

AGGRESSIVE BEHAVIOR IN PRESCHOOLERS, EXPLANATORY THEORETICAL MODELS AND SOLUTIONS FOR EDUCATORS AND PARENTS

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Abstract: *This article explores the meaning and origin of aggression in the early years of life. Eight ways of violent behavior are suggested, which originate in the early years of childhood. These include: the contribution of individual factors; the effects of broken family dynamics, parental characteristics and policies, the impact of exposure to violence, and the influence of attachment in relationships. Other influences, such as: aggression in relation to medical problems, the influence of neurological development, explanations of psychodynamics, such as aggression in relation to the reflective capacity of mothers, are also discussed. Aggression in the early years of childhood is not taken seriously, and is often considered to be part of the maturation process. To understand this fact, it is necessary to examine the central theme of aggression, individual socio-cultural aspects, versus aggressive behavior and the significance of aggression. The severity and frequency of aggressive behavior can be reduced by early intervention. In this sense, there is clear evidence, which attests in addition to an optimal psycho-emotional development of the individual, practically marking an improvement of the individual's life at all levels.*

Key words: *aggression; behavior; intervention; psychoemotional development*

1. Introduction

The phenomenon of aggression exists in each of us, but the ways of its manifestation differ from person to person. The essence of empathic education through the manifestation of sensitivity, has its origin in the primary socialization, especially affective, which links the understanding of respecting social behavior with the innate behavioral skills of learning affectivity. Aggression can even become a vicious circle, the children who lived in an environment of violence, tend to isolate themselves socially to be defective at communicative to feel alone, hopeless, lack of control, being unable to get involved in social situations.

2. How do we define aggression at preschool age?

Aggression can be understood in different ways. It can be conceptualized as a personality trait or as having its origins in a difficult temperament. In other words, aggression can be inherent in the individual. A different view of the aggressiveness identifies this as an intentional or unintentional manifested symptoms or adaptive function. Aggression can also to reflect a behaviorist model which can be assigned to a syndrome, named Lesch-Nyhan syndrome. A wide range of aggressive behaviors is possible in a preschool group.

The definition of aggressive behavior proposed by Shaw (Zeanah, 2000) is: "an act directed at a particular person or object, with the intention of hurting or frightening, for which there is a consensus on the intentionality of the act" (p. 398)

The principle of universality, suggests that children of all cultures should be express rather a degree of aggression that stage evolution and progress, rather than as the sole expression of environmental factors. There are, however, notable exceptions to this hypothesis. African pygmies, Mennonites, Amis, North Americans, do not use physical violence (Moghaddam, Taylor & Wright, 1993). Finally, many other children living with violence will be subject to bullying at a certain moment in the life of their (Osofsky, 1997). Both noncultural and socio-cultural codes can determine the degree of exposure to aggressive events and the levels of aggression expressed among young children. The hysteria crisis that occurred at the so-called "terrible age of two" is a generally accepted notion. Thus the aggression associated with these crises (when the child hits or throws things) is better tolerated. The existence of specific periods of development when an increase or decrease in the degree of aggression is expected determines a certain tolerance on the part of the others (Tremblay, 2004). Tremblay conducted a study of children in Canada and reported that the vast majority of them reduced the frequency of episodes of physical violence from the beginning of school to the end of high school. These findings are consistent with the outcome of other longitudinal studies (Choquet, Ledoux, 1994). Bassoon and Hagan (1991) also mentioned that there is no model of aggressive acts. Thus, in the first years of life, children with younger age had shorter interactions, while the older children were involved in aggressive acts with a longer duration.

Clinicians and researchers agree that the issue of aggression is closely related to disinhibition and poor self-control. As the capacity for self-control and suppression of impulses begins to form in the first thirty months, the frequency of physical aggression increases, only to gradually decrease later (Tremblay, 2004).

Before diagnosing an aggressive behavior as a condition to be taken into account several aspects. The typical games of preschoolers, although sometimes harsh, form the "foundation" that will support the assertive prosocial game. What differentiates aggressive play by aggressive behavior is the lack of intent to hurt or scare. In kindergarten, children tend to resort to the physical expression of aggression, snatching the toy or pushing a playmate. Hostile aggression, manifested as aggressive behavior toward others, such as nicknames, criticism, and ridicule, occurs later, around the age of seven (Damon & Eisenberg, 1998). Aggressive symptoms may change with the development of motor and cognitive competence. A child can throw objects at his brother with the intention of injuring the latter, and a preschooler can easily stab his colleague with a pencil. An impulse control often leads to aggression underdeveloped. The regulatory functions of self-control begin in the prenatal period, with the development of the regulation of the physiological state and continue with the mastery of attention, emotional balance, especially self-peace and seeking help in times of upset. In the preschool period, this capacity for self-regulation may be enhanced by an increase in cognitive ability (Posne&Rothbart, 2000) or exacerbated by cognitive limitations.

Current literature suggests that aggression begins at an early age and continues to develop (Campbell, 2002; Shaw, Owens, Vondra, Keenan, & Winslow, 1996). One way to study aggression is by understanding the developmental trajectories of aggression (Robins, 1966). About thirty-eight years ago, Lee Robins conducted the first observational study seen in child guidance clinics, and found that problem children often become problem adults (Robins, 1966). Meta-analytical studies have confirmed high stability coefficients for aggressive behavior (Olweus, 1979), but the jury is still debating whether there are one or more ways that promote early aggressive behavior into later violent behavior. Generally speaking, aggressive behavior is a predictive factor of subsequent aggressive behaviors. But there is no prototype of the aggressive preschooler.

What are the triggers of aggression? The literature on behavioral teratogenesis, although in its infancy, is worthy of consideration. In Denmark, research shows

that maternal prenatal smoking has been linked to arrests among boys for violent and non-violent crimes (Brennan, Grekin, Mednic, 1999). Children in the prenatal stages were exposed to alcohol were found to be hyperactive with temper outbursts frequent (worth aggression impulsive) and also exhibited difficulties in changing their behaviors (Olson, Burgess, Streissguth, 1992). The effects of violence on pregnant women that led to hormonal changes in the fetal maternal axis were also reported. Research has also demonstrated that an antisocial behavior involving a hyposensitization stress is correlated with low levels of adrenocorticotrophic hormone release during pregnancy (Susman, Schmeelk, Worrall, Granger, Ponirakis, Chrousos, 1999).

If we talk about gender-specific forms of aggression, the evidence shows that girls are as aggressive as boys (Corrado, Roesch, Hart, Gierowski, 2002). While the girls tend to be more involved in relationships of violence, boys tend to express overt violence. Both forms of violence are equally hostile. The results of studies conducted on preschoolers indicate that girls show higher levels of relational violence than boys, and the difference between the sexes is well defined in the middle of childhood. The onset and developmental trajectories differ between girls and boys. Although boys show more physical aggression in the early childhood years, later, it decreases, and girls know exactly the opposite pattern, with a low level of aggression in early childhood and higher levels later (Corrado, Roesch, Hart, Gierowski, 2002). The emotional life of babies and preschoolers is quite rich. Feelings of anger, rage, and shame with a lack of empathy seem to play a central role in the aggressive experiences of young children and preschoolers (Kaufman, 1996). Children with a difficult temperament are more inclined to adopt aggressive and difficult behavior in early childhood (Kingston, Prior, 1995).

3.1. Family dynamics

There are both direct effects and indirect effects of a dynamic deviant families in which the aggression. Parental characteristics are related to behavioral problems of children and promoting the healthy development of it.

The presence of siblings, who are a target for violence, has an indirect effect and increases the risk of becoming physically aggressive within the group (Tremblay, 2004). Risk factors that have a direct effect in determining an aggressive attitude within the group include: the mother's age at childbirth, alcoholism and smoking during pregnancy, the mother's antisocial behavior in high school, antisocial fathers and interparental conflicts (Kupersmidt, Briesler, DeRosier, Patterson, Davis, 1995; Loeber, Farrington, 1994; Tremblay, 2004).

Preschoolers who experience high levels of family conflict are emotionally disturbed and may express physical hostility through intensified cardiac activity or rashes. Mona El-Sheikh conducted an experiment in which preschoolers were shown a video in which two adults had an altercation. She monitored the children's heart activity and possible rashes. The girls from conflicting families had a stronger heart reaction to watching the movie. For boys, domestic physical violence was not associated with cardiac arrhythmias, but they showed more skin reactions (El-Sheikh, 1994).

Deviant parental patterns are often associated with aggressive children. Also parental antisocial activities, are closely related to a violent behavior of children (Lamb, 1975). Hawkins and Trembaley also noted in their papers that the relationship between the father's antisocial behavior and child aggression is much weaker compared to the latter's association with a mother's criminal history (Loeber, Farrington, 1994; Trembaley, 2004). However, the authors acknowledged the limitations of this research, as they relied only on mothers' relationships.

Effects of parental mental illness and aggression have also been reported (Webster-Stratton, Hammond, 1988; Webster-Stratton, Herbert, 1994). Research results have suggested that mothers with hyperactive and aggressive children are more impatient, assertive, but less

consistent (Campbell, 2002; Patterson, DeBaryshe, Ramsey, 1989). Tensions between mother and child may also lead to aggressive behavior of the latter at preschool age. Factors related to children include: a difficult temperament, irritability, anxious attachment and extrinsic motivation, and those related to the mother include non-responsive parental education, difficulties in education, inability to control the child, use of coercive control, harsh discipline or shame, and humility.

3.2. Exposure to violence and to a violent behavior

Children can experience the effects of violence both directly and indirectly. They remain vulnerable targets of violent events, especially in the context of domestic violence (Prince, Barrier, 1974). The worst physical abuse occurs in the first year of a child's life. Young children exposed to trauma, manifested after a destructive behavior, more often than untreated people. Experts say that in most cases, physically abused children exhibited destructive behavior toward others when sexually abused children have developed a self-destructive behavior (Taussig, Litrownik, 1997). Children who are hit also show a more aggressive behavior towards their peers (Strassberg, Dodge, Pettit, Bates, 1994).

Preschoolers who witness the violent death of a parent exhibit several emotional and behavioral disorders and risk the development of aggressive behavior (Payton, Krockertuskan, 1988). Often, they develop an understanding of loyalty conflict and may even develop an aggressive, as if they would identify with the aggressor (Van Dalen, Glasserman, 1997).

The results of research on watching TV by preschoolers are different. The impact of aggressive content can be limited if children watch TV with a trusted adult who can guide them. Studies suggest a causal shift from excessive TV viewing, to an aggressive attitude (Gupta, Nwosa, Nadel, Inamdar 2001; Silvern SB, Williamson PA, 1987; Singer & Singer 1981). Children living in violent neighborhoods are rightly described as children living in urban war zones (Garbarino, Kostelny, Dubrow, 1991). They are facing a two-sided problem.

These children lack the prosocial adult models to guide them and do not have the opportunity to develop internalized self-control through appropriate developmental games. Lack of competence implies that caregivers who should supervise them, make children need to create their own community and seek protection elsewhere. Studies show that community violence affects the aggressive behavior of preschoolers in a differentiated way. Those who witness violence internalized asymptomatic, while that those who have been victims of violence behave outsourced (Guerra Huesmann, Spindler, 2003 Shahnifar, Fox, Leavitt, 2000). Lober and Hay found that children without deviant behavior rejected peers who had behavioral problems, but at the same time attributed aggressive meanings to the normal behaviors of deviant children. The targeted children also observed aggressive behaviors in others. Gradually, these targeted children also became members of other deviant groups. This reference study illustrates how the child's peer group contributes to the stability of aggression as a way of development (Rutter, Hay, 1994).

3.3. Attachment relationships

The attachment system between the child and the caregiver is essentially biological and is based on a regulatory system. Attachment is a basic element of safety and comfort. In the process of attachment, children learn to develop their capacity for emotional and behavioral self-regulation (Cassidity, Shaver, 1999). Attachment relationships are important, due to the process of brain maturation, a process dependent on experience. In the context of early childhood, most of these experiences take place during the educational interaction between mother or caregiver and child. Primary care experiences promote the acceleration of neural activity and connections between synapses. The lack of such care experiences, such as that experienced in situations of neglect, triggers the so-called "pruning" phenomenon, in which

the death of programmed cells occurs (Siegel, 2001). In contrast, processes of experiential expectation are genetically formed and require minimal specific environmental stimulation. In conditions that are not optimal, the attachment between mother and child, the insecure attachment, can take various forms, among which we can mention that of the disorganized and disoriented type (Model D). The child is in these cases disorganized and scared in his experiences of attachment, due to the disorienting and threatening behavior practiced by the caregiver (Greenberg, Cicchetti, Cummings, 1990). This pattern is apparently associated with child aggression. Disorganized attachments begin with early maternal neglect and continue with parental abuse. These can lead to insufficient regulation of the child's anger, resulting in unmodulated aggression (Shore, 2001; Lyons-Ruth, 1996).

Aspects of the intergenerational violence model are also important. If caregivers are frightened or otherwise frightening and exhibit abusive behavior or have experienced trauma that has left its mark on their personality, then their style of care may be affected, and they may adopt a wrong parenting education, leading to attachment problems to the child. Although regulatory processes begin prenatally, childhood marks one of the most important periods in acquiring self-control. Since then, the intensification of cognitive rules of self-regulation begins. Children a year are beginning to engage in control achieved with effort. It represents the child's ability to inhibit a dominant response to give a subdominant response, involving parts of the functional executive in the prefrontal cortex and associated areas (Lyon, Krasengor ed., 1996; Damon, Eisenberg ed., 1998). One aspect of emotional self-regulation and emotion regulation has been linked to behavioral problems. For example, Calkins found that children's negative emotions were positively related to peer conflict in a laboratory setting (Calkins, Gill, Johnson, Smith, 1999). The neurobiological nucleus is determined by the first life experiences. The absence of an optimal motor, sensory, emotional, cognitive and social experiences in early childhood and especially subsequently can lead to underdevelopment cortical, subcortical, and the areas of language. This leads to a low ability to moderate frustration, impulsivity, aggression and violent behavior (Osofsky, 1997). Several neurotransmitters, hormones, and autonomic nervous systems have also been implicated in the development of aggression in general (Osofsky, 1997).

A further explanation is the psychodynamic model. Sometimes a child may not be aggressive at all. The person who takes care can but to perceive him as violent and uncontrollable. Sometimes, the tutor can to not be able to teach your child self-control techniques, no matter how hard they try. These observations are partially explained by maternal representatives, especially in the affective area (Zeanah, Benoit, 1995); reflexive maternal capacity (Fonagy, Gergely, Jurist, Target, 2002); narrative coherence regarding attributions from maternal life events (Bretherton, Waters ed., 1985) and maternal projections (Cramer, 1995). The mother's reflexive capacity is crucial for her ability to observe the child's mental state and to perceive her child as an intentional being (Fonagy, Gergely, Jurist, Target, 2002). This experience of being perceived as an intentional being is a precursor to the capacity for reflective development in relationships. It is a pivotal element in understanding sentimental stages, in developing empathy and internalizing social codes. All these being essential elements of socialization in diminishing aggressive impulses.

3. What can educators and parents do?

First of all, aggressive behavior can be considered a set of reactions to certain situations that the child perceives to be a factor of stress or frustration: the parents' refusal to fulfill a child's wish, the quarrel with other children for a toy, and so on which can translate into real aggressive eruptions. It should be noted that angelic faces never betray their ability to be capable of such behaviors. But the reality is that it happens quite often. This is precisely why educators need to carefully monitor risk situations and change their course. The role of the family has a vital significance in defining the personality of children. The phrase "seven years

at home" actually draws attention to the fact that the first lessons in behavior in society have parents as teachers. Their role is to provide a model and a set of values that the child must follow in life. This role also belongs to the teachers with whom the child will come into contact. If we think about it, an aggressive attitude of the child can be a way of asserting his personality, a special way of communicating his own demands regarding his external reality. Thus, when a child cries insistently, he eventually manages to get what he wants. Followed from an early age, an aggressive behavior of the child can be annihilated or at least diminished, if he is taught how to manage the "tools" of emotional intelligence. Over time, children face other experiences, many of them very stressful, even traumatic, putting them in front of situations that are increasingly difficult to manage. Official statistics state a spectacular increase in the last 30 years of the phenomenon of aggression in the school environment, being the most visible evolution of the field of formal education.

In the society in which we live, the phenomenon of aggression is more and more pronounced, it is no longer a surprise, but the big problem is represented by the acquisition at such an early age of such behavior. Aggression has become a kind of "necessary evil" of our days, a social norm, a condition for business success, a way of asserting oneself in the community in which we live. But for a society that accesses well-being, that is guided by the deepest cultural values and tries to heal the traumas of a past subjugated by a totalitarian regime, aggression is a scourge that demolishes the foundations of the construction of an untainted society.

This phenomenon, although it is difficult to assess, may be considered to be an internal problem, to be solved by internal means. For a future society free of violence, it is necessary to create programs and research to educate future adults by reducing from the very beginning the germs of aggressive tendencies and manifestations.

Specialist studies show that most adult who exhibit antisocial or delinquent behaviors, have shown similar attitudes in preschool and low school. Early antisocial behavior is a predictive indicator for juvenile aggression, especially in males (Patterson, Reid, Dishion, 1992). Because aggression is generally associated with a lack of affectivity or sensitivity, the child who is absent from affective language lessons is inevitably deprived of adequate interpersonal relationships in adulthood. The lack of an adequate language with the parental model, but especially the lack of maternal affectivity, leads to incomplete or deficient engraving of the elementary human values and especially to a misunderstanding of the dyad good-evil, all this helping to outline misrepresentations of future behavioral consequences.

The human need for affection is essential for the development of cerebral neural structures and implicitly for the inhibition of aggressive impulses, by repressing instinctive impulses, but also for perfecting behavior in general and self-imposing moral censorship. Family and later kindergarten / school should represent the enabling environment, the natural contour of subjectivity and human individuality, that is based on respect for the values. Affectivity thus becomes the way to transmit empathy, at a transgenerational level leading to the reduction of violence. The family in turn acquires the value of the temple of socialization and control of instincts, being according to Bernanos a school of feelings or in their absence, a hell. All this leads us to the conclusion that the current paradigm enunciated by Dollard (Dollard, Doob, Miller, Mower, Sears, 1939), according to which violence is acquired by either early exposure to frustrations and especially deprivation of affection, or by imitation of negative patterns or punishments materialized by disproportionate labeling sanctions.

By imitating the heroes of television, the models that diminish the counter-aggressive factors and the feelings of guilt, thoughts and intentions are born, perhaps latent until that moment. Wilson referred to these individuals as "the cultural factor cannot keep the biological factor on a leash." An antisocial behavior, devoid of altruism, solidarity and

otherness is based on a negative behavioral-affective socialization, which cannot be eradicated from school socialization efforts or from a tertiary or permanent socialization such as re-education through punishment. The essence of empathic education through the manifestation of sensitivity, has its origin in the primary socialization, especially affective, which links the understanding of respecting social behavior to the innate pro-behavioral skills of learning affectivity.

Sometimes the aggression of children aims to obtain certain benefits or can be an emotional, impulsive behavior, which occurs without prior planning. Sometimes it is triggered by fear and translated into fits of anger and insecurity. This category of children have a very low self-esteem and try to reduce their tension through violent outbursts. These are the kind of children who need exaggerated social recognition, are vulnerable to threats and seek to gain respect through aggressive attitudes. Most of the time, they manage to gain the respect and obedience of other children. By knowing the particularities of children, along with concrete data about their family environment, educators can help children, by establishing programs to develop emotional intelligence, to more easily manage crisis situations, aggressive behaviors or the occurrence of more serious disorders.

From the perspective of educational activities carried out in kindergarten, educators opt for a strategy that "emphasizes the importance of multiplying the positive experiences registered in the field of school and extracurricular educational activity and requires expanding the intervention space in the curricular educational process, in order to capitalize all educational values, superior of the child." (Trif, L., Voiculescu, E., 2013, p.31).

4. Conclusions

Although several pathways leading to aggression have been proposed above, a single factor becomes insufficient to explain the development of aggressive behavior. Longitudinal studies are needed to observe aggressive behavior and to monitor their evolutionary trajectories.

Not only is there not a single way that is sufficient to explain the development of aggressive behavior, but there is also no prototype of aggressive preschooler. New research reveals that interventions should be started as early as possible (Tremblay, 2004). There are still many unanswered questions - Why are some children so flexible? Which of the ways that lead to aggressive behavior has the greatest impact and which is the most predictable? Aggression could have a genetic component and similarly, the environment in which a baby is raised, and later a preschooler can provide an aggressive model, which can influence the development of aggressive tendencies. Today's researchers emphasize the interaction between genetics, the environment and evolutionary influences. However, care must be taken in asserting simplistic theories related to genetic and environmental causes when considering the origins of aggression (Rutter, 2002). The theories presented above are related to the early roots of aggression in young children and preschoolers. Without claiming an exhaustive list of factors related to the origin of aggression in the first years of life, based on it, we can create programs for prevention and intervention, to preserve the uniqueness of the child.

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