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Temperamental surgency and emotion regulation as predictors of childhood social competence

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ABSTRACT

The primary aims of the current study were to longitudinally examine the direct relationship between children's temperamental surgency and social behaviors as well as the moderating role of children's emotion regulation. A total of 90 4.5-year-old children participated in a laboratory visit where children's temperamental surgency was rated by experimenters and children's emotion regulation abilities were assessed. The summer before entry into first grade, children's social behaviors with unfamiliar peers were observed in the laboratory and mothers completed a questionnaire about children's social behaviors. Supporting our hypotheses, results revealed that children high in temperamental surgency developed more negative peer behaviors, whereas children low in temperamental surgency were more likely to develop behavioral wariness with peers. Emotion regulatory behaviors were found to moderate the relation between temperamental surgency and aggression, where high-surgency children who showed high levels of social support seeking were less likely to be rated by their mothers as high in aggression. Furthermore, results revealed that low-surgency children who showed high levels of distraction/self-soothing were more likely to show behavioral wariness around unfamiliar peers, whereas high-surgency children who used more distraction/self-soothing behaviors were rated by their mothers as lower in social competence.

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Introduction

The development of social competence, frequently defined as children's ability to initiate and maintain effective interactions with their peers (Rubin, Bukowski, & Parker, 2006), is a fundamental task during early childhood and a robust predictor of later mental health as well as social and academic outcomes (e.g., Carlton & Winsler, 1999; Denham & Holt, 1993; Ladd, Birch, & Buhs, 1999). Temperament theory and research has proven to be important in identifying the foundation of childhood social competence by showing that variation in children's temperamental predispositions may influence the processes that support or hinder socially competent behaviors (Eisenberg, Fabes, Guthrie, & Reiser, 2000; Fox et al., 1995; Rubin, Burgess, & Hastings, 2002). Although various temperament dimensions and types have been investigated for their role in the development of children's social competence, additional research is needed regarding the development of socially competent behaviors in children varying in their approach to novelty specifically. What little we do know is that although children who are high in approach are very sociable and display high levels of positive affect, they are also at risk for being rejected by their peers (Gunnar, Sebanc, Tout, Donzella, & van Dulmen, 2003) and developing externalizing behaviors, such as aggression and conduct problems (Berdan, Keane, & Calkins, 2008; Schwartz, Snidman, & Kagan, 1996; Stifter, Putnam, & Jahromi, 2008a), that affect their social competence. On the other hand, children who are low in approach tend to display higher levels of shyness around peers (Kagan, 1999; Rubin et al., 2002) and lower levels of social competence (Fox et al., 1995), and they are at risk for developing internalizing behaviors (Biederman, Rosenbaum, Bolduc-Murphy, & Faraone, 1993; Nilzon & Palmerus, 1998), such as anxiety, that limit their ability to interact effectively with their peers.

One mechanism that might explain these outcomes is the development of effective emotion regulation. Due to limits that are frequently placed on their attempts to approach aspects of their environment, children high in approach are more likely to experience high levels of anger/frustration (Derryberry & Reid, 1994; Rothbart & Bates, 2006; Rothbart, Derryberry, & Hershey, 2000). Likewise, children who are low in approach are characterized by high levels of negative reactivity (e.g., Garcia-Coll, Kagan, & Reznick, 1984; Putnam & Stifter, 2005), which many believe puts them at risk for developing maladaptive behaviors later in childhood. It has been speculated that the pathways by which some children varying in their approach to novelty become socially well adjusted, whereas others develop maladaptive social behaviors, are through their ability to regulate negative emotions (e.g., Coplan, Rubin, Fox, Calkins, & Stewart, 1994; Polak-Toste & Gunnar, 2006; Rubin, Coplan, Fox, & Calkins, 1995; Stifter et al., 2008a). This hypothesis has yet to be fully addressed in the literature and appears to be a promising line of research; thus, the current study aimed to longitudinally examine the contribution of children's temperamental approach and ability to regulate emotions to children's social competence.

Temperament and social competence

It is commonly agreed on by temperament theorists that children show distinctive responses when faced with novel situations and stimuli. Although there are different methodologies for measuring and labeling children varying in their levels of approach, children that are low in approach, typically identified as inhibited or low in temperamental surgency, are predisposed to display negative reactivity, wariness, and anxiety when presented with unfamiliarity (Garcia-Coll et al., 1984; Kagan, 1997). On the other hand, children who are more likely to approach novelty are typically labeled as uninhibited, exuberant, or high in surgency (e.g., Calkins, Fox, & Marshall, 1996; Garcia-Coll et al., 1984; Putnam & Stifter, 2005; Rothbart, Ahadi, Hershey, & Fisher, 2001). Typically, these children are characterized as high in positive affect, activity level, and impulsivity and low in shyness and withdrawal. In the current study, children were measured on the continuous temperament trait of surgency.

Low-surgency children are more likely to display shy and socially withdrawn, or solitary, behavior in the face of familiar and unfamiliar peers during early and middle childhood (Burgess, Marshall, Rubin, & Fox, 2003; Kagan, 1999; Kagan, Reznick, & Snidman, 1987; Rubin, Bowker, & Kennedy, 2009; Rubin et al., 2002). Because these children avoid or withdraw from social situations that heighten their fear, they have been found to be lower in social competence (Fox et al., 1995) and are frequently reported to

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