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Five-year-olds are willing, but 4-year-olds refuse, to trust informants who offer new and unfamiliar labels for parts of the body



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ABSTRACT

This study employed the selective trust paradigm to examine how children interpret novel labels when compared with labels they already know to be accurate or inaccurate within the biological domain. The participants—3-, 4-, and 5-year-olds ($N = 144$)—were allocated to one of three conditions. In the accurate versus inaccurate condition, one informant labeled body parts correctly, whereas the other labeled them incorrectly (e.g., calling an eye an “arm”). In the accurate versus novel condition, one informant labeled body parts accurately, whereas the other provided novel labels (e.g., calling an eye a “roke”). Finally, in the inaccurate versus novel condition, one informant labeled body parts incorrectly, whereas the other offered novel labels. In subsequent test trials, the two informants provided conflicting labels for unfamiliar internal organs. In the accurate versus inaccurate condition, children sought and endorsed labels from the accurate informant. In the accurate versus novel condition, only 4- and 5-year-olds preferred the accurate informant, whereas 3-year-olds did not selectively prefer either informant. In the inaccurate versus novel condition, only 5-year-olds preferred the novel informant, whereas 3- and 4-year-olds did not demonstrate a selective preference. Results are supportive of previous studies suggesting that 3-year-olds are sensitive to inaccuracy and that 4-year-olds privilege accuracy. However, 3- and 4-year-olds appear to be unsure as to how the novel informant should be construed. In contrast, 5-year-olds appreciate that speakers offering new information are more trustworthy than those offering inaccurate

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information, but they are cautious in judging such informants as being “better” at providing that information.

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Introduction

Children learn about the world not only through their own personal experiences but also via testimony, through what other people tell them. Therefore, it is important for children to be able to distinguish between trustworthy and untrustworthy sources of information to learn effectively. Harris (2007, 2012) proposed that, from an early age, children create a global impression or profile of an informant based on information they obtain about, for example, an informant's history of accuracy, ignorance, and degree of confidence. As a result, children consider some informants to be more epistemically trustworthy than others. Much of the research on epistemic trust has focused on children's evaluation of the ability of informants to provide accurate object labels. In various contexts, children from 3 years of age have shown a preference to learn labels for unfamiliar objects from previously accurate labelers rather than from previously inaccurate labelers (Corriveau & Harris, 2009; Corriveau, Meints, & Harris, 2009; Corriveau, Pickard, & Harris, 2011; Koenig, Clément, & Harris, 2004; Koenig & Harris, 2005; Pasquini, Corriveau, Koenig, & Harris, 2007).

Most of these studies have focused on children's evaluations of informants who label artifacts—observable common objects (e.g., balls, dolls)—and whether they do so accurately or inaccurately. However, children can and do acquire information about many other domains, and they frequently encounter people who offer new information (e.g., novel labels) that are not necessarily accurate or inaccurate. This study examines how children evaluate informants who differ in the reliability with which they provide biological information about the human body. Such information has a different character from those domains of knowledge that have dominated epistemic trust research, which has largely focused on (human-made) artifacts. Body knowledge is a domain in which children rapidly acquire new information from around 4 or 5 years of age as they start to learn about imperceptible structures and processes (Inagaki & Hatano, 2006; Jaakkola & Slaughter, 2002). In the current study, therefore, we examined how children vet new information in this domain, a topic hitherto largely neglected in the trust in testimony research literature.

Children can learn via testimony about domains that consist of objects, which are highly observable and can ultimately be examined firsthand. Artifacts are visible, and children can rapidly acquire labels and knowledge via observation, instruction, and demonstration. Nevertheless, children also learn a great deal via testimony about largely or entirely unobservable entities, things that they would have no means of easily examining for themselves, such as historical events and religious beings. For example, children come to learn about the existence of God, the presence of germs, and the shape of the earth (Harris & Koenig, 2006) despite not having firsthand experience of these entities. Furthermore, Harris, Pasquini, Duke, Asscher, and Pons (2006) showed that children between 4 and 8 years of age attest to the existence of entities that they cannot directly see for themselves but have heard about from others, and they endorse particular entities (e.g., real entities such as germs and oxygen) with more confidence than others (e.g., special beings such as Santa Claus and the Tooth Fairy).

There are, however, certain domains that ordinarily contain both observable and unobservable entities and within which objects and processes are often inferred by their results or outcomes. Such domains include the mental and the biological. For instance, in the mental domain, children are able to witness external indicators of mental states by observing others' intentional acts, but they also come to realize that people possess unobservable mental attitudes and traits that they learn about indirectly, often via others' self-reports. In the biological domain, although children are able to confirm the existence of external entities, such as body parts (e.g., eye, nose), many objects (e.g., internal organs) and processes (e.g., digestion) are generally unobservable despite children's direct access to their own bodies. Thus, the objects within the mental and biological domains are also distinctive because they are *built into* the individual and can sometimes be directly experienced; they are part of our self-knowledge. For example, people experience thoughts and desires of their own, and they quickly

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