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Prospective associations between forms and functions of aggression and social and affective processes during early childhood



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ABSTRACT

The central goal of this study was to examine the prospective associations between forms (i.e., physical and relational) and functions (i.e., proactive and reactive) of aggressive behavior with social (i.e., peer rejection) and affective (i.e., anger, emotion regulation skills) processes during early childhood ($N = 96$, mean age = 42.80 months, $SD = 7.57$). A cross-lagged path analysis revealed that proactive relational aggression was uniquely associated with decreases in peer rejection, whereas reactive relational aggression was associated with increases in peer rejection over time. Proactive relational aggression predicted decreases in anger, whereas reactive relational aggression tended to be associated with increases in anger. Proactive relational aggression uniquely predicted increases in emotion regulation skills, whereas reactive relational aggression tended to be associated with decreases in emotion regulation skills over time. Finally, anger was significantly associated with increases in several subtypes of aggressive behavior. In sum, the findings provide further support for the distinction between subtypes of aggressive behavior in young children.

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Introduction

Aggression is a major risk factor for psychopathology and a symptom of several disorders among children and adolescents (American Psychiatric Association, 2000; Dodge, Coie, & Lynam, 2006). It

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is important to understand the social and emotional factors associated with the onset and course of aggression in order to develop effective prevention and intervention programs to address these behaviors (Leff, Power, Manz, Costigan, & Nabors, 2001). Moreover, research regarding developmental processes associated with aggression during early childhood may help to inform efforts to help at-risk children avoid maladaptive developmental trajectories (Sroufe, 1997). To best capture the developmental manifestations of aggression and associated outcomes, it is important to consider both the forms (i.e., relational and physical) and functions (i.e., proactive and reactive) of aggression (Little, Jones, Henrich, & Hawley, 2003).

Forms of aggression

Researchers define aggression as actions intended to hurt or harm another person (Crick & Grotpeter, 1995; Dodge et al., 2006; Harré & Lamb, 1983). Physical aggression, which harms another person via physical force or the threat of physical force, consists of behaviors such as hitting, kicking, pinching, punching, and taking objects (Crick & Grotpeter, 1995; Dodge et al., 2006). Relational aggression is defined as behaviors that damage or threaten to damage relationships in order to hurt, harm, or injure another person (Crick & Grotpeter, 1995). During early childhood, relationally aggressive behaviors are typically direct overt tactics such as placing one's hands on a chair so that a child cannot sit at a table or telling another child that "you can't be my friend" (Ostrov, Woods, Jansen, Casas, & Crick, 2004). Relational aggression has been found to be associated with a range of adjustment problems and psychopathology such as attention deficit/hyperactivity disorder (ADHD), borderline personality disorder features, internalizing problems, eating disorders, oppositional defiant symptoms, and conduct problems (Crick, Murray-Close, & Woods, 2005; Crick, Ostrov, & Werner, 2006; Keenan, Coyne, & Lahey, 2008; Werner & Crick, 1999; Zalecki & Hinshaw, 2004). In addition, when aggressive, girls tend to engage in relational rather than physical forms of aggression (Card, Stucky, Sawalani, & Little, 2008; Putallaz et al., 2007). Thus, it is essential to investigate the developmental processes associated with both physical and relational forms of aggression to better understand the associated risk in both male and female populations.

Functions of aggression

Psychologists have distinguished aggressive behaviors that are displayed to obtain resources or instrumental goals (i.e., proactive aggression) and those that are displayed in response to a perceived threat and motivated by hostility or anger (i.e., reactive aggression) (Dodge, 1991; Vitaro, Gendreau, Tremblay, & Oligny, 1998). Theoretically, although there is overlap between these constructs (see Bushman & Anderson, 2001), these functions of aggression have distinct underpinnings. Different developmental precursors are also hypothesized to predict distinct functions of aggression; for example, a history of maltreatment is theorized to be a risk factor for the development of reactive aggression, whereas behavioral contingencies in the social context coupled with social models that reinforce aggressive behavior serve as a developmental risk factor for proactive aggression (see Dodge, 1991; Dodge, Lochman, Harnish, Bates, & Pettit, 1997). Furthermore, from a social information processing perspective (Crick & Dodge, 1994), proactive functions of aggression are theorized to be associated with positive outcome expectancies and reactive functions of aggression are theorized to be associated with hostile attribution biases (Crick & Dodge, 1994, 1996). Thus, developmental theory supports distinct developmental origins, pathways, and outcomes associated with the functions of aggression.

Past studies have provided support for the distinction of proactive and reactive functions of aggression; for example, studies have reported discrete factor loadings (Dodge & Coie, 1987; Poulin & Boivin, 2000) and discriminant validity (Crick & Dodge, 1996; Dodge et al., 1997; Hubbard, Dodge, Cillessen, Coie, & Schwartz, 2001; Hubbard et al., 2002; Price & Dodge, 1989; Vitaro et al., 1998; Waschbusch, Willoughby, & Pelham, 1998) of functional subtypes of aggression. In fact, a twin study of young children revealed that different genes are associated with proactive and reactive aggression (Brendgen, Vitaro, Boivin, Dionne, & Perusse, 2006).

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