CHAPTER – I

Introduction

1.0 Aggression

Aggression is a common term used to describe a cluster of behaviors directed to hurt the other (Geen, 1998). The multiple definitions of aggression differ in their scope and focus. For example, defining aggression as any behavior that hurts the other is too broad in scope. It includes behaviors that cause unintentional harm, such as driving accidents, and even well-intended behaviors such as medical surgeries that go wrong. Other definitions that are narrower in scope are more widely used. Such definitions describe aggression as any form of behavior intended to hurt the other (Baron & Richardson, 1994) or as the behavior of an individual intended to hurt another individual (Berkowitz, 1993; Eron, Walder, & Lefkowitz, 1971).

Aggressive behavior is usually categorized and classified along two dimensions: One relates to the origins of aggression, its goals, the way it is experienced, and the context of its outburst. This dimension refers to questions such as, Who are those who use aggression? What is on their mind? And How do they feel? The second dimension refers to the way in which aggression is expressed, that is, How is it done? The aggression can be sorted into two types (Feshback, 1964): instrumental aggression, which is also known as rational or intentional aggression, and expressive aggression, which is also labeled as emotional, hostile, responsive, or impulsive aggression. This distinction focuses on differential motives. The hurting of another person is the main motivating factor in expressive aggression, whereas hurting the other is not a primary goal in instrumental aggression (Geen, 1998).
There are three types of distinctions among aggressive actions: The first is physical aggression (causing physical pain and injury) versus verbal aggression (causing psychological pain such as humiliation and rejection through verbal means). The verbal aggression is direct aggression (when the aggressor is present during the aggressive act) versus indirect aggression (when the aggressor is not present during the aggressive act). The third distinction, which differentiates active from passive aggression, is indirect aggression where relationships are attacked through passive means (such as gossiping, arguing, name calling).

1.1 Aggression in children

Aggression is a normal reaction in children. They let out their angry emotions when they feel they need to protect their safety or happiness. Aggressiveness is a natural outgrowth of development during school aged children. Displays of aggression are common and are a means of communicating desires and wishes (Devis & Palladino, 1997).

School going age in children is a time of transition, characterized by a decreasing dependency on adults, growing influence of peers, rapidly developing intellectual potential and gradual adaptation to group life both in and out of school. Friends and peer group constitute a major influence in children's life. The equal status property of peers is important. In home most of the child’s interactions are with parents or older siblings and are not with the equal status, but rather the child plays the subordinate role where the older person is issuing instructing them or issuing orders.

In contrast when the child is with peers, the child is freer to try out new roles, ideas and behavior with individuals who are for less critical and directive of their behavior. The influence of peer relationship can be positive or negative. Positive peer influence takes the form of valuing education, doing well in school and studying and working together, cooperating on school
assignments etc. Association with the peer instead of doing school assignments have been shown to increase the risk of poor school performance.

Peer relationships are important for young children and increase in importance as children grow older. Children who lack friendships or who have difficulty with peer relationship miss out on their many benefits. Friends provide companionship and support each other in times of stress. Friends are a source of fun and stimulating recreational activities, they are loyal allies during tough interactions, on the playground or school corridors and they are confidants and holders of secrets.

Children’s likeability or status within the peer group and the foundation of social groups are important. **The concept of peer acceptance refers to a child’s likeability from the peer group’s perspective and visa versa.**

Many peer rejected children display high levels of verbally and physically aggressive behavior towards their peers, are disruptive and are frequently off task in the classroom. These characteristics increase the likelihood of children being peer rejected throughout their lives. Children with poor peer relations (so called rejected children) are more aggressive, hostile and disruptive then those with good peer relations (popular children), have lower self esteem and exhibit poorer school performance.

On other side of the spectrum is parent child interaction and parent child relationship. Levine (1988) advanced the idea that parents around the world share three major goals for their children: (a) the survival goal (Providing for the health and safety of their children); (b) the economic goal (ensuring that their children acquire the skills and resources needed to be economically productive adults); (c) the cultural goal (ensuring that their children acquire the basic cultural value of their group. Through these interactions parents
strive to achieve these goals. This relationship is a bi-directional one with parents influencing children (Bell, 1968: Lerner, 1994). Means and ways through which these goals are met are different for different socio-economic status parents. The behavior and attitude of parent can have significant impact on children’s relationship with school and on the child’s approach to education, peer relationship and level of aggression.

1.2 Adolescence Phase in Children

Adolescents are most often subsumed with youth or with children or with young adults. Different policies and programmes define the adolescents age group differently. For example, adolescents in the draft Youth Policy have been defined as the age group between 13-19 years; under ICDS adolescent girls are considered to be between 11-18 years; the Constitution of India and labour laws of the country consider people up to the age of 14 as children. whereas the Reproductive and Child Health programme mentions adolescents as being between 10-19 years of age. Internationally and as is with most UN agencies like WHO, UNICEF, UNFPA etc. the age group of 10-19 years is considered to be the age of adolescents. It is observed that the age limits of adolescents have been fixed differently under different programmes keeping in view the objectives of that policy/ programme. Over the next two decades the number of adolescents as well as their share as a proportion to the total population will be large because of the high fertility in the eighties and the population momentum in the nineties. So far adolescents have not received the attention they deserve because of the relatively low morbidity and mortality rates of this age group. However, in view of the sheer numbers (230 million), adolescents as a group, merit special attention. Also, since adolescents comprise a major part of the reproductive age group, they will play a significant role in determining the future size and growth pattern of India’s population.
More than any other period of the life span, adolescence is a period of identity formation (Brown, Dykers, Steele, & White, 1994; Josselson, 1987; Markus & Nurius, 1986; Snow & Anderson, 1987). Adolescence is a time in which worldviews and meaning systems crystallize as young people attempt to determine their place in the world. These attempts often occur within a reality that poses multiple paradoxes and imposes conflicting demands such as the need for being unique, yet not different; for being bold, but taking no risks; and to be a winner, but not to defeat others. Verbal and physical aggression during this period are particularly widespread, frequent, and especially visible. Although the expressions of aggression during adolescence are universal, their sheer volume is age specific.

“The principal at school recently talked to us about options when we get to high school next year and about how important our decisions are for the courses ahead. He said we should be making our choices for next year on what we wanted to do when we left school. This all jolted me into thinking about how I’m growing up and really gave me a sense of panic.”

- 13-year-old schoolboy

“My sisters are real feminine. They help me a lot. They’re a lot more feminine than I am but that’s because I’m younger than they are.”

—13-year-old schoolgirl (Archer, 1985, p. 92)

The above mentioned words of children tell the whole story of adolescence age. The term adolescence comes from the latin word adolescere, meaning “to grow “ or “to grow to maturity.” Psychologically, adolescence is the age when the individual becomes integrated into the society of adults, the age
when the child no longer feels that he is below the level of his elders but equal, at least in rights . . . (Piaget 1969).

Adolescents account for one fifth of the world’s population and have been on an increasing trend. In India they account for 22.8% of the population (as on 1st March 2000, according to the Planning Commission’s Population projections - Source: For 1971 to 1991 Census of India and for 2001 and 2016 Technical Group on Population Projections, Planning Commission, 1996 ). This implies that about 230 million Indians are adolescents in the age group of 10 to 19 years. The term adolescent means ‘to emerge’ or ‘achieve identity.’ Adolescence is defined as a phase of life characterized by rapid physical growth and development, physical, social and psychological changes and maturity, sexual maturity, experimentation, development of adult mental processes and a move from the earlier childhood socio-economic dependence towards relative independence. This is also the period of psychological transition from a child who has to live in a family to an adult who has to live in a society. Adolescents have very special and distinct needs, which can no longer be overlooked.

1.3 Role of friendship & peer group in early Adolescence for children

For young adolescents, friendships and peer groups provide a further important context for later identity development. Relations with peers established during childhood undergo important transitions in the move to early adolescence. The same-sex peer groups of the middle childhood years begin from loose associations with peer groups of the opposite sex (Brown & Klute, 2003). It is that very sense of self, established within the family, that enables early adolescents to begin expanding relationships outside of it. In contrast to school-aged children, who tend to choose friends on the basis of
common activities, this criterion for friendship during early adolescence is enlarged so that friends are also likely to share interests, values, and beliefs—in general, to be supportive and understanding (Youniss & Smollar, 1985).

Social support in the form of approval from peers is a strong predictor of global self-worth among young adolescents (Harter, 1990). The quality and stability of early adolescent friendships are also strongly linked to self-esteem; when friendships become unstable, early adolescents of both genders feel less satisfied with their own appearance and performance during the year (Keefe & Berndt, 1996). Several investigations have pointed to the strong relationship between adolescent problem behavior and involvement in a peer group that places little value on constructive behaviors (e.g., Barber & Olsen, 1997).

Brown and Klute’s (2003) overview of 30 years of research about young adolescents’ friendships has produced the following findings:

- Young adolescents are likely to select as friends those who are similar to the self in terms of gender and interests.
- Most early adolescents have at least one close friend, though the stability of these relationships is not high (six months or less).
- In multiethnic contexts, there is also a preference for same race friends. Equality and reciprocity are mandates in friendships. And, girls display more intimacy in their friendships than boys.

Furthermore, young adolescent friends generally report similar levels of friendship motivation, with girls reporting greater self-determined friendship motivation than boys (Richard & Schneider, 2005). And one of the strongest correlates of behaviors is the behavior of a close friend; friends do influence young adolescents, particularly in the assumption of risky behaviors. Those who have examined, for example, early pubertal development among girls
have found that early sexual activity is strongly influenced by the behavior of friends (Cavanagh, 2004).

With regard to the larger peer group, early adolescence often marks a general shift from the small group interactions of childhood to larger, interaction based groups called *cliques* (Brown & Klute, 2003). In early adolescence, cliques are generally single-sex, though the leader of one clique may begin to interact with an opposite-sex leader of another clique. In addition to cliques, those moving toward mid-adolescence in many communities may also begin to become associated with larger groups called *crowds* (Brown & Klute, 2003). Crowds are clusters of cliques, with individuals sharing similar basic interests among their members. Crowds are identified by a label that often reflects an area of residence, ethnic or socioeconomic background, peer status, or members’ abilities or interests. Most crowds have norms that define a distinctive lifestyle, and membership is determined by reputation. Many of the early adolescent’s peer relations are continuations of childhood associations as well as extensions of more formal interests, such as being in a religious youth group or sports club. Hodges, Boivin, Vitaro, and Bukowski (1999) have found that those with limited success making friends during childhood are likely to continue struggling with relationships throughout adolescence; those without friends also are good targets for bullies, and it becomes difficult for a young adolescent to break out of this pattern of isolation and peer rejection.

### 1.4 Peer relationship & role of Aggression in early Adolescence

Adolescence is marked by an increased orientation toward peers, with the task of this stage focused on the development of supportive relationships marked by intimacy, loyalty and trustworthiness (Berndt, et al., 1986; Buhrmester & Furman, 1987; Hartup, 1983; Youniss & Smollar, 1985). Peer relationship quality at all ages has been found to be associated with both current and future adjustment outcomes (Garmezy & Streitman, 1974;
Cowen, Pederson, Babigian, Izzo and Trost, 1973), and there is evidence to suggest that child and adolescent peer relationships may provide contributions to social and emotional development that is different from that provided by parents (Ladd, Price & Hart, 1996).

Since the early 1980’s there has been increasing interest in the consequences of children’s peer relationships for their social, cognitive and behavioral development (Dunn & McGuire, 1992; Hartup, 1983). Particular concern has focussed on the role of early peer relationship problems in shaping children’s psychosocial adjustment. A growing number of studies has reported associations between the nature and quality of children’s peer relationships during early and middle childhood and subsequent risks of internalizing and externalizing behavior problems in childhood and early adolescence. These outcomes encompass a range of child difficulties including: behavior problems; aggression; substance abuse; conduct problems; hyperactivity; anxiety; fearfulness and loneliness (Bierman & Wargo, 1995; Coie, Lochman, Terry, & Hyman, 1992; Coie, Terry, Lenox, Lochman, & Hyman, 1995; DeRosier, Kupersmidt, & Patterson, 1994; Hymel, Rubin, Rowden, & LeMare, 1990; Kupersmidt, Coie, & Dodge, 1990; Kupersmidt & Patterson, 1991; Lochman & Wayland, 1994; Ollendick, Weist, Borden, & Greene, 1992; Parker & Asher, 1987; Tremblay, LeBlanc & Schwartzman, 1988). For example, Coie et al. (1992) in a study of 1,147 African American children found peer rejection at age 9 to be a significant independent predictor of both teacher and parent rated adjustment at age 12.

There has been shift towards the use of prospective longitudinal designs of limited duration to study the association between childhood peer relationship problems and subsequent adjustment (Bierman & Wargo, 1995; Coie et al., 1992; DeRosier, et al., 1994; Hymel, et al., 1990; Kupersmidt & Patterson, 1991; Lochman & Wayland, 1994). These studies have typically involved short term follow up assessments over a 2 to 4 year period during middle
childhood. A notable exception is the five year follow up study of 267 children by Ollendick et al. (1992) who found that children who were rejected by their peers at age 9 had higher rates of criminal offending, teacher rated behavior problems, conduct disorder and substance abuse than did non-rejected children by the age of 14 years. These results provide some support for the possibility that early peer relationship problems may influence children’s psychosocial adjustment over time.

To date, the impact of children’s peer relationship problems on later adjustment has been assessed by means of global ratings or summary indices of internalizing and externalizing behavior problems (Bierman & Wargo, 1995; Coie et al., 1992; 1995; DeRosier, et al., 1994; Hymel, et al., 1990; Kupersmidt & Patterson, 1991; Lochman & Wayland, 1994). Findings from these studies tend to suggest that childhood peer relationship problems are associated with generalized increases in risks of later disorder.

Coie et al. (1995) in a follow up of a stratified random sample from their original cohort, found that at age 15, children who were both aggressive and rejected by their peers at age 8 tended to have worse outcomes than rejected only, aggressive only or comparison control children. These results suggest that children characterized by both early peer rejection and aggression may be at increased risk of later externalizing and internalizing behavior symptoms.

In particular, studies have consistently reported strong associations between early peer relationship problems and a range of child and family factors, including childhood aggression, hyperactivity and the quality of parent-child interactions at home (Coie, et al., 1992; Hinshaw, 1994; Hinshaw & Melnick, 1995; Pettit, Harrist, Bates, & Dodge, 1991; Putallaz & Heflin, 1990; Pope, et al., 1991; Vuchinich, Bank, & Patterson, 1992; Whalen & Henker, 1985; 1992). To examine the role of early peer relationship problems it is necessary
to take account of family factors that may be correlated with early peer difficulties.

Results from various studies are mixed (Bierman & Wargo, 1995; Coie, et al., 1992; DeRosier, et al., 1994; Vuchinich, et al., 1992), with several studies suggesting that childhood peer relationship problems may make an independent contribution to the prediction of later adjustment difficulties, whilst others suggesting that once factors such as aggression and parental discipline are taken into account, peer relationship problems are no longer predictive of later adjustment (Lochman, Wayland, & Cohen; 1990; Parker & Asher, 1987; Vuchinich, et al., 1992). In order to adequately assess the extent to which correlations between childhood peer relationship problems and later psychosocial adjustment reflect a causal relationship, there is clearly a need to control for a more comprehensive range of confounding factors that are known or suspected to be associated with peer difficulties, such as intellectual ability, inattentive behavior, the quality of parent-child relations and other socio-familial factors.

With this background, it was considered pertinent by the author to study the effect of aggression level on the peer relationship in early adolescence age in context of socio-economic factors bringing in any gender biases, if at all in India context.