LEARNING QUESTIONS

11.1 How does the sense of self that develops in infancy become identity in adolescence?
11.2 How does self-esteem change from preschool through adolescence?
11.3 How does gender identity develop for most children and how does it develop for LGBT children and teens?
11.4 How do ethnic and racial identity affect development?
11.5 What factors influence a child’s development of a moral identity?

Master these objectives using an online action plan at edge.sagepub.com/levine3e
TEST YOUR KNOWLEDGE

Test your knowledge of child development by deciding whether each of the following statements is true or false, and then check your answers as you read the chapter.

1. **T □ F □**: Young children develop a sense of self in about the same way in cultures around the world.
2. **T □ F □**: Children’s self-esteem is extraordinarily high in early childhood.
3. **T □ F □**: Programs that help build students’ self-esteem not only improve their grades but also help reduce delinquency, drug use, and adolescent pregnancy.
4. **T □ F □**: The self-esteem of most adolescents remains high and stable from mid-adolescence through early adulthood.
5. **T □ F □**: By comparison to other ethnic and racial groups, Asian American adolescents have the lowest self-esteem.
6. **T □ F □**: Today most parents do not reinforce gender-specific stereotypes and treat their sons and daughters in very similar ways.
7. **T □ F □**: Most lesbian, gay, bisexual, and transgender (LGBT) adolescents are optimistic about their future.
8. **T □ F □**: Because we learn to imitate the behaviors that we see, children raised by homosexual couples are much more likely to become homosexual themselves when they become adults.
9. **T □ F □**: For African Americans, a strong identification with their ethnic group is linked with fewer problem behaviors at school.
10. **T □ F □**: Your moral values and beliefs are the best predictor of what you will actually do when faced with a moral dilemma.


If you were asked to describe yourself, what would you say? Take a minute to make a list of terms that you would use. You will use this list later as a point of comparison with the descriptions that we typically find for preschoolers, school-age children, and teenagers and when we discuss self-esteem. In this chapter, we look at many aspects of the “self” and how those different aspects change as the individual moves through childhood and adolescence. We start by looking at the self-concept, the totality of how you describe yourself and your relationships. Next, we look at self-esteem, or how you evaluate and feel about those characteristics. We also discuss several important aspects of a person’s sense of who she is: her gender identity, ethnic and racial identity, and moral identity.

**DEVELOPMENT OF SELF-CONCEPT**

11.1 How does the sense of self that develops in infancy become identity in adolescence?

The modern study of the self began back in the 1890s, when William James (1892/1992) wrote about two aspects of the self: the “I” self and the “me” self. Just as
the word *I* is used as the subject or actor in a sentence (for example, “I am reading this book”), James conceptualized *I* as the self that experiences or acts on the world. The word *me* is used as the object in a sentence (for example, “Look at me!”), and for James this second aspect was the self that we can think about and define with characteristics such as being a hard worker or an outgoing person. Both of these aspects of self change throughout childhood and adolescence.

Building on these ideas, sociologist Charles Cooley (1902/1964) suggested that our sense of self is largely a reflection of how other people see us, what he termed a *looking-glass self*. Cooley proposed that first we form a picture of ourselves and our characteristics, and then we see how others react to us and base our self-concept on our interpretation of the
reactions of others. In other words, our sense of self is the product of our interaction with others in our social world.

SELF-CONCEPT AND CULTURE

Recall our discussion of individualistic and collectivist cultures from Chapter 1. As we saw, individualistic cultures place a high value on the role of the individual and individual achievement. In the United States, an individualistic culture, we tend to see people as separate, autonomous individuals who choose their own paths in life. In contrast, collectivist cultures conceptualize the self as part of a group, and the goals of that group take priority over individual accomplishments. Read these self-descriptions from two 6-year-old children:

I am a wonderful and very smart person. A funny and hilarious person. A kind and caring person. A good-grade person who is going to go to [a prestigious university]. A helpful and cooperative girl.

I'm a human being. I'm a child. I like to play cards. I'm my mom and dad's child, my grandma and grandpa's grandson. I'm a hard working good child. (Wang, 2006, p. 182)

Can you guess which description came from an American child and which came from a Chinese child? Euro-American children typically include more traits and abilities (“I'm smart,” “I am funny”) in their descriptions, while Chinese children include more situational descriptions (“I play with my friend after school”) and overt behaviors (“I like to play cards”). Euro-American children also are more likely to include positive evaluations like “beautiful” or “smart” while Chinese children use less evaluative descriptions like “work hard.” Euro-American children place more emphasis on the personal aspects of their lives, and Chinese children place more emphasis on the social aspects of theirs (Wang, 2006). Do you feel that the self-description you wrote at the beginning of this chapter reflects the values of your culture?

In all societies, individuals define themselves both in terms of individual characteristics and in terms of their relationships to others, but the ratio of personal-to-social references is different between the groups, with Euro-American children using more personal references relative to the number of social references Chinese children use (Raeff, 2004). Figure 11.1 shows that these cultural differences appear early in development and persist into adulthood. One important implication of these cultural differences is that the way you embody and enact those characteristics that are valued by your society has a significant impact on how you feel about yourself, that is, your self-esteem.

THE SELF IN INFANTS AND TODDLERS

How early in development does a sense of self emerge? Psychoanalyst Margaret Mahler argued that infants are not born with a sense that they have a self that is separate from those who take care of them (Mahler, Pine, & Bergman, 1975). Babies must develop this sense, and they appear to do it in two stages. The first understanding of self is based on the infant’s growing ability to make things happen (similar to William James’s “I” self): “I make this mobile move” or “I make my mommy smile.” The baby’s intention to make things happen reflects her awareness that she is the agent of change. Rochat (2001) has argued that this first understanding then leads to a new concept of “me” when the child can begin to think about herself. Self-awareness means that the child is the object of her own perceptions and thoughts, similar to James’s “me” self (Gallup, Anderson, & Shillito, 2002). This second type of awareness begins to develop in the second year of life. Four ways in which this new sense of self is expressed are mirror self-recognition, use of the pronouns I and you, visual perspective taking, and possessiveness. All four develop at about the same time, somewhere near the child’s second birthday (Rochat, 2015).
Mirror Self-Recognition

The classic experiment that has been carried out to determine whether a toddler has physical self-awareness is the mirror self-recognition task. In this task, the toddler’s parent pretends to wipe the toddler’s nose, but secretly puts rouge or lipstick on the Kleenex and marks the child’s nose. The child is then placed in front of a mirror. If the child realizes that the image in the mirror is really himself and not another child, he will touch his own nose when he sees the funny red mark on it. Children at 1 year of age will not do this. Instead, they react as if their mirror image were another child with whom they can interact. It is not until sometime between 18 and 24 months that children in Western societies understand that the mirror image is a reflection of themselves and they touch their own nose (Broesch, Callaghan, Henrich, Murphy, & Rochat, 2011; Gallup et al., 2002). However, culture affects the age at which toddlers develop this understanding and recognize their own mirror image. Toddlers raised in cultures that value autonomy and individualism recognize themselves earlier than ones from collectivist cultures that value relationships over individuality (Kärtner, Keller, Chaudhary, & Yovsi, 2012).

Use of Pronouns

You may hear toddlers say something like “Daddy, pick you up, pick you up!” when what they mean is “Daddy, pick me up!” Using I and you appropriately is not something that can be learned by imitation. The child hears Daddy say, “I’ll pick you up,” so he imitates what he hears. Only when the child understands that I and me are different from you does he become able to use the pronouns correctly and say “Pick me up!” Before this time, many resort to the strategy of referring to themselves by name—for example, “Joseph do it!” The child’s understanding of pronouns increases when parents use a combination of pronouns and the child’s name in their speech (Smiley, Chang, & Allhoff, 2011). This seems to help the child to understand that “That’s Sylvie’s book” and “That’s your book” mean the same thing. They must make the link that when someone else says “you” they mean Sylvie, but when Sylvie herself says “you” she means the other person.

Infants begin to understand terms such as my and mine as early as 12 months of age, and they can begin to use personal pronouns like my and mine between the ages of 15 and 18 months (Saylor, Ganea, & Vazquez, 2011). The ability to use both I/me and you correctly is linked with mirror self-recognition (Lewis & Ramsay, 2004). The developing sense of self is shown as both abilities develop during the middle of the second year.

Visual Perspective-Taking

If you ask a toddler to show you her drawing, she may hold it up so that she can see it, but you cannot. She assumes that because she can see it, you must be able to see it as well. In Chapter 7, you learned that Piaget described this as egocentric behavior, because the child cannot see the situation from someone else’s point of view. The child must develop an understanding that you and she are separate people with different points of view to develop what is called visual perspective-taking. This ability develops in toddlers between 18 and 24 months of age (Moll & Tomasello, 2006). Ricard, Girouard, and Gouin Décairie (1999) found that developing this ability to see from another’s perspective was linked with the ability to use I and you correctly. Perspective-taking ability is also linked with culture. Individuals growing up in collectivist cultures, which value interdependence more than individualism, generally have a greater ability to take the perspective of others than those from individualistic cultures, whose focus is more on the self (Wu & Keysar, 2007).
Possessiveness

Two-year-olds are entering what Erik Erikson (1963) referred to as the stage of autonomy versus shame and doubt. Being “autonomous” means that you are independent and have some control over what happens to you. Toddlers assert their autonomy, or separation of self from others, through two of their favorite commands: “No!” and “Mine!” Their ability to do this is linked to the ability to recognize themselves in a mirror (Rochat, 2015).

As they develop a clearer sense of themselves as separate from those around them, toddlers are motivated to defend their own way of doing things and what they think belongs to them. In one study, Levine (1983) found that 2-year-old boys who recognized themselves in a mirror and were able to understand and use I and you accurately were more likely than those with a less clear sense of self to claim toys when interacting with an unfamiliar peer. Caregivers who deal with toddlers should see this toy claiming not as selfishness but as a first expression of the child’s understanding that “I have a self that is different from yours.”

THE SELF IN PRESCHOOLERS

For Erikson, the toddler is trying to become autonomous in relation to his parents; that is, he is becoming a separate self. For the preschooler, the self becomes tied to what the child can do. If you recall Erikson’s stages of psychosocial development described in Chapter 2, Erikson (1963) describes the central issue of this stage as initiative versus guilt. Preschoolers try to initiate activity; that is, they want to do things, to create, and to make things happen. However, they may fail at these attempts to do things by themselves, and that can lead to guilty feelings that they have done something wrong, especially if parents are impatient with their failed attempts. The child’s definition of self as “what I do” is reflected in Susan Harter’s (1999) illustration of a preschooler’s self-description:

I’m 3 years old and I live in a big house with my mother and father. . . . I have blue eyes and a kitty that is orange. . . . I know all of my ABC’s, listen: A, B, C, D, E, F, G, H, J, L, K, O, M, P, Q, X, Z. I can run real fast. . . . I can count up to 100. . . . I can climb to the top of the jungle gym, I’m not scared! I’m never scared! I’m always happy. . . . I’m really strong. I can lift this chair, watch me! (p. 37)

Can you list the characteristics that make up this description? It includes physical description (blue eyes), possessions (a kitty), abilities (knowing ABCs, climbing, lifting a chair), feelings (never scared), and some basic information—the child’s age and where he lives. Are these similar
to the way you described yourself in the beginning of the chapter? In all likelihood, there are some major differences.

At this age, children also begin to develop a more coherent set of memories about their lives, which is referred to as autobiographical memory. Although autobiographical memories are based on our unique life experiences, the content also reflects cultural differences. In individualistic cultures, memories focus more on events that have significance for the individual, such as getting a desired toy, while in collectivist cultures they highlight the interconnectedness of the individual to others, such as family vacations (Ross & Wang, 2010; Wang, 2008).

The way parents talk with their children about what happens in their lives also has an effect on the way children remember their lives. When parents guide their children in discussions about events, children are better able to remember details about their lives and may even understand them in more complex ways (Haden, 2003). Memory for the events in one’s life plays an important role in the development of a self-concept (Prebble, Addis, & Tippett, 2013).

THE SELF IN SCHOOL-AGE CHILDREN

As children enter middle childhood, they become able to think about themselves in more complex ways. Erikson (1963) describes this developmental period as a conflict of *industry versus inferiority*. Erikson saw middle childhood as the time when children set aside childhood fantasies and begin the work that is needed to learn the “industry” of their society. In most modern societies, this means going to school to prepare for adult life. Erikson also saw that this is an age when children begin to compare themselves to others and don’t always come out on top. In carrying out this social comparison, they can think, “I am better than Joe at arithmetic but not as good as Arina at reading.” This reflects a new ability to coordinate two or more concepts at the same time. While younger children can only think of one thing at a time, older children can keep more than one thing in their minds—their own performance and someone else’s performance—in order to compare them (Harter, 2006b). This is, of course, exactly what Piaget would say that children of this age are able to do cognitively.

While young children tend to see themselves in an all-or-nothing way (“I’m never scared! I’m always happy”), children between 8 and 11 years of age are refining their self-concepts to include shades of gray; for example, “I get sad if there is no one to do things with” (Harter, 2006b, p. 527). They can also experience more than one feeling at a time; for example, “I was happy that I got a present but mad that it wasn’t what I wanted” (Harter, 2006b, p. 527).

THE SELF IN ADOLESCENTS

It is not surprising that the physical, cognitive, and social changes that occur during adolescence are reflected in changes in the self-concept. In particular, the cognitive changes that occur during the stage of formal operations are reflected in how the adolescent can think about the self. Self-descriptions become more abstract (Harter, 1999) and contain more psychological attributes (Martins & Calheiros, 2012). Adolescents also can incorporate contradictory traits in their self-descriptions. They now understand that they can show different characteristics in different situations but that these differences are all part of a unitary whole. For example, an adolescent might say, “I am usually a pretty friendly, outgoing person, but I really clam up when I am around adults.” Adolescents have the cognitive ability to pull these divergent pieces of the self together into a coherent whole.

Erikson described the developmental crisis of adolescence as *identity versus role confusion*. According to Erikson (1963, 1968), in order for development to proceed in an optimal way, the young person must figure out and become comfortable with who he is but also must think about the person he wants to become as he moves from adolescence into young adulthood. An important part of this process of identity development is “trying on” different identities,
and that helps explain some of the behaviors we associate with adolescence. Teenagers experiment with new activities or associate with new friends, and sometimes they even take on new identities (Cross & Fletcher, 2009). An adolescent who has held conventional views and attitudes may flirt briefly with the Goth culture or begin spending time with the hipsters or the stoners at school. Most of the time, adolescents settle on a positive identity, one that is approved by society, but sometimes the identity that the adolescent adopts is one that parents or other adults would not approve of, or what Erikson (1963) called a negative identity. Choosing to be a druggie or burnout provides the adolescent with a ready-made identity with a clearly defined set of attitudes, values, and behaviors that go with it and these may clearly state to parents, “I am not you.”

When adolescents are able to develop a strong sense of their own identity, they are in a good place to deal with the next developmental issue that emerges in early adulthood: intimacy versus isolation. Individuals with a strong sense of identity are able to enter into an intimate relationship and to connect their identity with another individual without losing their own sense of self in the process.

Marcia’s Identity Statuses

The Canadian developmental psychologist James Marcia extended Erikson’s work on identity development by describing the process by which adolescents work toward achieving an identity. According to Marcia (1966; see also Kroger, Martinussen, & Marcia, 2010; Luyckx, Goossens, Soenens, & Beyers, 2006; Meeus, van de Schoot, Keijsers, Schwartz, & Branje, 2010), identity achievement requires adolescents to engage in a period of active exploration of the alternatives available to them (a process he has also labeled crisis), followed by a personal investment in the choices they make, a process he calls commitment. By combining these two processes, Marcia named and described the four identity statuses shown in Table 11.1.

Identity Diffusion. If you talk with some adolescents about their future, it becomes clear they haven’t spent much time thinking about it and, what is more, they don’t seem overly concerned about it. Adolescents who experience identity diffusion feel both a lack of crisis (or the perceived need to explore alternatives) and a lack of commitment to a future identity.

Identity Foreclosure. Some adolescents make a firm commitment to an identity even before they have engaged in an active process of exploration. How can you feel that you already know who you will become in the future without having actively looked for an identity? You may have grown up in a family in which everyone expected you to become a doctor, a teacher, or a police officer, and these expectations became an unquestioned part of the way you saw yourself. In this case, you would have foreclosed (or cut off) other possibilities. In many parts of the world, identity foreclosure is the norm because choices are limited. For
example, Bedouin Arab youth, who live in a more collective and authoritarian society, had higher levels of foreclosure than urban Arab youth (Dwairy, 2004). In another study, higher rates of foreclosure were found among the Cameroonian Nso youth than among German youth. The authors of this study speculated that children and teens in more collectivist societies may find a satisfactory identity by adopting elements of their identity from their parents. In other words, the type of identity may fit the nature of the society in which the children live (Busch & Hofer, 2011).

Identity Moratorium. Adolescents in the status of identity moratorium are actively exploring alternatives that can shape their future identity so, in Marcia’s terms, they are in a state of crisis. However, they are not yet ready to commit to a specific choice. For example, you may remain undeclared in your major in college as you try out different subjects or even take time off from school to explore and define your interests before making a commitment to one.

Identity Achievement. Finally, adolescents who have actively explored the alternatives and who are now ready to commit to one of the possible identities are in the status of identity achievement.

Although movement between statuses is possible, the process of identity formation is not as dynamic as we might expect it to be. Stability within a status category over the course of a longitudinal study can be as high as 59%, which means that almost 6 out of 10 participants do not change their status over the course of the study (Meeus et al., 2010). Where movement does occur, it is likely to be in the direction of identity achievement (Meeus, 2011). But even adolescents who have an achieved identity status can have new experiences that shake up their commitment to an identity and push them back into a state of moratorium. Having a close relationship with someone who has different attitudes or values than you have, traveling to a part of the world you have never seen before and experiencing a new culture, or coming to college and being exposed to new ideas—any of these experiences could shake up a previously solid commitment to an identity.

One question has been whether teens must create distance from their parents in order to develop their own identity. It appears that the opposite is true. Teens are more likely to develop a committed identity when they have warm and supportive relationships with their parents (Crocetti, Branje, Rubini, Koot, & Meeus, 2016). Relationship with parents affect the development of identity, but development of identity then allows teens to have more supportive relationships with both parents and siblings.

Keep in mind that Marcia’s process of exploring and committing can apply to any aspect of identity development, not just the choice of a future occupation (Bergh & Erling, 2005). Later in this chapter, we see how Marcia’s ideas have been applied to the development of an ethnic or racial identity. People are likely to change at least some aspects of their identity even during adulthood. Significant life events such as the birth of a child, a divorce, or a change in health can motivate you to reevaluate your identity.

### Table 11.1

<table>
<thead>
<tr>
<th>Crisis (exploration)</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>Identity Diffusion</td>
<td>Identity Moratorium</td>
</tr>
<tr>
<td>High</td>
<td>Identity Foreclosure</td>
<td>Identity Achievement</td>
</tr>
</tbody>
</table>
Look again at Table 11.1. Where would you place yourself in it? Where were you a year ago? Where do you think you’ll be a year from now?

Adolescent Rites of Passage

In many cultures, identity development is promoted for adolescents through rituals called rites of passage. Rites of passage are designed to provide the individual with an experience that marks his or her movement from childhood to adulthood, while simultaneously announcing this change to the community. Many rites are based on religious beliefs, and some are explicitly linked to the sexual maturation of the adolescent. In the United States, several traditional rites of passage may already be familiar to you. In the Jewish tradition, boys at age 13 and girls at age 12 or 13 celebrate the Bar Mitzvah or Bat Mitzvah (which means “son, or daughter, of the commandment” in Hebrew). In this ceremony, the boy or girl may lead a religious service to display all he or she has learned in his or her religious education. A party follows to celebrate the child’s acceptance as an adult member of the community, with the responsibility to carry out the religious commandments. A rite of passage that has come to the United States from Latin America is called the quinceañera. In this tradition, girls are given a special party to mark their 15th birthday (Alomar & Zwolinski, 2002). The girl dresses in an elaborate dress, possibly white, and is attended by a number of her friends. The high point of the event is a Catholic Mass of thanksgiving. Traditionally, the quinceañera announces that the girl is of marriageable age; in other words, she is no longer a child but has become a young woman.

In other parts of the world, rites of passage take a variety of forms that may not be familiar to you. In Bali it is believed that teeth are symbols of bad impulses, such as greed and jealousy, so they are filed down to make the person more beautiful, both physically and spiritually (Bali Travel Guidebook, 2002). Young people are considered to be adults after taking part in this ceremony.

In some cultures, the rites of passage are explicitly connected to the sexual maturation of adolescence. For example, the Navajo Kinaaldá ceremony is held the summer after a girl has her first menstrual period (Markstrom & Iborra, 2003). In southern Africa, traditional Zulu and Xhosa boys undergo circumcision during a ritual to mark their movement into manhood. The boys are supposed to perform an act of bravery, following which they are taken to a seclusion lodge where a circumcision ceremony takes place. They must show their manhood by not reacting to the pain. After the ceremony, the boys are painted with white chalk to show their purity. They are instructed by an elder on their adult responsibilities, including sexual responsibility. When the wounds are finally healed, they wash off the white chalk, and a great ceremony marks the end of their childhood and the beginning of their manhood (Mandela, 1994).

Reflect on the importance of any ritual that may have marked your movement from childhood to adulthood as you were growing up by answering the questions posed in Active Learning: Rites of Passage.
Part IV: Social and Emotional Development

CHECK YOUR UNDERSTANDING

1. How does self-concept differ between cultures?
2. Which behaviors show that toddlers have begun developing a sense of self?
3. How does the sense of self differ between preschool and school-age children?
4. What are Marcia’s identity statuses?

DEVELOPMENT OF SELF-ESTEEM

11.2 How does self-esteem change from preschool through adolescence?

We began this chapter by talking about self-concept, or how you describe yourself. Now we turn our attention to self-esteem, or how you feel about those characteristics. Sometimes people confuse these terms, but they are distinct, and it is important that you understand that distinction. Remember that list of characteristics you wrote about yourself at the beginning of the chapter? Use it now in Active Learning: The Difference Between Self-Concept and Self-Esteem to examine the difference between self-concept and self-esteem.

Rites of Passage

Have you experienced anything you might consider a ritual that marked your movement to adulthood? In your religion, there may be rituals that happen in adolescence that mark a new level of responsibility and understanding. Although the United States has few formal rituals, you can probably think of important events that translate into the concept “I am an adult now.” A common and meaningful one is receiving a driver’s license. In our mobile society, being able to get from place to place on one’s own is central to adulthood. What other events can you think of that are linked to public acknowledgement of a new maturity? Could you create a new rite of passage that would be meaningful to you and would symbolize the movement from childhood to adolescence in your community?

Active LEARNING

The Difference Between Self-Concept and Self-Esteem

In the column labeled “Self-Concept,” make a list of seven characteristics that describe you. They can include anything you think is important, such as physical characteristics (height, weight, or body build), skills and abilities (good student, athletic), or personality characteristics (shy, curious). After you complete your list, go back and circle a number to indicate for each characteristic how much you like or dislike this characteristic in yourself.
Self-concept: like 5 4 3 2 1 dislike

If you are like most people, you will find some variability in your self-evaluation. There are some things (probably a lot of things) that you like about yourself and some things that are important aspects of your self-concept that you don’t like very much. If you look carefully at the characteristics that you included in your self-concept, you also can understand how someone else with the same list of characteristics could end up with a different level of self-esteem. For instance, you may describe yourself as a very tall person, but you could love or hate that about yourself. Or you may see yourself as a very trusting person, but you could like that you always think the best of everyone or hate that you are so trusting that people frequently take advantage of you.

Remember that these self-evaluations occur in a cultural context. Is there anything on your list of characteristics that you like and your culture values that would not be seen as positively in another culture? For example, being self-assertive might be positive in an individualistic culture like that in the United States, but negative in a more collectivist culture.

When we talk about how we feel about our own general self-worth, we are talking about what is called global self-esteem. But as you saw when you did the preceding Active Learning exercise, there usually are some characteristics that we like about ourselves and some that we don’t particularly like. Susan Harter (2012) has developed a model of self-esteem that identifies five separate dimensions relevant to the way children and adolescents feel about themselves. They are:

1. Scholastic competence—feeling you are doing well at school
2. Social competence—feeling you know how to make friends
3. Behavioral conduct—feeling you act the way you are supposed to act
4. Athletic competence—feeling you are good at sports
5. Physical appearance—liking the way you look

Research has found that as children get older, they are better able to integrate these five dimensions into one overall assessment of global self-esteem (Harter, 2012).
SELF-ESTEEM DURING CHILDHOOD

If you look back at the self-description of the 3-year-old that appeared earlier in this chapter, you may be struck by how very positive and optimistic it was. This 3-year-old claimed he knew all of his ABCs (although he clearly did not), could run fast, climb to the top of the jungle gym, and was never scared. Another example of this unrealistic self-appraisal comes from a little girl who was asked whether she knew how to swim. “Yes” was her reply, but when she set out across the pool she sank like a stone. Where does this unbounded optimism come from?

Preschoolers are not yet able to compare themselves to others, a process called social comparison, which will emerge during the school years. Without a standard of comparison, almost everything they do can be the “best” in their eyes (Harter, 2012), but as children move from early childhood into middle childhood, their confidence in their own abilities often declines (Harter, 2006a; Jacobs, Lanza, Osgood, Eccles, & Wigfield, 2002). Several factors contribute to this. First, as children increasingly compare themselves to their peers, their self-evaluations become more realistic and drop from the inflated levels of early childhood. Second, the constant feedback that children in elementary school receive from their teachers helps them develop a more accurate appraisal of their ability. When younger children receive feedback on their success or failure at a particular task, that information has little effect on their expectations for future success (Davis-Kean, Jager, & Collins, 2009). In contrast, older children take in this information and use it to change their predictions for their future behavior. This means that over time children’s conceptions of self become more realistic. Third, children during middle childhood often participate in a variety of organized activities in which they are evaluated. They may be taking music lessons or gymnastics, playing organized sports, or participating in competitive activities such as the chess club or the debate team at school. In all these situations, they clearly see when someone else can do more or less than they can.

High self-esteem has been associated with a number of positive developmental outcomes, and low self-esteem with a number of negative ones. For instance, students who have higher self-esteem tend to do better in school than students with lower self-esteem (Baumeister, Campbell, Krueger, & Vohs, 2003). Based on this observed relationship, school systems developed a number of programs designed to boost students’ self-esteem, with the goal of eventually improving their academic performance. Collectively, these efforts are referred to as the self-esteem movement. To learn how successful or unsuccessful these programs have been, read JOURNEY OF RESEARCH: THE SELF-ESTEEM MOVEMENT.

JOURNEY OF RESEARCH

The Self-Esteem Movement

The self-esteem movement had its roots in the efforts of California state assemblyman John Vasconcellos, who created the California Task Force to Promote Self-Esteem and Personal and Social Responsibility in 1986 (Mecca, Smelser, & Vasconcellos, 1989). The foreword to an edited volume titled The Social Importance of Self-Esteem produced by the members of the task force says that the data and testimony from public hearings they held led to “a consensus that a primary factor affecting how well or how poorly an individual functions in society is self-esteem” (p. vii). Social problems as wide-ranging as alcohol and drug abuse, crime, and even child abuse were attributed to low self-esteem.

As a result of this conclusion, a number of school-based programs designed to boost students’ self-esteem were created. However, over the years, critics charged that these were largely “feel good” programs that had little or no impact on actual school performance. While such programs emphasized the uniqueness and the value
of the individual, the praise they offered was not tied to specific achievements or accomplishments (and was specifically not tied to academic performance). Despite an expenditure of millions of dollars on these programs, research has failed to find any significant positive outcomes from them (Baumeister et al., 2003; Twenge, 2006).

Roy F. Baumeister and his colleagues (2003) pointed out that these programs may have failed because we got it backward. Self-esteem and positive outcomes may be correlated, but remember that we can’t determine the direction of an effect from a correlation. Children who are good students often feel good about themselves (that is, they have high self-esteem), but the question is whether feeling good about yourself makes you a good student. Imagine for a moment what would happen if you felt great about yourself but were required to take a test on matrix algebra when you had never studied matrix algebra. Although in theory the direction of the effect can move in either direction, most evidence supports the idea that high self-esteem is primarily an outcome that results from performing well rather than being the cause of good performance (Baumeister et al., 2003). High self-esteem also has not been found to “prevent children from smoking, drinking, taking drugs, or engaging in early sex” (Baumeister et al., 2003, p. 1), which were other goals of the self-esteem movement.

The failure of self-esteem enhancement programs to produce the hoped-for outcomes does not mean we shouldn’t promote high self-esteem among children. We want children to feel good about themselves. Rather, it means we need to help children base their esteem on actual achievement rather than on empty praise.

If the self-esteem movement simply failed to deliver the expected results, that would have been disappointing but not necessarily harmful. However, some critics of the movement have charged that these programs have contributed to an increase in narcissism in recent generations that is marked by a need to be admired, arrogant attitudes, and a lack of empathy for others (Twenge, 2006). Whether self-esteem programs actually help make people narcissistic has not yet been resolved (Trzesniewski, Donnellan, & Robins, 2008), but the findings are clear that simply boosting self-esteem will not be a solution to the myriad of problems children may experience.

SELF-ESTEEM DURING ADOLESCENCE

Think of a time in your life when you were dealing with many changes all at the same time, and chances are that you may remember feeling overwhelmed, with little confidence in your ability to handle things in a competent way. Now think about all the changes that young teens are going through: changes in their bodies, their schools, their friends. The transition into early adolescence is notoriously hard on a teen’s self-esteem. Physical, social, and environmental factors come together in a way that is challenging for many (Finkenauer, Engels, Meeus, & Oosterwegel, 2002; Huang, 2010).

As young adolescents go through the rapid physical changes of puberty, they can feel clumsy and awkward and often become self-conscious about their appearance. At this same time, adolescents are moving from elementary school to middle school or junior high school. A number of researchers have noted a developmental mismatch between the demands of the middle or junior high school environment and the characteristics of young adolescents (Akos, Rose, & Orthner, 2015; Fenzel, 2000). Middle school teachers have higher academic expectations for their students than teachers in elementary school have, so grades often decline after the transition, lowering the students’ perception of their own academic competence. The school environment becomes more competitive and places more emphasis on assessment, increasing the social comparison between students at a time when students are already particularly sensitive about negative social comparisons.
Consequently, young adolescents may need more help and support from their teachers, but in middle or junior high school they have different teachers for each of their subjects, so they have less opportunity to get to know their teachers well and for their teachers to know them. When there is a good fit with the adolescent’s needs, for instance when young teens perceive their teachers to be supportive while promoting competence and autonomy, they tend to be more engaged in school and to have higher academic motivation (Wang & Eccles, 2013).

The cognitive changes of adolescence also affect self-esteem. Adolescents’ ability to think hypothetically allows them to think not only about their real selves (the characteristics they currently have), but also about their ideal self (the characteristics they aspire to have in the future). The impact this comparison has on self-esteem depends on both the discrepancy between the two selves and the importance of the domain for the individual (Harter, 2006). For instance, there might be a relatively small discrepancy between your current weight and your ideal weight, but if the domain of physical appearance is very important to you, even a small discrepancy can have a large impact on your self-esteem. This domain is so important to most teens that body image can account for between 45% and 70% of the variance or difference in global self-esteem among adolescents (Wichstrøm & von Soest, 2016).

Fortunately the negative impact of the physical, social, and cognitive changes that accompany the transition into adolescence is relatively short-lived for most adolescents, and may not be as great as we have thought them to be (Huang, 2010). For most teens, the decline that typically occurs in early adolescence is followed by a recovery of self-esteem that tends to remain stable throughout the remainder of middle adolescence and into early adulthood (Erol & Orth, 2011; Impett, Sorsoli, Schooler, Henson, & Tolman, 2008). See Figure 11.2.

**FIGURE 11.2**

**Age-related changes in adolescent self-esteem.** For the majority of adolescents—as many as 87%, according to the results of the study shown in this figure—self-esteem is relatively high by mid-adolescence and remains high through early adulthood. However, about 6% of adolescents begin with low self-esteem which remains low over the course of years. About 7% of the study participants reported low self-esteem as teenagers but rebounded after they finished high school.

The self-esteem of most adolescents remains high and stable from mid-adolescence through early adulthood. **True**
Gender differences in self-esteem appear fairly early in adolescence and persist through adulthood. Girls and women tend to have lower global self-esteem than boys and men (Rentzsch, Wenzler, & Schütz, 2016). While a recent analysis of 115 studies found that the gender difference in global self-esteem was quite small, it was much larger in the areas of athletic and appearance self-esteem (Gentile et al., 2009). The largest differences were in early adolescence when girls had significantly lower appearance self-esteem than boys. However, women had higher self-esteem in relation to behavioral conduct and moral-ethical domains, which may reflect earlier maturation in adolescent girls. There were no differences in academic self-esteem.

Research that looked at differences in self-esteem by race or ethnicity has found that African American adolescents on average score higher than White students, who are very similar to Hispanics. Asian American students had the lowest self-esteem (Bachman, O’Malley, Freedman-Doan, Trzesniewski, & Donnellan, 2011). To understand these results, we should remember that in collectivist cultures, often found in Asia, children are socialized to be modest so showing high self-esteem would not be socially acceptable. By contrast, in individualistic cultures, the expression of high self-esteem is valued and encouraged. However, the researchers note that differences within any of these groups are greater than the differences between them so there is a big range in the way teens think about themselves within all ethnic and racial groups.

**MEDIA, SELF-CONCEPT, AND SELF-ESTEEM**

We have known for a long time that parents and peers are important sources of self-esteem, but more recently we have begun paying attention to media as another source. As social comparison becomes an increasingly important element in building children’s self-concept and self-esteem, images they see on television and in movies, in advertising, and online are another standard against which they can compare themselves. Unfortunately, the unrealistic images they see there can lead them to feel dissatisfied with their body (Martins & Harrison, 2012; Murnen, Smolak, Mills, & Good, 2003; Wonderlich, Ackard, & Henderson, 2005). Women and girls are almost universally portrayed as unrealistically thin, and being repeatedly exposed to this thin ideal can be damaging to girls’ self-esteem. Girls as young as 6 or 7 years of age express their desire to be thinner (Dohnt & Tiggemann, 2006), and the situation is not much better for boys (Murnen et al., 2003) because the images of super heroes and super athletes are no more realistic for them than the images that girls see. These images can lead to body dissatisfaction in boys tied to a desire to be bigger, stronger, and more muscular.

Women are frequently portrayed in movies, video games, ads, and television shows as dependent upon men and secondary to them, while male characters are independent and in charge of the situation. Minority characters are frequently portrayed as criminals, sex objects, and people of lower status (Martins & Harrison, 2012). One recent study of 7- to 12-year olds found that television viewing was negatively related to self-esteem in White and Black girls and Black boys, but not in White boys (Martins & Harrison, 2012). One explanation for this finding is that exposure to the negative portrayal of women in general and Black men in particular lowers the self-esteem of these groups, while the positive portrayal of White men boosts the self-esteem of White boys.

The typical U.S. child between ages 8 and 18 spends an average of 7 hours a day with entertainment media (Rideout, Foehr, & Roberts, 2010). Simply the amount of time spent with entertainment media would make it a powerful influence on a child’s self-concept, but another reason media exposure is such a strong influence is that the more time spent with media, the less time the child has to engage in other positive, productive activities that contribute to building self-esteem (Martins & Harrison, 2012). Encouraging children to take part in activities they enjoy and are good at, such as sports, cultural or artistic activities, or hobbies, helps those in middle childhood build a positive self-concept based on diverse aspects of the self, not just on physical appearance.
GENDER IDENTITY

11.3 How does gender identity develop for most children and how does it develop for LGBT children and teens?

“It’s a boy!” “It’s a girl!” When an infant is born, the first announcement made is the sex of the baby because one of the most central aspects of our identity is our gender. Your sex, that is, whether you are a boy or a girl biologically, is determined by genes, hormones, and physical body parts. However, the concept of gender includes all the roles and stereotypes that your society connects with being a boy or a girl. Whether you are a boy or a girl determines much about what your experiences in life will be. Take a minute to think about what you associate with the concept of “boy” and the concept of “girl.”

In this section, we describe five theories that seek to explain how gender identity develops. We then look at gender stereotyping and its effects. Finally, we examine the identity development of lesbian, gay, bisexual, and transgender (LGBT) children and teens.

THEORIES OF GENDER DEVELOPMENT

Numerous theories have contributed ideas about how children develop their concept of gender and their own gender identity. We describe here the approach of five theories, as well as the research that has been guided by them: behaviorism, social cognitive theory, cognitive developmental theory, gender schema theory, and the gender self-socialization model. Table 11.2 introduces you to the basic mechanisms for each theory.

<table>
<thead>
<tr>
<th>Theory</th>
<th>Mechanisms for Developing Gender Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviorism</td>
<td>Gender-consistent behavior is reinforced by others.</td>
</tr>
<tr>
<td>Social Cognitive Theory</td>
<td>Children imitate gender-consistent behavior they see others perform.</td>
</tr>
<tr>
<td>Cognitive Developmental Theory</td>
<td>Identity is determined by cognitive growth in stages:</td>
</tr>
<tr>
<td></td>
<td>Gender identity</td>
</tr>
<tr>
<td></td>
<td>Gender stability</td>
</tr>
<tr>
<td></td>
<td>Gender constancy</td>
</tr>
<tr>
<td>Gender Schema Theory</td>
<td>Gender concepts are learned from society’s norms for each gender.</td>
</tr>
<tr>
<td>Gender Self-Socialization Model</td>
<td>Gender is defined by each individual.</td>
</tr>
</tbody>
</table>
Behaviorism and Social Cognitive Theories

As we learned in Chapter 2, a central concept of the theory of behaviorism is reinforcement, those environmental responses that cause a behavior to continue or be repeated. For behaviorists, gender identity results from direct and indirect reinforcement of gender roles and activities. Parents today may claim they do not discriminate between boys and girls and that all the observed differences between the sexes have biological origins, but considerable research shows that parents do, in fact, reinforce sex-typed play activities and household chores for their children (Berenbaum, Martin, Hanish, Briggs, & Fabes, 2008). While both boys and girls receive positive reinforcement for gender-appropriate behavior, boys receive more active discouragement for behaviors and activities that are defined as feminine than girls do for masculine activities. At least one reason for this is that feminine boys are expected to stay that way into adulthood, while masculine girls are expected to outgrow these characteristics (Sandnabba & Ahlberg, 1999). Fathers are more likely than mothers to respond negatively to cross-gender activities (Bussey & Bandura, 1999). In one study, young children believed that their parents would disapprove of cross-gender play, especially for boys, even if the parents claimed they did not hold gender stereotypes (Freeman, 2007). Children thus may be picking up on their parents’ unconscious attitudes about gender roles.

The central concept of social cognitive theory is the role that imitation plays in shaping behavior. Children are exposed every day to numerous examples of gender roles and activities that they can imitate. Even when their parents do not demonstrate strongly differentiated gender roles, children still see these stereotypical roles portrayed in the world around them and in the media. As just one example, in a study of superhero cartoons, male superheroes outnumbered females 2 to 1, and the male superheroes were rated as more likely to show anger while the female superheroes were more concerned about their appearance (Baker & Raney, 2007). Young boys who watch superhero cartoons more often are more likely to show male stereotyped play and weapons play than those who do not (Coyne, Linder, Rasmussen, Nelson, & Collier, 2014). Although both boys and girls imitate what they see, the question remains as to why girls are more likely to imitate girls while boys imitate boys. Kohlberg’s cognitive developmental theory addresses this question.

Cognitive Developmental Theory

Lawrence Kohlberg (1966) was the first theorist to examine the development of gender identity through the lens of cognitive theory. As a follower of Piaget, he believed that children’s understanding of gender goes through stages as they mature. When they are younger, they do not understand that gender is a characteristic that is stable and permanent. He found that young children believed that gender could change over time (“I’m a boy, but I can be a mommy when I grow up”) or because of changes in appearance, such as a hairstyle or clothing.

The first stage Kohlberg described, called gender identity, begins at about age 2. In this stage children can identify gender—"I am a girl, and you are a boy"—but their concept of gender relies on external appearance. They may believe that if a girl were to wear a tie, she might become a boy. As toddlers learn these gender
Part IV: Social and Emotional Development

Gender stability Stage when children understand that their gender will remain stable over time, but aren’t sure that it won’t change if they do activities usually performed by the other gender.

Gender constancy The stage at which children understand that one’s gender remains constant despite external changes.

labels, there is some evidence that their play becomes more gender stereotyped (Zosuls et al., 2009). The second stage, called gender stability, begins at age 3 when children understand that their gender is constant over time—that is, a girl will become an adult woman, and a boy will become an adult man. However, they are still not clear that a girl playing with trucks does not become a boy or that a boy playing with dolls doesn’t become a girl. Finally, in the third stage, called gender constancy, 5-year-old children understand that gender remains constant even with external changes; for example, a boy with long hair is still a boy and a girl with short hair is still a girl (Halim & Ruble, 2010). Ruble and her colleagues found support for these ideas, including the fact that children who had achieved gender constancy were less likely to be rigid in their adherence to gendered characteristics (Halim et al., 2014; Ruble et al., 2007). They asked the children questions such as “Is it wrong for boys to wear nail polish?” or “Would it be OK for a boy to wear nail polish if he didn’t get into trouble and nobody laughed?” to determine how rigidly the children held gender role standards. They found that before children have gender constancy, when there is still some question in their minds as to whether they can turn into the other sex, they are more likely to have rigid standards. Therefore, preschool children often have more rigid adherence to gender stereotypes than school-age children. Once the children are clear that they will forever be a boy or a girl, they are more flexible about external things like clothing, hairstyles, and nail polish. A boy may or may not want to wear nail polish, but he knows that he will still be a boy if he does. Active Learning: Kohlberg’s Cognitive Developmental Theory of Gender Development is designed to show you how to test these concepts with a young child.
If the child can answer only Question 1 correctly, she is in the gender identity stage. If she can answer only the first three questions correctly, she is in the gender stability stage. If she can answer at least the first four correctly, she demonstrates gender constancy. Children who answer some but not all questions correctly within a stage are still working on the understanding in that stage. If possible, compare your results with those of classmates who interviewed children who were younger or older than the child you interviewed.

To prepare for this activity or if you do not have access to a child, watch the video of this Active Learning.

Sandra Bem believed that much of what Kohlberg found about the stages of gender understanding was based on children's ignorance of the real physical differences between the sexes. In raising her own child, she made sure that he did know the difference. She tells the following story to illustrate the idea that when children understand the physical differences, they are not as affected by the superficial differences, such as length of hair. Because Bem was trying to raise her son not to be gender stereotyped, she accepted his request to go to school with barrettes in his hair. One of his buddies told him, “You’re a girl, because only girls wear barrettes.” Her son decided to show him in no uncertain terms that he was a boy, not a girl, so he pulled down his pants, but his friend replied, “Everybody has a penis; only girls wear barrettes!” (Bem, 1989, p. 662). Without the knowledge of physical differences between the sexes, his friend had to rely on superficial characteristics like barrettes to determine his friend’s gender.

### Questions for the Child

#### Stage of Gender Development

<table>
<thead>
<tr>
<th>Questions for the Child</th>
<th>Stage of Gender Development</th>
</tr>
</thead>
</table>
| 1. Are you a girl or a boy?  
*Follow-up question*: Whatever the child answers, follow up by asking the opposite. For example, if the child says she is a girl, ask whether she is a boy. | Gender identity             |
| 2. When you were a baby, were you a boy, or a girl, or sometimes a boy and sometimes a girl? | Gender stability            |
| 3. When you grow up, will you be a man, a woman, or sometimes a man and sometimes a woman? | Gender stability            |
| 4. If you went into the other room and put on (other-sex) clothes, would you then really be a boy or really be a girl?  
*Follow-up question (if correct)*: Why did you say you would really be a (same sex)? Is it because you didn’t want to be a (other sex) or because you can’t change from a (same sex) to a (other sex)? | Gender constancy            |
| 5. When you grow up, if you do the work that (other sex) do, will you really be a man or really be a woman? | Gender constancy            |
| 6. If a boy wore nail polish, would he become a girl?  
If a girl had really short hair, would she become a boy?  
If a boy played with baby dolls, would he become a girl?  
If a girl played with trucks, would she become a boy? | Gender constancy            |
| 7. If you really wanted to be a (other sex), could you be? | Gender constancy            |

**SOURCE:** Arthur, Bigler, & Ruble (2009, p. 444).
Gender Schema Theory

In Chapters 2 and 7, we described a schema as a way that we organize our understanding of the world, and gender is one important schema that guides the way that we see the world. Most people find it easier to navigate social relationships when they can categorize others as “male” or “female.” For example, when people were asked to evaluate the images that other people chose to represent themselves for their online interactions, most people preferred avatars that had clear indicators of being male or female rather than ones that were difficult to categorize in terms of gender (Nowak & Rauh, 2008). See examples in Figure 11.3.

However, a gender schema contains more than simply whether someone is male or female. It also contains all the things that an individual connects with each gender, such as expected behaviors, abilities, and occupations. Sandra Bem believed that gender development does not follow stages based on cognitive development, as Kohlberg said. Instead, she believed that gender concepts are learned from your particular society. Children’s self-concepts are formed in part by what characteristics are assigned to their gender. In many Western cultures, a boy is likely to have “strong” but not “nurturing” in his self-description, while a girl is likely to have the opposite. Parents will exclaim how strong their little boy is or “what an arm” he has when he throws a ball. Little girls are unlikely to hear this. Rather, parents may talk with excitement about how their little girl is so loving to her dolls, a real “little mommy.” As children learn what is expected for their gender, they try to fill those expectations (Hyde, 2014).

Defining gender roles and gender-based activities may be more difficult than it appears. When we try to classify roles and activities as either masculine or feminine, we imply that masculinity and femininity are polar opposite: You are either masculine or you are feminine. In 1974, Sandra L. Bem proposed a different way of thinking about masculinity and femininity that she called androgyny. Bem believed that individuals can be both masculine and feminine, for example, calling upon assertiveness when needed and submissiveness when that is appropriate. She believed that having that flexibility would lead to better adjustment. Although a great deal of research was generated by Bem’s ideas in the 1970s and 1980s, the research carried out then and in subsequent years has shown that it is masculine traits (not androgynous ones) that are associated with psychological well-being for both males and females (see, for example, Castlebury & Durham, 1997; Johnson et al., 2006; Lau, 1989; Whitley, 1983; Woo & Oei, 2006). Remember we said earlier in this chapter that self-esteem is affected by a person’s perceptions of whether they have characteristics that are valued by their society. It makes sense then that in a society that values traits it defines as masculine, such as assertiveness and independence, individuals who see themselves as more masculine will have higher self-esteem and well-being.
Of course, our gender schema for masculine and feminine will be different from one culture to another or from one situation to another. Can you think of some situation in which it would be more acceptable for a boy to show some traits typically associated with femininity than others, or think of situations in which it would be acceptable for girls to display masculine traits? Perry and Pauletti (2011) describe the range of gender identities, including those who show same-gender typing across most domains, those who have a mix of gender-typed characteristics, and those who are mostly cross-gender-typed.

Gender Self-Socialization Model

A more recent model of gender identity development, called the gender self-socialization model, has eliminated any predefined characteristics of masculinity, femininity, or androgyny. Instead, this approach looks at children’s and teens’ own individual experiences and ideas of gender consistency and pressure. Tobin et al. (2010) describe gender identity as one’s thoughts and feelings about belonging to one’s gender. For example, they believe that gender identity cannot be assessed by asking whether someone believes him- or herself to be nurturing or aggressive because these characteristics may not fit neatly into that person’s gender stereotypes. Instead, they ask, “Do you feel you are a typical girl?” or “Do you like being a boy?” (p. 604). They describe five dimensions of gender identity:

1. Membership knowledge—knowledge of one’s membership in a gender category
2. Gender contentedness—satisfaction with one’s gender
3. Felt pressure for gender conformity—expectations experienced from self and others for adhering to gender stereotypes
4. Gender typicality—self-perceived similarity to others of the same gender
5. Gender centrality—the importance of gender relative to one’s other identities; e.g., ethnic or racial identity (Tobin et al., 2010, p. 608)

Each of these dimensions interacts with all of the others to influence an individual’s gender identity. Children who are content with their gender role report a higher sense of global self-worth. Those who are not content report greater distress in their relationships with peers, and peers see these children as being depressed, anxious, and self-deprecating (Carver et al., 2003).

Think about how you would characterize yourself on each of the five dimensions. You are likely to have a clear idea of your basic gender, the first dimension, but your answers to the
others will vary from those of other students in your class. Trying **Active Learning: Going Against Gender Stereotypes** will give you a chance to push the boundaries of your own self-defined gender identity to see how you and others respond when you do so.

**Active LEARNING**

**Going Against Gender Stereotypes**

To experience for yourself how strongly gender stereotypes affect our behavior, choose an activity that goes against your own stereotype for your gender. First, you need to identify the behavior that you are going to “try on.” It could be a leisure activity, a household task, or the use of media. We realize that students today may already have a good deal of gender flexibility, but for this activity choose something you associate with the opposite gender that you don’t routinely do. Men might want to learn to braid hair or knit, or they might purchase and read fashion or bridal magazines. Women might want to learn how to change the oil in their car, mow the lawn, or use a snowblower (be sure you learn from someone who will make sure that you do this safely). Keep a diary record of how you feel taking on this new role, and make note of any resistance that you receive from others if they observe your behavior. How comfortable do you feel, and how likely are you to continue your new behavior beyond this brief experiment? If you have learned a new skill, how do you feel about your ability to do something that you never knew how to do before?

**Identity in Lesbian, Gay, Bisexual, and Transgender (LGBT) Children and Teens**

In this section, we look at two important issues related to gender and identity. We first examine the role that **sexual orientation**, or preference for a same- or opposite-sex partner, plays in identity development. Second, we discuss the development of transgender children whose gender identity does not match their physical sex.

**Lesbian, Gay, and Bisexual [LGB] Children and Teens**

About 3.5% of the adults in the United States self-identify as gay, lesbian, or bisexual. Slightly more identify as bisexual than as lesbian or gay, and women are substantially more likely to describe themselves as bisexual. The estimated percentage of the population who report any lifetime same-sex sexual behavior rises to about 8.2%, while 11% acknowledge some attraction to an individual of the same sex (Gates, 2011).

The topic of sexual orientation is a very complex one. Research by Savin-Williams (2014) has shown that sexual orientation is more a continuum than a category. Individuals may define themselves as “mostly gay,” for example, and may have sex with men, but still sometimes have sexual fantasies about women. We will likely need more complex and differentiated conceptualization of sexual orientation to adequately cover the range of human experiences. It is also a mistake to assume sexual questioning happens at only one point in time and then is resolved (Diamond, 2006). It is more likely that individuals return to and reexamine their sexual orientation from time to time in their lives. In fact, a term currently in use is **LGBQ**, which stands for lesbian, gay, bisexual, and questioning.

Adults who identify as gay or lesbian often recall that they began to feel they were somehow different from their same-sex peers at some point during childhood (Savin-Williams & Cohen, 2015). They may have engaged in cross-sex-typed behaviors (for example, girls
playing masculine competitive sports, boys playing with feminine dolls) or have had cross-sex-typed interests. At around age 10, when many children have their first romantic attraction, these children found themselves being drawn to someone of the same sex, and this experience can trigger a period of sexual questioning, often before the child even enters puberty (Carver et al., 2004).

Adolescents may take the next step of exploring a same-sex relationship before finally adopting a gay, lesbian, or bisexual identity in late adolescence. However, this type of sexual exploration is not uncommon in adolescence and does not occur only among young people who are homosexual. In one study, most youth who had taken part exclusively in same-sex behavior still identified themselves as heterosexual (Mustanski et al., 2014), but for gay and lesbian youth, same-sex sexual experience often confirms their identity. In another study, half the gay and bisexual men surveyed said they had fully accepted their sexual identities and had a homosexual romance or homosexual experiences during high school or college (Savin-Williams & Cohen, 2015).

Once young people have settled on a sexual orientation, they need to integrate their sexual orientation into their identity. An important part of that process involves disclosing this information to others (Savin-Williams & Cohen, 2015). Young people today seem to be taking this step at younger ages than they did in the past (Riley, 2010). The first disclosure is still likely to be to a friend or a sibling, but with regard to disclosure to parents, it is much more likely that young people will disclose to their mother, who they expect to be more accepting, before disclosing to their father (Savin-Williams & Ream, 2003). Although there is relatively little information on how this disclosure affects the parent-child relationship in the long run, what information there is indicates that after an initial period of adjustment, most parent-child relationships rebound, and some even improve (Savin-Williams & Ream, 2003). Not surprisingly, acceptance and support from family members and friends is associated with better adjustment and mental health outcomes for the individual following disclosure of his or her sexual orientation (D’Augelli, 2003; Perrin-Wallqvist & Lindblom, 2015). Disclosing their orientation is most often a relief for these youth, but it also is the beginning of an alternative lifestyle that has its own rewards and risks (Riley, 2010).

Being gay, lesbian, or bisexual is still not easy in many places in the world. It is illegal in many countries and even punishable by death in Saudi Arabia, the Sudan, Somalia, and Iran (BBC News, 2014). Within the United States, LGB youth report higher levels of bullying and harassment, including threats or attacks with a knife on school property. They are more likely to experience dating violence and forced sexual intercourse. It is not surprising then that these youth experience emotional difficulties at a higher rate than heterosexual youth. In a large survey of high school students in New York City, LGB youth reported higher levels of use of alcohol and drugs compared to heterosexual students (Seil, Desai, & Smith, 2014). They were more likely to be depressed and even suicidal. Among LGB youth who said that they were not connected to an adult at school, 45% reported that they had thought about suicide and 31% had made an attempt. In a different study, lesbian, gay, and bisexual youth were 5 times more likely than heterosexual youth to have attempted suicide in the 12 months prior to the study, but this risk was less for adolescents in supportive environments (Hatzenbuehler, 2011). When LGB teens are in a supportive environment and are not subject to bullying, their well-being is much higher (CDC, 2014g).
The good news is that support for and acceptance of LGB students has increased in recent years. In a national online survey, gay and straight teens reported that school-based gay-straight alliance programs are increasing, more school staff are supportive, and there are more anti-bullying policies that specifically protect LGB students (Gay, Lesbian & Straight Education Network, 2013). There is also more instructional material that includes the role of LGB adults in history and society. At this point, these changes are more likely to be found in high schools than middle schools and in urban than rural areas (Gay, Lesbian & Straight Education Network, 2013). And, despite the challenges and concerns LGBT adolescents have, many show a good deal of optimism and hope for the future. In a 2012 survey of more than 10,000 LGBT adolescents, three-quarters of the survey respondents said they know things will get better for them in the future, and 83% said they believe they will be happy (Human Rights Campaign, 2012), although many feel that they will need to leave their community to realize their hopes and dreams for the future.

Gay and lesbian teens are often asked to explain their sexual orientation to others. To see what that experience might be like, try Active Learning: The Heterosexual Questionnaire.

**Active Learning**

The Heterosexual Questionnaire

When gay, lesbian, and bisexual young people come out, they are often asked questions that are nearly impossible to answer. Advocates for Youth (2008) developed the following activity to help create greater understanding of their experiences (adapted from Rochlin, 1977). Regardless of your sexual orientation, try to answer the Heterosexual Questionnaire from the point of view of a heterosexual, then reflect on the questions posed at the end of the questionnaire.

**The Heterosexual Questionnaire**

Please answer the following questions as honestly as possible.

1. What do you think caused your heterosexuality?
2. When and how did you first decide you were heterosexual?
3. Is it possible that your heterosexuality is just a phase you may grow out of?
4. Is it possible that your heterosexuality stems from a fear of others of the same sex?
5. If you have never slept with a member of your own sex, is it possible that you might be gay if you tried it?
6. If heterosexuality is normal, why are so many mental patients heterosexual?
7. Why do you heterosexual people try to seduce others into your lifestyle?
8. Why do you flaunt your heterosexuality? Can’t you just be who you are and keep it quiet?
9. The great majority of child molesters are heterosexual. Do you consider it safe to expose your children to heterosexual teachers?
10. With all the societal support that marriage receives, the divorce rate is spiraling. Why are there so few stable relationships among heterosexual people?

Copyright ©2017 by SAGE Publications, Inc. This work may not be reproduced or distributed in any form or by any means without express written permission of the publisher.
11. Why are heterosexual people so promiscuous?
12. Would you want your children to be heterosexual, knowing the problems they would face, such as heartbreak, disease, and divorce?

Reflection Questions

1. Did you find the questions hard to answer? Were some harder than others? Which ones were especially difficult? What, specifically, was so difficult about these questions?

2. How did the questions make you feel?

3. What does it say about our society that gay, lesbian, and bisexual youth are asked similar questions?

4. What can you do in the future if you hear someone asking a homosexual youth such questions?

Our thoughts about the causes of homosexuality have changed substantially over the years. The evolution of our understanding is described in Journey of Research: Explanations for Homosexuality.
Although no single explanation for homosexuality has received universal support, there is more support for biological causes than social ones (Bailey et al., 2016). If social influences were dominant, you would expect that children raised by homosexual parents would be more likely to be homosexual themselves, but this is not the case (Patterson, 2013). Several biological causes have been explored, including prenatal influences and genetic influences.

One line of evidence for the importance of prenatal hormones rests on a small number of cases between 1960 and 2000 in which young boys who had malformed penises or had lost their penis through surgical accidents were surgically reassigned as female and given female genitalia. The bodies of these individuals had produced normal male hormones during prenatal development and as adults, despite the change in genitalia, they were attracted to women. In other words, their gender orientation was influenced by their hormones rather than their changed body type (Bailey et al., 2016).

Having older, biological brothers also increases the odds of homosexuality in later-born boys. It has been proposed that the prenatal development of the first male fetus may produce an immune reaction in the mother that results in antibodies that act on the sexual differentiation of the brain of males in subsequent pregnancies (Blanchard, 2008). Of course this explanation does not explain homosexuality in first-born males.

Research on twins has found that genes play a role, but are not the entire story. Studies of the concordance rate for homosexuality between monozygotic and dizygotic twins have shown that about one-third of the variation in sexual orientation is due to genes, one-quarter is due to shared environmental effects, and the rest is due to different experiences had by the twins (Bailey et al., 2016).

Bailey et al. (2016) reviewed a large number of studies on causes of homosexuality and concluded that there is clearer evidence for biological effects for gay men than for gay women, although they also admit that women’s sexual orientation is just less understood than that of men. Regarding the effect of the social environment, it may not affect the occurrence of male homosexuality, but it is likely to affect its expression; that is, in less accepting environments, gay men are more likely to hide or deny their attraction to men but there will still be gay men.

This area of research still has many unanswered questions, and in all likelihood, the best possible explanation will include a complex set of interacting biological and social factors.

Transgender, Transsexual, and Gender Nonconforming Children and Teens

Being heterosexual, gay, lesbian, and bisexual is defined by a person’s choice of partners, but transgender, transsexual, and gender nonconforming individuals develop a gender identity that does not match their assigned or natal gender. These children and teens may feel that they are a boy trapped in a girl’s body, or vice versa, and some feel they do not conform to either gender. The term transgender indicates an identification with a gender other than
your natal gender. A transsexual is someone who has or is planning to become the other sex, possibly but not always, including hormonal or surgical interventions to make this transition (APA, 2013). And the term gender nonconforming is used for individuals who do not identify or conform to gender norms for either males or females. The term cisgender is used to indicate people who do identify with their natal sex. Estimating the number of transgender individuals has been difficult, but in a national sample of New Zealand teens, 1.2% reported being transgender while 4% reported questioning their gender. Only 40% of those identifying as transgender had disclosed their identity to anyone (Clark et al., 2014). The causes of transgender identity are not known. To date, studies of monozygotic and dizygotic twins have provided evidence for the role of genes, while studies looking at the effects of the environment have been inconclusive (Diamond, 2013).

Dissatisfaction with one’s natal gender can start early in life. As early as age 2, some children express a desire to be a different sex (Steensma, Kreukels, de Vries, & Cohen-Kettenis, 2013). These children avoid clothing, games, and playmates of their natal gender. Some express negative feelings about their own genitals and wish they had those of the other sex. Not all of these children continue to feel this way as they get older, but the more extreme their early preferences are, the more likely these preferences will continue into adolescence (Steensma et al., 2013). The period between ages 10 and 13 appears to be pivotal in the development of a variant gender identity. As preteens begin to experience the changes of puberty, their gender identity seems to consolidate as typical or variant and remains that way. A significant percent of those who do not persist in a transgender identity eventually identify themselves as gay or lesbian (APA, 2013). As puberty begins to change their bodies, transgender teens may hide their breasts or penis. They may use hormone suppressors to stop the progression of the changes of puberty and may request gender reassignment surgery (APA, 2015), although in most cases surgery is not performed before age 18 (Hembree et al., 2009). While many transgender teens have this identity before puberty, there are some who showed little evidence of a transgender identity in childhood but developed one in adolescence (APA, 2015; Clark et al., 2014).

Transgender identity can begin early in life. Although Jazz Jennings was born a male as shown in this photo at age 3, beginning at a very young age she strongly identified as a girl as shown in the second photo when she was 5 years old.
Being transgender is no longer considered a disorder as it once was. In the DSM-5, a diagnosis of gender dysphoria is made only if the individual is distressed about his or her variant gender identity (APA, 2013). Many transgender children and adolescents do not experience distress about their identity, but when they do, it is most likely because of teasing, harassment, and attacks by peers and possibly by adults as well. In a large national study, 78% of transgender children reported being the victim of harassment, 35% reported physical assault, and 12% experienced sexual violence in the school environment. As a result, 15% of transgender children and teens reported leaving school (Grant et al., 2011). Although the majority of transgender teens reported that they had a parent who cared for them, felt safe in their neighborhood and school, and were not depressed or suicidal, there was an increased likelihood that they had been bullied and a higher percentage of these teens were depressed or suicidal than their cisgender peers (Clark et al., 2014).

As transgender people have become more public about who they are, society has had mixed reactions. For instance, the issue of whether they should use public bathrooms based on their natal sex or on their preferred sex became a national debate when North Carolina passed a bill in 2016 requiring transgender people to use public bathrooms that match their natal sex. Shortly thereafter the federal government issued a directive that public schools should provide these students with access to bathrooms and other facilities consistent with the sex matching their gender identity (Davis & Apuzzo, 2016). In one survey, 46% of Americans thought that transgender people should use the bathroom corresponding to their natal sex while 41% thought they should be able to use the bathroom of the sex they identify with (Salvanto, Backus, Dutton, & DePinto, 2016). Transgender youth must deal with all of society’s conflicting reactions to them on a daily basis.

Treatment approaches for children with gender dysphoria are controversial. Some therapists encourage the child to accept his or her given body, while others support the child’s variant gender identity. Overall, it is most important for the child and family to have support as they deal with their exploration of the child’s gender identity. For adolescents, there is generally agreement that treatment should support the teen’s chosen gender identity, including the use of puberty suppressing medication when this is the path the adolescent and his or her parents choose. The involvement of families is crucial in the treatment of these children and teens because their acceptance is central to the child’s well-being (APA, 2015).

CHECK YOUR UNDERSTANDING

1. What do behaviorism and social cognitive theory tell us about gender development in early childhood?
2. Describe the stages in Kohlberg’s cognitive developmental theory of gender development.
3. What are gender schemas?
4. How do lesbian, gay, and bisexual teens differ in their gender identity from transgender teens?
How do ethnic and racial identity affect development?

Developing a gender identity is a basic task that all children must deal with, but all children also need to develop a sense of their ethnic and racial identity, consisting of their attitudes toward the ethnic and racial groups to which they feel they belong (Marks, Szalacha, Lamarre, Boyd, & Coll, 2007). Although there is some overlap between the terms ethnicity and race, ethnicity generally refers to a group of people that have a nationality or culture in common, while race tends to refer to physical characteristics that differ between groups of people, such as skin color. These concepts overlap, so we examine them together.

Byrd (2012) has described steps children take in developing a basic ethnic and racial identity that are based on cognitive development and are similar to the steps in developing a gender identity. Although children are aware of differences in people’s appearance, they do not generally identify people by race until age 4 or 5. After they become aware of racial and ethnic categories, they are then able to self-identify with the groups to which they belong. Children label the ethnic group they belong to by ages 6 to 8; understand that differences are based on biological features, as well as social features such as speech patterns and lifestyle, by age 7 to 8; and develop racial and ethnic constancy, or the understanding that race and ethnicity remain the same across time and in different settings, between ages 8 to 10 (Byrd, 2012). By the time children enter middle childhood, they have the cognitive capacity to begin to form a coherent racial and ethnic identity (Byrd, 2012).

The formation of your racial and ethnic identity is affected by society’s attitudes toward the group with which you identify. Although many believe that racism is no longer an issue in the United States, those who experience it have a very different perception. In a variety of studies, between 49% and 90% of African American adolescents report having had experiences of racial discrimination in the form of harassment, poor treatment in public settings, or others’ assumptions of lower ability or more violent behavior (Cooper, McLoyd, Wood, & Hardaway, 2008). Perhaps in response to these experiences, African American parents are more likely than parents of other ethnicities and races to teach their children about their race and ethnicity, a process called ethnic or racial socialization (Else-Quest & Morse, 2015). Adolescents in all ethnic and racial groups are more likely to explore and commit to an ethnic identity when they have been taught this way by their parents.

Jean Phinney has built on Marcia’s identity statuses, described earlier in this chapter, to develop a theory of ethnic and racial identity status development. She describes four identity statuses based on the individual’s exploration of and commitment to an ethnic or racial identity. Table 11.3 shows the four types of ethnic identity, with a description and example of statements that correspond to each one.

Progress toward achieving a clear racial and ethnic identity has been associated with a number of positive outcomes for adolescents, including higher scores on measures of self-esteem, mastery, psychological adjustment, social and peer interactions, school performance, and family relations, and lower levels of depression (Crocetti, Rubini, & Meeus, 2008; Mandara, Gaylord-Harden, Richards, & Ragsdale, 2009; Seaton, Scotham, & Sellers, 2006; Smith & Silva, 2011; Umaña-Taylor, Gonzales-Backen, & Guimond, 2009). African American teens tend to have a stronger racial and ethnic identity than many other groups, perhaps because of their parents’ racial and ethnic socialization, as we described earlier (Else-Quest & Morse, 2015). The benefits of these socialization practices are shown by research that has found that a strong positive connection to their racial and ethnic group reduced the impact of discrimination on academic self-concept and school achievement among African American adolescents and was associated with resistance to problem behaviors such as skipping classes, lying to parents about their whereabouts, bringing alcohol or drugs to school, and cheating on exams (Wang & Huguley, 2012; Wong, Eccles, & Sameroff, 2003).
### TABLE 11.3

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diffuse Ethnic Identity</td>
<td>Little or no interest in one’s ethnic identity</td>
<td>“My past is just there; I have no reason to worry about it. I’m American now.”</td>
</tr>
<tr>
<td>Ethnic Identity Foreclosure</td>
<td>Commitment to an identity based on parents’ or others’ input rather than one’s own exploration</td>
<td>“I don’t go looking for my culture. I just go by what my parents say and do, and what they tell me to do, the way they are.”</td>
</tr>
<tr>
<td>Moratorium</td>
<td>Exploration of ethnic identity without a clear commitment</td>
<td>“There are a lot of non-Japanese around me and it gets pretty confusing to try and decide who I am.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I think people should know what Black people had to go through to get to where we are now.”</td>
</tr>
<tr>
<td>Achieved Ethnic Identity</td>
<td>Commitment to one’s ethnic identity based on an exploration of its meaning to the individual</td>
<td>“People put me down because I’m Mexican, but I don’t care anymore. I can accept myself more.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I used to want to be White, because I wanted long flowing hair. And I wanted to be real light. I used to think being light was prettier, but now I think there are pretty dark-skinned girls and pretty light-skinned girls. I don’t want to be White now. I’m happy being Black.”</td>
</tr>
</tbody>
</table>

**SOURCES:** Adapted from Phinney (1989) and Phinney, Jacoby, & Silva (2007).
CHECK YOUR UNDERSTANDING

1. What is ethnic constancy?
2. How do children develop a racial and ethnic identity?
3. What impact can a strong racial and ethnic identity have on adolescent development?

MORAL IDENTITY

11.5 What factors influence a child’s development of a moral identity?

Earlier in this chapter, we said that your self-concept included all the ways you think about and describe yourself. Would you describe yourself as honest or trustworthy? As caring and compassionate? As respectful and patient toward others? All of these are characteristics of your self-concept that are rooted in moral development. In this section, we examine development of a moral identity, or the degree to which being a moral person is part of one’s sense of self (Hardy & Carlo, 2011). This aspect of identity also is related to self-esteem. If being honest or caring is central to your self-concept, your self-esteem suffers if you lie or act in an uncaring fashion. However, if honesty is not central to your sense of identity, lying may have little or no effect on your self-esteem.

Morality is the individual’s understanding of right and wrong. It includes both what we think and what we do. The form that moral thought and behavior take changes throughout childhood. We have long believed that young children’s morality is primarily determined by other people. Toddlers do what is right because they will be rewarded if they do or punished if they don’t, but there is recent research showing that even within the first year infants have a sense of what is right and what is wrong (Hamlin, 2013). In this section, we describe how different theories and research have connected moral development with the influences of the environment, cognitive development, and emotional development. In addition, understanding morality is not the same as behaving in a moral fashion, so we examine the development of moral thought but also the development of moral behavior. Finally, we will look at some recent evidence for an innate moral sense.

THE ROLE OF THE ENVIRONMENT

Children’s moral judgment and moral behavior are influenced by many aspects of the environment in which they grow up. Parents, peers, and media all affect the way children think about right and wrong, whether through direct or indirect mechanisms. The theory of behaviorism offers an explanation for how children learn right from wrong through the direct mechanism of operant conditioning. According to this theory, when a child does something good, like helping a friend, he may receive praise from an adult or a positive reaction from the friend. This reinforcement makes it more likely the child will behave this way again. It follows that when the child does something bad, like taking a toy away from a friend, he is likely to be scolded by an adult and receive a negative reaction from his friend. He will associate negative consequences with this behavior, and that should make it less likely that the behavior will occur again in the future.

Social cognitive theory adds a more indirect learning mechanism for moral development. Children will imitate what they see others do, especially if the other person’s behavior receives reinforcement. Although they are not directly reinforced for their own behavior, they learn what is good behavior and what is bad from what they see. For example, young children imitate both the aggressive behavior and helping behavior they see when they watch television...
Part IV: Social and Emotional Development

When high-quality prosocial television programs and DVDs were substituted for more aggression-laden programming for a sample of 3- to 5-year-old children, social competence scores increased and angry/aggressive/oppositional behavior decreased. The effects were particularly strong for boys from low-income families (Christakis et al., 2013).

The biggest question in the development of morality is how children move from responding to external consequences, such as rewards and punishments, to internalizing a moral sense of right and wrong so that they do what is right even if no one is around. Some of the theories that have attempted to explain how this happens emphasize the role of cognitive development, and others emphasize the role of emotional development, while another approach sees the origins of morality in innate preferences.

THE ROLE OF COGNITIVE DEVELOPMENT

Cognitive theories link the development of moral thought to the development of thought in general. It has been argued that young children learn the basic rules of right and wrong by first grade. This moral knowledge is based on their understanding of what is considered right or wrong in the context of their culture. For example, *do unto others as you would have them do to you,* or *honesty is the best policy* are moral principles many cultures endorse. Moral judgment is the way we reason about moral issues and reach conclusions. For example, two children may know it is wrong to take a cookie without asking. They have the same moral knowledge. However, the reason they don't take a cookie differs based on their stage of cognitive development. A young child doesn't take the cookie because she knows she will be punished if she does. A child at a higher level of moral judgment understands that taking the cookie is wrong because it breaks trust with a parent.

To test some of his ideas about moral development, Piaget (1965) posed moral dilemmas to children of different ages to see how they would respond. He described their resulting judgments as falling into three stages: pre moral, heteronomous morality, and autonomous morality. Piaget believed that before the age of 4, young children were pre moral; that is, they were unable to consider issues in terms of their morality.

Piaget described the moral thought of children from ages 4 through 7 as heteronomous morality. Heteronomous means “subject to external controls and impositions” (Heteronomous, n.d.). In this stage, young children base their judgments on adult authority. Because they do not really understand why moral rules should be followed, their behavior often is not consistent from one situation to another (Lapsley, 2006). Another aspect of this second level of moral thought is described as immanent justice or “the existence of automatic punishments which emanate from things themselves” (Piaget, 1965, p. 251). For example, in one moral dilemma, Piaget told a story about a boy who stole apples and ran away, but then fell through a rotten bridge. He asked children whether the boy would have fallen if he had not stolen the apples. A child in the heteronomous stage will say that the boy would not have fallen into the water if he had not stolen the apples. Falling into the water was a punishment for what he did. One difficulty with this kind of thinking is that children who have experienced a negative event, such as being hospitalized for an illness, may believe it is a punishment for something bad that they did.
In fact, many adults still show this kind of thinking when they ask, “What did I do to deserve this?” if something terrible happens to them. It is as if they think they are being punished for something they did earlier that really has no connection with the bad event that happened.

By age 7 or 8, children have generally moved on to the third stage known as autonomous morality in which they are aware of the rules and realize that they must adhere to them to maintain their interaction with others. In Piaget’s words, they come to understand that “everyone must play the same” (1965, p. 44). The issue of fairness to all becomes central as children become less egocentric and more aware of others’ points of view. Piaget believed that children’s play contributes to moral development because everything must be negotiated between peers, not handed down from adults, so children must figure out together how to play fair and treat each other decently if they want to continue playing.

Lawrence Kohlberg built upon Piaget’s ideas on moral development. Kohlberg used a similar technique of presenting a series of moral dilemmas to children and young adults of different ages and came up with stages based on their responses to these dilemmas. His most famous story is titled “Heinz and the Drug”:

In Europe, a woman was near death from a rare form of cancer. There was one drug that the doctors thought might save her, a form of radium that a druggist in the same town had recently discovered. The druggist was charging $2,000, ten times what the drug cost him to make. The sick woman’s husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about half of what [the drug] cost. He told the druggist that his wife was dying, and asked him to sell it cheaper or let him pay later. But the druggist said, “No.” So, Heinz got desperate and broke into the man’s store to steal the drug for his wife. Should the husband have done that? Why? (Kohlberg, 2005, p. 214)

Some people read this dilemma and immediately say that Heinz should definitely break in to get the drug, while others say it would be wrong to do so. In fact, Kohlberg was less interested in what people thought they would do than in understanding how they came to their decision. Someone who said that he would break in because his wife would be angry at him if he did not would be at quite a different level of moral thought than someone who said he would break in because human life is sacred. Likewise, someone who said he would not break in because he might get caught and sent to jail would be at a different level than someone who said he would not break in because it is important to respect another person’s property.

Based on these different types of reasoning, Kohlberg described three levels of moral judgment: preconventional, conventional, and post-conventional. Two stages were found within each level, and these are described in Table 11.4. We describe here the broad outlines of the three major levels.

The first level, preconventional moral judgment, is most characteristic of young children. It is marked by self-interest and motivation based on rewards and punishments. In some circumstances we all continue to think in these terms. For example, if you are driving faster than the speed limit and you hit the brakes when you see a police car, you...
are not thinking about the underlying reasons for the speed limit (such as safety or conserving gasoline). You hit your brakes because you don’t want to get an expensive speeding ticket.

In the second level, conventional moral judgment moves beyond self-interest to take into account the good of others. In the first substage, a person bases moral decisions on the moral expectations of important people in his life. At this stage, “trust, loyalty, respect, and gratitude” are central values (Kohlberg, 1987, p. 284). In the second substage, a person makes decisions based more on the expectations of society as a whole. Laws are to be followed because society would break down if everyone disobeyed them. In this stage, a person might respond to the Heinz dilemma by saying that he should not break in because if everyone did things like this, social order would break down.

In the third level, postconventional moral judgment moves beyond society as the defining factor of what is moral or right. Kohlberg says that a person in this stage believes in the human rights of all people, so moral judgments are based on universal principles that apply to all. Often these principles will correspond with society’s rules, but when they don’t, the person still chooses to follow the principles. For example, members of the organization Greenpeace broke the law in May 2014, when they tried to block a Russian oil tanker from offloading its cargo of oil from the Arctic. All were arrested but they felt that their moral principles were more important than the rules of their society. One protestor said, “This tanker is the first sign of a reckless new push to exploit the Arctic, a place of incredible beauty which is melting before our eyes” (Vidal, 2014, para. 7). You can read about another situation in which an individual chose to break the law on behalf of what he believed was a higher moral purpose in Journey of Research: Kohlberg’s Life History and His Theory.

**TABLE 11.4**

<table>
<thead>
<tr>
<th>Levels</th>
<th>Stages</th>
<th>Description (the basis for moral judgment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Preconventional (under age 9)</td>
<td>1. Heteronomous morality</td>
<td>Obeying the word of authorities and fear of punishment</td>
</tr>
<tr>
<td></td>
<td>2. Individualism, instrumental purpose, and exchange</td>
<td>Fairness—believing everyone’s self-interest must be taken into account</td>
</tr>
<tr>
<td>II. Conventional (most adolescents and adults)</td>
<td>3. Mutual interpersonal expectations and conformity</td>
<td>Desiring to be seen as “good” by others by meeting their expectations, including being caring, loyal, and grateful</td>
</tr>
<tr>
<td></td>
<td>4. Social system and conscience</td>
<td>Considering the good of society as a whole, maintaining societal order for the good of all</td>
</tr>
<tr>
<td>III. Postconventional (some adults older than 20–25)</td>
<td>5. Social contract and individual rights</td>
<td>Understanding that the rules of society may differ for different groups but that some values, such as life and liberty, are universal</td>
</tr>
<tr>
<td></td>
<td>6. Universal ethical principles</td>
<td>Following self-chosen principles involving equal rights even when they conflict with society’s rules</td>
</tr>
</tbody>
</table>

**SOURCE:** Adapted from Kohlberg (1987).
Chapter 11: Identity: The Self, Gender, and Moral Development

Although these stages are usually described in terms of children's development, Kohlberg believed that even adults may remain in the first stage of moral judgment, and many do not move beyond the stage of conventional moral judgment.

Gender Differences in Moral Thought

When Kohlberg did his original research, he studied only boys. When he did include girls, they tended to perform at a lower level of moral reasoning than the boys. Carol Gilligan believed that this was because Kohlberg's theory was gender-biased and reflected a masculine view of morality. Gilligan argued that women do not have a lower level of morality than men, but rather have a different way of thinking about moral issues. Her idea was that women base their moral judgments more on what she called the principle of care while men base their judgments more on impersonal, abstract justice, which she believed was the basis for Kohlberg's stages. Although Gilligan did much of her research using real-life moral dilemmas, she also used hypothetical dilemmas, such as the following fable, called The Porcupine and the Moles, that she used with children:

It was growing cold and a Porcupine was looking for a home. He found a most desirable cave, but saw it was occupied by a family of Moles. "Would you mind if I shared your home for the winter?" the Porcupine asked the Moles. The generous Moles consented, and the Porcupine moved in. But the cave was small, and every time the Moles moved around they were scratched by the Porcupine's sharp quills. The Moles endured this discomfort as long as they could. Then at last they gathered courage to approach their visitor. "Pray leave," they said, "and let us have our cave to ourselves once again." "Oh no!" said the Porcupine. "This place suits me very well."

After telling this fable, Gilligan would then ask, "What should the moles do? Why?" (Gilligan, 1987, p. 14).

Gilligan (1987) believed that girls and women would be more likely to respond in terms of everyone's needs: "Cover the porcupine with a blanket [so that the moles will not be stuck and the porcupine will have shelter]" or "Dig a bigger hole" (p. 7). Boys would be more likely
Part IV: Social and Emotional Development

440  Part IV: Social and Emotional Development

to respond in terms of absolute right and wrong: “The porcupine has to go definitely. It’s the moles’ house” (p. 7).

Although several studies have reported such gender differences, the majority have found that both boys and girls think about morality from both the justice and the care perspectives (Jaffee & Hyde, 2000; Walker, 2006). Neither boys nor girls are consistent in the perspective that they bring to resolving moral dilemmas, with the nature of the dilemma itself being the determining factor in which perspective they adopt (Walker & Frimer, 2009). In fact, Kohlberg’s original findings that men were more moral than women also have not been borne out. In more recent research, the only gender differences found in Kohlberg’s stages of moral reasoning have tended to favor girls, although these differences vary from country to country (Gibbs, Basinger, Grime, & Snarey, 2007). The major conclusion we can draw at the present time is that there is no clear gender difference in moral reasoning.

Cultural Differences in Moral Thought

Kohlberg believed that the same stages of moral development that he found in the United States would be found in cultures around the world. A review of studies carried out in 75 different countries found evidence for the universality of the move from preconventional to conventional morality (Gibbs et al., 2007). However, the universality of the move from conventional to postconventional moral reasoning has been much more controversial. Some have argued that the postconventional stage is reflective of Western and urban values. For example, in one study that compared Korean and British children, the researchers found that a concept that Koreans refer to as chung could not be scored according to Kohlberg’s method. Chung is a central value in Korean society that translates as an emotional bond between people in which “the boundary between individuals was dimmed and a sense of one-ness, same-ness, affection, comfort, acceptance and so forth emerged” (Baek, 2002, p. 387). One example of how chung affects moral judgment comes from the response of a 16-year-old Korean adolescent when asked whether Heinz should steal the drug for his wife even if he didn’t love her:

“Even though he doesn’t love her, he should steal the drug. It is said that husband and wife live together based on chung rather than love. They (Heinz and his wife) might also have chung between them since they have been together for a long time” (Baek, 2002, p. 384).

The concept of chung seems to represent a high level of moral reasoning, but it does not fit very well into Kohlberg’s idea of postconventional morality.

Moral Thought and Moral Action

People often believe their behavior mirrors their values. In other words, they adopt a trait approach to understanding morality (Doris, 2002). They see themselves as a moral person and believe they act based on that morality. However, a substantial amount of research has shown there is only a moderately strong link between moral identity and moral behavior (Hardy & Carlo, 2011), suggesting that morality is more statelike than traitlike because any number of situational factors affect how likely it is that we will behave in accordance with our moral values or beliefs.

When you are given a hypothetical moral dilemma, you are largely free from the situational constraints that might influence your actual behavior, but real life is filled with them. For example, divinity students were told they were going to give a practice sermon. Some were told to talk about the Good Samaritan who helped another person who was suffering, while others were given unrelated topics. Then some students were told they were going to be late for their sermon, and some were not. On the way to deliver the sermon,
Each divinity student saw a man who appeared to be in pain and needed help. What do you think determined whether a student stopped to give help? The students’ actual behavior was determined less by whether they had just been thinking about compassion and the Good Samaritan than it was by whether they were going to be late to give their sermon or not (Darley & Batson, 1973).

**Social Domain Theory**

According to social domain theory, moral behavior is constructed from an individual’s interactions with the environment. There are three domains of social knowledge—moral, social-conventional, and personal—and the way we decide whether a behavior is moral or not is different for each of these domains. The moral domain involves judgment about “justice, welfare and rights” and how people ought to be treated (Smetana, 2006, p. 120). Issues in the moral domain are obligatory (that is, everyone must obey these rules), generalizable (that is, the rules apply at all times and in all places), and independent of authority (that is, you need to obey these rules even if there is no one else around to see what you are doing). Violation of moral rules is considered a serious offense (Smetana, 2006). The social-conventional domain is based on social expectations and these issues differ from one culture to another (Turiel, 2006). The personal domain includes issues that affect the individual, but not others, and thus are matters of personal choice (Smetana, 2006). Whereas Piaget and Kohlberg describe moral development as moving from concern for oneself (personal) in early childhood, to concern for society (social-conventional) in middle childhood, to concern for universal moral principles (moral) in adolescence, social domain theory sees all three of these aspects developing independently starting in early childhood.

Similar to the way that Kohlberg and Piaget conducted their research, work on social domain theory also has frequently used hypothetical dilemmas to explore how children reason about situations that involve the different domains and researchers are most interested in the reasons the child gives for his or her answers. Nucci (2008) provides this example of how a 4-year-old girl thought about a moral issue and a conventional issue that happened at her preschool:

**Moral issue (physical injury)**

Interviewer: Did you see what happened?

Girl: Yes. They were playing and John hit him too hard.

Interviewer: Is that something you are supposed to do or not supposed to do?

Girl: Not so hard to hurt.

Interviewer: Is there a rule about that?

Girl: Yes.

Interviewer: What is the rule?

Girl: You’re not to hit hard.

Interviewer: What if there were no rule about hitting hard, would it be all right to do then?

Girl: No.

Interviewer: Why not?

Girl: Because he could get hurt and start to cry.
Conventional issue

Interviewer: Did you see what just happened?
Girl: Yes. They were noisy.

Interviewer: Is that something you are supposed to or not supposed to do?
Girl: Not do.

Interviewer: Is there a rule about that?
Girl: Yes. We have to be quiet.

Interviewer: What if there were no rule, would it be all right to do then?
Girl: Yes.

Interviewer: Why?
Girl: Because there is no rule.

We can see from this example that even a young child understands the difference between a moral issue which should be respected under any circumstance and a social-conventional issue that is based upon a rule that can be changed. As children get older, the criteria they use to make these judgments become more abstract (Smetana, 2006). Of course, not all issues are easily classified into one of these three domains. In ambiguous situations, how the individual makes a decision is influenced by context, culture, and age, as well as the salience of the issue (Smetana, 2006).

THE ROLE OF EMOTIONAL DEVELOPMENT

Emotions enter into the development of morality in two ways. First, we don’t want to do what we think is wrong because we will feel guilty about it, and that is a very uncomfortable emotion. Second, we want to do what is right because we will feel good about doing it. These emotions are the result of our conscience, an autonomous inner guiding system that is based on our understanding of moral rules (Kochanska & Aksan, 2006).

Grazyna Kochanska and her colleagues have shown a link between conscience and moral behavior. They found that when a mother is responsive to her infant it leads to the toddler’s willingness to comply with the parent’s guidance and rules. In preschoolers, these rules become internalized to form the basis for the child’s conscience. In turn, children who develop an effective internal conscience are much less likely to engage in disruptive and negative behavior (Kochanska, Barry, Aksan, & Boldt, 2008; Hardy & Carlo, 2011).

The central role of emotions in moral development is shown in the following simple example: A young child bumps her head as she emerges from a play structure. The teacher says, “Oooh, ouch! That must hurt. Should we put some ice on it?” This example demonstrates the two basic aspects of emotional response that underlie prosocial behavior that helps and supports other people: empathy and sympathy. The teacher is experiencing empathy when he says, “Oooh, ouch!” It is almost as if he too were experiencing the hurt. Even newborns seem to experience this type of emotional sharing. When they hear other babies crying, they are likely to start crying themselves (Geangu et al., 2010). However, unlike a newborn, the teacher is able to manage his own emotional response to react with concern for the child. This response is called sympathy (Eisenberg, Spinrad, & Sadovsky, 2006). If you feel empathy for other people, it is likely to lead to sympathy for their plight. You also are more likely to want to do something to help them and less likely to want to hurt them. Although prosocial behaviors that help and support other people can result from empathy and sympathy, they...
also can result from guilt. In a recent study of older children, the likelihood of sharing with a peer was affected in some children by their ability to be sympathetic and for others by their anticipation of feeling guilty if they did not share (Ongley & Malti, 2014).

Anger is an emotion that has the opposite effect and can lead to **antisocial behaviors** that hurt other people physically or emotionally. The use of aggression by children at different ages is related to the level of their moral understanding. We are less concerned by a preschooler who pushes a friend away to get to a toy than we are by a teenager who uses the Internet to destroy another teen’s reputation; this is in part because we don’t expect the preschooler to understand how her behavior is hurtful to the other child, while the teenager usually has a good idea of the damage he is doing.

**THE ROLE OF INNATE PROCESSES**

The theory of core knowledge that we discussed in Chapter 7 proposes that certain types of knowledge and understanding of the world are built into the brain prenatally. Could one of these be a sense of morality? Several researchers have attempted to show that this is so through research with infants during the first year of life. In research by Hamlin, Wynn, and Bloom (2007), 10-month-old infants were shown the scenes in Figure 11.4. Each scene begins with the red circle trying to get to the top of the hill and not succeeding. In the first scenario, the yellow triangle arrives and pushes the circle so it gets to the top successfully. In the second scenario, the blue square pushes the circle back down the hill so it never reaches the top. After the infants saw these scenes, the yellow triangle and the blue square were put in front of them. The researchers found that the infants were more likely to point to or touch the “helper” triangle than the “hinderer” square. Results were consistent for other scenarios including one in which an animal puppet is trying to open a box with a toy inside and one

**FIGURE 11.4**

**Helpers and hinderers.** In each of these photos, the red circle character has been shown trying and failing to get to the top of the hill. In the first scene, the yellow triangle helps by pushing the circle successfully to the top. In the second photo, the blue square hinders the circle by pushing it back down to the bottom of the hill. Infants like the helper more than the hinderer, showing very early moral judgment.

figure opens the box and another slams it closed (Hamlin, 2013). These researchers believe that life experiences then build on this early understanding in all the ways we have described in our discussion of the role of the environment, emotion, and cognition in the development of morality, but that a basic sense of morality is innate, not learned.

Moral thought and moral behavior are likely to result from a combination of all the factors we have mentioned: inborn tendencies, cognitive and emotional development, and the influence of aspects of the environment, including media, parents, and peers.

PROMOTING MORAL DEVELOPMENT

Although there have been many different programs designed to promote moral development in children and teens, we have chosen one specific type to give as an example of the type of intervention that can be successfully implemented. Service learning is a program in which children provide community service and then reflect upon their experiences to learn from them. Service learning programs have been used as early as kindergarten and on through adolescence and research on these programs has shown that participants increase their moral awareness, including empathy, understanding, altruism, giving, and caring (Leming, 2001). It is essential, however, that these programs provide an opportunity for structured reflection to guide children’s thinking about moral and ethical issues if they are going to learn from them (Conway, Amel, & Gerwien, 2009).

One example of program effectiveness comes from a group of middle school students in Australia whose service learning involved work with the Red Cross and a local nursing home. When interviewed before the activity, many dismissed the likelihood that the experience would have much of an impact on them. However, afterward their reflective responses about what they had gotten from the experience included: “Understanding because you need to know how people feel and what they think” and “There are values in everything. I just didn’t realise it before” (Lovat & Clement, 2016, p. 123). Service learning provides an opportunity for students to look beyond themselves and to clarify the values that make up their sense of morality.

CHECK YOUR UNDERSTANDING

1. How does the environment affect children’s moral development?
2. Compare Piaget’s and Kohlberg’s stages of moral development.
3. What support is there for Gilligan’s theory of gender differences in moral reasoning?
4. Describe how moral thought relates to moral action.
5. What role do emotions play in the development of moral thought and behavior?
6. What evidence supports the idea that infants are born with a moral sense?

CONCLUSION

In this chapter, we have looked at an essential aspect of development: the development of the self. Children and adolescents develop a sense of who they are as individuals (self-concept) as well as how they feel about themselves (self-esteem). Three important aspects of the sense of self that develop throughout childhood and adolescence are gender identity, racial and ethnic identity, and moral identity. By the end of adolescence, most young people have a complex concept of their own identity that combines all the elements we described in this chapter, as well as their hopes and aspirations for who they will become as adults.
CHAPTER SUMMARY

Test your understanding of the content.
Take the practice quiz at edge.sagepub.com/levine3e

11.1 How does the sense of self that develops in infancy become identity in adolescence?

Infants have little self-awareness, but within the first 2 years of life they develop the ability to recognize themselves in a mirror, to use the pronouns I and you correctly, and to understand that other people see the world differently than they do (visual perspective taking). They also become possessive of their toys. Preschoolers think about themselves in very concrete ways: possessions, size, and abilities. School-age children begin to make social comparisons, in which they compare themselves to others. Adolescents develop a differentiated self that takes into account their characteristics at various times and in different situations. Rites of passage in different cultures mark the transition from childhood to an adult identity in that culture. According to Marcia, two processes are involved in forming an identity: exploring the possibilities and making a commitment. The four identity statuses he identified are foreclosure (no exploration, commitment made), identity diffusion (no exploration, no commitment), moratorium (exploration in process, no commitment), and identity achievement (exploration completed, commitment made).

11.2 How does self-esteem change from preschool through adolescence?

Preschoolers tend to have high self-esteem because they do not compare themselves to other people. When school-age children begin to use social comparisons, self-esteem often declines. In early adolescence, self-esteem may drop with the physical changes of puberty and the new social and cognitive demands of middle school, but later in adolescence self-esteem often improves as a sense of identity develops and remains high through the transition to adulthood. Teens can now imagine their ideal self and compare reality with that ideal. Even a small discrepancy between the real and ideal self can negatively impact self-esteem if it is in an area that is important to the teen.

11.3 How does gender identity develop for most children and how does it develop for LGBT children and teens?

Behavioral theories emphasize reinforcement and imitation of gender-appropriate behaviors. Cognitive developmental theory ties gender identity development to Piaget’s stages of cognitive development. Gender schema theory emphasizes the development of ideas associated with each gender based on societal expectations and experiences. The gender self-socialization model examines gender identity by looking at children’s and teens’ own individual experiences and ideas of gender consistency and pressure to conform.

Lesbian, gay, and bisexual teens identify with their natal gender but are attracted to partners of the same sex. Transgender children experience their gender as opposite from their natal sex. Their identification with a different sex may begin as early as age 2 or it may not begin until adolescence. LGBT children and teens experience harassment at a high level, which can negatively affect their well-being, so family acceptance is crucial to their positive development. Support for and acceptance of LGBT students has increased in recent years, so many are optimistic about their futures.

11.4 How do ethnic and racial identity affect development?

At first, children may not think specifically about their ethnic and racial identity. During adolescence, ethnicity may become more meaningful, and teens may engage in an ethnic identity search, exploring the meaning of their ethnicity. Finally, they reach a clear understanding and acceptance of their ethnic identity. Those adolescents with a strong sense of ethnic identity are more able to resist problem behaviors and more likely to have higher self-esteem.

11.5 What factors influence a child’s development of a moral identity?

Children learn what is right and what is wrong from the reinforcements they receive from the environment, while also learning what to do by imitation. Piaget and Kohlberg describe the development of moral judgment as a series of stages similar to Piaget’s stages of cognitive development. For Piaget, these stages are premoral, heteronomous morality, and autonomous morality. Kohlberg’s levels are preconventional, conventional, and postconventional. For both theories, the progression is from judgments based on others’ rules to internalized rules. The emotions of empathy and guilt play a role in influencing children to behave in moral ways. According to social domain theory, moral behavior is based on three domains of social knowledge—moral, social-conventional, and personal—and the way we decide whether a behavior is moral or not is different for each of these domains. Finally, some aspects of moral judgment may be innate, as demonstrated by research with infants.
KEY TERMS

Strengthen your understanding of these key terms with mobile-friendly eFlashcards at edge.sagepub.com/levine3e

Androgyny 424
Antisocial behavior 443
Autonomous morality 437
Cisgender 431
Conventional moral judgment 438
Ethnic and racial identity 433
Gender constancy 422
Gender dysphoria 432
Gender identity 421
Gender nonconforming 431
Gender self-socialization model 425
Gender stability 422
Global self-esteem 415
Heteronomous morality 436
Ideal self 418
Identity achievement 412
Identity diffusion 411
Identity foreclosure 411
Identity moratorium 412
Immanent justice 436

Moral judgment 436
Moral knowledge 436
Natal gender 430
Negative identity 411
Postconventional moral judgment 438
Preconventional moral judgment 437
Premoral 436
Prosocial behavior 442
Racial and ethnic constancy 433
Rites of passage 413
Self-esteem 414
Self-esteem movement 416
Service learning 444
Sexual orientation 426
Social comparison 416
Social domain theory 441
Thin ideal 419
Transgender 430
Transsexual 431
Visual perspective-taking 408

SAGE edge™

Give your students the SAGE edge!

SAGE edge offers a robust online environment featuring an impressive array of free tools and resources for review, study, and further exploration, keeping both instructors and students on the cutting edge of teaching and learning. Learn more at edge.sagepub.com/levine3e

Copyright ©2017 by SAGE Publications, Inc.
This work may not be reproduced or distributed in any form or by any means without express written permission of the publisher.
practice AND apply
WHAT YOU'VE LEARNED

edge.sagepub.com/levine3e

CHECK YOUR COMPREHENSION ON THE STUDY SITE WITH:

- eFlashcards to strengthen your understanding of key terms.
- Practice quizzes to test your knowledge of key concepts.
- Videos and multimedia content to enhance your exploration of key topics.