The father of the man — the mother of the woman?

Behavioural problems in boys and girls and some of their implications for social work

Anne Sheppard, B.sc. Ph.D. C.Q.S.W. School of Social Work, Leicester University, England.

Introduction.

We all know — or think we know — that boys behave differently from girls, even if our analysis progresses no further than some tautologous recognition that boys are more 'boyish'. We are also inclined to think that the 'problem' child will grow out of his difficulties, but that so far as socially disruptive behaviour is concerned, boys, on the whole, are rather more seriously problematic than girls. Generalized notions of this sort contain elements of both truth and fiction which cannot properly be appreciated unless sex differences in behaviour shown by young children are analysed and placed in perspective. I hope here to consider how the disordered behaviour of boys generally differs from that of girls and to draw attention to some of the implications of this for their adulthood and for the social worker.

* * * * * * * * * * * * *

Gender Identity.

Gender identity, that is, one's sense of oneself as male or female, and gender role, everything that expresses this sense, are important concepts to understand because they pervade many aspects of the feelings, attitudes and behaviours of an individual and those confronting him.

Parents wait nine months to see whether a mother gives birth to a boy or a girl and the baby's sex is one of the first characteristics noted immediately after birth. A chain of sexually distinguished responses to the baby will normally then be set in motion, beginning with choosing pink or blue for the baby, a name, type of clothes and toys; the verbal and physical reactions of parents and those of all other individuals will differ according to the sex of the baby.

Mothers and fathers often have a preference for a child of a particular sex and whether the newborn satisfies this may well affect their early responses and attitudes. Relatives of the baby are almost all defined by their sex — mother, father, sister, brother, aunt, uncle; only cousins, it seems, can be of either gender.

No doubt, in most cases, the patterning of different responses to children according to their sex, clarifies the question of gender identity for them. It has been suggested (Kohlberg 1967), that a child gradually develops gender identity, that is, concepts of masculinity and feminity, and when he has understood which is his own sex, he attempts to match his behaviour to his conception. A child's sex role concepts will be limited, just as his other concepts are, by his level of cognitive ability and consequently they change in ways that parallel his conceptual growth. In fact, gender identity appears to develop before age three, coinciding with the acquisition of language and the beginning of concept formations. If an hermaphrodite is reassigned sexually (by surgery) before three years of age, he will grow up normally, but later reassignments can lead to difficulties in adjustment (see Money and Tucker, 1977, which provides a valuable discussion of many aspects of gender identity).

There are only four primary biological functions which distinguish men and women from each other; only a man can impregnate and only a woman can menstruate, gestate and lactate. All other differences, including secondary sexual characteristics, are to some extent modifiable by surgery, depending on the individual's stage in his life cycle as has been shown by Money and his colleagues work with hermaphrodites at the

John Hopkins University in the United States. In the light of this fact, and the enormous overlap the sexes show with regard to sexual attributes, it is possible for the difference between one normal man and another, or a normal woman and another, to be greater than the average difference between men and women collectively. With regard to the sex hormones there is a comparable picture. While androgen is called the male hormone, oestrogen the female one, and progestin the pregnancy hormone, this is somewhat misleading as everyone normally has all three in circulation. The sex difference is in the proportion of each hormone in the mixture.

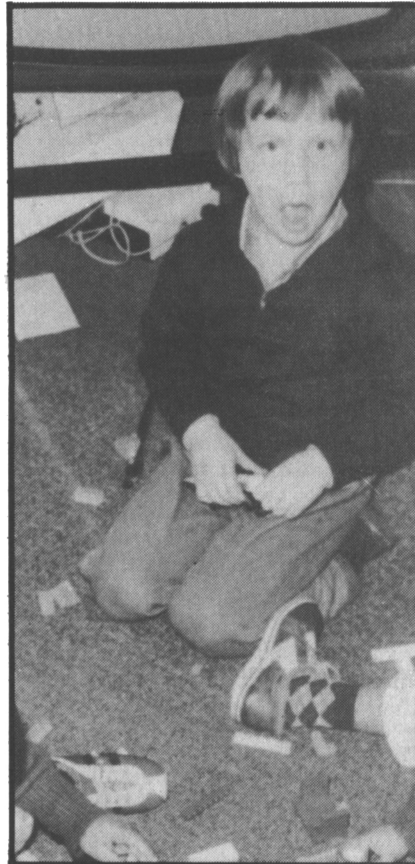
Thus, although there are distinct physiological differences between males and females, the distinction is by no means absolute. Psycho-social influences appear to be crucial, but they are so complex that it is not surprising that it is not yet fully known how gender identity and role develop. What does surprise is that they are so firmly formed and apparently become immutable well before puberty.

Childhood Behavioural Problems.

When children with behavioural problems are referred to paediatric departments, Child Guidance Clinics or Social Services Departments, boys are likely to outnumber girls. If social workers are to understand the significance of this difference, they need to appreciate sex differences in normal development, whether they are simply counselling parents or using a specific method of intervention. For example, during the first four years of life, girls are ahead of boys in intellectual activity, are more articulate and learn to read more easily (Herbert 1975). Parents need not necessarily worry if their son does not learn to talk as quickly or as early as did his elder sister. Hutt (1972 a, b) describes in detail sex differences in play and exploration in young children, in which aggression is already a characteristic differentiating boys from girls.

Some degree of aggression in boys, therefore, is quite normally observed and indeed, an important view of behavioural problems among children is that they do not differ qualitatively from normal behaviour in their development and how they can be modified (Herbert 1975). Abnormal behaviour is seen only as quantitatively different and develops as a result of faulty learning with the child using maladaptive strategies for coping with pressures in the home, school and other areas of his life.

Aggression appears to be a key component in conduct disorders. Most children, especially boys in the second and third years of life show some defiance, disobedience, fighting and



temper tantrums, but it is only when these behaviours reach a certain intensity, frequency and duration that they might be considered to form a conduct problem. MacFarlane, Allen and Honzik (1954) showed that one third or more of boys showed temper tantrums between the ages of 2 and 13. The pattern for girls is quite different with tantrums occurring mainly between the ages of 2 and 7. Tempers in the behaviour of a 10 year old boy are not necessarily abnormal but in a 10 year old girl they may well be. Understanding normal development in relation to the sex of the child, as well as age, is therefore essential for deciding when behaviour should be regarded as unusually problematic and treated as such.

Several empirical studies suggest that there are two main kinds of childhood behavioural problems. One is the conduct problem, which includes disobedience, disruptiveness, boisterousness, fighting, attention seeking, restlessness, destructiveness, irritability and temper tantrums; the other concerns inhibited behaviour or emotionality, and includes social withdrawal, shyness, anxiety, day dreaming, crying, special fears and stuttering (Herbert 1978). There also seems to be a mixed category, in which elements of both conduct and emotional disorders are present (Rutter 1975).

In the following two sections, the emotional and conduct disorders of boys and girls are considered and in a third, the difficulties which may arise from problems in development.

Sex Differences in Emotional Problems.

In an investigation of normal children, Maccoby and Jacklin (1975) found that observational studies did not usually show a sex difference in timidity, but teacher rating and self report showed girls to be more timid and anxious than boys. As boys are less willing to admit fears or anxiety, the sex differences could be due to this factor. Werry and Hawthorn (1976) showed that teachers rated girls as showing significantly more tension than boys, although boys scored higher on factors of conduct, inattentiveness and hyperactivity.

Richman, Stevenson and Graham, (1975), in a study involving three year olds, looked at twenty-two behavioural items including eating and sleeping problems, overactivity, tempers, difficulty in controlling, fears, enuresis and encopresis, and found that there were no sex differences in overall scores, although girls were more fearful than boys, less overactive and superior in sphincter control.

Other authors report a roughly equal sex ratio for fears (for example, Rutter 1977), so evidence about the extent and direction of sex differences in this area is uncertain and conflicting.

Sex Differences in Conduct Disorder.

It has been estimated that conduct

disorders are three times more common in boys than girls (Rutter 1970). At the age of three years or earlier, sex differences in aggression have been noted, and aggression has become a principle variable in defining masculine and feminine behaviour (Sears 1965).

Hutt (1972b), in a study of nursery school children, showed that two thirds of the aggressive acts were perpetrated by boys, who also elicited more aggression than girls. Acquisitive competition occurred predominantly between boys and boys retaliated more, so encounters were prolonged. Girls were as aggressive toward other girls as toward boys, and although females showed more verbal aggression, the difference was not significant.

The higher male compared to female rates of childhood conduct disorder and adolescent delinquency are thought to illustrate the notion of greater male aggressiveness. Among delinquents, males outnumber females by as many as ten to one (Herbert 1978). Boys and girls also differ in the age at which they become delinquent, in the sort of delinquencies they commit (that is, a large proportion of indictable offences committed by girls are sexual or of a non-aggressive kind, e.g. shoplifting) and in the way in which the delinquent individual differs from others of the same age and sex, who do not commit offences, or, at any rate, do not get caught (Cowie, Cowie and Slater 1968). Among adults, men commit more homicides, suicides and are arrested more often for assault and battery (Sears 1965).

Finally, Rutter (1970) has shown that boys respond more often with a conduct disorder to family disturbances than girls. Boys were found to be more susceptible to the adverse effects of marital discord, broken homes and when parents showed little warmth to their children. No consistent associations have been found between family characteristics and emotional disorder in either boys or girls. Wolkind (1974) studied the incidence of anti-social disorder in children in care and found it to be much higher in girls living in institutions than in the community, although it is even higher in boys. In the case of boys, it appeared that being in care for brief or prolonged periods was of less importance in the onset of a conduct disorder than factors in the family. With girls, however, prolonged early experience in residential care seemed to be the crucial variable influencing the development of anti-social behaviour, but in view of the small number of girls showing this behaviour, more extensive study is needed.

Sex Differences in Developmental Learning Problems.

A marked male predominance, a ratio of about four to one, is seen in most disorders in which a specific delay in development is involved, for example, speech or language difficulties, reading retardation and the clumsy child syndrome (Rutter 1977). The prevalence of most school problems, with the possible exception of school phobia, is higher in male than female pupils, and Levine (1977) confirmed this for primary school children using teacher ratings and controlling for the sex of the teacher.

Sleepwalking is more common in boys (Anders 1976) and so is nocturnal enuresis (Anders 1976, Rutter 1977). Minor physical anomalies, for example, head circumference beyond the normal range, widely spaced eyes, curved fifth finger and wide gaps between the first and second toes, have been related to behavioural difficulties.

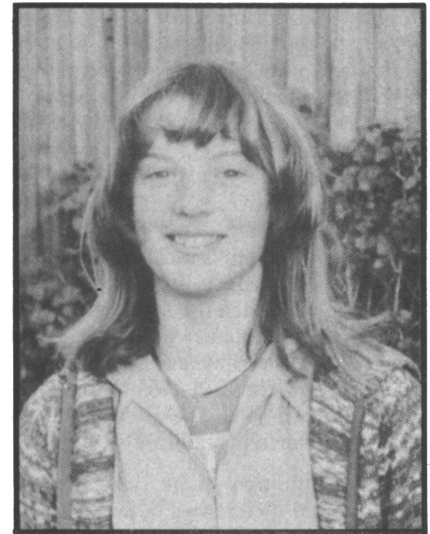
This association was studied in an unselected group of young school children and it was found that whereas girls with many anomalies, were described by teachers and peers as quiet, shy, timid, mean and unco-ordinated, boys, with a large number of anomalies, were described as hyperactive and impulsive (Halverson and Victor, 1976). Thus, the two sexes presented a very different relationship between anomalies and behavioural difficulties.

Explanatory Theories.

While it appears that sex differences for emotional disorders are not clear-cut, boys greatly exceed girls in the incidence of conduct, learning and developmental problems. There are theories that try to explain these differences and the major ones will be presented briefly.

Biological Theories.

Biological theories suggest that a major source of variance between the sexes can be explained in terms of the biological differences between them.



Hutt (1972b), for one, puts forward the case for biological factors playing some part, as a result of her own studies on sex differences in motor activity, sensory capacity, mother-infant interaction, fear of strangers, aggression, co-operation, play, exploration, creativity, language, intelligence and problem solving in young school children. She highlights the similarity in many attentive, exploratory and social behaviours between monkeys, chimpanzees and children and suggests that as hormones can, directly or indirectly, influence sexual and non-sexual behaviour, endocrinological effects are likely to determine a number of sex-related features and behaviour patterns.

Money and Tucker (1977) suggest that the prenatal mix of androgen, oestrogen and progestin, predisposes the child to respond to certain stimuli according to sex. For example, a high quantity of androgen is thought to develop a potential for strenuous physical exercise and dominant behaviour. Evidence is provided from animal experiments and unusual human groups, the so-called underandrogenized males and androgenized females.

Acknowledging biological effects need not detract from the additional importance of constitutional and learning influences in the development of sex differences in behaviour. Outdated dichotomies, such as biological versus psychological, innate versus learned, do not help analysis of the subtle interplay between child and environment which is

the essence of the development of all behavioural characteristics.

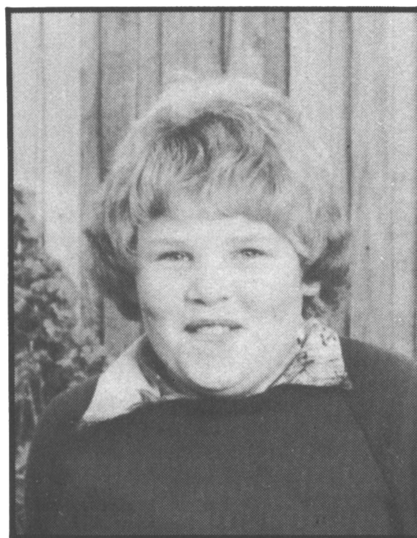
Constitutional Theories.

Children have been shown to differ in temperament from birth (Rutter 1975). It has been demonstrated that infants consistently and reliably vary in level of activity, regularity of sleeping/waking, hunger/satiety, patterns of elimination, adaptability, intensity of emotional responses and whether they approach or withdraw from new situations and people (Thomas, Chess and Birch, 1968). Boys, aged three to seven years old, have been shown to be less fastidious and display more intense emotional expression than girls; they tend to be more active, less regular and malleable, and show more withdrawal to new people, although not to a significant degree. Graham, Rutter and George (1973) found that these differences were associated with a high risk of developing behaviour disorders in later childhood. West and Farrington (1977) also demonstrated that individual characteristics of the offender played some part in the development of delinquency, stating that they differed from the norm in character, attitude and style of life. Youths with one or more convictions were found to have a constellation of characteristics, among which aggressiveness, irregular work habits, excessive pursuit of immediate pleasure and lack of conventional social restraints were the most prominent. Furthermore, many of these delinquents aged eighteen had been recognizably deviant from the ages of eight and ten.

However, although boys display certain adverse temperamental characteristics more readily than girls, there would not appear to be a large enough significant difference to account wholly for the sex differences in childhood behavioural disorder. Inherited temperamental disposition most likely plays an important part but it is necessary also to consider child rearing variables and later, the child's exposure to delinquent groups and labelling.

Social Learning Theories.

Social learning theories of sex differences consider that boys and girls may have different learning experiences for a variety of reasons, resulting in different behaviour. Nevertheless, Maccoby and Jacklin (1975) found that the socialization pressures directed at the two sexes were remarkably similar. They appeared to be treated with equal affection, equally allowed and encouraged to be independent, and surprisingly, there was no evidence from a review of a large number of studies of distinctive parental reaction to aggressive behaviour in the two sexes. However, according to these authors, boys were handled and played

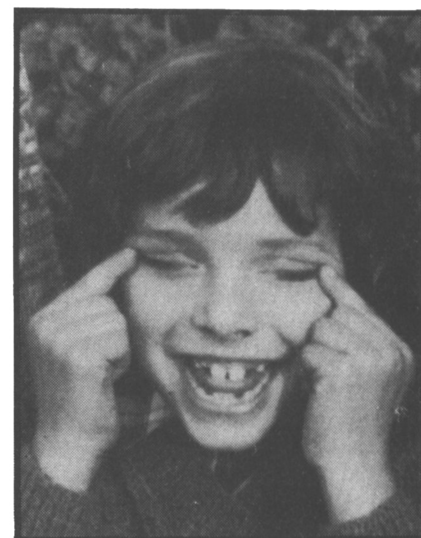


with more roughly, received more physical punishment, and in many cases, were found to receive more criticism and more praise from their parents, so the consequences of their behaviour may have been more intense than those of girls. In addition, parents showed much more concern over a boy being effeminate than a girl being a tomboy, especially fathers, who discouraged any interest a son may have had in feminine toys or clothes. It is concluded that parents tend to treat their children according to their knowledge of his temperament, interest and abilities, rather than in terms of sex role stereotypes. Certainly, on this evidence, socialization does not appear able to account for the sex differences in aggressiveness or conduct disorders. However, the studies reviewed investigated normal children and it needs to be asked whether parents of conduct disordered children have behaved differently towards them (e.g. encouraging aggressiveness), compared to parents of normal children. There are indications of a relationship between parents' rate of reinforcing compliance and amount of obedience received, between overall parental negativism and child deviance (Herbert 1978), but whether the sex difference in conduct disorders results from boys being affected by parental negativism more than girls, or parents tending to show more negativism towards their sons, is open to question.

Social learning theory argues that children are more often reinforced when they imitate a same sex parent (or model) and hence learn to do this. However, there is no evidence that children's behaviour resembles that of the same sexed parent. In addition, children under six or seven years of age do not appear to select a same sex model with any consistency when given the choice. A final problem with the imitation theory is that children's sex-typed behaviour does not particularly closely resemble that of adult models. For example, boys select an all male play group, but do not observe their fathers avoiding women. Social learning probably plays a major part in the formation of sex differences in childhood behaviour, but it is not a complete explanation.

Discussion.

None of these established theories by itself appears able to account for the sex differences in childhood behaviour, whether it is normal or disordered. Since gender identity does not appear to be simply a matter of biological fact, the situation is complex and it is likely that



aspects of the different theories take effect, depending on the child's age, family interactions and other factors. It should be realised that parent-child relationships are two-way interactions, with the child causing responses in the parent

as well as vice-versa so that he is not simply a passive recipient of 'moulding processes' from the environment.

It is my view that the theories should also take into consideration the interaction that can occur between the sex of the parent and the sex of the child. Lewis and Weinraub (1974) showed that boys' attachment behaviour was similar toward each parent with proximal behaviour (e.g. clinging) at one year being transformed into distal behaviour (e.g. looking) by two years of age. Girls, on the other hand, showed a transformation from proximal to distal expression of attachment with their fathers, but not toward their mothers, to whom attachment remained proximal until the end of the second year of life. In a study of differences in the reactions of mothers and fathers to aggression and dependency in their children, Rothbart and Maccoby (1966) found that mothers were more permissive of both these behaviours in sons, whereas fathers were more permissive of these behaviours in daughters.

The importance of the father in relation to the development of aggressive behaviour has been emphasized in some studies. Robins (1966), in her longitudinal study of thirty years, showed that unemployment and antisocial behaviour in the father, in terms of desertion, excessive drinking, failure to support the family and arrests, were important predictors of behaviour problems in the child, whether a girl or a boy. An antisocial mother without an antisocial father apparently made little difference, although this could have been because such family patterns were rare. It has been shown that lack of contact with the father and a large number of siblings are associated with the development of antisocial disorder in boys in residential care, although not girls (Wolkind 1974). The onset of aggressive behaviour in boys between the ages of six and thirteen, within two months of their fathers being imprisoned, has been reported by Sack (1977). This did not happen with the girls in the families, although other responses they may have displayed to their fathers' imprisonment were not investigated.

Implications for Adulthood and Social Work.

It should be remembered that the patterns of behaviour of girls and boys show considerable overlap, and it is only

practical from the social worker's point of view to consider differences between the sexes when they are marked, as they are in the case of the development of conduct disorders.

Most children referred to social workers as problems are likely to be boys, and social workers deal more often with boys in the juvenile court, just as probation officers find that most of their clients are men. There have been a number of studies trying to link childhood behaviour problems with adult personality disorder, in attempt to find characteristics in children which lead to the development of antisocial behaviour in the adult. In this way it might be possible to identify children that could be defined as 'at risk' in the long term.

It appears that most disorders of childhood behaviour remit without treatment. Treatment may therefore be viewed as shortening and ameliorating the period of distress that the parents, child and others feel as a result of the child's behaviour. The outlook is very good for emotional disorders, most of which clear up completely, but only about half or just over of the conduct disorders do so, with traditional treatment, (see, for example, Robins 1970). As most emotional difficulties clear up with or without treatment, the question remains as to what becomes of the significant percentage of children with conduct disorders who do not respond to therapy.

Evidence relating to this comes from the longitudinal studies, especially one by Robins (1966). People were located thirty years after they had been referred to a child guidance clinic for committing offences, 45% of whom had appeared before the juvenile court. Age at referral was not strictly controlled and the median age was thirteen, but children under seven years constituted 8% of the sample. In addition, sex was not controlled, so the group comprised predominantly of boys. A diagnosis of adult sociopathic personality occurred almost exclusively in males who had been referred to the clinic for antisocial behaviour, particularly theft. Most of them had been discipline problems at school and had a history of behavioural difficulties since the early school years. Most had directed antisocial behaviour toward their parents and teachers. Girls who were later sociopathic had usually been referred to the Clinic because of sexual activities and their problems, in terms of discipline and conduct, began somewhat later than those of the boys. At the time of follow-up, at about age forty-four, 12% of the sociopathic group had given up their antisocial behaviour and 27% had reduced it markedly, but the remaining 61% were still considered to be seriously antisocial. Here, therefore, is strong evidence that in the case of males, adolescent antisocial behaviour and discipline problems in the early school years are associated with adult sociopathic personality. Thus, understanding, control and preferably prevention of conduct disorders in childhood could have important implications for the welfare services and society in general.

In view of the poor prognosis for children with conduct disorders, as opposed to emotional problems, it is critical that social workers should not ignore mothers who complain that their children are "out of control". Encouraging a mother to consider that this is just a phase her child is going through or has arisen due to her own emotional instability could be failing to recognise the beginnings of an ominous pattern of development. Obviously, I am not suggesting that every parental concern about a child's behaviour should result in intensive investigation but social workers could become aware of the early warning signals of conduct disorders and out of control behaviour. Once again, knowledge of developmental

norms, accounting for factors such as age, sex and socioeconomic background, is essential for this task.

If conduct disordered children are to be helped, social workers need to learn appropriate methods of intervention. The most promising technique appears to be that of behavioural casework, developed by Patterson and his colleagues at Oregon in the United States and Herbert in Great Britain (Herbert and O'Driscoll, 1978). That members of the caring professions can learn such methods is demonstrated by Herbert (1978).

There is some indication that the sexes respond differently to residential care (Wolkind 1974). It is conceivable that analysis of factors relating to boys' and girls' reactions to stressful experience in their early years, the development of behavior disorders and their prognosis, might lead social workers to suggest different child care procedures for them, depending on their sex, as well as the many other variables that need also to be taken into account. This would be particularly important if sex differences in response to various methods of intervention were found.

Responsibility for referral of problem children, not living in residential care, usually rests with the parents and they may think that their child will grow out of the difficulty, are unaware that services exist that might be able to help, do not perceive a problem, consider that boys are naturally inclined to be aggressive and disobedient or are not motivated to ask for help. Perhaps, therefore, social workers could look amongst their case loads for young children displaying early signs of conduct disorder, especially among referrals involving broken families and marital disharmony, where boys are known to be particularly at risk, compared to girls. The emotionally disturbed girl may not, according to the evidence, be mother to a neurotic or depressed woman, but there is considerable reason to suppose that the problematic boy is father of the antisocial man. If social workers learned to detect the predictors of conduct disorders and delinquency, and intervened at this stage, the profession could start to claim that it was truly preventative.

* * * * *

I am indebted to Professor Martin Herbert, School of Social Work, University of Leicester, England for constructive criticism of the first draft of this article.

References

Anders, T.F. (1976). What we know about sleep disorders in children. **Medical Times**, 104, 75-80.

Cowie, J., Cowie, V. and Slater, E. (1968). **Delinquency in Girls.** London: Heinemann.

Graham, P., Rutter, M. and George, S. (1973). Temperamental characteristics as predictors of behaviour disorders in children. **Amer, J. Orthopsychiat.**, 43, 328-339.

Halverson, C. and Victor, J. (1976). Minor physical anomalies and problem behaviour in elementary school children. **Child Development**, 47, 281-285.

Herbert, M. (1975). **Problems of Childhood.** London. Pan.

Herbert, M. (1978). **Conduct Disorders of Childhood and Adolescence.** Chichester: Wiley.

Herbert, M. and O'Driscoll, B. (1978). Behavioural Casework — a social work method for family settings. **Aus. Child and Family Welfare**, 3, 14 — 25.

Hutt, C. (1972a). **Males and Females.** Harmondsworth: Penguin.

Hutt, C. (1972b). Neuroendocrinological, behavioural, and intellectual aspects of sexual differentiation in human development. In: **Gender Differences: Their Ontogeny and Significance.** (Ed. by C. Ousted and D.C. Taylor). Edinburgh: Churchill.

Kohlberg, L. (1967). A cognitive-developmental analysis of children's sex role concepts and attitudes. In: **The Development of Sex differences.** (Ed. by E.E. Maccoby). London: Tavistock.

Levine, M. (1977). Sex differences in behaviour ratings: male and female teachers rate male and female pupils. **Amer. J. Community Psychol.**, 5, 347 — 353.

Lewis, M. and Weinraub, M. (1974). Sex of parent x sex of child: socioemotional development. In: **Sex Differences in Behaviour** (Ed. by R.C. Friedman, R.M. Richart, R.L. Vande Wiele). New York: Wiley.

Maccoby, E.E. and Jacklin, C.N. (1975). **The Psychology of Sex Differences.** Stanford University Press, Calif.

MacFarlane, J., Allen, L., Honzik, M. (1954). **A Developmental Study of the Behaviour Problems of Normal Children between Twenty-one Months and Fourteen Years.** Berkeley: University of California Press.

Money, J. and Tucker, P. (1977). **Sexual signatures.** London: Cox and Wyman.

Richman, N., Stevenson, J.E. and Graham, P.J. (1975). Prevalence of behaviour problems in 3-year-old children: An epidemiological study in a London borough. **J. Child Psychol. Psychiat.**, 16, 277-287.

Robins, L.N. (1966). **Deviant Children Grown Up.** Baltimore: Williams and Wilkins.

Robins, L.N. (1970). The adult development of the antisocial child. **Seminars in Psychiatry**, 2, 420-434.

Rothbart, M.K. and Maccoby, E.E. (1966). Parents' differential reactions to sons and daughters. **J. Pers. soc. Psychol.**, 4, 237-243.

Rutter, M. (1970). Sex differences in children's responses to family stress. In: **The Child and His Family** (Ed. by E.J. Anthony and C. Koupernik). New York: Wiley.

Rutter, M. (1975). **Helping Troubled Children.** Harmondsworth: Penguin.

Rutter, M. (1977). Classification. In: **Child Psychiatry: Modern Approaches.** (Ed. by M. Rutter and L. Hersov). Oxford: Blackwell.

Sack, W.H. (1977). Children of imprisoned fathers. **Psychiatry, 40, 163-174.**

Sears, R. (1965). **Development of gender role. In: Sex and Behaviour** (Ed. by F. Beach). New York: Wiley.

Thomas, A., Chess, S. and Birch, H.G. (1968). **Temperament and Behaviour Disorders in Children.** London University Press.

Werry, J.S. and Hawthorne, D. (1976) Conners teacher questionnaire — norms and validity. **Australia and New Zealand J. Psychiat.**, 10, 257-262.

West, D.J. and Farrington, D.P. (1977). **The Delinquent Way of Life.** London: Heinemann.

Wolkind, S.N. (1974). Sex differences in the aetiology of antisocial disorders in children in long term residential care. **Brit. J. Psychiat.**, 125, 125-130.