development of emotion and self (Lewis, 2000; Stipek et al., 1992).

By the third year, therefore, self-representations have become globally affective and evaluative in nature. Moreover, in contrast with the traditional view that young children perceive themselves exclusively in terms of physical appearance and behavior (e.g., brown hair, runs fast), there is growing evidence that even young children develop a coherent, psychologically oriented self-concept by 3½ to 4 years of age. This becomes apparent when researchers, rather than asking children to describe themselves using open-ended questions (which tend to elicit concrete self-descriptors), instead invite children to describe their characteristics by choosing from contrasting pairs of descriptive attributes (e.g., "I like to be with other people" vs. "I like to be by myself") (e.g., Brown, Mangelsdorf, Agathen, & Ho, 2004; Eder, 1990; Marsh, Ellis, & Craven, 2002; Measelle, Ablow, Cowan, & Cowan, 1998). Studies using such measures show that young children are capable of representing their psychological and emotional qualities in conceptually coherent ways, describing individual differences in their physical skills, academic capabilities, relationships with parents and peers, social competence, and even self-characterizations of feelings relevant to depression, anxiety, and aggression or hostility. Moreover, young children's self-descriptions show stability over time and are consistent with mothers' and teachers' reports of children's personality characteristics (Brown et al., 2004; Eder & Mangelsdorf, 1997; Measelle et al., 1998).

In summary, although further research is needed to elucidate the meaning inherent in young children's use of trait labels (which probably lack the rich meaning inherent in how older people use these concepts), and there is considerable growth yet to occur in their self-awareness, it seems apparent that children are thinking of themselves in psychologically relevant ways from late in the preschool years. This raises at least two important considerations for preschool mental health. First, it suggests that a psychological self-concept emerges surprisingly early and is thus likely to be significantly affected by the family emotional climate in early childhood, as discussed below. Second, because psychological self-awareness is slowly emerging in the early years, child clinicians must be cautious in their inferences from preschoolers' statements about themselves by remembering that young children often have different underlying conceptions in their use of trait labels than do adults (see Luby & Belden, Chapter 10, this volume, on mood disorders). A young child who proclaims that she can accomplish impossible feats or does not like to be with other people may not be reflecting the same self-attributions that would be true if these statements were from an older child or adult.

By the end of the preschool years, therefore, young children's self-understanding provides a foundation for how they will see themselves in the years to come, although there remains significant growth in the depth, complexity, and nuance of self-understanding to come. Even so, by age 5, children perceive themselves in psychologically complex ways, evaluate their characteristics and accomplishments (with contributions from others' evaluations of them), and experience a range of self-referential emotions. Moreover, children of this age can also regard themselves within a broad temporal framework—relating their past experiences to future expectations—that constitutes a conceptual foundation for autobiographical memory (Nelson & Fivush, 2004; Povinelli, 2001). These accomplishments also contribute to the significant advances in self-regulation that occur during the preschool years, with children becoming more capable of managing their behavior, attention, thinking, and emotions than was true in infancy, although important advances are yet to come (Fox & Calkins, 2003; Kopp, 1982). The preschooler has become a psychologically complex individual in his or her own eyes, as well as in the eyes of others.

One implication is that early childhood influences have important consequences for developing psychological self-understanding, and that self-concept might receive clinical attention in evaluation of young children at psychological risk for mood disorders and other difficulties. There is evidence, for example, that aversive early caregiving experiences can profoundly affect many features of developing self-representation in early childhood. Maltreated toddlers and young children exhibit more negative or neutral affect in visual self-recognition, for example, and less frequently use verbal self-reference and internal state words (particularly negative emotion words) compared with nonmaltreated children (Beeghly & Cicchetti, 1994; Schneider-Rosen & Cicchetti, 1991). Moreover, consistent with their sensitivity to others' evaluations of themselves, young children are not only prone to negative self-evaluations when caregivers likewise appraise their performance, but these negative self-assessments may also, in some circumstances, contribute to risk for later depressive disorders (Kistner, Ziegert, Castro, & Robertson, 2001). The findings of studies such as these underscore the associations between caregiving relationships, the development of self-understanding, risk for psychopathology, and manifestations of clinical disorders arising in early childhood.

Influences on Developing Self-Representations

Early relational experience is important to developing self-understanding in several ways. As earlier noted, caregivers and others who matter to the child contribute a valuational dimension to self-understanding, arising from how they regard the child and how it is expressed, from the affect with which they view the child's mirror image to how they evaluate the child's accomplishments, misbehavior, and characteristics. In light of the importance of these

relationships to young children, it is unsurprising to find these external assessments of the self incorporated—or internalized—into young children's developing self-regard. In this respect, influences on self-concept arise in many daily and seemingly mundane interactive contexts, from how parents respond to a toddler's insistence on "do it myself" to the manner in which disobedience is managed, and including expressed and implied evaluations of the child's initiatives, performance, and attributes. Although research in our laboratory indicates that early self-concept is more than just the "looking glass self" described by Mead (1934), because young children independently appraise themselves as well, it is apparent that the evaluations of others are important and formative.

Another significant influence is young children's dialogues with parents or other caregivers who structure children's understanding of personal experiences, thus contributing to autobiographical self-representation (Nelson & Fivush, 2004). Like language about emotion and beliefs, language about the self from a mature partner provides young children with unique explicitness and clarity about personal psychological processes that are otherwise complex, invisible, and difficult to comprehend. Even before they can directly participate in conversations about events involving themselves, young children are often present for stories being told about them between their caregivers and others. Children attend to these conversations and are aware of when the self is a central actor, and children appropriate messages about their characteristics that are embedded in these stories (Miller, Potts, Fung, Hoogstra, & Mintz, 1990). Somewhat later, parents talk with their young offspring about shared experiences that include both explicit labels and implicit messages about children's feelings ("You were sad when your puppy ran away") and behaviors ("You're being very shy today"), and provide children with assessments of those emotions and behaviors ("You shouldn't be scared," or "You're a good listener"), sometimes in relation to standards of conduct. Children from different cultures and sociodemographic groups begin to think about themselves differently based on how their characteristics are differently regarded and valued by parents and other caregivers (Mullen & Yi, 1995; Wiley, Rose, Burger, & Miller, 1998). Furthermore, the quality of the adult's conversational discourse is important. Studies have shown that when mothers speak about children's experiences in an elaborative manner, incorporating rich detail and background information, their young children develop more coherent and detailed personal, autobiographical narratives than do the children of mothers with a less elaborative conversational style (e.g., Haden, Haine, & Fivush, 1997).

These relational influences on developing self-understanding occur within a broader relational environment. Infants and young children develop strong emotional attachments to their parents, and these have an important influence on psychological development, especially as these attachments influence emergent early representations of others, relationships, and the self. Attachment theorists suggest that a child's secure attachment to a parent should fos-

ter a more positive affective sense of self because of a history of sensitive, positive, and warm interactions. The rejecting or inconsistent responsiveness of the parent associated with an insecure attachment, however, may engender a more affectively negative global self-concept. Research on attachment security and the self in young children provides support for these formulations, with the additional finding that securely attached young children are also capable of a balanced understanding of the self as having both positive and negative qualities (Cassidy, 1988; Clark & Symons, 2000; Goodvin, Meyer, Thompson, & Hayes, 2006; Verschueren, Marcoen, & Schoefs, 1996). These findings indicate that the broader emotional quality of the parent–child relationship is also an important influence on developing self-understanding.

RELATIONSHIPS AS ENVIRONMENTS OF PSYCHOLOGICAL DEVELOPMENT

The most important environment of early development is the environment of relationships that shapes psychological growth. This is because young children's experiences with caregivers who know them well, and who provide individualized, emotion-laden interactions that are ubiquitous in the early years, are profound influences on social and emotional development. Furthermore, the emotional attachments that infants and young children develop with their caregivers heighten the influence of relational partners on developing self-awareness, psychological understanding, emotional growth, and sociability in early childhood. The importance of early relational influences is a double-edged sword with respect to risk for developmental psychopathology, however. Although positive relationships can provide a secure foundation for healthy psychological growth and a buffer against stress and difficulty, it is also true that troubled, violent, or dysfunctional early relationships constitute a significant risk for the development of psychopathology (Thompson, Flood, & Goodvin, 2006).

Relational Processes and Psychological Health

Recent studies have highlighted the early vulnerability of young children to clinically significant problems and the importance of relationships to their vulnerability. The development of conduct problems in preschoolers, for example, derives from an interaction of the child's temperamental vulnerability with maternal rejection and depression, parental conflict, and other kinds of family difficulty (Owens & Shaw, 2003; Shaw, Gilliom, Ingoldsby, & Nagin, 2003). A depressed caregiver's sadness, irritability, helplessness, and guilt-inducing behavior contributes to a young child's enmeshment in the emotional problems of the adult and his or her own vulnerability to internalizing problems (Goodman & Gotlib, 1999). Young children in homes characterized by marital conflict and domestic violence show heightened sensitivity to

parental distress and anger, tend to become overinvolved in their parents' emotional conflicts, have difficulty regulating the strong emotions that conflict arouses in them (in a manner resembling "emotional flooding"), and exhibit other indications of internalizing problems (Cummings & Davies, 1994; Grych & Fincham, 1990). The difficulties of children with anxiety disorders are often exacerbated rather than alleviated by parents who themselves become anxious as a result of the child's distress and thus accede to the child's wishes to avoid fear-provoking events, even though they are also critical of the child's difficulties (Thompson, 2001; Vasey & Ollendick, 2000). More generally, parental "expressed emotion," manifested in criticism, distress, and/or emotional overinvolvement in the child's problems, has been implicated in a wide variety of clinical problems in childhood and adolescence (see review by Thompson et al., 2006).

These studies suggest that there are diverse ways that relational experience affects early psychological growth and risk for psychopathology in young children. The warmth and sensitivity of parent–child interaction is a central contributor to the development of secure parent–child relationships, and the importance of secure attachments to healthy psychological development is discussed further below. The broader emotional climate of the home, which is shaped by the marital relationship and external demands on family life, is also important in young children's developing emotional security (Cummings & Davies, 1994; Davies & Cummings, 1994). How parents and offspring mutually cope with conflict, which includes the parents' disciplinary style, the quality of communication between them, opportunities for negotiation and bargaining, and the child's construal of the parents' behavior is an important relational influence on social and emotional well-being, especially as it contributes to the young child's developing behavioral self-control and acquisition of internalized standards of conduct (Grusec & Goodnow, 1994). Shared conversations between parents and young children are also important catalysts for conceptual understanding of others and the self and, because they provide an avenue for conveying values, attributions, judgments, and assumptions, these conversations also contribute to the intergenerational transmission of psychological belief systems and culture. Parents also scaffold the development of emotional competence in young children by carefully managing daily routines and other experiences to remain within the child's capacities for emotional self-control, and also by proactively anticipating new experiences with children (e.g., a visit to the doctor) and coaching them in how to adaptively cope. Beyond these, parents are influential as models of emotional functioning, and as providers of (intended and inadvertent) rewards and incentives for the socioemotional capabilities of their offspring (see Laible & Thompson, in press, for a review).

The value of a developmental psychopathology perspective to preschool social development and mental health is that it highlights how these relational experiences offer support or vulnerability to psychological health depending on whether families are well-functioning or troubled. Furthermore, when this

perspective is considered for young children, it becomes clear that when a pre-schooler exhibits conduct problems (see Rockhill, Collett, McClellan, & Speltz, Chapter 5, this volume), depressive symptomatology (see Luby & Belden, Chapter 10, this volume), heightened anxiety (see Egger & Angold, Chapter 7, this volume), or other problems of clinical significance, it is likely to reflect relational as well as individual pathology. As a consequence, addressing the child's problems often requires addressing the broader family emotional environment in which these difficulties arise. To be sure, parent–child (and especially mother–child) relationships are not the only important relational influences in the early years. Young children's relationships with extended family members, child care providers and preschool teachers, siblings, and peers each constitute significant influences on developing psychological un-derstanding and provide important sources of support (as well as risk). Early parent–child relationships are uniquely important, however, because of their breadth of influence, the sophistication and ubiquity of the adult's influences, and the emotional attachment they share.

Security of Attachment

One of the central features of young children's relationships with caregivers is the security children derive from them, and attachment theory provides a valuable approach to understanding the origins and consequences of the secu-rity of attachment in early childhood (for recent reviews, see Cassidy & Shaver, 1999; Thompson, 2006). Sensitive maternal care contributes reliably to a secure attachment, with insensitivity associated with attachment insecu-rity in infants as young as 1 year of age. Moreover, variations in the quality of maternal insensitivity seem to be associated with differences in the types of in-security that infants exhibit. In particular, fairly consistent maternal unre-sponsiveness is associated with insecure–avoidant behavior, whereas mothers who are inconsistently responsive are more likely to have insecure–resistant offspring. A third insecure classification, "insecure–disoriented or disorga-nized," appears to be associated with maternal behavior that is not only in-sensitive but also, at times, frightened, or frightening to the infant. Perhaps unsurprisingly, the latter form of insecurity is found more commonly in fami-lies characterized by sociodemographic risk, especially involving child mal-treatment (Lyons-Ruth & Jacobvitz, 1999). In typically developing nonrisk samples, the majority of infants and young children are securely attached, but the proportion of insecure attachments is higher in clinical or at-risk samples of families (see Stafford & Zeanah, Chapter 11).

Are early differences in the security or insecurity of attachment modifi-able? Are they predictive of later behavior? Research indicates that the secu-rity of attachment predicts later social and emotional functioning, especially when the sensitivity (or insensitivity) of maternal care remains relatively con-sistent over time. In other words, infants maintain their security when it is warranted by the continuing sensitivity of caregivers. However, the security of

attachment can and often does change over time, usually in response to changes or stresses in the family that can alter familiar patterns of mother–child interaction (Thompson, 2006). Although this indicates that early security is no certain guarantee that a child will remain secure in the future, this conclusion is also optimistic with respect to intervention efforts. Young children who develop insecure attachments owing to insensitive parental care need not remain that way, especially if mothers can be enabled to respond more warmly and sensitively to their offspring.

If the sensitivity of maternal care remains consistent, a secure attachment foreshadows a more positive parent–child relationship as the child matures, and securely attached children also are more successful in other close relationships, such as with friends and teachers (Thompson, 1999, 2006). Securely attached children also score higher on later assessments of emotional health, self-esteem, positive affect, and other emergent personality dimensions. Developmental researchers have also been interested in how a secure or insecure attachment is associated with developing psychological understanding, consistent with the view from attachment theory that early relational experience influences young children's emergent understanding of others, relationships, and self. Securely attached preschoolers are stronger in emotion understanding, conscience development, friendship conceptions, and other features of early social understanding, although much more research on this topic is needed (Thompson, 2006).

Is the security of attachment relevant to risk for later psychopathology? Because of its desirable psychosocial correlates, a secure attachment may contribute to positive mental health and constitute a buffer for the effects of stress and difficulty on emotional well-being. By contrast, insecure attachment may be a risk factor, and the greatest concern has been focused on the disorganized–disoriented form of insecurity. Indeed, researchers have found an association between infant disorganized attachment and risk for later internalizing and externalizing disorders in childhood, although it should be remembered that the same family stresses that initially contributed to the development of disorganized attachment may also contribute to its later outcomes (see Thompson, 2006, for a review). Even so, it is apparent that early relational insecurity heightens the possibility for developmental difficulties in young children whose relational experiences within the family may be troubled or difficult. In more extreme conditions, especially in families characterized by parental psychopathology and/or child maltreatment, these relational problems can be the catalyst for disorders of attachment (see Stafford & Zeanah, Chapter 11, this volume, for further discussion of these issues).

Taken together, research on the security of attachment and on the broader network of relational influences within the family confirms the importance of relational experience to the development of psychological vulnerability or well-being for young children. Although this is not surprising, what is more impressive is the diversity of the relational influences that are important, as noted earlier, and how this reconceptualizes problems of early mental

health. Contrary to the long-standing clinical tradition of perceiving psychological health or pathology as existing within the person, a developmental psychopathology perspective to early mental health requires also perceiving health or pathology *in the relationship* between the child and the caregiver(s) who are most influential. Likewise, efforts to provide treatment to a young child must often involve the child's caregiver(s), if such efforts are to succeed, because of how early relationships provide a continuing context for psychological development (see Van Horn & Lieberman, Chapter 16, this volume, on dyadic play therapy).

CONCLUSION

Why is it important for clinicians and scholars concerned with early childhood mental health to be interested in normative aspects of social development? One reason is that contemporary research is revealing young children to be interpersonally and intrapsychically more perceptive and sophisticated than was earlier believed to be true. As traditional notions of early childhood egocentrism and children's concrete, physicalistic self-descriptions are being superceded by an awareness of their psychologically oriented understanding of self and other, it is apparent that young children are more insightfully aware of the mental and emotional processes that exist within the minds of other people, and of their own psychological characteristics. This raises new questions about how children who are challenged by clinical symptomatology, or are growing up in homes characterized by family stress or parental psychopathology, are conceptualizing themselves within their intrapsychic and interpersonal world. Current research in developmental psychopathology reveals that the effects of early clinical problems on emotion understanding, self-awareness, emotion regulation, social competence, and other emerging competencies are profound and are beginning to be understood through the juxtaposition of the research findings in the developmental sciences and the work of clinical researchers.

A second reason why normative aspects of social development are important to understanding early childhood mental health is how they contextualize the child. We have emphasized the importance of the family relational context to psychological development, because research on attachment and other family processes underscores its significance to risk and vulnerability. Viewing the child in the context of close relationships is essential to conceptualize accurately the origins of childhood pathology, and relevant preventive and treatment possibilities. Although it is beyond the scope of this chapter (but it is discussed in other chapters in this volume), early childhood mental health should also be contextualized within the broader social systems of the child and the family. Children at psychological risk are also often children at sociodemographic risk, whose families are beset by poverty, dangerous neigh-

borhoods, and other challenges with direct and indirect consequences for healthy psychological development.

As developmental scientists whose work has regularly included at-risk samples of children, we also recognize the value of a developmental psychopathology perspective for understanding early childhood development for typical children. Because the constellation of risks and supports for children facing difficulty is so much broader than what is usually observed for more typically developing children, it is possible to understand more acutely how development of emotion understanding, self-awareness, and comprehension of the psychological world is affected by relational experiences that sometimes challenge children's understanding. In the end, it is through the thoughtful interchange of ideas from developmental science and clinically relevant research that we construct an understanding of all children as developing individuals.

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