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Socioemotional skills between 12 and 30 months of age on Chilean children: When do the competences of adults matter?



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ABSTRACT

Due to the rapid growth in early socioemotional skills during the first three years of life, significant variations in socioemotional development begin early and increase with time. Family competences as sensitivity and mentalization, contribute to differences among children of the same age. This study examines whether the level of socioemotional skills is stable or changes between 12 and 30 months of age, and whether primary caregiver sensitivity and mentalization, as well as educational level, are associated with changes in the level of socioemotional skills. One hundred and three Chilean children were evaluated. The results showed a significant change in socioemotional level between 12 and 30 months. Primary caregivers' sensitivity was associated with socioemotional skills at 12 months of age, and caregivers' educational levels was the strongest predictor. At 30 months, caregivers' sensitivity and educational level did not contribute additional influence, and only child socioemotional skills reported at 12 months acted as a predictor. Results indicate that family competences contribute to infants' socioemotional development in the first year of life, which subsequently influences their later skills.

1. Introduction

Socioemotional development is a fundamental aspect of the development of the whole child; as children develop, social and emotional skills integrate with physical and cognitive skills (Greenspan & Shanker, 2004). Development involves the acquisition of social and emotional skills that enable children to adapt to the demands and expectations of the social environment (Greenspan, DeGangi & Wieder, 2001; Greenspan & Shanker, 2004), to effectively achieve goals (Campos, Mumme, Kermoian, & Campos, 1994) and to participate in socially appropriate interactions with peers, siblings, parents, and other people (Raver & Zigler, 1997). These skills include the ability to regulate emotions and behaviour, to understand one's own and others' emotional states, and to engage others in positive interactions. In the first year of life, the beginnings of skills that engage others in interaction are evident in behaviours such as emotional contagion, the discrimination of facial expressions, and affective and vocal cues (Perner, 1994).

Young infants begin life with little or no awareness of their dispositional states. Then, they progressively become aware of their internal affective states and emotional dispositions through a social mirroring process (Gergely & Watson, 2010). For this social awareness, children's knowledge and understanding of emotions is fundamental, and basic receptive and expressive understanding of

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emotions is among the first skills to emerge during early childhood (Rhoades, Warren, Domitrovich, & Greenberg, 2011). Children between 24 and 54 months become increasingly adept at labelling emotional expressions (Saarni, 1999 cited by Rhoades et al., 2011). Basic emotional processes, such as emotional recognition and expression, develop early and are relatively stable over time, whereas the capacity for emotional regulation improves rapidly over the course of the first years of life (Magai, 2008). According to Kopp (1982 cited by Kochanska, Coy, & Murray, 2001), children become capable of some control between 12 and 18 months of age, which encompasses the awareness of social demands and the ability to initiate, maintain and cease behaviour, as well as to comply with caregivers' requests. By 24 months, they acquire some self-control, including the ability to delay upon request, and they begin to regulate their behaviour. At 36 months, they begin to be capable of self-regulation, defined as the ability to focus attention, avoid distractions and employ planning (Gartstein & Rothbart, 2003).

These emerging socioemotional skills allow the child to establish positive and high-quality relationships with others (Farkas, Grothusen, Muñoz, & von Freeden, 2006), communicate better with their peers (Bayley, 2006; Thompson, 1991), and do better in school (Becker & Luthar, 2002; Rhoades et al., 2011). In contrast, children with developmental difficulties in the socioemotional domain present disruptive behaviours from an early age, have a higher frequency of tantrums, and experience difficulties in parent-child communication (Farkas, 2007).

From birth, socioemotional development is shaped by the interaction of the biological and environmental conditions in which the child develops. Of particular importance is the child's relationship with a primary caregiver who supports the development of socioemotional skills by providing sensitive care, and engaging in affective interactions which are in tune with the child's behaviours and needs (Sroufe, 1997). From the first months of life and throughout early childhood, young children are sensitive to contingency experiences (when a caregiver's behaviour is clearly in response to the child's cues) and social mirroring processes; caregivers' contingent reflections of infants internal experiences in their own affect (e.g., facial expression, vocal tone) play a central role in the development of children's emotional self-awareness (Gergely & Watson, 2010).

Thus, the current study examines the degree to which children's socioemotional skills and their growth are influenced by primary caregivers' competences for engaging in contingent, responsive interactions: sensitivity and mentalization, in a sample of Chilean infants.

1.1. Early influences on socioemotional development

In the first years child's attachment is built, which contributes to the self-regulation background. The mechanisms to regulate the baby's stress, used by the parents, are basically sensitivity and mentalization, and through them the parents achieve dyadic regulation of the emotion. Latter, the world turned more complex for the child, including new caregivers and peers (Sroufe, 2000).

Significant adults in a child's life, including both the family and other consistent caregivers, play a fundamental role in the socioemotional development of young children (Bornstein & Putnick, 2012). Thus, primary caregivers' skills, such as sensitivity to children's cues, responsiveness to their needs, and mentalizing talk during interactions, are predictive of cognitive and socioemotional development, promoting optimal development of early skills that will have a long-term influence on the child's developmental trajectory (Fivush, Haden, & Reese, 2006; Page, Wilhelm, Gamble, & Card, 2010). Primary relationships provide a relational context for the development of the child because positive interactions between adults and the child are critical for optimizing outcome in social, emotional, cognitive, and language development (Page et al., 2010). Importantly, these relationships and their influences on children's development are determined by both the characteristics of the child and the family.

1.1.1. Sensitivity

Sensitivity is understood as an adult's ability to attend to and understand a child's cues, and then to respond to them in an adequate manner that meets the child's needs (Ainsworth, Blehar, Waters, & Wall, 1978). This competence has proven to be an important predictor of children's attachment security (see for example Belsky & Fearon, 2008; De Wolff & van IJzendoorn, 1997; Kersten-Alvarez, Hosman, Riksen-Walraven, Van Doesum, & Hoefnagels, 2011), as well as a range of developmental outcomes (Kempainen, Kumpulainen, Raita-Hasu, Moilanen, & Ebeling, 2006) including cognitive (Pearson et al., 2011) and socioemotional development (Page et al., 2010; Pearson et al., 2011). Sensitivity is understood as an interactional construct (Crittenden, 2005); thus, it is not static but varies according to the context and individual characteristics of children. Contextual factors that are consistently related to both maternal sensitivity and children's outcomes is maternal educational levels and family socioeconomic status (Farkas et al., 2015; Olhaberry, 2011a; Pelchat, Bisson, Bois, & Saucier, 2003; Santelices et al., 2015). Thus, these family contexts must be accounted for when examining the relationships between caregivers' competencies and children's socioemotional development.

1.1.2. Mentalization

Parental mentalization is conceptualized as the ability to treat the child as a psychological agent by understanding children's behaviour in terms of mental states, and is seen when parents reflect the child's states to the child through speech (Sharp & Fonagy, 2008). This skill can be observed on a representational level through interviewing a caregiver about their child and measuring the caregivers' tendency attribute the child's behaviours to mental states, and see the child as an active participant in the relationship, with unique emotions, thoughts, and feelings (Fonagy, Target, Steele, & Steele, 1998; Sharp & Fonagy, 2008). Another way to understand parents' mentalization is to observe their interactions with their children and measure their use of mental references in talking with the child, such as those related to desires, emotions, thoughts, and causal talk (Ruffman, Slade & Crowe, 2002); these references may vary in how appropriate and attuned they are to the child's actual states and behaviours (Meins, Fernyhough, Fradley, & Tuckey, 2001).

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