

Chapter 2

Developmental Differences in Self-Representations during Childhood

This chapter examines the nature of self-representations at three periods of childhood: very early childhood (ages 2 to 4), early to middle childhood (ages 5 to 7), and middle to late childhood (ages 8 to 10). Each period begins with a prototypical self-descriptive cameo that reflects the cardinal features of the content and structure of the self at that developmental level. Discussion then focuses on three topics. The first is a review of normative-developmental changes that are critical for judging whether a child's self-representations are age appropriate. Against this backdrop we examine the second topic, the normative-developmental liabilities for the construction of the self. Table 2.1 summarizes key developments at each age period for these two normative-developmental themes. Finally, the third topic addresses cognitive and social factors that can lead to distortions in self-development, in the form of disorders that can be considered more pathological in nature. Table 2.1 addresses the first two normative-developmental themes. For each period, the issue of the role of self-protective and self-enhancement strategies is also addressed, raising two questions: Do children at a given level have the need or motivation to engage in such self-serving biases, and second, do they have the requisite cognitive and social skills to enact such strategies?

TABLE 2.1. Normative-Developmental Changes in Self-Representations during Childhood

Age period	Salient content	Structure/organization	Valence/accuracy	Nature of comparisons	Sensitivity to others
Very early childhood	Concrete, observable characteristics; simple taxonomic attributes in the form of abilities, activities, possessions, preferences	Isolated representations; lack of coherence, coordination; all-or-none thinking	Unrealistically positive; inability to distinguish real from ideal selves	No direct comparisons	Anticipation of adult reactions (praise, criticism); rudimentary appreciation of whether one is meeting others' external standards
Early to middle childhood	Elaborated taxonomic attributes; focus on specific competencies	Rudimentary links between representations; links typically opposites; all-or-none thinking	Typically positive; inaccuracies persist	Temporal comparisons with self when younger; comparisons with age-mates to determine fairness	Recognition that others are evaluating the self; initial introjection of others' opinions; others' standards becoming self-guides in regulation of behavior
Middle to late childhood	Trait labels that focus on abilities and interpersonal characteristics; comparative assessments with peers; global evaluation of worth	Higher-order generalizations that subsume several behaviors; ability to integrate opposing attributes	Both positive and negative evaluations; greater accuracy	Social comparison for purpose of self-evaluation	Internalization of others' opinions and standards, which come to function as self-guides

Very Early Childhood: Ages 2 to 4

Normative Self-Representations and Self-Evaluations during Early Childhood

VERBAL CAMEO

“I’m 3 years old, I’m a boy, and my name is Jason. I live with my mommy and daddy who really love me. My mommy makes me yummy spaghetti! I am going to get my own baby sister for Christmas! I have blue eyes and a kitty that is orange and a television in my own room, it’s all *mine*! I know all of my ABC’s, listen: A, B, C, D, E, F, G, H, J, L, K, O, P, Q, R, X, Y, Z. I can run real fast, faster than when I was 2. And I can kick a soccer ball *real* far, all the way from one end of the field to the other. I’m a lot bigger now. When I look in the mirror at *me*, I can tell I grew. My daddy puts marks on the mirror to show how much taller I get. I have a nice teacher at preschool, she thinks I’m great at everything! I can count up to 100, want to hear me? 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! My mommy and I like to make up stories about me, she helps me remember things I did or said.”

Self-Awareness, Self-Agency, and Self-Continuity

As James (1892) observed, self-awareness is one of the basic functions of the I-self. The I-self, as the observer, becomes aware of the Me-self, as observed. There is no singular definition of self-awareness applicable across developmental levels; it will differ, depending upon the age or stage. Very young children (ages 2 to 4) have emerged from an earlier stage in which as toddlers, they mastered *bodily self-awareness* (see Berthenthal & Fischer, 1978; M. Lewis & Brooks-Gunn, 1979; Rochat, 2003). In the well-known self-recognition paradigm, the toddler is placed in front of a mirror, after rouge has surreptitiously been placed on his/her nose. Evidence of self-recognition comes from “mark-directed behavior” in which toddlers point to or rub the rouge. This signals a realization that the rouge violated their perceptions of what they look like, indicating physical self-awareness.

Subsequently, during very early childhood, self-awareness takes on more psychological manifestations. The I-self’s awareness of the Me-self takes the form of verbalizing self-referential attributes and behaviors. That is, linguistically the young child can now *describe* the self. There are many examples in the cameo; for example, Jason calls himself by name, indicates that he has blue eyes, and describes a range of cognitive and physical competencies (e.g., knowledge of his A, B, C’s, his counting ability, plus his prowess at climbing and lifting).

Such descriptions will typically be observed in 3- to 4-year-olds. The content of this particular cameo is more characteristic of young boys whose presented self is likely to be based on activities and skills. The content of the cameos of girls is more likely to be social, relational, and emotional (Fivush & Buckner, 2003) (e.g., "I'm really happy playing baby dolls with my friends," "I'm sad when grandma has to leave"). Noteworthy is the nature of the attributes selected to portray the self. Theory and evidence (see Fischer, 1980; Fischer & Canfield, 1986; S. Griffin, 1992; Harter, 2006a; Higgins, 1991; Watson, 1990) indicate that the young child can only construct very concrete cognitive representations of observable features of the self (e.g., "I'm a boy," "I have a television in my own room," "I have a kitty that is orange"). Damon and Hart (1988) label these as categorical identifications, reflecting the fact that the young child understands the self only as separate, taxonomic attributes that may be *physical* (e.g., "I have blue eyes"), *active* (e.g., "I can run real fast, climb to the top"), *social* (e.g., "My mommy and daddy love me"), or *psychological* (e.g., "I am happy"). It is noteworthy that particular skills are touted (running, climbing) rather than generalizations about abilities such as being athletic or good at sports. For girls, particular activities are specified, for example, "playing baby dolls."

Moreover, often skill descriptions will spill over into actual demonstrations of one's abilities ("I'm really strong. I can lift this chair, watch me!"), or for girls ("I could bring my baby dolls to show you, next time"), suggesting that these emerging self-representations are still very directly tied to behavior. From a cognitive-developmental perspective, they do not represent higher-order conceptual categories through which the self is defined. In addition to concrete descriptions of behaviors, the young child defines the self in terms of possessions ("I have an orange kitty and a television in my own room"). Fasig (2000) documents the young child's assertions of ownership that emerge during this age period. Possessions come to represent an extension of the self, as a defining feature. Thus, as M. Rosenberg (1979) has cogently observed, the young child acts as a demographer or radical behaviorist in that his/her self-descriptions are limited to characteristics that are potentially observable by others.

In addition to a rudimentary display of self-awareness, another manifestation of the I-self is a sense of *agency*, the conviction that one has control over one's actions and thoughts (see M. Lewis, 2008; R. A. Thompson, 2006). One's actions, as a causal agent, have a predictable impact on others or the environment. Thus, Jason describes how he "can kick a soccer ball real far" and can "count up to 100," if there is an audience to listen.

The self-representations of this period are highly differentiated or isolated from one another; that is, the young child is incapable of integrating these compartmentalized representations of self and thus self-descriptive accounts appear quite disjointed. This lack of coherence is a general cognitive

characteristic that pervades the young child's thinking across a variety of domains (Fischer, 1980). As Piaget (1960) himself observed, young children's thinking is transductive, in that they reason from particular to particular, in no logical order.

Neo-Piagetians have elaborated on these processes. For example, Case (1992) refers to this level as "interrelational," in that young children can forge rudimentary links in the form of discrete event-sequence structures that are defined in terms of physical dimensions, behavioral events, or habitual activities. However, they cannot coordinate two such structures (see also S. Griffin, 1992), in part because of working memory constraints that prevent young children from holding several features in mind simultaneously. Fischer's (1980) formulation is very similar. He labels these initial structures "single representations." Such structures are highly differentiated from one another, since the cognitive limitations at this stage render the child incapable of integrating single representations into a coherent self-portrait. Thus, as the representative cameo reveals, there is little coherence to the self-descriptive narrative that constitutes piecemeal and seemingly random and unrelated features of the self.

ACCURACY OF SELF-APPRAISALS

Self-evaluations during this period are likely to be unrealistically positive (Harter, 2006a; Trzesniewski, Kinal, & Donnellan, 2010). The cameo child is naïvely unaware of inaccuracies (e.g., his inadequate knowledge of the alphabet or his unlikely kicking prowess). Moreover, experimental evidence reveals that when preschool children (4-year-olds) are asked to predict how far they could jump or how many balls they could throw in a box several feet away, they consistently overestimate their performance (Schneider, 1998). There are several reasons for this normative inaccuracy. It is important to appreciate, however, that these apparent distortions are normative in that they reflect cognitive limitations rather than conscious efforts to deceive the listener. That is, they do not represent the strategic self-presentational tactics that have been documented for adults. First, young children have difficulty distinguishing between their desired and their actual competence, a confusion initially observed by both Freud (1952) and Piaget (1932). Thus, young children cannot yet formulate an ideal self-concept that is differentiated from a real self-concept. Rather, their descriptions represent a litany of talents that may transcend reality (Harter & Pike, 1984).

For contemporary cognitive developmentalists, such overstated virtuosity or optimism (R. A. Thompson, 2006) stems from another cognitive limitation, namely, the inability of young children to bring social comparison information to bear meaningfully on their perceived competencies (Ruble & Frey, 1991). The ability to use social comparison toward the goals

of self-evaluation requires that the child be able to relate one concept (his/her own performance) to another (someone else's performance), a skill that is not sufficiently developed in the young child. Thus, self-descriptions typically represent an overestimation of personal abilities.

Third, young children *do* make use of *temporal comparisons*, the awareness that today's skills greatly exceed those of their not-so-distant past. Jason, age 3, boasts that "I can run *real* fast, faster than when I was 2!" Temporal comparisons are particularly salient and gratifying given that skill levels change rapidly during this age period and thus improvement is quite noticeable. For Jason, they extend to his increasing height, which his father underscores by making marks on the mirror that chart his age-appropriate growth spurts.

Fourth, very young children lack the *perspective-taking ability* to understand and therefore incorporate the perceived opinions of significant others toward the self (Harter, 2006a; Selman, 1980, 2003). Thus, the inability to fully comprehend that significant adults may be critical of the self leads very young children to persist in overly positive evaluations of the self. The prerequisites for Cooley's (1902) looking-glass-self formulation are lacking. Furthermore, to the extent that the majority of socializing agents are relatively benevolent and supportive, the psychological scale will tip toward an imbalance of positive self-attributes. For example, in the cameo, Jason tells us that "my teacher thinks I'm great at everything," as he basks in the glow of virtuosity. Bjorklund (2007) makes a related point, observing that adults will shift or reframe the meaning of success, setting more attainable goals for very young children. As a result, and because adults offer assistance and scaffolding on difficult tasks, young children have little experience with absolute failure.

A fifth reason for inaccurate self-evaluations can be observed in young children's inability to acknowledge that they can possess attributes of *opposing valence*, for example, good and bad, or nice and mean (Fischer & Bidell, 2006; Fischer, Hand, Watson, Van Parys, & Tucker, 1984). This all-or-none thinking can be observed in the cameo, where all of the attributes appear to be positive. Young children's self-representations may also include emotion descriptors (e.g., "I'm always happy"). Findings (Fivush & Buckner, 2003) reveal that girls' descriptions are more likely to mention the emotion of sadness, as well as to provide the *causes* of an emotion (e.g., "I'm sad when Grandma has to leave").

Considerable research reveals that young children have an understanding of four such affects, namely, happy, mad, sad, and scared (see Bretherton & Beeghly, 1982; Dunn, 1988; Harris, 2008; Harter & Whitesell, 1989). However, children at this age do not acknowledge that they can experience both positive and negative emotions, particularly at the same time. Many will deny that they have certain negative emotions (e.g., "I'm never scared!"). Thus, a growing body of evidence now reveals that young

children are incapable of appreciating the fact that they can experience seemingly opposing emotional reactions simultaneously (Donaldson & Westerman, 1986; Gnepp, McKee, & Domanic, 1987; Harris, 2003, 2008; Harter & Buddin, 1987; Reissland, 1985; Selman, 1980). For Fischer and colleagues (e.g., Fischer & Ayoub, 1994), this dichotomous thinking represents the natural fractionation of the mind. Such “affecting splitting” constitutes a normative form of dissociation that is the hallmark of very young children’s thinking about both self and others. It is important to appreciate that the normative nature of this all-or-none thinking contributes to overly positive renditions of the young child’s emotional life and does not have clinical implications.

THE IMPLICATIONS OF POSITIVITY BIASES

It is clear that very young children’s self-reports are overly positive or optimistic for several reasons. To summarize, young children lack the cognitive ability to engage in *social comparison* (they rely on *temporal comparisons*), they cannot make the distinction between real and ideal self-concepts, they cannot internalize the critical opinions of others, and they cannot construct a balanced view of their strengths and weaknesses. Thus, given these biases, self-evaluations can be considered to be unrealistic.

One may question, however, whether these reflect *psychological liabilities*. That is, many of the cognitive limitations of this period may serve as *protective* factors, to the extent that the very young child maintains very positive, albeit unrealistic, perceptions of self. Positive self-views may serve as motivating factors, as emotional buffers, contributing to the young child’s development. They may propel the child toward growth-building mastery attempts, they may instill a sense of confidence, and they may lead the child to rebuff perceptions of inadequacy, all of which may foster positive future development. From an evolutionary perspective, such “liabilities” may well represent critical strengths at this developmental level. Bjorklund (2007) makes a similar argument, suggesting that the positivity biases have adaptive functions at this age. Self-enhancement can serve to avert feelings of helplessness in the face of daunting challenges that accompany the mastery of many developmentally appropriate skills (e.g., learning to throw a ball, read, understand written language, understand complex social rules). Thus, children remain motivated to attempt a wide range of new tasks. The implications of *excessive* positivity are revisited as we move up the ontogenetic ladder of representations and evaluations of the self.

However, do these developmentally normative self-biases approximate the types of self-enhancing strategies that are observed in adults? Trzesniewski et al. (2010) see parallels in summarizing young children’s penchant to exaggerate their capabilities, their overly optimistic expectations about the future, and their self-serving attributions, viewing the

protective motives as similar. My own developmental perspective would suggest a different interpretation. That is, young children do not need to tactically or strategically enhance perceptions of competence; their self-evaluations are already normatively inflated! Thus, children do not possess the *motives* that propel adults' need to enhance the self, namely, attempts to defensively protect or conceal underlying fragile or negative images of self.

Second, the mechanisms are quite different. That is, the many cognitive limitations in early childhood (e.g., the inability to use social comparison, to construct real vs. ideal self-concepts that can be compared, the lack of perspective taking) preclude the many processes that adults draw upon to protect and enhance the self (e.g., downward social comparison, false uniqueness effects, attempts to reduce ideal-real self-images). Moreover, these strategies among adults require sophisticated perspective-taking skills in which they are aware of the potential negative perceptions of others toward the self that, in turn, require mechanisms of distortion and deception. In addition, young children do not yet have a linguistic concept of their *global self-esteem*. Adults, in contrast, may have a need, as well as the skills, to protect or enhance negative perceptions of their overall worth as a person. Finally, the *consequences* of the young child's behaviors are different, as we shall see, in the subsequent discussion of "normal narcissism." Age-appropriate narcissism is viewed as healthy, meeting needs of the young child. The exhibitionistic displays are endearing and meet with social approval from significant others. In contrast, the self-centered grandiosity among adults to protect the self blinds narcissists to their shortcomings and therefore does not elicit support from others. Rather it provokes, rebuffs, and rebukes.

THE CONCEPT OF GLOBAL SELF-ESTEEM

Cognitive limitations of this period extend to the inability of young children to create a concept of their overall worth as a person, namely, a representation of their global self-esteem or self-worth that can be verbalized (Harter, 2006a). Such a self-representation requires a higher-order integration of domain-specific attributes that have first been differentiated. Young children do begin to describe themselves in terms of concrete cognitive abilities, physical abilities, how they behave, how they look, and friendships they have formed (Harter, 1990). However, these domains are not clearly differentiated from one another, as revealed through factor-analytic procedures (Harter & Pike, 1984), nor integrated into a higher-order concept of their self-esteem.

Among securely attached young children, there are concrete acknowledgments of parental affection that represent the precursors of later perceptions of high self-esteem. As Jason describes, "my mommy and daddy really love me ... my mommy makes me yummy spaghetti!" His mother, father,

and teacher all reinforce a sense of his competence. Thus, young children receive signals as to whether they are lovable and capable that will set the stage for their subsequent level of global self-esteem, when this concept can be verbalized. Before such a global concept can be cognitively constructed, very young children appear to *experience* high or low self-esteem that is exuded in *behavioral manifestations* that are observable by adults.

BEHAVIORALLY PRESENTED SELF-ESTEEM IN YOUNG CHILDREN

The fact that young children cannot cognitively or verbally formulate a general concept of their worth as a person does not dictate that they lack the experience of self-esteem. Rather, our findings (see Haltiwanter, 1989; Harter, 1990, 2006a) reveal that young children manifest self-esteem in their observable behavior. In examining the construct of "behaviorally presented self-esteem," we first invoked the aid of nursery school and kindergarten teachers who had considerable experience with young children. We found that early childhood educators frequently make reference to children's self-esteem and that this is a very meaningful concept that distinguishes children from one another.

Thus, as a first step, we conducted open-ended interviews with about 20 teachers in order to generate an item pool from which we would eventually select those items that best discriminated between high- and low-self-esteem children. Teachers were asked to describe those behaviors that characterize the high-self-esteem child, those that characterize the low-self-esteem child, and those they felt did not allow them to discriminate between the two groups. Teachers had definite opinions about behaviors that were both relevant and irrelevant to this construct.

From these interviews we culled 84 behavioral descriptors, phrases that represented behaviors ranging from those that teachers felt did discriminate between high- and low-self-esteem children as well as those they felt were not relevant. We next employed a Q-sort procedure in which we asked a separate group of teachers to sort these 84 items into those that were most descriptive of the high-self-esteem child at one end of the distribution, those that were most like the low-self-esteem child at the other end, and those that were neither like or unlike the high- or low-self-esteem child in the middle. Thus, teachers performed a single sort based on their view of the prototype of both the high- and low-self-esteem child. Reliability analyses indicated very substantial agreement among teachers.

There were two primary categories of items that defined the high-self-esteem child:

1. *Active displays of confidence, curiosity, initiative, and independence.* Examples include trusts his/her own ideas, approaches challenge with confidence, initiates activities confidently, takes initiative,

sets goals independently, is curious, explores and questions, is eager to try doing new things. Two other behaviors seemed to convey the more general manifestation of these attributes: describes self in positive terms and shows pride in his/her work.

2. *Adaptive reaction to change or stress.* Examples include able to adjust to changes, comfortable with transitions, tolerates frustration and perseveres, able to handle criticism and teasing.

Similar categories describing the low-self-esteem child, representing the converse of these two sets of items, emerged:

1. *Failure to display confidence, curiosity, initiative, and independence.* Examples include: doesn't trust his/her own ideas, lacks confidence to initiate, lacks confidence to approach challenge, is not curious, does not explore, hangs back, watches only, withdraws and sits apart, describes self in negative terms, does not show pride in his/her work.
2. *Difficulty in reacting to change or stress.* Examples include gives up easily when frustrated, reacts to stress with immature behavior, reacts inappropriately to accidents.

This content analysis is particularly illuminating given what it reveals about the nature of self-esteem as seen through the collective eyes of experienced teachers. It suggests two primary dimensions: one active and one more reactive. The active dimension represents a style of approach rather than the display of skills per se. That is, the high-self-esteem child manifests confidence and interest in the world, whereas the low-self-esteem child avoids challenge, novelty, and exploration. The reactive dimension involves the response of the child to change, frustration, or stress. The high-self-esteem child reacts more adaptively, whereas the low-self-esteem child reacts with immature, inappropriate, or avoidant behaviors. (Empirically, these two dimensions are highly correlated.)

Of particular interest are the categories of behaviors that do *not* seem to discriminate between high- and low-self-esteem children, according to teachers. Most noteworthy, if not striking, was the fact that *competence* per se is not a correlate of overall self-esteem in young children, although confidence was a marker. It would thus appear that *confidence*, as a behavioral style, is not synonymous with competence, at least at this age level. This is illuminating because it suggests that the origins of a sense of confidence during early childhood do not necessarily reside in the display of skills, more objectively defined. During later childhood, the link between confidence in the self and one's level of competence apparently becomes stronger. In early childhood, the developmental path to high self-esteem

will be facilitated by parental support, sensitivity, and contingent responsiveness. In addition, specific support for exploration, mastery, and curiosity that all promote a sense of confidence will also contribute. In middle childhood, competence will become a much more critical factor, contributing to self-esteem. We would argue, in bridging these two developmental periods, that socialization practices that reward displays of confidence will lead the young child to engage in behaviors that would allow him/her to begin to develop skills and competencies that will subsequently become a defining predictor of self-esteem.

ADDITIONAL FUNCTIONS OF THE SOCIALIZING ENVIRONMENT

In addition to the effect of parenting on behavioral manifestations of self-esteem, Higgins (1991), building upon the efforts of Case (1985), Fischer (1980), and Selman (1980, 2003), also focuses on how self-development during this period involves the interaction between the young child's cognitive capacities and the role of socializing agents (see also R. A. Thompson, 2006). He provides evidence for the contention that during Case's stage of interrelational development and Fischer's stage of single representations, the very young child can place himself/herself in the same category as the parent who shares his/her gender, which forms an initial basis for identification with that parent. Thus, the young boy can evaluate his overt behavior with regard to the question: "Am I doing what daddy is doing?" The young girl focuses on what mommy is doing. Attempts to match that behavior, in turn, will have implications for which attributes become incorporated into the young child's self-definition (see Ruble, Martin, & Berenbaum, 2006). Thus, these processes represent one process through which socializing agents impact the self.

Higgins (1991) observes that at the interrelational stage, young children can also form structures allowing them to detect the fact that their behavior evokes a reaction in others, notably parents, which in turn causes psychological reactions in the self. These experiences shape the self to the extent that the young child chooses to engage in behaviors designed to please the parents. Stipek et al. (1992), in a laboratory study, have provided empirical evidence for this observation, demonstrating that slightly before the age of 2, children begin to anticipate adult reactions, seeking positive responses to their successes and attempting to avoid negative responses to failure. Thus, in early childhood, young children show a rudimentary appreciation for adult standards; for example, by turning away from adults and hunching their shoulder in the face of failures (see also Kagan, 1984, who reports similar distress reactions). Although young children are beginning to recognize that their behavior elicits a reaction from significant others, their perspective-taking skills are extremely limited (see Harter, 2006a;

Selman, 1980, 2003; R. A. Thompson, 2006). Thus, they are unable to incorporate or internalize others' opinions of the self, which precludes a realistic self-evaluation that can be verbalized.

THE ROLE OF NARRATIVE IN THE CO-CONSTRUCTION OF THE SELF

Another arena in which socialization agents in general, and parental figures, in particular, impact children's self-development involves the role of narratives in promoting the young child's autobiographical memory, namely, a rudimentary story of the self. These narratives greatly contribute to the young child's emerging self-understanding in the form of a sense of *continuity* or physical *permanence* over time (K. Nelson, 2003; Rochat, 2003). There is the realization that the self is invariant over time, even given changes in outward appearance (e.g., wearing different clothes). There is considerable agreement (Fivush & Haden, 2003) that autobiographical memory is critical to a sense of continuity and requires the retention of memories that are personally meaningful to the self (K. Nelson, 2003). Nelson elaborates with regard to the unique function of autobiographical memory, which is to establish one's personal history that can be contrasted to the narratives of others. In so doing, the child comes to appreciate the continuity of the self over time, what Nelson and others (see Harter, 1983) refer to as the "conservation of self."

For most developmental memory researchers, language is a critical acquisition allowing one to establish a personal narrative (Fivush & Hamond, 1990; Hudson, 1990; K. Nelson, 1990, 2003; K. Nelson & Fivush, 2004). Between the ages of 18 and 27 months, the child begins to refer to the self in linguistic terms such as "I," "me," "my," and "mine." The mastery of language, in general, and of personal pronouns, in particular, enables young children to think and talk about the I-self and to expand their categorical knowledge of the Me-self (Bates, 1990; P. J. Miller, Potts, Fung, Hoogstra, & Mintz, 1990). That young children wrestle with the I-self–Me-self distinction, at a more rudimentary level than James's (1890) loftier deliberations, was evidenced by a question that a 30-month-old once asked the author, "Am I me?"

For K. Nelson (2003), these processes lead to the construction of the *representational self*. She observes that such a representation is not merely the experiencing self, or the self in action, but also the conceptual self. Thus, in the parlance of this chapter, the representational self consists of both an appreciation for the active I-self as well as the Me-self that is constructed. Moreover, representations of the autobiographical self in language are further facilitated by acquisition of the past tense, which occurs toward the latter half of the third year and functions to solidify the continuity of the self in time.

Howe (2003) and Howe and Courage (1993) bolster these arguments, but contend that the emergence of language is not sufficient to explain the emergence of an ability to create autobiographical memories. They note that self-knowledge—that is, an appreciation for the self as an independent entity with actions, attributes, affects, and thoughts that are distinct from those of others—is required for the development of autobiographical memory. Without the clear recognition of an independent I-self and Me-self, there can be no referents around which personally experienced events can be organized. Thus, for Howe and Courage, the emergence of the infant's sense of self is the cornerstone in the development of autobiographical memory that further shapes and solidifies one's self-definition. Moreover, the fact that the infant's self-development, in the form of the experience of both an I-self and Me-self, does not emerge until the end of the second year of life is taken as one explanation for the phenomenon of childhood amnesia; namely, that adults can rarely recall memories from their first 2 years of life.

Parents play a critical role in young children's development of their autobiographical self through the construction of personal narratives. Initially, parents recount to the child stories about his/her past and present experiences. For the young child, such narratives are highly scaffolded by the parents, who reinforce aspects of experience that they feel are important to codify and remember (Fivush & Hudson, 1990; Haden, 2003; K. Nelson, 1989, 2003). With increasing age and language facility, children come to take on a more active role in that parent and child co-construct the memory of a shared experience (A. Eisenberg, 1985; Hudson, 1990; K. Nelson, 1993, 2003; K. Nelson & Fivush, 2004; Reese, 2002; Rogoff, 1990; Snow, 1990). Through these interactions, an autobiographic account of the self is created.

K. Nelson (2003) cites evidence that parents initially provide the linguistic and conceptual framework that dictates the conventional components of a narrative. In this formula, the narrative consists of a *setting* (time and place), a central *goal*, a *motivation*, an element of *surprise*, *success* or *failure*, *emotions*, and a *conclusion* with evaluative connotations (e.g., good or bad, right or wrong). These components influence the child's structure of the remembered episode, and carry over into the child's later more independent and active construction of his/her narratives (see also Reese, 2002).

Of further interest are findings demonstrating individual differences in parental styles of narrative construction (see Bretherton, 1993; Haden, 2003; Hayne & MacDonald, 2003; K. Nelson, 1990, 1993, 2003; Tessler, 1991). A major distinction contrasts a highly elaborative style and a low elaborative approach to narrative construction. A highly elaborative style places emphasis on long, embellished accounts of previously experienced

events that are rich in descriptive material and are highly reminiscent. In contrast, a low elaborative style leads to much shorter narratives that provide more impoverished descriptions of the event. These tend to provide a more pragmatic account that is repetitive in nature, focusing more on the "correctness" of memories as well as useful information.

Parents who are highly elaborative early in the child's development facilitate their children's ability to report on their past experiences in a richer, more descriptive, account (Haden, 2003). Haden concludes that as these linguistic and narrative skills are modeled by parents, children come to understand and represent their personal experiences in more elaborative forms. Thus, elaborative parents are more effective in establishing and eliciting autobiographical memories in their young children. Reese (2002) provides further evidence that the young children of mothers who provide more terms to orient the narrative (who, where, when themes) and employ more evaluative terminology (how, why) and emotion labels, similarly use more such linguistic constructions in their own narratives (see also Farrant & Reese, 2000).

Moreover, both mothers and fathers have been found to exhibit a more elaborated style when discussing shared events with their daughters, compared to their sons (Hayne & MacDonald, 2003). Mothers also talk more to girls about emotions, particularly sadness, and focus on the causes of emotions (Fivush & Buckner, 2003). Social relationships are also more evident in mothers' conversations with their daughters.

These differences are likely to be one factor contributing to gender differences in the content and structure of young children's narratives (see Fivush & Buckner, 2003). Compared to boys' narratives, the autobiographical stories of girls are longer and more detailed, reflect more internal state language, make more references to emotions, and place greater emphasis on relationships and the importance of interpersonal connection. In contrast, the presented self in boys' narratives emphasizes activities that involve skill development. Although parental narrative styles may contribute to the demonstrated gender differences, Fivush and Buckner as well as Hayne and MacDonald (2003) also observe that the prevalent gender stereotypes in our society (witnessed in the media, advertising, television, movies, children's books, children's toys, children's clothing) are not lost on our young children. These latter influences intensify in the subsequent periods of childhood that are discussed, reflecting what K. Nelson (2003) describes as the emergence of the *cultural* self.

Attachment theory and research add another dimension to our understanding of children's narratives. Attachment security has been found to be associated with mothers' reminiscing style (see Reese, 2002). Securely attached young children of those mothers who utilized more elaborative descriptions later produced more independent autobiographical memories whose themes were also more connected and coherent. Bretherton and

Munholland (2008) describe a more recent longitudinal study of mother-child memory talk of children at 19, 25, 32, 40, and 51 months (Newcombe & Reese, 2004). Mothers of securely attached infants (at 19 months) employed more evaluative language (e.g., internal state labels, intensifiers, affect modifiers, and emotional emphasis), whereas the opposite was documented for mothers of insecurely attached infants. At all five age levels, children in the secure group used more such evaluative language than their insecure peers. Moreover, beginning at 25 months, maternal and child evaluative language scores in secure (but not insecure) mother-child dyads became correlated.

Bretherton and Munholland (2008) indirectly place many of the findings discussed in this section on narratives into a historical attachment theory perspective. They remind us that Bowlby (1973, 1988) put considerable emphasis on the quality of the parent-child relationship as well as on frank and open parent-child communication about themselves and significant others. Emotions and other mental states were paramount in these discussions. Bowlby was particularly concerned with deliberate parental *miscommunication* because he observed the detrimental consequences, namely, confusing and disorganizing children's attempts to construct working models of self and others.

It was central to Bowlby's (1973, 1988) theorizing that evolution prepared the infant to *expect* appropriate and caring parental responses to attachment signals (see Bretherton & Munholland, 2008). If parents ignored or deliberately misinterpreted their infant's emotional communications, then this would not convey that these signals were meaningless. Rather, it would constitute overt *rejection*. If such rejection is consistent and pervasive, then it will lead to the development of a working model of self signifying that "My needs (or I myself) don't count" (Bretherton, 1990; Bretherton & Munholland, 2008). As a result, the child concludes that he/she is worthless, which has tremendous emotional significance for the child's developing self. These observations anticipate our subsequent discussion where findings reveal that inappropriate parental communications, coupled with conditionality ("Behave as I demand or you will lose even the contingent support we offer"), cause children to engage in false-self behavior.

Normative Liabilities for Self-Development during Early Childhood

Many of the normative liabilities of this period can be inferred from the previous description and thus will only be briefly reviewed here. Once very young children are able to verbally describe the self, linguistic self-representations emerge but are limited in that they reflect only concrete descriptions of behaviors, abilities, emotions, possessions, and preferences that are potentially

observable by others. These attributes are also highly differentiated or isolated from one another, leading to rather disjointed accounts, because at this age, young children lack the ability to integrate such personal characteristics. For some adult observers, this lack of a logical self-theory may be cause for concern if not consternation. However, these features are normative in that the I-self processes, namely the cognitive structures available at this developmental period, preclude a more coherent organization of Me-self characteristics. Moreover, self-evaluations are unrealistically positive, although discussion earlier focused on whether this should be considered a liability because at this age it may have adaptive functions.

Egocentrism

For very young children, egocentrism is defined as a cognitive-developmental limitation in that they cannot separate their own perspectives from others' points of view (Piaget, 1960). Piaget concentrated on young children's inability to adopt the *spatial* perspective of another, imposing their own. Later investigators extended this analysis to *cognitive* perspective taking, demonstrating the inability of very young children to appreciate the thoughts or minds of others (see reviews by Harris, 2008; R. A. Thompson, 2006). Moreover, young children lack the capacity to take the *emotional* perspective of others (see Saarni, Campos, Camras, & Witherington, 2006). In all cases, the focus is singularly on one's own egocentric perspective, as a normal developmental process, and *not* a personality characteristic.

I recently had an opportunity to observe a rather endearing example of childhood egocentrism in a young child friend of mine who was born in Hawaii and given the unique name of *Kanani*. Kanani is a rather petite child with short blond hair. In the January 2011 catalogue of the currently popular American Girl doll, the girl of the year portrayed on the cover proudly displayed the name *Kanani*, quite a coincidence. She was an older and therefore taller child, with long dark hair. Knowing how passionate my child friend was about these dolls, I was excited to share this catalogue and gave it to her mother to show to her. Her response was one of perplexity and utter indignation! She looked up at her mother and bitterly complained, "But she doesn't look *anything like me!*"

Narcissism

For Freud (1914), primary normative narcissism represented an investment of energy in the self, in the service of self-preservation. Infants experience a sense of *omnipotence*, if benevolent parents respond relatively promptly to the infant's demands (Winnicott, 1965). Kohut (1977, 1986) and Erikson (1963) considered these omnipotent narcissistic illusions to be critical precursors of positive feelings about the self. Integrating Kohut's formulation

with an attachment theory perspective, Shaver and Mikulincer (2011) have argued that security-enhancing interactions with caregivers facilitate for young children what Kohut identified as “healthy narcissism.” Secure attachment facilitates a sense of the stability, permanence, and coherence of self that will provide resilience in the face of future stress, disappointments, and frustrations.

Others (Bleiberg, 1984; Kernberg, 1975) have also viewed narcissistic illusions of grandeur as primitive defense mechanisms that protected the infant/toddler from separation anxiety, frustration, and disappointment. However, if the infant’s needs are severely denied, he/she is at risk for extreme frustration and rage. These more negative experiences sow the seeds for the development of a pathological narcissistic disorder to emerge more clearly during the next period of childhood.

Kernberg (1975) has provided the most systematic analysis of the criteria that distinguish normal from pathological narcissism (see also Bardenstein, 2009; Lapsley & Stey, in press). Several are particularly relevant to early childhood. The very young child’s desire to be the center of attention is age appropriate, compared to pathological forms of narcissism where these concerns are excessive. The exhibitionism among healthy children is typically warm and engaging, whereas in pathological narcissism, the demands for constant admiration are defensive. Jason makes endearing bids for attention, demonstrating his professed skills at the alphabet, counting, and lifting, in an account replete with personal pronouns (e.g., “I,” “me,” and “mine”). Finally, the needs of well-adjusted young children are *real* and can be fulfilled, whereas with pathological narcissism, the demands are excessive, unrealistic, and impossible to meet.

Pathological Self-Processes and Outcomes during Early Childhood

A critical goal of this chapter is to distinguish between normative liabilities in the formation of the self and more pathological processes, at each developmental level. Thus, what, in very early childhood, could serve to seriously derail normative self-development, leading to outcomes that would seriously compromise the very young child’s psychological development? Typically, the causes of pathology involve an interaction between the child’s level of cognitive development and chronic, negative treatment at the hands of caregivers.

The Contribution of Attachment Theory

A central tenet for those studying psychopathology is that there are multiple pathways to a given disorder (Cicchetti & Rogosh, 1996; DeKlyen & Greenberg, 2008). Insecure styles of attachment (e.g., avoidant or anxious

ambivalent), in and of themselves, do not necessarily lead directly to pathological outcomes. Rather, attachment styles interact with other risk factors and, in conjunction, produce pathological disorders. Examples of high-risk environmental factors include harsh and ineffective child-rearing practices, family stress and trauma, lack of instrumental resources, and diminished social support.

In high-risk social environments, those who exhibit insecure attachment styles are likely to display poor peer relations. For example, young children with an avoidant attachment style, in reaction to unresponsive caregivers, may redirect their anger toward peers, exhibiting a hostile, anti-social pattern. DeKlyen and Greenberg (2008) cite research revealing that avoidant children, particularly boys, are more likely to be disruptive preschoolers, and in the extreme, may exhibit oppositional defiant disorder.

Disruptive behaviors at home may represent strategic attempts to regulate unresponsive caregivers' neglect. Insecurely avoidant young children may engage in misbehavior designed to attract parental attention. However, such a strategy is likely to have only short-term effectiveness and will not be adaptive in the larger social environment, for example, preschool. Ambivalently attached children who also display a wary temperament as infants are likely to exhibit chronic anxiety in the face of continued, inconsistent parenting, expressing concern that their needs will not be met.

Those displaying the disorganized–disoriented attachment style may react negatively to parental pathology, for example, a traumatizing mother. Such a parent is frightening to the child, rendering the child conflicted and confused because caregivers are supposedly a source of safety rather than fear. Moreover, poor emotion regulation may be an associated outcome (see also Lyons-Roth & Jacobvitz, 2008). These various illustrations demonstrate how insecure attachment styles, in conjunction with social stressors, confer risks for pathological outcomes. In contrast, a secure attachment style, in the face of stressors, serves as a buffer, thereby reducing the risk for disordered behavior (DeKlyen & Greenberg, 2008).

Contemporary treatments of attachment theory (see Bretherton & Munholland, 2008; R. A. Thompson, 2006) review findings revealing that attachment styles and their related working models are not necessarily stable over time, in contrast to the original contentions of Bowlby, 1973). Thus, the attachment styles laid down in early childhood will not necessarily persist into subsequent periods of development. Several factors would appear to be responsible. These include unanticipated stressors (e.g., parental divorce, illness, child maltreatment), initially nonstressful changes (e.g., mother returning to work, a shift to nonmaternal care), or the birth of a sibling where the mother diverts her attention to the new infant. Thus, related changes in the quality or sensitivity of caregiving are predictive of changes in attachment security status and resulting working models of self.

The Effects of Abuse

It should first be noted that it is common for children who experience severe and chronic sexual abuse to have also been subjected to other types of maltreatment, including verbal, physical, and emotional abuse (see Cicchetti, 2004; Cicchetti & Toth, 2006; Harter, 1998; Rossman & Rosenberg, 1998). The normative penchant for very young children to engage in all-or-none thinking (e.g., all good vs. all bad) will lead such children, who have a rudimentary sense of negative parental attitudes toward the self, to view the Me-self as *all bad*. As noted earlier, the more typical pattern for children who are socialized by benevolent, supportive parents, is to view the self as all good. Abuse, as well as severe neglect can, in turn, produce early forms of depression in which the very young child eventually becomes listless, unconnected to caregivers, and eventually numb, emotionally (Bowlby, 1979).

Abuse or maltreatment can also affect I-self functions, for example, self-awareness, one of the basic functions of the I-self as originally described by James (1892). (See Harter, 1998, in which an entire chapter is devoted to the deleterious effects of abuse on both I-self and Me-self functions.) Briere (1992) points to a feature of abusive relationships that interferes with the victim's lack of awareness of self and related I-self process. The fact that the child must direct sustained attention to external threats draws energy and focus away from the developmental task of self-awareness. Thus, the hypervigilance to others' reactions, what Briere (1989) terms "other directness," interferes with the ability to attend to one's own needs, thoughts, and desires.

Research findings with children support these contentions. Cicchetti and colleagues (Cicchetti, 1989, 2004; Cicchetti & Toth, 2006) found that maltreated children (ages 30–36 months) report less internal-state language, particularly negative internal feelings and physiological reactions, than do their nonmaltreated, securely attached counterparts. Similar findings have been reported by Beeghly, Carlson, and Cicchetti (1986). Coster, Gersten, Beeghly, and Cicchetti (1989) have also reported that maltreated toddlers use less descriptive speech, particularly about their own feelings and actions. Gralinsky, Fesbach, Powell, and Derrington (1993) have also observed that older, maltreated children report fewer descriptions of inner states and feelings than children with no known history of abuse. Thus, there is a growing body of evidence that the defensive processes that are mobilized by maltreated children interfere with one of the primary tasks of the I-self, namely, a verbal awareness of inner thoughts and feelings. Moreover, lack of self-awareness should also interfere with the ability to develop autobiographical memory, as those who have documented the role of narratives have indicated.

Many attachment theorists also contribute to our understanding of

how maltreatment in early childhood can adversely influence self-development. There is considerable consensus that the vast majority of maltreated children form insecure attachments with their primary caregivers (Cicchetti & Toth, 2006; Crittenden & Ainsworth, 1989; Westen, 1993). More recent findings have revealed that maltreated infants are more likely to develop disorganized–disoriented attachment relationships (Barnett, Ganiban, & Cicchetti, 1999; V. Carlson, Cicchetti, Barnett, & Braunwald, 1989; Cicchetti & Toth, 2006). Thus, the effects of early sexual and/or physical abuse, coupled with other forms of parental insensitivity, disrupt the attachment bond, which in turn interferes with the development of positive working models of self and others.

The foundation of attachment theory rests on the premise that if the caregiver has fairly consistently responded to the infant's needs and signals, and has respected the infant's need for independent exploration of the environment, the child will develop an internal working model of self as valued, competent, and self-reliant. Conversely, if the parent is insensitive to the infant's needs and signals, inconsistent, and rejecting of the infant's bid for comfort and exploration, the child will develop an internal working model of the self as unworthy, ineffective, and incompetent (Ainsworth, 1979; Bowlby, 1973; Bretherton, 1993; Bretherton & Munholland, 2008; Crittenden & Ainsworth, 1989; Sroufe & Fleeson, 1986). Clearly, the parental practices that have been associated with child abuse represent precisely the kind of treatment that would lead children to develop insecure attachments, as well as a concept of self as unlovable and lacking in competence.

As described earlier, one critical function of parenting is to assist the young child in creating a narrative of the self, the beginnings of one's life story, as it were, an autobiographical account that includes the perceptions of self and other (see Hudson, 1990; K. Nelson, 1986, 2003; Snow, 1990). Initially, these narratives are highly scaffolded by parents, who reinforce aspects of experience that they, the parents, feel are important to codify and to remember or else to forget (Fivush & Hudson, 1990; Hudson, 1990; K. Nelson, 1986, 1990, 1993; Rogoff, 1990; Snow, 1990). More recent findings have revealed that the narratives of maltreated children contain more negative self-representations as well as more negative maternal representations compared to nonmaltreated children (Toth, Cicchetti, Macfie, & Maughan, Vanmeenen, 2000). Moreover, such narratives show less coherence; that is, the self that is represented is more fragmented (Cicchetti & Toth, 2006; Crittenden, 1994). These findings reveal greater signs of dissociative symptoms that reflect disruptions in the integration of memories and perceptions about the self. Thus, maltreatment at the hands of caregivers severely disrupts normative self-development. In turn, this disruption produces associated pathological symptoms, where it has been found that conflictual themes in young children's narratives predicts externalizing problems, in particular. Moreover, severe and chronic abuse has been

associated with disorders such as borderline personality where symptoms emerge during adulthood (Putnum, 1993; Westen, 1993).

False-Self Behavior

Language clearly promotes heightened levels of relatedness and allows for the creation of a personal narrative. Stern (1985), however, also alerts us to the liabilities of language. He argues that language can drive a wedge between two simultaneous forms of interpersonal experience, as it is lived and as it is verbally represented. The very capacity for objectifying the self through verbal representations allows one to transcend, and therefore potentially distort, one's immediate experience and to create a fantasized construction of the self. As noted in the previous section, there is the potential for incorporating the biases of caregivers' perspectives on the self, since initially adults dictate the content of narratives incorporated in autobiographical memory (Bowlby, 1979; Bretherton, 1991; Crittenden, 1994; Pipp, 1990). Children may receive subtle signals that certain episodes should not be retold or are best "forgotten" (Dunn, Brown, & Beard-sall, 1991). Bretherton describes another manifestation, namely, "defensive exclusion," in which highly negative information about the self or other is not incorporated because it is too psychologically threatening (see also Cassidy & Kobak, 1988). Wolf (1990) further describes several mechanisms such as deceit and fantasy, whereby the young child, as author of the self, can select, edit, or change the "facts" in the service of personal goals, hopes, or wishes (see also Dunn, 1988).

Such distortions may well contribute to the formation of a self that is perceived as unauthentic if one accepts the falsified version of experience. Winnicott's (1958) observations alert us to the fact that intrusive or over-involved mothers, in their desire to comply with maternal demands and expectations, lead infants to present a false outer self that does not represent their own inner experiences. Moreover, such parents may reject the infant's "felt self," approving only of the falsely presented self (Crittenden, 1994). Bretherton and Munholland (2008) point to certain parents who deliberately misinterpret their infant's emotional communications. Such practices may well lead to the display of false-self behaviors, and, as Stern notes such displays incur the risk of alienating oneself from those inner experiences that represent one's true self (see also Main & Solomon, 1990). Thus, linguistic abilities not only allow one to share one's experiences with others but also to withhold or distort them, as well.

The Impoverished Self

As noted in the preceding discussion of normative development during early childhood, an important function of parenting is to scaffold the young

child's construction of autobiographical memory in the form of a narrative of one's nascent life story. However, clinicians observe that maltreatment and neglect sow the seeds for children to lack such constructions. In once speaking to a group of astute child clinicians about the causes of high and low self-esteem, they raised a question I had never before encountered: "But what if the child doesn't *have* a self?" This led to the identification of what we have labeled an "impoverished self" (Harter, 2006a). Such a self has its roots in the early socialization practices of caregivers who fail to assist the child in the co-construction of a positive, rich, and coherent self-narrative. Research described earlier in this chapter has revealed individual differences among mothers in that some help their children to construct an embellished narrative, whereas others focus on more restricted conversations that target useful information leading to fewer autobiographical memories. Our clinical observations reveal that there is another group of parents who, because of their own dysfunction (e.g., depression) and parental inadequacies, do little to nothing in the way of co-constructing a self-narrative with their child. The seeds of an impoverished self, therefore, begin in early childhood and continue into middle childhood and beyond, if such children do not receive therapeutic intervention.

When these children later come to the attention of family therapists, they lack a descriptive, evaluative vocabulary to define the self and there is little in the way of autobiographical memory or a personally meaningful narrative. An impoverished self represents a liability in that the individual has few personal referents or self-concepts around which to organize present experiences. As a result, the behavior of such children will often appear to be disorganized, without purpose. Moreover, to the extent that a richly defined self promotes motivational functions in terms of guides to regulate behavior and to set future goals, such children may appear aimless, with no clear pursuits.

A clinical colleague, Donna Marold, has astutely observed that these children do not have dreams for the future, whereas most children do have future aspirations (Marold, personal communication, August 1998). For example, the prototypical child in early to midchildhood will share occupational aspirations; for instance, he/she wants to be on a sports team someday, or wants to be a firefighter, or a teacher. Marold notes that the families of children with an impoverished self typically do not create or construct the type of narratives that provide the basis for autobiographical memory and a sense of self. Nor do such parents provide the type of personal labels or feedback that would lead to the development of semantic memory that codifies self-attributes. Often, these are parents who do not take photographs of their children or the family, nor do they engage in such activities as posting the child's artwork or school papers on the refrigerator door. Marold has also observed that such parents do not have special rituals,

such as cooking the child's favorite food or reading (and rereading) cherished bedtime stories.

What type of therapeutic interventions might be applicable, and how can they be guided by developmental theory and research? Child therapists (myself included) have learned through trial and error that one cannot, with older children, simply try to instill, teach, or scaffold the self-structures appropriate for their age level, namely, trait labels that represent generalizations that integrate behavioral or taxonomic self-attributes. With such children, there are few attributes to build upon. Thus, one must go back to the beginning, utilizing techniques that help the child create the missing narratives, the autobiographical memory, and rudimentary self-descriptive labels.

Marold (personal communication, August 1998) has employed a number of very basic techniques to address these challenges, interventions that necessarily enlist the aid of parents. She has suggested that the parent and child create a scrapbook in which there may be any available mementos (the scant photograph, perhaps from the school picture; a child's drawing; anything that may make a memory more salient) are collected and discussed. Where such materials are not available, Marold suggests cutting pictures out of magazines that represent the child's favorite possessions, activities, preferences—the very features that define the young child's sense of self. If there have been no routines that help to solidify the child's sense of self, Marold recommends that parents be counseled to establish routines, establishing some family rituals around a child's favorite food, for example, Friday night pizza. Obviously, these techniques require collaboration with the parents and depend upon their ability to re-create their child's past experiences, something that inadequate parents may not be equipped to do. In this regard, the therapist can serve as an important role model. From the standpoint of our developmental analysis, an impoverished self ideally requires this type of support in early childhood, continuing into subsequent stages.

Early to Middle Childhood: Ages 5 to 7

Normative Self-Representations and Self-Evaluations during Early to Middle Childhood

VERBAL CAMEO

“I have made a lot of friends, in my neighborhood and at school. One is my very best friend. I'm good at schoolwork, I know my words, and letters, and my numbers, and now I can *read!* When I was littler, I could climb to the top of the jungle gym, but *now* I can climb to the

top of the diving board, that's a lot higher! And I can jump into the water, if my parents are watching. I'm happy and excited when they watch me. I can run even farther than when I was 3. I can also throw a football farther, and catch it too! I'm going to be on a team some day when I am older and later when I grow up, I want to play for the Denver Broncos! My best friend wants to be a Bronco, too, it would be cool to be teammates. I can do lots of stuff, real good, lots! If you are good at things you can't be bad at things, at least not at the same time. I know some other kids who are bad at things but not me! (Well, maybe sometime a little later I could be sort of bad, but not a whole lot or not very often). If my parents know I did something bad, they might be ashamed of me. But mostly, my parents are real proud of me, like when they watch me dive. I want to make them proud of me. They also make sure I know how to be nice and behave myself. I'm learning more about how girls and boys are supposed to act differently and why that is important. I like to make up stories about me. Some parts are kind of make-believe but mostly they are true! They're really good stories! I tell them to my parents (who sometimes make a few changes) and at 'show-and-tell' time in school. My teacher makes sure we all get a turn, to be fair. I'm a good story teller! I might also want to be a famous actor when I grow up."

Self-Awareness, Self-Agency, and Self-Continuity

These I-self processes undergo several advances at this next developmental level that Rochat (2003) describes as one of *metacognitive self-awareness*. Some of the features of the previous stage persist in that self-representations are still typically very positive and the child continues to overestimate his/her virtuosity. References to various competencies (e.g., social skills, cognitive abilities) and athletic talents, are common self-descriptors. Consistent with the gender analysis provided for the previous developmental stage, girls will be more likely to elaborate on interpersonal themes such as their best friend (e.g., "my best friend Rebecca and I usually play together after school"). Ruble et al. (2006) provide a detailed analysis of the dynamics and processes underlying various related gender differences.

Gender differences in self-descriptions are consistent with K. Nelson's (2003) concept of a "cultural self," an advance that emerges between the ages of 5 and 7. The child's autobiographical self-history, as codified in narratives, begins to be crafted in accordance with a cultural framework that dictates cultural roles, institutions, and values. Occupational choices are likely to reflect gender stereotypes such as firefighter, doctor, and professional athlete (as in the case of the male cameo child) and teacher, nurse, and mother, for female children. Behavioral norms are also salient (e.g., "I'm learning more about how girls and boys are supposed to act differently

and why that is important”). As Bem (1985) has argued, gender schemas not only dictate the *content* of stereotypes but highlight the importance of adhering to these directives.

In the construction of *narratives*, children take an increasingly active role in telling their autobiographical story, displaying a greater sense of *self-agency*. They incorporate their own personal experiences, although parents are still given some editorial license. As the cameo child indicates about his self-stories, “sometimes my parents make a few changes.” Children, as architects of their narratives, are more likely to underscore intentions and *future plans*. Finally, there is a greater sense of *self-continuity* as children project their narratives into the future. They also provide concrete justifications for why there are the same person, in the face of obvious physical and psychological changes (Chandler et al., 2003). For example, a child may highlight the fact that “I still have the same name.”

Cognitive-Developmental Advances and Limitations

With regard to the cognitive-developmental advances of this age period, children begin to display a rudimentary ability to intercoordinate concepts that were previously compartmentalized (Case, 1985; Fischer, 1980). For example, they can form a category or representational set that combines a number of their competencies (e.g., good at running, jumping, climbing, and throwing, or knowing letters, words, and numbers). However, all-or-none thinking persists. In Case’s model and its application to the self (S. Griffin, 1992), this stage is labeled “unidimensional” thinking. At this age, such black-and-white thinking is supported by another new cognitive process that emerges at this stage. The novel acquisition is the child’s ability to link or relate representational sets to one another, to “map” representations onto one another, to use Fischer’s terminology. Of particular interest to self-development is one type of representational mapping that is extremely common in the thinking of young children, namely, a link in the form of *opposites*. For example, in the domain of physical concepts, young children can oppose up versus down, tall versus short, and thin versus wide or fat, although they cannot yet meaningfully coordinate these representations.

Opposites can also be observed within the descriptions of self and others, where the child’s ability to oppose “good” and “bad” is especially relevant. As observed earlier, the child develops a rudimentary concept of the self as good at a number of skills. Given that good is defined as the opposite of bad, this cognitive construction typically precludes the young child from being “bad,” at least at the same time. Thus, an oppositional “mapping” (Fischer’s [1980] term), takes the necessary form of “I’m good and therefore I can’t be bad.” However, other people may be perceived as bad at these skills, as the cameo description reveals (“I know some other kids who are bad at things but not me!”). Children at this age may acknowledge that

they might be bad at some earlier or later time (“Well, maybe sometime a little later I could be sort of bad, but not very often”). However, the oppositional structure typically leads the child to overdifferentiate favorable and unfavorable attributes, as demonstrated by findings revealing young children’s inability to integrate attributes such as nice and mean (Fischer & Bidell, 2006; Fischer et al., 1984) or smart and dumb (Harter, 1986). This mapping structure leads to the persistence of self-descriptions laden with virtuosity.

These principles also apply to children’s understanding of their emotions, in that they cannot integrate emotions of opposing valence such as happy and sad (Harter & Buddin, 1987). There is an advance over the previous period in that children come to appreciate the fact that they can have two emotions of the same valence (e.g., “I’m happy and excited when my parents watch me”). They can also develop representational sets for feelings of the same valence, but these are separate emotion categories; namely, one for positive emotions (happy, excited) and one for negative emotions (sad, mad, scared). However, children at this stage cannot yet integrate the sets of positive and negative emotions; sets that are viewed as conceptual opposites are therefore incompatible.

The inability to acknowledge that one can possess both favorable and unfavorable attributes, or that one can experience both positive and negative emotions, represents a cognitive liability that is a hallmark of this period of development. Due to greater cognitive and linguistic abilities, the child is now able to verbally express his/her staunch conviction that one cannot possess both positive and negative characteristics at the same time. As one 5-year-old interviewee vehemently asserted: “Nope, there’s no way you could be smart and dumb at the same time. You only have one mind!”

Although children may describe themselves in such terminology as good or bad, nice or mean, smart or dumb, these characteristics do not represent “traits,” given their typical psychological meanings. From a cognitive-developmental perspective, traits represent *higher-order generalizations*, as we see at the next stage where abilities in specific school subjects combine to represent the inference that one is smart. From the perspective of *personality* theorists, traits represent characteristics that are stable across time and situation and typically converge with external ratings or manifestations. At this age, the use of such terms are more likely to reflect the use of self-labels that have been modeled by others (e.g., parents or teachers).

THE ROLE OF THE SOCIALIZING ENVIRONMENT

Socializing agents also have an impact on self-development, in interaction with cognitive acquisitions. Children become more cognizant of their self-presentation, how they are viewed in the “public eye,” as they attempt

a simulation of how the minds of others construct an image of the self (Rochat, 2003). Thus, children's increasing cognitive appreciation for the perspective of others influences their self-development (e.g., "My parents are real proud of me when I'm good at things"). The relational processes of this level allow the child to realize that socializing agents have a particular viewpoint (not merely a reaction) toward them and their behavior (Higgins, 1991). As Selman (1980, 2003) has also observed, the improved perspective-taking skills typical of this age permit children to realize that others are actively evaluating the self, although children have not yet internalized these evaluations sufficiently to make independent judgments about their attributes (see Deci & Ryan, 2000; Ryan & Deci, 2009). Nevertheless, as Higgins argues, the viewpoints of others begin to function as "self-guides" as the child comes to further identify with what he/she perceives socializing agents expect of the self. These self-guides function to aid the child in the regulation of his/her behavior.

One can recognize in these observations mechanisms similar to those identified by Bandura (Bandura, 1991; Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003) in his theory of the development of self-regulation. Early in development, children's behavior is more externally controlled by reinforcement, punishment, direct instruction, and modeling. Gradually, children come to anticipate the reactions of others and to incorporate the rules of behavior set forth by significant others. As these become more internalized personal standards, the child's behavior comes more under the control of evaluative self-reactions (self-approval, self-sanctions). This aids in self-regulation and the selection of those behaviors that promote positive self-evaluation.

Cognitive-developmental theory identifies those cognitive structures making such developmental acquisitions, such as the initial incorporation and later internalization of the values of caregivers, possible (Deci & Ryan, 2000). Structures underlying such a shift require processes allowing for the incorporation of the evaluative opinions of significant others leading to self-evaluations. However, during early to middle childhood, cognitive-developmental limitations preclude a solidified internalization of others' standards and opinions toward the self. Internalization, in which the child comes personally to "own" these standards and opinions, awaits further developmental advances (see Deci & Ryan, 2000; Ryan & Deci, 2009).

As Higgins (1991) and Selman (1980, 2003) have pointed out, although children at this age do become aware that others are critically evaluating their attributes, they lack the type of perspective taking, the hallmark of *egocentrism*, that is required to develop self-awareness, allowing them to be critical of their own behavior. In I-self, Me-self terminology, the child's I-self is aware that significant others are making judgments about the Me-self, yet the I-self cannot directly turn the evaluative beacon on the Me-self. These processes will only emerge when the child becomes

capable of truly internalizing the evaluative judgments of others for the purpose of self-evaluation (Deci & Ryan, 1991, 2000). Thus, children at this age period will show little interest in scrutinizing the self. As Anna Freud (1965) cogently observed, young children do not naturally take themselves as the object of their own observation, particularly if negative self-evaluations may be involved. They are much more likely to direct their inquisitiveness toward the outside world of events rather than the inner world of intrapsychic experiences.

With regard to other forms of interaction between cognitive-developmental level and the socializing environment, there are certain advances in the ability to utilize social comparison information, although there are also limitations. Evidence (reviewed in Ruble & Frey, 1991) now reveals that younger children do engage in certain forms of social comparison; however, it is directed toward different goals than for older children. For example, young children use such information to determine whether they have received their fair share of rewards, rather than for purposes of self-evaluation. Moreover, findings reveal that young children show an interest in others' performance to obtain information about the task demands that can facilitate their understanding of mastery goals and improve their learning (Ruble & Dweck, 1995). However, they do not yet utilize such information to assess their competence, in large part due to the cognitive limitations of this period; thus, their self-evaluations continue to be unrealistic.

Frey and Ruble (1990) as well as Suls and Sanders (1982) provide evidence that at this stage children are still more likely to focus on *temporal* comparisons (how I am performing now, compared to when I was younger) and age norms, rather than individual difference comparisons with age-mates. As our prototypical subject tells us, "I can climb a lot higher than when I was little and I can run faster, too." Suls and Sanders observe that such temporal comparisons continue to be gratifying to young children given that skills are still rapidly developing at this age level. As a result, such comparisons contribute to the highly positive self-evaluations that typically persist at this age level.

Normative Liabilities for Self-Development during Early to Middle Childhood

The Inaccuracy of Self-Appraisals

Many of the features of very early childhood persist, in that self-representations are typically very positive, and the child continues to overestimate his/her abilities. Thus, inaccurate self-appraisals persist, due to five limitations. First, children still lack the ability to engage in *social comparison* that would allow them to conclude that they may be less competent than peers. Second, the use of *temporal comparisons* contributes to their perceptions

of virtuosity. Third, they do not yet have the ability to construct separate concepts of a *real* and an *ideal* self-concept in which discrepancies contribute to more realistic self-evaluations. Fourth, immature perspective-taking skills do not allow children to internalize the negative perceptions of significant others that would lead to more accurate self-appraisals. Fifth, the persistence of all-or-none thinking favors the conclusion that one is “all good” at age-appropriate skills. These beliefs are even more intractable than in the previous period given cognitive and linguistic advances that bring such beliefs into consciousness, allowing them to be verbalized, and given benevolent adults who support such positivity. However, as children move toward middle childhood, inaccuracy becomes less adaptive, as one has to face the consequences of self-appraisals that do not conform to reality.

The Lack of a Concept of Global Self-Esteem

Children at this period still lack the ability to develop an overall concept of their worth as a person; they are still unable to verbalize a concept of their *global self-esteem*. Although they are becoming more aware of the evaluations of significant others, they still lack the perspective-taking skills necessary to internalize others' attitudes in the form of a global judgment about their overall self-worth. Moreover, they cannot yet combine perceptions of their adequacy across domains where the importance of success is also taken into account (James, 1892). This ability requires the construction of separate constructs of real and ideal self-concepts, which are not yet in the repertoire of children at this age level. In this transitional period, children still lack the sociocognitive skills that would allow for the construction of a concept of their global self-esteem.

Implications for Self-Enhancement

The arguments advanced for very early childhood are still applicable to this period of development. The overestimation of one's abilities, in conjunction with the lack of a concept of one's self-esteem, renders it unnecessary to engage in self-enhancement or self-protective strategies of the type that adults display. Self-perceptions of competence are already normatively inflated given the five limitations described above. Thus, there is little need for most to engage in defensive psychological maneuvers to protect fragile or negative self-images. That is, the *motives* of adults are quite different. Second, children at this age do not have the *mechanisms* to distort or conceal the self (e.g., self-comparison, the construction of both real and ideal self-images that can reflect disparities). Finally, the display of normal narcissism as exemplified by exhibitionism does not have the negative impact on others that the grandiosity of adult narcissists produces.

Children at this age may continue to lie or blame a sibling in an attempt to conceal a transgression. However, these attempted self-serving strategies are typically quite transparent to parents, and thus not that effective. Abused children do not fit the normative mold, in that their all-or-none thinking is likely to lead to the conclusion that they are “all bad,” not “all good.” However, they do not yet have the cognitive capabilities to develop strategies to protect themselves against the negative implications for the self.

Normative Narcissism

The normative, narcissistic demand for attention becomes tempered as children become more aware of the social reactions of others. The need to be admired is balanced by genuine expressions of gratitude toward the caring adults in their lives, as children display a sense of *reciprocity* in giving back affection (Kernberg, 1975). The cameo child feels “really happy and excited when my parents watch me dive” and wants to make his parents proud. In contrast, narcissistic children display little gratitude or affection toward their caregivers; rather, they express disdain.

Normal manifestations of narcissism at this age also include fantasies of success, wealth, power, and fame that may be less than realistic. The cameo child wants to play football for the Denver Broncos when he grows up or become a famous actor. What differentiates these fantasies from those of dysfunctional narcissistic children is the willingness to share these visionary goals with others (see Bardenstein, 2009; Kernberg, 1986; Lapsley & Stey, in press). The cameo child’s best friend also wants to be a Bronco, “it would be cool to be teammates.” At show-and-tell time, “we all get a turn, to be fair.” In contrast, the child with pathological narcissistic tendencies is likely to be envious, possessive of grandiose fantasies, and resentful of others.

At this age level, normative narcissism is associated with more conscious *exhibitionism*. That is, there is more awareness of the impact on one’s audience, how one is presenting oneself, and the child often displays some budding showmanship. The cameo child acknowledges that he tells “good stories” and has aspirations to be an actor when he grows up. Nevertheless, these behaviors are still within the normative bounds of age-appropriate narcissism.

Pathological Self-Processes and Outcomes during Early to Middle Childhood

The potentials for pathological self-development that were identified for very early childhood exist for this subsequent period of development, particularly if the caregiving of socializing agents remains chronically negative

or inconsistent (see Cicchetti & Toth, 2006). Thus, the attachment processes identified during the previous developmental period, the dynamics of an *impoverished self*, as well as the effects of abuse, continue to be applicable at this age period. These effects may be amplified because cognitive and linguistic acquisitions make such effects more evident. The child is now more able to verbalize negative self-evaluations. Concerns over the development of *false-self* behavior plus the emergence of pathological *narcissistic* patterns also represent serious threats to the self.

From an attachment theory perspective, the processes outlined in the preceding section will continue to negatively impact the self-development of children, to the extent that caregiving practices of lack of sensitivity, neglect, noncontingent responsiveness, and other forms of maltreatment leading to insecure attachment styles continue. As noted earlier, should circumstances lead to changes in parental sensitivity and responsiveness, attachment styles and corresponding working models of self may be altered (see R. A. Thompson, 2006). The impact of parenting practices may be amplified because children can now *verbalize* their sense of inadequacy and lack of lovability. These now become etched in the child's conscious realization and expression of their negative sense of self. These should readily translate into experiences of profound sadness and lack of energy, symptoms of depression at this age level. Although no research has yet to examine our "behaviorally presented self-esteem" construct in depressed children, we predict that there would be strong relationships between observable depression and behaviorally manifested low self-esteem at this age level.

The preceding section on very early childhood described the rudimentary antecedents of the *impoverished self* that reside in the fact that caregivers do not adequately support the child's construction of an autobiographical narrative or self-story. The effects of such lack of scaffolding should become more evident as children moving into middle childhood where normatively a child should be able to verbally express an autobiographical sense of self, a narrative of his/her past life story, with implications for the future. However, the failure to express one's dreams for the future, positively describe one's capabilities, or express pride in one's accomplishments all reflect pathological distortions of self-development. These symptoms should represent serious red flags that require clinical intervention.

The Potential for False-Self Behavior

Processes identified in very early childhood will continue to set the stage for the development of false-self behavior. The emergence of language provides the linguistic vehicle through which the child can falsify his/her experiences. The increasingly active role that the child at this age level plays in constructing his/her narrative becomes relevant. As the cameo child reveals in describing his stories, "Some parts are kind of make-believe but mostly

they are true!" Thus, he has the basic notion that the content can be distorted. Wolf (1990) describes several mechanisms, such as deceit and fantasy, whereby the young child, as author of the self-narrative, can select, edit, or change the "facts" in the service of personal goals, hopes, or wishes (see also Dunn, 1988). Against this linguistic-cognitive backdrop that paves the way for a lack of authenticity, child-rearing practices that foster the display of individual differences in false-self behavior continue to apply, particularly if the negative parental behavior persists.

The Effects of Abuse

Abuse will detrimentally affect both I-self processes (e.g., self-awareness, self-agency, and self-coherence) as well as Me-self processes (e.g., positive self-perceptions, high self-esteem, true-self behavior), effects that have been detailed in Harter (1998). In the case of chronic and severe abuse, the major coping strategy is "dissociation" in which the child attempts to cognitively split off traumatic events from consciousness, to detach the self from excessively stressful experiences (Herman, 1992; Putman, 1993; Terr, 1991). When such abuse occurs at this period of childhood, it conspires with the natural or normative penchant for cognitive dissociation, splitting, or fragmentation (Fischer & Ayoub, 1994). Moreover, the very construction of cognitive structures that consciously lead the child of this age to think in terms of opposites (e.g., one must be all good or all bad), lead to the painful conclusion that one must be *all bad*, that the self is totally flawed. This, in turn, can lead to compromising symptoms of low self-esteem, hopelessness, and depression.

Briere (1992), based upon clinical cases, provided a complementary analysis of the sequential "logic" that governs the abused child's attempt to make meaning of his/her experiences. Given maltreatment at the hands of a parent or family member, the child first surmises that either "I am bad or my parents are bad." However, the assumption of young children that parents or adult authority figures are always right leads to the conclusion that parental maltreatment must be due to the fact that they, as children, are bad, that the act was their fault. Therefore they believe that they deserve to be punished. When children are repeatedly assaulted, they come to conclude that they must be "very bad" or "all bad," which contributes to the sense of fundamental badness at their core (see Cicchetti & Toth, 2006).

From a cognitive-developmental perspective, the young child who is abused will readily blame the self (Herman, 1992; Piaget, 1932; Watson & Fischer, 1993; Westen, 1993). That is, given young children's natural egocentrism, they will take responsibility for events they did not cause or cannot control. Moreover, as Piaget (1960) demonstrated, young children focus on the deed (e.g., the abusive act) rather than on the intention (e.g.,

the motives of the perpetrator). As Herman points out, the child must construct some version of reality that justifies continued abuse and therefore inevitably concludes that his/her innate badness is the cause. Moreover, the child will suppress true-self attributes, to the extent that they are viewed as causes of maltreatment.

Middle to Late Childhood: Ages 8 to 10

Normative Self-Representations and Self-Evaluations during Middle to Late Childhood

VERBAL CAMEO

“I’m in fourth grade this year. It’s a little tougher than when I was younger, in the ‘baby’ grades. I’m pretty popular, at least with the girls who I spend time with, but not with the super-popular girls who think they are cooler than everybody else. With my friends, I know what it takes to be liked, so I’m nice to people and helpful and can keep secrets. I’m usually happy when I’m with my close friends but I can get sad if they are not there to do things with. Sometimes, if I get in a bad mood I’ll say something that can be a little mean and then I’m ashamed of myself. At school, I’m feeling pretty smart in certain subjects like language arts and social studies, someday I will probably get a job that depends on having good English skills. I know I can do well, I mostly get A’s in these subjects on my last report card, which makes me feel really proud of myself. But I’m feeling pretty dumb in math and science, especially when I see how well a lot of the other kids are doing. I now understand that I can be both smart and dumb, you aren’t just one or the other. Even though I’m not doing well in certain subjects, I still like myself as a person, because math and science just aren’t that important to me. Language arts and social studies are what I really want to be good at. So if I do well at what I want to be good at, I’ll still like myself as a person. I also like myself because I know my parents like me and so do the other kids in my classes, I take their opinions of me seriously. That helps you like who you are, you have higher self-esteem. But you also have to look and dress a certain way, if you want other kids to like you. My parents don’t really understand how important this is. At school, I try not to act like I’m better than other people. But some kids are show-offs and they make fun of others in class who aren’t doing as well as they are. They put them down in front of everyone, just so they can feel superior. If you ask me, they are just *acting* like they’re totally awesome but I think they really aren’t that sure of themselves.”

Self-Awareness, Self-Agency, Self-Coherence, and Self-Continuity

In contrast to the more concrete behavioral self-representations of younger children, older children are much more likely to describe the self in such terms as “popular,” “helpful,” “nice,” “mean,” “smart,” and “dumb.” Children moving into late childhood continue to describe themselves in terms of their competencies (e.g., “smart,” “dumb”). However, self-attributes become increasingly interpersonal as relations with others, particularly peers of the same gender, become a more salient dimension of the self (see also Brown, 1990; Damon & Hart, 1988; Harter, 2006a; M. Rosenberg, 1979).

Personal relationships are typically more important to girls who are more likely to describe socially relevant emotional reactions, including the causes of such affective experiences, as the cameo reveals. Boys are more likely to include physical activities with male peers, such as sports-team play, skateboarding, dirt-bike riding, and so forth. This developmental period represents the pinnacle of gender segregation (Maccoby, 1990, 1994, 1998; Ruble et al., 2006) during which children not only prefer same-sex friends, but may actively show disdain for interactions with the opposite gender. K. Nelson’s (2003) concept of the “cultural self,” reflected here in adherence to appropriate gender roles, becomes even more pronounced.

Narratives reflect a more mature sense of *agency* as well as *self-coherence*. Autobiographical memory now is primarily dictated by the child’s own experiences, as the child becomes the author and owner of his/her life story, not merely the narrator. If there is a conflict between the child’s version of an experience and the parents’, the child’s account is likely to predominate (K. Nelson, 2003). Parents are less likely to be the ultimate authority (Kitchner, 1986; Piaget, 1932). The cameo child recounts how her parents don’t understand the importance of certain peer values. A sense of *self-agency* can also be observed in perceptions of *self-efficacy*, future expectations about what one can achieve in challenging circumstances (Bandura, 1977; Maddux & Gosselin, 2003). Academic, as well as social, self-efficacy beliefs become particularly salient. The cameo child knows she “can do well” in certain school subjects and understands “what it takes to be liked.”

The personal ownership of narratives, in contrast with greater memory capacities, increased linguistic abilities, and sense of self-efficacy, all provide an increasing sense of *self-continuity*. The cameo child projects her prowess at language arts into future job possibilities. Moreover, self-continuity at this age will be justified by the fact that in the face of obvious self-changes, one’s fingerprints or DNA remains the same (Chandler et al., 2003). The child’s *cultural self* (K. Nelson, 2003) also expands during these years, as the child adopts the standards and values of the larger society.

For example, perceptions of one's attractiveness are highly determined by cultural standards of appearance, given its importance in contemporary American society (see Chapter 5). These observations are not lost on older children, as the cameo child indicates in addressing how critical it is to look and dress a certain way. (Our daughter once babysat for an 8-year-old who professed that she needed a tummy tuck!)

COGNITIVE-DEVELOPMENTAL ADVANCES

From the standpoint of emerging cognitive-developmental processes, self-attributes represent traits in the form of higher-order generalizations or concepts, based upon the integration of more specific behavioral features of the self (see Fischer, 1980; Siegler, 1991). Thus, in the representative cameo, the higher-order generalization that she is "smart" is based upon the integration of scholastic success in both language arts and social studies. That she also feels "dumb" represents a higher-order construction based on her math and science performance. "Popular" also combines several behaviors, namely, being nice, helpful, and keeping secrets. Moreover, these trait labels are more likely to reflect great stability across time and situation, as personality characteristics.

A major cognitive-developmental advance at this age is the realization that one's self-attributes can be both positive *and* negative, in contrast to the all-or-none thinking that dominated the two earlier periods of childhood. As the cameo child thoughtfully observes, "I now understand that I can be both smart *and* dumb, you aren't just one or the other." Thus, what were former contradictory opposing attributes that could not coexist in one's self-portrait can now be acknowledged as realistic self-descriptors that can simultaneously define the self. Thus, self-attributes also become more integrated.

The preceding developmental analysis has focused primarily upon advances in the ability to conceptualize self-attributes. However, the processes that emerge during this age period can also be applied to emotion concepts. Thus, the child develops a representational system in which positive emotions (e.g., "I'm usually happy with my friends") are integrated with negative emotional representations (e.g., "I get sad if my friends aren't there to do things with"), as a growing number of empirical studies reveal (Carroll & Steward, 1984; Donaldson & Westerman, 1986; Fischer, Shaver, & Carnochan, 1990; Gnepp et al., 1987; Harris, 2003, 2008; Harter, 1986; Harter & Buddin, 1987; Saarni et al., 2006; Selman, 1980, 2003).

This represents a major conceptual advance over the previous two age periods during which young children deny that they can have emotions of opposing valences. Our own developmental findings (see Harter & Buddin, 1987) reveal that at the beginning of this age level, the simultaneous experience of positive and negative emotions can initially only be brought

to bear on different targets. As one child participant observed, "I was sitting in school, worried about all of the responsibilities of a new pet but I was happy that I had gotten straight A's on my report card." In Fischer's (1980) terms, the child demonstrates a "shift of focus," directing the positive feeling to a positive target or event and then shifting to the experience of a negative feeling, which in the example is worry about being able to care for a new pet.

The concept that the very same target can simultaneously provoke both a positive and a negative emotion is not yet cognitively accessible. However, by later childhood (at the end of this age period), positive and negative emotions can be brought to bear on one target given the emergence of representational systems that better allow the child to integrate emotion concepts that were previously differentiated. Sample responses from our empirical documentation of this progression (Harter & Buddin, 1987) were as follows: "I was happy that I got a present but mad that it wasn't what I wanted; "If a stranger offered you some candy, you would be eager for the candy but worried about whether it was OK." The ability to combine attributes and emotions of opposing valence facilitated in those children who have a secure attachment style (see R. A. Thompson, 2006).

Another new affective acquisition is reflected in the newfound ability to appreciate self-conscious emotions (e.g., pride and shame). As the cameo child observes, "I mostly get A's in these subjects [language arts and social studies] on my last report card, which makes me feel really proud of myself." She also indicates that "I'll say something that can be a little mean and then I'm ashamed of myself." Major contributors are cognitive-developmental advances that include the ability to take the perspective of parental figures who display feelings of pride and shame about their children's behavior. A four-stage developmental sequence, documented by research from our own laboratory, is presented in Chapter 6, which is devoted to self-conscious emotions.

SOCIAL PROCESSES

A more balanced view of self, in which positive as well as negative attributes of the self are acknowledged, is also fostered by social comparison. As our prototypical participant reports, "I'm feeling pretty dumb in math and science, especially when I see how well a lot of the other kids are doing." A number of studies (see Frey & Ruble, 1990; Ruble & Frey, 1991) have presented evidence revealing that it is not until middle childhood that the child can apply comparative assessments with peers in the service of *self-evaluation*. From a cognitive-developmental perspective, the ability to use social comparison information for self-evaluation requires that the child have the ability to relate evaluations of both self and other simultaneously. This ability is not sufficiently developed at younger ages. In addition to

the contribution of advances in cognitive development (see also Moretti & Higgins, 1990), age stratification in school stimulates greater attention to individual differences between agemates (Higgins & Bargh, 1987). These more recent findings reveal that children in this age period primarily utilize social comparison for personal competence assessment.

Social comparison is also underscored by the socializing environment. For example, evidence reveals that as children move up the academic ladder, teachers make increasing use of social comparison information (Eccles & Midgley, 1989; Eccles, Midgley, & Adler, 1984; Eccles & Roeser, 2009) and that students are well aware of these educational practices (Harter, 1996). Moreover, parents may contribute to the increasing salience of social comparison, to the extent that they make comparative assessments of how their child is performing relative to siblings, friends, or classmates. (The negative effects of the increasing emphasis on social comparison as children move through the educational system are explored in Chapter 7).

Another major developmental acquisition during this age period is the ability to formulate an evaluation of one's global *self-esteem*. One's overall worth as a person can now be expressed verbally (Harter, 2006a). Prior to this age level, children could only formulate self-perceptions within specific domains (e.g., scholastic competence, athletic competence, social acceptance, physical attractiveness) but could not yet integrate these self-appraisals into an overall evaluation of their self-esteem. In mid- to late childhood, children come to appreciate that success in domains of personal importance promotes high self-esteem, whereas failure in critical domains not only undermines their sense of competence but takes its toll on their global self-esteem (as James, 1892, contended, and our own research, Harter, 2006a, has documented). Thus, the child at this age has a basic understanding of the reasons why a positive evaluation of the self might result. For example, the cameo participant cites the fact that the school subjects in which she is excelling contribute to her self-esteem. She is then able to *discount* the importance of the subjects in which she is not doing well. Moreover, she realizes that the approval of both parents and peers also contributes to her liking herself as a person, consistent with Cooley's (1902) looking-glass self-theorizing, as described in Chapter 1.

Normative Liabilities for Self-Development during Middle to Late Childhood

The Greater Accuracy as Well as Negativity of Self-Appraisals

A cardinal thesis of this chapter is that cognitive advances paradoxically bring about normative liabilities for the self-system. The ability to be able to construct a global perception of one's worth as a person represents a major developmental acquisition, a milestone, as it were in terms of a shift

from mere domain-specific self-perceptions to an integrated sense of one's overall self-esteem. However, other cognitive-developmental acquisitions can serve to lower the valence of this global perception of self, leading to lowered self-esteem. Findings clearly reveal (see Harter, 2006a; Jacobs, Lanza, Osgood, Eccles, & Wigfield, 2002) that beginning in middle childhood, self-perceptions become more negative, normatively, compared to the very positive self-perceptions of the majority of young children. As a result, self-appraisals also become more *accurate* as older children develop better reality-testing skills.

The emergence of four cognitive skills are noteworthy in leading to more accurate but more negative self-appraisals for many at this age level: (1) an appreciation for one's negative as well as positive attributes, (2) the ability to use social comparison for the purpose of self-evaluation, (3) the ability to differentiate real from ideal self-perceptions, and (4) increases in social perspective-taking skills.

First, cognitive-developmental acquisitions that cause older children to realize that they simultaneously possess negative in addition to positive self-attributes, seriously dampens the perceived virtuosity of the previous two periods of earlier development. Thus, perceptions become more realistic and potentially more negative.

Second, the ability to employ social comparison for the purpose of self-evaluation (see Maccoby, 1980; Moretti & Higgins, 1990; Ruble & Frey, 1991) leads many, with the exception of the most competent or adequate in any given domain, to fall short in their self-evaluations. If one therefore judges oneself deficient compared to others, in domains that are deemed important to the self, then self-perceptions in specific domains as well as global self-esteem will be eroded. Thus, the very ability and penchant, supported by the culture (e.g., family, peers, schools, the media) to compare oneself to others makes one vulnerable in valued domains (e.g., appearance, popularity, scholastic competence, athletic performance, and behavioral conduct) and negatively impacts global self-esteem.

A third newfound cognitive ability to emerge in middle to late childhood involves the capacity to make the distinction between one's real and one's ideal self. From a Jamesian perspective, this skill involves the ability to distinguish between one's actual competencies or adequacies and those to which they aspire, namely, those that they deem important. The cognitive realization that one is not meeting his/her expectations (an ability that young children do not possess) will necessarily lower one's overall level of self-esteem, as James' (1890) formulation accurately predicts. Moreover, findings (see Glick & Zigler, 1985; Leahy & Shirk, 1985; Oosterwegel & Oppenheimer, 1993) reveal that the real-ideal discrepancy tends to increase with development. Two causes of such an increase can be identified. As noted above, social comparison processes lead older children to lower the valence of their self-perceptions, viewing themselves less positively. Second,

given increasing perspective-taking skills, children are becoming increasingly cognizant of the standards and ideals that socializing agents hold for their behavior. Moreover, parents, teachers, and peers may normatively raise the bar in terms of their expectations, leading to higher self-ideals, which children adopt in an attempt to please significant others.

Finally, increased perspective-taking skills can *directly* impact self-perceptions, leading them to be more realistic. Protected by limitations in the ability to divine what others truly think of the self, younger children can maintain very positive self-perceptions. The developing ability to more accurately assess the opinions that others hold about one's characteristics, coupled with increasing concern about the importance of the views of others toward the self, normatively leads many older children to realistically lower their self-evaluations.

We can ask whether these processes that lead to more realistic and potentially negative self-evaluations, in fact, represent liabilities. Many have argued that realistic self-evaluations are more adaptive beginning in middle to late childhood. Thus, the initial liabilities, in terms of psychological blows to one's self-image, may be temporary as the child seeks to realistically readjust his/her self-perceptions and pursue more adaptive paths of development that are consistent with his/her actual attributes (see Chapter 7 for a review of the controversy over attempts to enhance self-perceptions and self-esteem in the classroom.)

Self-Enhancement Strategies and Self-Serving Biases

Advances heralded as hallmarks of development usher in the potential for various self-protective strategies to emerge. First and foremost, the newfound capacity to forge a concept of one's global self-esteem raises the psychological specter that feelings or work may need to be protected, defended, or enhanced. Greater perspective-taking skills allow the older child to realize that there is a wider, observing audience. This, in turn, can provoke self-consciousness and the need to develop strategies to ensure positive self-evaluations. The increased ability to engage in social comparison also makes self-appraisals more vulnerable. Thus, advances during the period paradoxically may produce new *needs*, demanding that new *skills* be devoted to the protection and enhancement of the self.

For example, sensitivity to social comparison allows one to capitalize on this awareness and to submit others to the *downward social comparison* strategy. Thus, one can implicitly or explicitly compare oneself to peers considered inferior, thereby enhancing the self. Older children can now also adopt the *better than average* strategy as well as make attributions that one is more successful than others in areas of greater social importance (e.g., attractiveness, if realistic), thereby elevating their self-esteem.

The greater social awareness that emerges at this period does not

necessarily ensure that it will be utilized toward the greater good of peers. It might be employed in the service of *impression management*, playing to the prevailing peer standards of what is “cool.” Newfound perspective-taking skills can also be used to one’s advantage, by manipulating peers in order to meet the needs of the self (Selman, 1980, 2003). The older child can now engage in psychological attempts at persuasion, convincing others to view things from his/her perspective. One is reminded of Tom Sawyer who conned his peers into believing that his job of painting the fence was a desirable enterprise, a tour de force in impression management.

Thus, the period of middle to late childhood ushers in two critical acquisitions that forecast the emergence of self-enhancement strategies. First, the concept of one’s global self-esteem and the potential for negative self-appraisals presents new *motives*. Second, new cognitive-developmental skills (e.g., social comparison abilities, enhanced perspective-taking skills) equip the older child with the *capacity* to engage in self-protection, self-enhancement, and self-presentation. Our cameo child tries to resist these temptations: “I try not to act like I’m better than other people.” However, she shows an awareness of others who may deviate from this path. “Some kids are show-offs and they make fun of others in class who aren’t doing as well as they are.” She provides some insight into their motivations. “They put them down in front of everyone, just so they can feel superior. If you ask me, they are just *acting* like they’re totally awesome but I think they really aren’t that sure of themselves.”

Pathological Self-Processes and Outcomes during Middle to Late Childhood

A central tenet of neo-Piagetian models is that movement to a new stage of development can be fostered by socializing agents, or alternatively, can be delayed if caregiving support is not forthcoming (see Fischer & Bidell, 2006). One can imagine scenarios in which there would be little environmental support for the integration of positive and negative attributes or positive and negative emotions. Parents who are inattentive, neglectful, or depressed may simply not attend to experiences of the child that can realistically be interpreted as the simultaneous displays of skills as well as lack of competence where improvement is in order (e.g., a thoughtful discussion of their report cards). In the extreme, in child-rearing situations where children are chronically and severely abused, family members typically reinforce negative evaluations of the child that are then incorporated into the self-portrait (Briere, 1992; Fischer & Ayoub, 1994; Harter, 1998; Herman, 1992; Terr, 1991; Westen, 1993). As a result, there may be little scaffolding for the kind of self-structure that would allow the child to develop, as well as integrate, both positive and negative self-evaluations. Abused children, therefore, display a less coherent self-structure (Cicchetti & Toth, 2006).

Moreover, the negative self-evaluations that are instilled become automatized (Siegler, 1991), leading them to become even more resistant to change. Thus, to the extent that there is little or no support for the normative integration of positive and negative attributes, children will not advance cognitively. If the majority of feedback from socializing agents is negative, then children in this age range may remain at the previous level of all-or-none thinking, viewing their behavior as overwhelmingly negative. In addition, neglectful parents who do not support the development of their children's autobiographical memory, through the construction of narratives, will produce children who manifest an *impoverished self* that not only lacks substance and self-coherence but reflects little future orientation.

Caregivers lacking in responsiveness, nurturance, encouragement, and approval, as well as socializing agents who are rejecting, punitive, or neglectful, will cause their children to develop tarnished images of self. Abusive parents, in particular, set unrealistic performance expectations that, because they are unattainable, lead children to feelings of personal failure. Overly controlling or intrusive parents rob their children of the experience of competence and autonomy, basic needs that Deci and Ryan (1991, 2000) have deemed essential to healthy, psychological functioning. In undermining these needs, such parents also derail children's opportunities to construct a self-image that reflects competence, a developmental goal that is also underscored in attachment theory (Bowlby, 1973; Bretherton, 1991; Bretherton & Munholland, 2008; Sroufe, 1990). Attachment theorists observe that the child who experiences parents as emotionally available, loving, and supportive of their mastery efforts will construct a working model of the self as lovable and competent. In contrast, a child who experiences attachment figures as rejecting, emotionally unavailable, and nonsupportive will construct a working model of the self as unlovable, incompetent, and generally unworthy.

In the extreme, children subjected to severe and chronic abuse create images of the self that are despicable (Briere, 1992; Fischer & Ayoub, 1994; Herman, 1992; McCann & Pearlman, 1992; Terr, 1991; van der Kolk, 1987; Westen, 1993; Wolfe, 1989). More than merely constructing negative self-perceptions, they view the self as fundamentally flawed. The excessively high and unrealistic parental standards that are unattainable contribute to these negative views of self. Thus the Me-self, both at the level of domain-specific self-perceptions and one's sense of global self-esteem, may be irrevocably damaged. Moreover, Cicchetti and Toth (2006) report that sexually abused children have more negative self-representations than those who are physically abused, presumably because the latter group of children receive occasional positive feedback. In addition, sexually abused children are also more likely to generalize their negative representational models of attachment figures to future relationship partners.

A considerable body of research (see Harter & Marold, 1993) has revealed that there is a very robust relationship between negative self-perceptions, including low self-esteem and depression. Depressive symptoms include lack of energy, profound sadness in the form of depressed affect, and hopelessness. Depression, in turn, is highly predictive of suicidal ideation and suicidal behavior. Thus, caregiving practices resulting in very negative perceptions of the self put children at risk for serious forms of depressive pathology (see also Harter, 2006b).

Moreover, not only do the evaluations of significant others influence representations of self, but also they provoke powerful self-affects in the form of pride and shame (see Harter, 2006a). Thus, the child who receives praise and support for his/her efforts will develop a sense of pride in his/her accomplishments. However, the child who is chronically criticized for his/her performance will develop a sense of shame that can be psychologically crippling. At this level of development the child has internalized shame as a self-affect, carrying the burden of being ashamed of the self.

These processes are exacerbated for children who have experienced severe and chronic abuse, and extend to guilt, in addition to shame. Closely linked to abuse victims' perceptions of low self-esteem, self-blame, and a sense of inner badness are emotional reactions of guilt as well as humiliation (see Briere, 1992; Herman, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; McCann & Pearlman, 1992; Terr, 1991; Westen, 1993; Wolfe, 1989). Normatively, such self-affects are intimately related to evaluative self-perceptions, both of which result from the internalization of the opinions of significant others (Cooley, 1902; Harter, 1998, 2006a). Thus, the blame, stigmatization, condemnation, and ostracism that parents, family, and society express toward the abuse victim are incorporated not only into attributions of self-blame but also result in other powerful negative self-conscious emotions directed toward the self. The sexual abuse victim is made to feel humiliated for his/her role in shameful acts. Moreover, guilt and shame are also fueled by the perception that one's personal badness led to the abuse, rather than that the unjustified abuse at the hands of cruel perpetrators was the cause of one's negative self-views.

In addition to the incorporation of the opinions of significant others, children come to internalize the standards and values of the larger society, as K. Nelson (2003) describes in her concept of the cultural self. For example, perceptions of one's physical attractiveness can contribute heavily to one's overall sense of worth as a person (see Harter, 1993, 2006a, and Chapter 5 in this volume, which is entirely devoted to a discussion of these issues.) Those who feel they have attained the requisite physical attributes will experience relatively high levels of self-esteem. Conversely, those who feel that they fall short of the punishing standards of appearance that represent the cultural ideal will suffer from low self-esteem and depression.

Unfortunately, we see these processes occurring at earlier and earlier ages during childhood.

Moreover, a related liability can be observed in the eating-disordered behavior of females in particular, many of whom display symptoms (e.g., associated with anorexia) that are life threatening. Our own recent findings (Kiang & Harter, 2006) provide support for a model in which endorsement of the societal standards of appearance leads to low self-esteem that in turn predicts both depression and eating-disordered behavior (see Chapter 5). Finally, genetic factors that may lead to physical characteristics that do not meet cultural standards of attractiveness will also contribute to this pattern that may be particularly resistant to change.

False-Self Behavior

True-self behavior may become eroded at this stage, as older children are better able to evaluate both domain-specific competencies as well as their self-esteem negatively. This vulnerability may provoke the manipulation of the self that is presented to the social world, leading to displays of false-self behavior. Here it is instructive to distinguish between *optimal* or *true self-esteem* and *contingent self-esteem* that is more reflective of a false sense of self. Optimal self-esteem is grounded in reality, based on a balanced perspective of one's personal strengths and weaknesses (J. Crocker, 2006a, 2006b; J. Crocker & Park, 2004). It reflects an inherent sense of the self as worthy (Ryan & Brown, 2006) and is relatively stable. It does not become inflated when one succeeds nor does it crumble in the face of failure. Furthermore, it is characterized by greater personal integrity and authenticity.

Optimal self-esteem can be contrasted with contingent and often false self-esteem in which feelings of self-worth are highly dependent upon external approval. One must meet the goals that others dictate and seek constant validation (J. Crocker & Park, 2004; Deci & Ryan, 2000). Contingent self-esteem is unstable and invariably quite fragile. In the face of a setback, it can plummet dramatically, leading to frantic efforts to regain favor in the eyes of others.

Ryan & Deci (2000, 2009) find the roots of contingent self-esteem in child-rearing practices. Thus, parents, heavily invested in specific child outcomes, purposely or unwittingly convey love, regard, or support that is contingent upon the child attaining often unrealistic, socially implanted goals. As a result, the child only garners favor if he/she meets the typically unrealistic expectations such as being smart, athletic, attractive, or other outcomes demanded by parents. Our own findings (Harter, Marold, Whitesell, & Cobbs, 1996) reveal that unhealthy levels of false-self behavior are particularly liken to emerge if parents make their approval *conditional* on the child's ability to live up to unattainable standards of

behavior. Our term “conditional support” is somewhat of a misnomer in that older children do not perceive it as supportive. Rather, it dictates the psychological hoops through which they must jump in order to conform to the parental agenda. As a result, they suppress their true-self attributes, in an attempt to garner the desired approval from parents. Not only do such children engage in high levels of false-self behavior, but report low self-esteem and hopelessness about ever pleasing parents.

Chronic and severe abuse puts children at even more extreme risk for suppressing their true self and for displaying false-self behavior. Parenting practices that allow abusive acts to occur and that reflect conditional support, lack of validation, threats of harm, coercion, and enforced compliance all cause the true self to go underground (Bleiberg, 1984; Stern, 1985; Sullivan, 1953; Winnicott, 1958, 1965). For the maltreated child, secrecy pacts around sexually abusive interactions provoke the child to defensively exclude such episodic memories from awareness, setting the stage for the loss of one’s true self (Bretherton & Munholland, 2008).

Narcissism

Earlier *normative* narcissistic features begin to fade, as children become better able to accept their flaws and adopt a more balanced perspective on their strengths and weaknesses (Bardenstein, 2009). However, new *pathological* manifestations of narcissism emerge. The older narcissistic child lacks empathy for others’ feelings and intentions (see also Kohut, 1977). Grandiosity, an inflated sense of self, and impulsivity all preclude a tolerance for outcomes that are not immediately successful. Others are blamed for one’s personal deficits, compromising peer relationships (see Bardenstein, 2009; Kernberg, 1986). The narcissist’s sense of superiority and entitlement leads to the exploitation and manipulation of peers. Preoccupied with protecting a fragile sense of self, these narcissistic children devalue others and if criticized, display rage. Narcissists may self-select relationships with weaker peers who will reinforce their grandiose self-views (K. S. Carlson & Gjerde, 2009). They seek to dominate social interactions, impress others, and gain admiration rather than establish genuine friendships or close relationships (Thomaes, Bushman, Stegge, & Olthof, 2008).

Additional *causes* of narcissism surface, complementing the two patterns previously described (see Thomaes, Bushman, De Castro, & Stegge, 2009): (1) parental overevaluation, overindulgence, and excessive praise; as well as (2) parental coldness and lack of support, in conjunction with unrealistically high expectations. Bardenstein (2009) identifies several other family determinants. First, certain *adoptive* parents may compensate for the child’s sense of rejection by their biological parents and be overly indulgent, emphasizing the specialness of the adopted child. Second, children of the *wealthy* may be overindulged when a sense of entitlement is reinforced.

Third, children of highly *successful* parents who have achieved fame may suffer from the expectation that they should be blessed with genetically determined talent. Deficits precluding the same success lead to narcissistic compensation for a sense of inadequacy. Finally, children of *divorce* are at risk for narcissistic pathology, to the extent that each parent attempts to curry their favor. In the process, parents may overindulge the child with praise as well as excessive privileges and possessions.

Findings reveal the high stability of narcissistic symptoms beginning in late childhood, continuing into adolescence and adulthood (see Crawford, Cohen, & Brook, 2001). Barry, Frick, Adler, and Grafeman (2007), in a longitudinal study of children ages 8 to 11, have reported that symptoms of maladaptive narcissism (i.e., exploitativeness, entitlement, and exhibitionism) predicted delinquent behavior 3 years later. These researchers identified negative parenting patterns such as harsh or inconsistent discipline and the lack of supervision.

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