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Aggression

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The term *aggression* is used to describe angry and hostile acting-out behaviors. While definitions of the term differ somewhat, in the 2012 edition of *Challenging Behavior in Young Children*, Barbara Kaiser and Judy Sklar Rasminsky define aggression as “behavior that is aimed at harming or injuring others.” The authors state, “Challenging behavior isn’t always aggressive . . . but aggressive behavior is always challenging” (p. 13). This entry discusses reasons why young children show aggression, forms and patterns of aggression in young children, and consequences of the use of aggression for children’s development.

As children grow through the preschool years, increasing communication skills and social awareness reduce the need to use aggression during conflicts (expressed disagreements). Young children find the growing ability to put thoughts and feelings into words a powerful tool in social transactions. Along with this positive incentive, their growing awareness that “hurting is wrong,” and that children who show aggression get rejected, provides a distinct disincentive. Together the mix of positive and aversive incentives leads to a gradual reduction in the general population of this archetypal challenging behavior.

Still, throughout early childhood some children continue to show pronounced patterns of aggression. In the early years, the child’s brain has *plasticity* (the ready ability to build neuron networks in response to experience). During this time, the preschooler is just beginning to form the neuronal architecture in the thinking centers of the brain that allow for *executive function*. Healthy executive function involves abilities regarding the management of impulses, memory activity, cognitive processing, and effective social interaction.

According to research summaries by Megan Gunnar, Adriana Herrera, and Camelia Hostinar, by Roy Lubit and Eileen Giardino, and by Jack Shonkoff and Andrew Garner, children who see their worlds as threatening experience high levels of stress (*toxic stress*). Perceived threat causes brain reactions involving the hormone cortisol that short-circuit the thinking centers involved with executive function. Instead these reactions hyperstimulate the *amygdala* and related parts of the brain that initiate fight, freeze, or flight survival reactions. Children who experience toxic stress show survival-motivated behaviors that frequently include the use of aggression in everyday situations. In such circumstances, normal developmental incentives to move beyond the use of aggression become overwhelmed.

Forms and Uses of Aggression

Two *forms* of aggression in relation to young children are (1) physical aggression, which includes hitting, kicking, biting, pinching, and similar acts—that is, using physical violence to force one’s will upon another, and (2) psychological aggression, which includes verbal assaults, teasing, threatening rejection, ignoring, or otherwise excluding, and so on—using verbal oppression rather than physical force. Anne Williford and Kathryn DePaolis point out that as children grow, physical aggression is more commonly attributed to boys and psychological aggression to girls, although both boys and girls can show either kind, as well as both forms together.

Kenneth Dodge has made a helpful distinction between two *patterns* of aggression: *reactive aggression* and *instrumental aggression*. Reactive aggression is a spontaneous hostile reaction by a child to a perceived imposed threat by another. The child acts out against the other in order to protect himself or herself. The younger the child is, the more likely aggression is to be reactive. Reactive aggression frequently occurs in conflicts over property possession and space encroachment.

An illustration of the use of physical reactive aggression is when a child has Play-Doh that another takes. The first child pulls the other's hair, hits, or pinches in a reaction to the incursion. An example of psychological reactive aggression is a child walking in line who gets his heel accidentally stepped on. He wheels around and yells at the child behind him, "Don't do that, you butthead!"

Concerning the patterns of use, instrumental aggression often is the more vexing for adults who care for young children. Children who show instrumental aggression usually have not lost control of emotions. They use aggression intentionally to achieve a goal. The goal may be obtaining a particular object, gaining a desired privilege, or oppressing another in order to force subservience (i.e., bullying). An example of physical instrumental aggression is an older child forcibly removing a younger child from a tricycle so the older child can ride. An example of psychological instrumental aggression is an older child announcing to another that he or she is too "little" to complete a puzzle—a puzzle that happens to be the favorite of the older child, who has just arrived at the puzzle table.

With instrumental aggression, the child is not just reacting defensively to a perceived threat. Instead, the child is acting to achieve a goal that he or she perceives is being blocked by the threat. Williford and DePaolis point out that instrumental aggression involves not only brain operations that are threat-based but also operations that are pleasure-seeking. Key here is that both types of aggression, and not just reactive aggression, arise from toxic stress in the brain. Both types of aggression are symptoms that children are experiencing stress levels beyond their ability on their own to manage in healthy ways. In an unfortunate sense, instrumental aggression is testimony to the learning capabilities of young children even when they are living with toxic stress.

Consequences of Use of Aggression

Any child might try instrumental aggression on an experimental basis. For a statistically small number of children, however, patterns of instrumental aggression become ingrained. Instrumental aggression becomes an ongoing survival strategy. These children learn, in the presence of a threatening world, that the use of instrumental aggression might be successful in achieving their aims. Even if not, the consequent conflict, which often involves an adult, results in an adrenalin hormone rush that for a while masks the cortisol-induced stress that motivated the instrumental aggression in the first place.

One traditional approach to both patterns of aggression has been to presume the child is being "bad" and punish in order "to shame" him or her into being "good." The problem with this approach is that punishment tends to keep the child's stress at toxic levels and makes healthy executive functions more difficult to learn. The dynamics of early brain development mean that the young child lacks the resources on his or her own to deal with the stress in ways other than a continued show of aggression. A cycle of

- Stress that leads to conflict involving aggression
- Accompanied by an adrenalin rush
- Followed by punishment and rejection by others
- Leading to sustained stress

is not one adults should reinforce in young children.

Gunnar, Herrera, and Hostinar conclude that reinforcement of this cycle in a young child can

lead to a significant long-term degradation of chances for social-emotional health and educational and vocational success. Unless adults build relationships with children that create trust, reduce stress, and teach socially responsive resiliency skills, these children suffer lasting difficulty with brain development in relation to healthy executive function, constructive social relations, and fundamental mental health.

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See also Brain Development; Conflict Management; Emotional Development; Executive Functioning

Further Readings

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