

Why Do Children Bite Each Other? Observations in A Brazilian Nursery School

American Journal of Social Sciences and Humanities

Vol. 3, No. 1, 48-54, 2018
e-ISSN: 2520-5382



Corresponding Author

Renata F.C. Piazzaroli¹
Geraldo A. Fiamenghi-Jr¹

¹Department of Psychology, UNIFAAT (Centro Universitário Faculdades Atibaia), Atibaia, SP, Brazil

¹Email: geraldoafj@gmail.com

²Email: rfpiazzaroli@gmail.com

ABSTRACT

This study was built from observations conducted in a nursery school in a Brazilian southwest country town, based in Psychoanalysis theory. It aimed to observe the meaning of aggression, especially biting, in child's development, under environmental influences. Child may be aggressive due to many factors, associated to relations constructed around her. Biting is one of the aspects of infant aggression that must be understood as a symptom being communicated to others. The adult must listen to what the child is trying to communicate beyond the manifested symptom. In this study, children bit each other when they tried to obtain a toy, or when they felt frustrated, isolated, unassisted by the teachers, or confined in large numbers in small spaces. Those results indicate that, at least in nursery schools, teachers must assist young children and help them cope with the new environment and challenges faced by socialization.

Keywords: *Aggression, Biting, Child, School, Psychoanalysis.*

DOI: 10.20448/801.31.48.54

Citation | Renata F.C. Piazzaroli; Geraldo A. Fiamenghi-Jr (2018). Why Do Children Bite Each Other? Observations in A Brazilian Nursery School. *American Journal of Social Sciences and Humanities*, 3(1): 48-54.

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Funding: This study received no specific financial support.

Competing Interests: The authors declare that they have no competing interests.

History: Received: 17 September 2018/ Revised: 18 October 2018/ Accepted: 22 November 2018/ Published: 14 December 2018

Publisher: Online Science Publishing

1. INTRODUCTION

1.1. Aggression and Child Development

Aggression in children's relations with others is an issue that causes concern among parents, teachers and people interested in child's development. It is essential to understand the extension of aggression from a normal feature of human development to a problem and how the environment can lead to its expression. Children manifest reactions indicating pleasure, or displeasure towards the surrounding world since birth. Up to their fourth birthday, children may express themselves more aggressively, in order to reach their aims, through kicking, slapping, scratching, and biting; after that, they will use more words, than gestures (França and Yaegashi, 2005). Many parents, afraid of frustrating the children, or even for not knowing how to deal with them, contribute to aggression development.

Aggression can be defined as a tendency aiming to cause damage to the other, not only physically, but by other means, as irony, despise, deny of help (Laplace and Pontalis, 1973) although there are multiple theoretical visions trying to grasp that issue (Marcelli and Cohen, 2012). According to Winnicott (1964) aggression is a reaction to frustration. Wolman (1978) states that aggression is linked to fear, appearing due to a threaten felt by the individual. Hostile behavior can be classified into aggression, defense, panic and terror. Many environmental factors such as poverty, disorganization, brutality, violence suffered, or witnessed in infancy, may be predictors to antisocial behaviors (Marcelli and Cohen, 2012). Aggressive children may show feelings of anger, anxiety, rejection, sorrow and not be actually clearly aware of themselves. Therefore, it is necessary for the adult to understand what the child is trying to communicate through his/her aggression. Some neurological factors may be attached to aggression, although many overprotective families, fearing of frustrating their children, cannot set limits, adopting a permissive relationship, leading to inadequate behaviors (França and Yaegashi, 2005). It is important to consider every variable related to aggression in order to create strategies to intervene in aggressive behavior, before it turns into a process difficult to be reverted.

Although there are many origins for aggression, family relations cause the main impact in children. Children who have extremely punitive parents are more prone to act aggressively in school, indicating that they reproduce in school the model they experiment at home (Fiamenghi *et al.*, 2003). School environment enables the identification of aggressive behaviors as aggressive children may develop emotional or motivational barriers and day-to-day contact with others at school can trigger aggression (Gagliotto *et al.*, 2012). Due to women's participation in labor force, infants are sent to school at an earlier age and teachers will exert a very important part in children's development, as they must act in continuity with maternal roles (Kupfer *et al.*, 2012).

1.2. Psychosexual Stages and Aggression Development

Childhood is a stage of great discoveries. Infant's first contact with the world is achieved through the mouth, because when the infant takes an object to the mouth, it is a way of experimenting and discovering the world. Freud named that stage as oral, for the main erogenous area is the mouth (Freud, 1905/1973). According to Dolto (1976) oral stage is marked by a moment when libidinal organization is focused in the mouth. The pleasure of sucking is independent of nutritional needs, meaning that the infant performs sucking movements with the lips, sucking the thumb, or taking other objects to the mouth in a self-erogenous process. With teething, the infant bites everything, including the mother's breast, and, depending of the way weaning is conducted, it may lead to neurotic consequences to the child.

Around 18 months of age, anal stage starts to appear, but it is not yet immediate and final; there is a transition blending both oral and anal stages (Freud, 1905/1973). Anal stage is marked by ambivalence, and the relationship between infant and mother circles around sphincter control learning. New substitutive objects must be created in

order to displace the affections and the child will have a life and death power over them. The child at this stage is active, noisy and aggressive towards objects (Dolto, 1976).

Lacan (1966) explains that aggression must move by the Symbolic realm, that articulates the Imaginary realm to the Real realm, meaning that aggression will be sublimated, or repressed and not acted, as the consequence of the word's symbolic mediation. The Symbolic realm converts aggression in words, or art, for example. Roudinesco and Plon (2011) understand sublimation, as defined by Freud, in the sense of human activities, such as art, or intellectual creations with no apparent relations with sexuality, but displacing its energy to socially useful objects. When a child is not already able to verbalize, he/she may try to communicate by biting others. In a sense, biting can be understood as an attempt of transforming the words in something the child desires. However, the way the adult reacts and deals with the situation for it to be attached to the Symbolic realm (Venezian *et al.*, 2009).

Aggression may be related to questions connected to limits and repression of impulses. The context where the child is raised directly and significantly influences aggressive acting outs (Gagliotto *et al.*, 2012). School is a place that facilitates aggressive acts, then transformed in indiscipline, hindering the learning process. Teachers do not know how and when to intervene with the families that are not able to set limits to the children. Children in nursery school and kindergarten apparently show aggression attempting to dominate a space, own a toy, or call an adult's attention. They are still unable to understand social rules and schooling is regulated by two microsystems (school and family). Due to the presence of new characters (teachers, carers, peers), the child may feel insecure and reacts aggressively towards the environment (Candreva *et al.*, 2009). When displeased, children respond to frustration and rage with behaviors such as kicks, screams, stomps, hitting of the head on the floor, or tearing, breaking, or biting objects, representing tantrums, very common at that age. The adults must adopt a calm and firm position, without answering with more aggression to the child. Teachers need to recognize and control their own aggression and look for alternatives to transform children's aggression into a desire for learning. Art and playing activities enhance sublimatory processes and children are usually trying to communicate that something is wrong and need to be reassured of the adult's affection (Gagliotto *et al.*, 2012).

Therefore, this research, aimed to discuss the meaning of aggressive behaviors, especially biting, in children's interactions with peers in nursery school.

2. METHOD

2.1. Participants and Local

The research was conducted in a government nursery school located in a country town in Minas Gerais state, Brazil.

Sample was composed by three different age groups, each comprising one classroom:

- a) 3 years (19 children) – classroom A
- b) 2 years (16 children) – classroom B
- c) 2 years (12 children) – classroom C
- d) 1 year and 3 months to 2 years (28 children) – classroom D
- e) 6 months to 1 year and 2 months (25 children) – classroom E

2.2. Procedures

Research was developed by 5 free observations, lasting 2 hours each, conducted in each one of the classrooms. The observations were focused in the interactions with peers, and the ability of adults to cope with the difficulties presented. Teachers, carers and school managers signed an Agreement Document, allowing the observations to be

conducted in the school and the results to be used for scientific purposes. The participants' identities, as well as the school and the town' names were kept anonymous.

This research was approved by the Ethics Committee (number 03640012.2.0000.5424)

3. RESULTS

3.1. Observation 1 – Classroom A

There were 19 children, one teacher and one helper in the 3-year-old classroom. Children were running around the class, playing with toys and with little color paper mice the teacher gave them. The teacher called the children to be on a queue to go to the park. Children were allowed to play freely and, at some point, one of the boys pulled another's hair very hard, and out of the adults view. The boy cried a lot, for a long time, but nobody heard him. He then went back to play. After playing in the park, the teacher took the children to the toilet to wash their hands, while the helper stayed inside the classroom, offering them water. When all children were inside the classroom, the teacher went out to have coffee. The helper sat the children in a circle and started telling them a story. Then, the children went to have lunch and one of the boys slapped a girl on the face three times, and immediately tried to apologize and give the girl a hug. The girl was crying and told the helper, but she didn't listen. The boy had been previously pointed out by the teacher as aggressive in different situations, during the day, although always tried to apologize. The teacher said the boy's parents had recently divorced due to the father physically abusing the mother. The boy had been previously referred to a psychologist.

3.2. Observation 2 – Classroom B

There were 12 children, one teacher and one helper in the 2-year-old classroom. Children were playing with Lego parts, while the teacher was brushing every child's teeth; the helper sat on a chair observing. After some time, conflicts started, with one boy playing aggressively with other peers, trying to smother them, being admonished by the adults. The boy sat down and another boy approached him; he tried to bite the boy's hand, who pushed him. There was another aggressive boy, grabbing toys and slapping other children. This boy played alone, always trying to hide under tables, or chairs. After giving each child the food, the teacher took the boy from under the chair, but he punched her twice in the stomach. The teacher was angry and dragged the boy to the director's room. The director came to the class with the boy, sat next to him and he ate promptly and quietly.

3.3. Observation 3 – Classroom C

There were 12 children, one teacher and two helpers in this 2 year-old classroom. There was a commemoration due to children's week, and the school was full of toys. Children were kept in groups of four, waiting their turns to play. They were very excited and fighting constantly. The teacher and the helpers were screaming, calling the children's attention, trying to keep them quiet, without success, for the children were running around. Everyone seemed very tired, especially the children, who cried, refusing to play. The excitement in the environment, the exhaustion of the carers and children combined with the high stress levels induced to 5 biting situations during the observation period. The teacher intervened just once and very aggressively. One of the helpers was very exasperated, grabbing the children by their arms and forcing them to remain quiet. The children cried constantly and the helper was calling them brats, unbearable, demons. After playing, children were escorted to the classroom, as the teacher went out to have coffee. Children then went to the refectory to eat soup. Children were unsettled and one girl bit another girl's arm. Both started crying, but the adults did not interfere. After eating, children returned to the classroom, and played without supervision, for the helpers were busy doing other activities. During this

period, children slapped, bit and pulled each other's hairs many times, and cried. Although the helpers ordered them to be quiet, conflicts intensified, as there was no mediation.

3.4. Observation 4 – Classroom D

There were 28 children and two carers in the 1-year-3 months to 2-year-old classroom. Infants were having baths, playing to the sound of child music. As there were no toys, infants were playing with each other and conflicts appeared, but were quickly solved. As time passed, infants began to show uneasiness, because there was no organized activity and conflicts increased. One of the carers left the room to have coffee, while the other went on bathing and changing the infants. Nobody was taking care of the other infants and they were running and screaming around the classroom. One of the girls sat down near another and bit her arm. She started crying and the helper came to soothe her, while the girl bit another one. She bit the others and ran. The helper who had left the room returned, grabbed the girl who was biting the others and forced her to sit in a corner of the classroom.

3.5. Observation 5 – Classroom E

There were 25 infants and three carers in the 6-month to 1-year-2-month classroom. Carers were bathing the infants, and nobody monitored the others. Infants were in cribs, push-chairs, or on the floor. There were very few interactions, due to the organization of the room. The infants on the floor cried, and when tried to interact, they hurt the others, pulling each other's hair, pushing, or slapping each other. The infants in the cribs were crying, but no one assisted them and three ended up sleeping. However, the helpers woke them up because it was feeding time. Carers organized the push-chairs in semicircles to feed the children, but the ones who had been awakened cried intensely, while some others slept. After feeding the infants, the carers settled them to sleep.

4. DISCUSSION

According to observations, environment is directly related to aggression in children. Some of the aggressions followed a dispute for a desired object. As [Fiamenghi-Jr \(2000\)](#) states those are situations of instrumental aggression, for the actions aim to hurt the other to achieve the objectives. When dealing with an unprotected environment, and having a limited verbal ability, children must create strategies to survive and, consequently, aggressive actions are a constant. For example, during Observation 3, children were inside a room without an adult assisting to them and aggression occurred, or during Observation 2, a child used biting as a means to get Lego parts.

It could be noted unsatisfactory relations between children and teacher/carer, without attachment. According to [Morillo and Fonseca \(2015\)](#) subjective constitution happens in contact with the others, and the observations showed a lack of proximity between teachers/carers and children. Conflict situations were rarely mediated, even when the children reported an aggression to an adult.

Concerning the environmental aspects associated to psychosexual libidinal stage, results indicate that children showed aggression due to scarce displays of affection. [Fiamenghi et al. \(2003\)](#) explain that children tend to reproduce in school everything they experience at home. According to [Gagliotto et al. \(2012\)](#) aggression is related to a struggle with limits and repression of pulsions. If we consider the family of the observed children, as well as the school's environment, there will be a higher risk for aggressive behaviors in that population.

[Dolto \(1976\)](#) describes that, in active oral stage, the child tends to bite everything that is at mouth's reach, as an expression of the first aggressive pulsion. Around 2 years, the child is entering anal stage, although there is a transition from one stage to the other. During this transitional period, the child's feelings are ambivalent and the

consolidation of anal stage brings the need for activity. Therefore, the child is noisy, aggressive and confronts the adults, that cannot retaliate, but create habits of social control. However, this is only possible within a safe environment. For example, during Observation 3, teacher/carers forbade children's activities, forcing them to sit quietly, waiting for their turn to play. Those restrictions might be felt as annihilation by the child, as their perception of death at that age is the impossibility of free movement (Dolto, 1976).

Gagliotto *et al.* (2012) state that every aggressive display is an attempt to communication and the adult needs to understand what the child is trying to express, responding kindly to that behavior. Consequently, the adults must develop control of their own aggressive impulses, to avoid confrontation with the child. Observation 3 showed adults acting completely in opposition to the studies. Instead of providing support against aggression and sadism, teachers/carers responded with more aggression, or with total omission. Observation 2 showed that aggression was not only directed to other children, but also to the teacher/carer, suggesting that scolding and deprivation of affection intensify children's aggressive behaviors.

Pesaro and Kupfer (2016) criticize the increasing discourse of cognitivization of infants' education, the idea that infants must be constantly stimulated, in detriment of a genuine interaction with the teacher/carer. However, a satisfactory relationship between infant and teacher/carer will really secure a successful construction of knowledge.

Freud (1927/1973) teaches that the child needs to sublimate aggressive impulses to live in harmony with peers, and develop a healthy learning process. As a basic defense mechanism, sublimation must be mediated by a trustful representative of the culture (parents, teachers, carers). Therefore, the excess of cognitive stimuli without motor stimulation does not allow for the satisfactory sublimation process and the child is not able to transform aggressive impulses in adequate behaviors.

5. CONCLUSION

The first situation presented in the observed nursery school is the excessive number of infants/children in a classroom, associated to a small number of teachers/carers, proving it impossible to dedicate an individualized attention to the infants/children.

There was also a lack of training, especially in child's development and in abilities of construction of relations between teachers/carers and infants/children. Adults' meditation in situations of conflicts and limits to impulses is fundamental for the development of learning possibilities.

Although playing situations were observed, they seemed to be limited, both due to space and time, leading to aggressive behaviors, fruit of frustration and lack of ability to cope with the environmental needs.

Nursery schools must develop resources to deal with children's needs, especially providing situations to enable the sublimatory process, in order to channelling aggressive impulses into useful learning activities.

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