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Abstract

Background There is widespread consensus in the literature that children who have psychological problems are more likely than other children to be excluded or rejected by their peers. The existence of this phenomenon has been established, primarily, with the use of research on their sociometric status within groups of peers. Much less research has been done on the way in which children develop attitudes and behavioural intentions towards peers with problems.

Aims The primary aim of this article is to introduce readers to research on children's understanding of the nature of common childhood psychological problems with a view to exploring the factors that might contribute to the development of negative attitudes and behaviour.

Method Relevant publications were identified through searches of electronic databases and articles in print.

Results From the early years of primary school children are able to identify peers whose behaviour deviates from the norm and to suggest causes for the behaviour of peers with psychological problems. Furthermore, their beliefs about peers' personal responsibility for these problems appear to be a significant determinant of attitudes and behavioural intentions. The article identifies the need for more research on the role of factors such as gender and personal contact in determining children's understanding of and attitudes towards peers with psychological problems. In addition the article calls for more research on mental health education programmes and the extension of these programmes to younger children, given the fact that even young primary school children appear to have beliefs about the causes of psychological problems and negative attitudes to peers who display such problems.

Conclusions Research on children's understanding of mental health can make an important contribution to our understanding of why children with problems are so much more likely to be excluded from their peer group.

Introduction

In recent years there has been substantial interest in the role of children's peer relationships in their social development. There is a general consensus that satisfactory peer relationships are an important part of children's socialisation and that children who have socio-emotional and/or behavioural problems are more likely than other children to be excluded from their peer group (e.g. Deater-Deckard, 2001; Hay et al., 2004). Thus children with psychological problems experience a double disadvantage, in the first instance because of the nature of their problem and in the second because exclusion from their peer group has an impact on normal socialisation. To date most research conducted on this topic has focused on the socio-metric status, social functioning and/or social cognitions of children experiencing psychological problems (Brendgen et al., 2001; Brendgen et al., 2002; Hymel et al., 1993; Kennedy et al., 1989). There is also, however, a smaller body of literature that has investigated children's understanding of psychological problems and why they respond in such negative ways to peers who experience these problems. Although this body of research is relatively small we will argue in this review that the insights such studies provide can make an important contribution to our understanding of peer rejection and to the development of educational interventions to facilitate greater integration.

This paper is not intended as a systematic review but as an introduction to the theoretical, conceptual and methodological issues that arise in research that has been undertaken on children's understanding of psychological problems. We included studies using qualitative and quantitative methods in the paper provided they involved samples of children and young people under the age of 18 years. In addition, studies had to have a focus on understanding of peer psychological problems, rather than

mental health in general or adult psychological problems. Studies that focused only on attitudes to peers with psychological problems were excluded. No restrictions on sample size were imposed but all studies had to use statistical techniques consistent with their research questions/hypotheses and, in the case of qualitative studies, only those that included an adequate measure of reliability/validity were included. All the papers were published in international peer reviewed journals.

Articles were initially identified using a variety of generic terms (e.g. 'psychological problem', 'psychological disorder') and specific terms (e.g. 'ADHD', 'depression') combined with 'children's perceptions' and 'children's views' in the databases PsycInfo and Medline. Details of each relevant article identified were then used as the basis for searches in the Social Science Citation Index. This produced a total of 45 eligible and relevant empirical studies with a focus on children's understanding of peer psychological problems, spanning a 30-year time period. Two previous overviews of this research area have been published. Safran's (1995) article is now over ten years old and a more recent paper by Wahl (2002) focused on understanding of mental health in general, therefore, it did not include many of the articles discussed in this paper.

We have organised this paper into four sections. The first introduces the literature on children's ability to identify peers who have psychological problems. In the second section we look at research on what children believe about the causes of psychological problems. The third section addresses the issue of why children respond negatively to peers who display these problems. In the final section we look at possible future directions for this research and argue for its importance as a contribution to greater integration of children with psychological problems in their peer group.

Identifying Peers with Psychological Problems

A large body of research on sociometric status tells us that the majority of children are at least implicitly aware of the problems experienced by their peers and that they respond to these problems by excluding them (Deater-Deckard, 2001; Hay et al., 2004). In this section, evidence that children are explicitly aware of these problems (by labelling peers as deviant, for example) is reviewed.

Many of the early studies identified in our literature search focused on whether children could explicitly identify disordered behaviour in their peers. Based on the findings of these studies it is clear that children can distinguish between deviant and normal behaviour from the preschool years on (Chassin & Coughlin, 1983; Coie & Pennington, 1976; Glow & Glow, 1980; Hoffman et al., 1977; Juvonen, 1991; Marsden & Kalter, 1976; Milich et al., 1982; Novak, 1974; Poster 1992; Spitzer & Cameron, 1995; Whalen et al., 1983). In addition, studies that carried out a developmental analysis found age related differences in responses. For example, Coie and Pennington (1976) found that stories involving loss of control and distorted perspective were more likely to be identified as deviant with increasing age. In a series of studies, Younger and his colleagues (Younger et al., 1985; Younger & Boyko, 1987; Younger & Piccinin, 1989) reported that children as young as 7 years have a social schema for aggressive behaviour, however a social schema for withdrawn behaviour is not evident until late in childhood/ early adolescence.

Developmental changes are also evident in children's interpretation of behaviours other than aggression and withdrawal. Chassin and Coughlin (1983) reported that as children

got older they were more likely to identify school phobia as deviant. Similarly, Marsden and Kalter (1976) found that 12-year-olds gave higher deviance ratings to characters in vignettes with problems such as school phobia, antisocial behaviour, passive-aggressive behaviour and psychosis, than did 10-year-olds. Poster (1992) found that older primary school children were more likely than younger ones to attribute mental illness to characters whose behaviour was described as depressed, extremely anxious or schizophrenic.

Not all studies, however, report increases in the identification of deviance with increasing age, particularly when the deviant behaviour involves antisocial behaviour and/or when the sample includes teenagers (Hoffman et al., 1977; Spitzer & Cameron, 1995; Whalen et al., 1983). While these findings suggest that developmental changes in the ratings of deviance may be dependent on the type of behaviour rated, it should be noted that all three studies depicted only male characters and in the case of the studies by Hoffman et al. (1977) and Spitzer and Cameron (1995) sample sizes were small.

Children's Explanations of Deviant Behaviour

In addition to evidence that children can distinguish between normal and deviant behaviour there is also evidence that from as young as 7 or 8 years children have beliefs about the causes of psychological problems. For example, Maas, et al. (1978) reported that young primary school children saw internal factors (such as being 'born that way') as the primary cause of withdrawn, self-punitive and anti-social behaviours. Spitzer and Cameron (1995) also found that young primary school children could provide explanations for disordered peer behaviour. In their study the youngest

children suggested that problematic peer behaviour was caused by children seeking acceptance by others or as a consequence of imitating the behaviour of others.

While there is evidence that children can make suggestions about the causes of psychological problems from an early age, evidence for developmental changes in their understanding of causes is equivocal. Maas et al. (1978) reported that older children were less likely to cite an internal explanation for problem behaviour and more likely to cite an external cause such as the family or school. Other studies have reported similar findings. For example, research by Chassin and Coughlin (1983) and Sigelman and Begley (1987) found that older children were more likely than younger children to attribute aggressive behaviour to parenting practices. Likewise, Kalter and Marsden (1977) found that 12 year old children were significantly more likely than 10 year olds to explain school phobia in terms of inappropriate parenting.

However, not all studies support the finding that older children are more likely to provide explanations of psychological problems that are external to the individual. Contrasting findings include those of Boxer and Tisak (2003). The findings of their cross-sectional study indicated that in late adolescence a greater emphasis was placed on causal factors related to the internal characteristics of an aggressive peer. This difference may be explained by the different ways of classifying the participants' responses or perhaps by the fact that the participants in Boxer and Tisak's (2003) study were generally older than in any of the other studies as they included a sample of college students. This is not the only study to have reported such a developmental trend. Dollinger et al. (1980) asked young people to list the kinds of problems that might involve consulting a clinical psychologist and they found that older children

were more likely than younger children to refer to emotional and cognitive problems (i.e. internal to the individual).

While there is not a consensus on the nature of developmental changes in the explanations for psychological problems offered by children, most studies report consistent differences in the explanations offered for different types of problem. For example Maas et al. (1978) reported that social withdrawal was more likely to be explained by internal factors than anti-social behaviour. Roberts, et al. (1981) found that young adolescents were more likely to explain acting-out behaviour (such as shouting, screaming and kicking) as due to family problems whereas 'strange' behaviour (such as claiming to have visited other planets) was explained as due to over exposure to the media or self choice.

We found only one study that compared explanations for psychological problems in different cultural contexts. Crystal (2000) compared concepts of deviance and psychological disturbance in samples of young people in the United States and Japan. He found that in the United States the participants (5th and 11th grade or approximately 11 and 17 years old) were more likely to explain deviant behaviour (oppositional behaviour, depression, school phobia and aggression) as due to external influences than their counterparts in Japan and vice versa. These findings highlight the importance of further cross-cultural work on this topic.

Understanding the Reasons for Peer Exclusion

One reason why so many researchers have sought to investigate children's understanding of their peers' psychological problems is clearly linked to a belief that

there are important relationships between children's understanding and their attitudes and/or behaviour. In this section we review those studies that have attempted to further develop our understanding of these links.

Two theories of social cognition have been used to explain the relationship between children's perceptions of their peers' behaviour and their subsequent attitudes and behaviour. The first of these is attribution theory (Weiner, 1993), which argues that attribution of responsibility is meaningfully related to personal feelings towards a peer whose behaviour is problematic. Empirical evidence supporting this theory comes from research by Graham and Hoehn (1995) who found that a child who behaved aggressively was likely to be judged as being personally responsible for his/her actions, this resulted in a feeling of anger, which in turn gave rise to social rejection. Similarly, Goossens et al. (2002) found that aggressive children were perceived as more responsible for their behaviour and elicited more feelings of anger than withdrawn children who elicited feelings of pity and were more likely to be chosen as a friend.

Further evidence for a link between attribution of responsibility and social exclusion comes from two experimental studies. In the first, Peterson et al. (1985) found that primary school children rated a depressed child who had experienced recent life stress as more likeable and attractive than a similarly depressed child who had not. In the second study, Sigelman and Begley (1987) found that manipulation of causal information about a hypothetical peer's externalising problem behaviour influenced attitudes of children in kindergarten and primary school. In their study, a target child, described as aggressive, was significantly less well liked when he was described as being responsible for his behaviour.

In a series of three studies, Juvonen (1991) investigated the relationship between judgments of personal responsibility for deviant behaviours (including rule breaking and high activity level) and negative peer reactions. She found that the more responsible children were perceived to be for their behaviour, the less positive affect and the more negative affect they elicited. The more the deviant children elicited negative affect, the more likely they were to be rejected by their peers. Juvonen's study is particularly important because it is one of the few studies that compared children's responses to real and hypothetical peers.

A second theory that has been used to explain and to guide research in this area is psychological essentialism. According to Giles (2003) psychological essentialism is a belief about the extent to which behaviour reflects a deep and enduring characteristic of the individual. Giles and Heyman (2004; Giles, 2003) go on to argue that children are particularly likely to reason about aggression in essentialist ways. Such beliefs provide children with a powerful basis for interpreting social information and have predictable consequences in terms of their interpretation of social situations and behaviour towards others. For example, Giles and Heyman (2003) found that children who believed that aggression was stable over time made fewer prosocial inferences than other children. Not all children hold essentialist views about aggression and Giles (2003) argues that such reasoning is more common among younger rather than older children, that it can be influenced by situational factors (e.g. the severity of the aggression), the intentions of the perpetrator (deliberate actions are more likely to be attributed to a stable trait) as well as a variety of social and cultural factors.

Both attribution theory and psychological essentialism provide a rationale for further research on children's understanding of the aetiology of problem behaviour because of the potential contribution of such knowledge to an understanding of peer exclusion.

Directions for Future Research

One goal of almost all the studies discussed so far has been to improve our understanding the reasons for the social exclusion of children with psychological problems. Most authors also express the belief that this improved understanding would lead to practical suggestions on how a greater level of integration could be achieved. In this section we highlight gaps in our existing knowledge that will need to be addressed before this goal can be achieved. We also highlight promising research findings in these areas.

Based on our analysis of the literature so far it is clear that there has been bias towards the study of problem behaviour in boys. Twelve of the studies cited only included descriptions of male characters with problems (Chassin & Coughlin, 1983; Hoffman, et al., 1977; Graham & Hoehn, 1995; Juvonen, 1991; Kalter & Marsden, 1977; Marsden & Kalter, 1976; Milich et al., 1982; Roberts et al., 1984; Sigelman & Begley, 1987; Whalen et al., 1983; Younger & Boyko, 1987; Younger et al., 1986) thus potentially limiting our understanding of children's perceptions of girls displaying psychological problems. Our understanding is also limited by the absence of data on differences in peers' perceptions of boys and girls with similar problems. Deater-Deckard (2001) has already noted the need for additional research on gender in the study of psychopathology and peer relationships.

The majority of studies cited in this review used behavioural descriptions (vignettes) of hypothetical peers. Typically this method involves presenting children with a short description of a child displaying the target behaviour(s) and then asking a series of open or closed questions. The advantages of this method include the fact that it can be used with children of all ages, it avoids the use of potentially unfamiliar psychological terms and avoids some of the ethical concerns that would be raised if children were asked about named peers. Despite these advantages there are also a number of limitations to the use of vignettes. In particular, children's responses to vignettes may not be indicative of their responses to actual peers. Indeed the only study that includes comparative information on attitudes towards hypothetical and real peers suggests that the former are positively biased (Juvonen, 1991).

A further point worth noting is that none of the studies cited in this review included any measure of children's contact with peers who are experiencing psychological problems. This is an important issue for researchers to address given the possibility that contact may influence attitudes directly or indirectly by increasing knowledge and awareness of the psychological problem(s) concerned. Support for this possibility comes from two studies. Waas (1991) reported that children make greater use of social information about negative peer behaviour (engaging in conflict) when the behaviour appears to be directly relevant to them rather than to other members of their peer group. Secker et al. (1999) found that the young adolescents in their study (12 - 14 years) drew on personal experience when making judgments about what behaviour was normal and what was not.

Empirical research on attribution theory (e.g. Graham & Hoehn, 1995; Goossens et al., 2002; Juvonen, 1991) and psychological essentialism (e.g. Giles & Heyman, 2003, 2004) demonstrates that children's beliefs about the nature of psychological problems are meaningfully related to their attitudes and behavioural intentions towards peers displaying these problems. Does this mean that educating children about the nature of common psychological problems would also improve their attitudes to peers who have such problems? Unfortunately there is very little empirical research available that would help to answer that question. Two mental health education programmes (Byrne et al., 2004; Schulze et al., 2003) that demonstrated improved attitudes towards peers with mental health problems do not appear to have devoted much time to providing instruction on the nature of mental health problems. However, a third study (Watson et al., 2004), had a clear focus on improving understanding of scientific research on mental illness. That study also reported a positive change in attitudes to young people with mental health problems following participation in the intervention. At least two key suggestions for future research follow from these studies. The first, is for more research on how much and what type of information on mental health/psychological problems might be most appropriate to include in mental health education programmes in order to maximise changes in attitudes and behavioural intentions. The second, is for an extension of such programmes to younger children. The research presented in this review indicates that negative attitudes towards peers with psychological problems can be present from as early as the first years of primary school, yet our literature search found no research on mental health education with this age group.

Conclusions

From as young as 7 or 8 years, children are able to identify as deviant the behaviour of peers with psychological problems and are able to speculate on the possible causes of the problems. While there are many ways in which children's beliefs about the causes of psychological problems might be linked to their attitudes towards peers with problems, it appears that the extent to which they hold the child responsible for his/her problem may be particularly important.

Unfortunately, all conclusions in this article must be tentative because to date research on children's understanding of mental health and psychological problems has lagged well behind research on their understanding of physical health and illness. Yet there are many reasons why more time should be devoted to this research. In the first place it should help to improve our understanding of why children with psychological problems are at such high risk of exclusion from their peer group. Because this type of research focuses on all children it also reduces the emphasis on psychological problems as located exclusively within the individuals affected. The research could also make a potentially important contribution to our understanding of social cognition and in particular to the development of functional theories of human behaviour.

References

- Armstrong, C., Hill, M., & Secker, J. (2000). Young people's perceptions of mental health. *Children and society*, **14**, 60-72.
- Bailey, S. (1999). Young people, mental illness, and stigmatization. *Psychiatric bulletin*, **23**, 107-110.
- Boxer, P. & Tisak, M. S. (2003). Adolescents' attributions about aggression: An initial investigation. *Journal of adolescence*, **26**, 559-573.
- Brendgen, M., Vitaro, F., Bukowski, W. M., Doyle, A. B. & Markiewicz, D. (2001). Developmental profiles of peer social preference over the course of elementary school: Associations with trajectories of externalizing and internalizing behavior, *Developmental psychology*, **37**, 308-320.
- Brendgen, M., Vitaro, F., Turgeon, L. & Poulin, F. (2002). Assessing aggressive and depressed children's social relations with classmates and friends: A matter of perspective. *Journal of abnormal child psychology*, **30**, 609-624.
- Byrne, M., Barry, M., & Sheridan, A. (2004). Implementation of a school-based mental health promotion programme in Ireland. *International journal of mental health promotion*, **6**, 17-25.
- Chassin, L., & Coughlin, P. (1983). Age differences in children's attributions for deviant behaviors, *Psychiatry*, **46**, 181-185.

Chimonides, K. M., & Frank, D. I. (1998). Rural and urban adolescents' perceptions of mental health. *Adolescence*, **33**, 823-831.

Coie, J. D., & Pennington, B. F. (1976). Children's perceptions of deviance and disorder. *Child development*, **47**, 407-413.

Crystal, D. S. (2000) Concepts of deviance and disturbance in children and adolescents: A comparison between the United States and Japan. *International journal of psychology*, **35**, 207-218.

Deater-Deckard, K. (2001). Annotation: Recent research examining the role of peer relationships in the development of psychopathology. *Journal of child psychology and psychiatry*, **42**, 565-579.

Dollinger, S. J., Thelen, M. H. & Walsh, M. L. (1980). Children's conceptions of psychological problems. *Journal of clinical child psychology*, **9**, 191-194.

Giles, J. W. (2003). Children's essentialist beliefs about aggression. *Developmental review*, **23**, 413-443.

Giles, J. W. & Heyman, G. D. (2003). Preschoolers' beliefs about the stability of antisocial behavior: Implications for navigating social challenges. *Social development*, **12**, 182-197.

Giles, J. W. & Heyman, G. D. (2004). Conceptions of aggression and withdrawal in early childhood. *Infant and child development*, **13**, 407-421.

Glow, R. A., & Glow, P. H. (1980). Peer and self-rating: Children's perception of behaviour relevant to Hyperkinetic Impulse Disorder. *Journal of abnormal child psychology*, **8**, 471-490.

Goossens, F. A., Bokhorst, K., Bruinsma, C. & van Boxtel, H. W. (2002). Judgments of aggressive, withdrawn and prosocial behavior: Perceived control, anger, pity and sympathy in young Dutch children. *Journal of school psychology*, **40**, 309-327.

Graham, S. & Hoehn, S. (1995). Children's understanding of aggression and withdrawal as social stigmas: An attributional analysis. *Child development*, **66**, 1143-1161.

Hay, D. F., Payne, A., & Chadwick, A. (2004). Peers relations in childhood. *Journal of child psychology and psychiatry*, **45**, 84-108.

Hoffman, E., Marsden, G., & Kalter, N. (1977). Children's understanding of their emotionally disturbed peers: A replication. *Journal of clinical psychology*, **33**, 949-953.

Hymel, S., Bowker, A. & Woody, E. (1993). Aggressive versus withdrawn unpopular children: Variations in peer and self-perceptions in multiple domains. *Child development*, **64**, 879-896.

Juvonen, J. (1991). Deviance, perceived responsibility, and negative peer reactions. *Developmental psychology*, **27**, 672-681.

Kalter, N. M., & Marsden, G. (1977). Children's understanding of their emotionally disturbed peers II. Etiological factors. *Psychiatry*, **40**, 48-54.

Kennedy, E., Spence, S. H. & Hensley, R. (1989). An examination of the relationship between childhood depression and social competence amongst primary school children. *Journal of child psychology and psychiatry*, **30**, 561-573.

Maas, E., Marecek, J., & Travers, J. R. (1978). Children's conceptions of disordered behaviour. *Child development*, **49**, 146-154.

Marsden, G., & Kalter, N. (1976). Children's understanding of their emotionally disturbed peers, *Psychiatry*, **39**, 227-238.

Milich, R., Landau, S., Kilby, G., & Whitten. P. (1982). Preschool peer perceptions of the behavior of hyperactive and aggressive children. *Journal of abnormal child psychology*, **10**, 497-510.

Novak, D. W. (1974). Children's reactions to emotional disturbance in imaginary peers. *Journal of consulting and clinical psychology*, **42**, 462.

Peterson, L., Mullins, L. L., & Ridley-Johnson, R. (1985). Childhood depression: Peer reactions to depression and life stress. *Journal of abnormal child psychology*, **13**, 597-609.

Poster, E. C. (1992). Children's concepts of the mentally ill. *Journal of child and adolescent pediatric and mental health nursing*, **5**, 28-36.

Reetz, M., & Shemberg, K. M. (1985). Fifth and sixth graders' attitudes toward mental health issues. *Journal of community psychology*, **13**, 393-401.

Roberts, M. C., Beidleman, W. B., & Wurtele, S. K. (1981). Children's perceptions of medical and psychological disorders in their peers. *Journal of clinical child psychology*, **10**, 76-78.

Roberts, M. C., Johnson, A. Q., & Beidleman, W. B. (1984). The role of socioeconomic status on children's perceptions of medical and psychological disorders. *Journal of clinical child psychology*, **13**, 243-249.

Roose, G. A., & John, A. M. (2003). A focus group investigation into young children's understanding of mental health and their views on appropriate services for their age-group. *Child: care, health, and development*, **29**, 545-550.

Safran, S. P. (1995). Peers' perceptions of emotional and behavioral disorders: What are students thinking? *Journal of emotional and behavioral disorders*, **3**, 66-75.

- Schulze, B., Richter-Werling, M., Matschinger, H., & Angermeyer, A.C. (2003). Crazy? So what! Effects of a school project on students' attitudes towards people with schizophrenia. *Acta psychiatrica scandinavica*, **107**, 142-150.
- Secker, J., Armstrong, C., & Hill, M. (1999). Young people's understanding of mental illness. *Health education research*, **14**, 729-739.
- Sigelman, C. K., & Begley, N. L. (1987). The early development of reactions to peers with controllable and uncontrollable problems. *Journal of pediatric psychology*, **12**, 99-115.
- Spitzer, A., & Cameron, C. (1995). School-age children's perceptions of mental illness. *Western journal of nursing research*, **17**, 398-415.
- Villeneuve, C., Bérubé, H., Ouellet, R., & Delorme, A. (1996). Prevention concerning mental health: The adolescent's perspective. *Canadian journal of psychiatry*, **41**, 392-399.
- Waas, G. A. (1991). Social information and the development of children's peer evaluations. *Merrill-palmer quarterly*, **37**, 407-424.
- Wahl, O. F. (2002). Children's views of mental illness: A review of the literature. *Psychiatric rehabilitation skills*, **6**, 134-158.

Watson, A. C., Otey, E., Westbrook, A. L., Gardner, A. L., Lamb, T. A., Corrigan, P. W., & Fenton, W. S. (2004). Changing middle schoolers' attitudes about mental illness through education. *Schizophrenia bulletin*, **30**, 563-572.

Weiner, B. (1993). On sin versus sickness. A theory of perceived responsibility and social motivation. *American psychologist*, **48**, 957-965.

Wells, K. (1980). Adolescent's attributions for delinquent behavior. *Personality and social psychology bulletin*, **6**, 63-67.

Whalen, C. K., Henker, B., Dotemoto, S., & Hinshaw, S. P. (1983). Child and adolescent perceptions of normal and atypical peers. *Child development*, **54**, 1588-1598.

Younger, A. J. & Boyko, K. A. (1987). Aggression and withdrawal as social schemas underlying children's peer perceptions. *Child development*, **58**, 1094-1100.

Younger, A. J. & Piccinin, A. M. (1989). Children's recall of aggressive and withdrawn behaviors: Recognition memory and likability judgements. *Child development*, **60**, 580-590.

Younger, A. J., Schwartzman, A. E., & Ledingham, J. E. (1985). Age-related changes in children's perceptions of aggression and withdrawal in their peers. *Developmental psychology*, **21**, 70-75.

Younger, A. J., Schwartzman, A. E., & Ledingham, J. E. (1986). Age-related differences in children's perceptions of social deviance: Changes in behavior or in perspective? *Developmental psychology*, **22**, 531-542.