

# child development

AN ACTIVE LEARNING APPROACH



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# Contexts for Development

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# chapter 13



# Play, Extracurricular Activities, and Media Use

# 13

## The Daily Lives of Children and Adolescents

The lives of children and adolescents contain much more than school, work, and family. Although in poverty-stricken areas around the world, even young children must work to help feed their families, in less desperate situations children and teens have some amount of time that is discretionary because they can decide for themselves how to spend it. For many children and adolescents, much of this time is used for leisure

### Test Your Knowledge

Test your knowledge of child development by deciding whether each of the following statements is *true* or *false*, and then check your answers as you read the chapter.

- 1. True/False:** If a child chooses to play alone, even when there are other children available to play with him, there is no reason for concern.
- 2. True/False:** It is important for children to play because they have fun when they are playing, but the real learning happens in the classroom.
- 3. True/False:** Educators in the United States agree that recess during the school day is important to allow students some “time out” to refresh themselves before returning to academic learning.
- 4. True/False:** Middle-class adolescents are more likely to have paid employment than low-income adolescents.
- 5. True/False:** Many children and teens these days are overscheduled, spending most of their time after school in multiple organized activities, like sports and music lessons.
- 6. True/False:** Children who participate in organized sports develop skills that they use to keep them physically active throughout their lifetime.
- 7. True/False:** Most families do not have any rules related to television viewing for their children.
- 8. True/False:** Babies 8 to 16 months of age who watch videotapes designed to improve cognitive development (like Baby Einstein videos) have larger vocabularies than babies who don't watch these videos.
- 9. True/False:** The fast pace used on the television program *Sesame Street* shortens the attention span of children who watch it.
- 10. True/False:** European and Asian teens are just now starting to catch up with American teens in terms of how much they text message.

**Correct answers:** (1) True, (2) False, (3) False, (4) True, (5) False, (6) False, (7) True, (8) False, (9) False, (10) False

activities. The way in which young people spend their leisure time varies between cultures and reflects their culture's values. In Taiwan, academics outside of school make up a relatively large portion of the day, and many activities for Taiwanese children are chosen and/or directed by adults (Newman et al., 2007). By comparison, American children are more likely to choose their own activities, and the one area they choose more than children in most other cultures is sports. Larson (2004) has studied how teens in the United States and other countries use their time outside of school. In general, American youth do far less homework and have much more free time. He describes three ways in which they use this free time: (a) playing or "hanging out" with others in unstructured activities; (b) engaging in structured activities, such as sports, drama or musical productions, or interest-based clubs; and (c) using media, such as television, video games, and computers. Table 13.1 shows the daily activities of children and adolescents in many different cultures. Try **Active Learning: The Daily Life of a Teen** to see how an adolescent you know uses his or her time and how much of that is leisure time.

Table 13.1

Average daily time use of adolescents in 45 studies

Activity	Nonindustrial, unschooled populations	Postindustrial, schooled populations		
		United States	Europe	East Asia
Household labor	5–9 hours	20–40 minutes	20–40 minutes	10–20 minutes
Paid labor	0.5–8 hours	40–60 minutes	10–20 minutes	0–10 minutes
Schoolwork	–	3.0–4.5 hours	4.0–5.5 hours	5.5–7.5 hours
Total work time	6–9 hours	4–6 hours	4.5–6.5 hours	6–8 hours
TV viewing	Insufficient data	1.5–2.5 hours	1.5–2.5 hours	1.5–2.5 hours
Talking	Insufficient data	2–3 hours	Insufficient data	45–60 minutes
Sports	Insufficient data	30–60 minutes	20–80 minutes	0–20 minutes
Structured voluntary activities	Insufficient data	10–20 minutes	10–20 minutes	0–10 minutes
Total free time	4–7 hours	6.5–8 hours	5.5–7.5 hours	4.0–5.5 hours

**NOTE:** The estimates in the table are averaged across a 7-day week, including weekdays and weekends. Time spent in maintenance activities like eating, personal care, and sleeping is not included. The data for nonindustrial, unschooled populations come primarily from rural peasant populations in developing countries (Larson, 2004, p. 136).

## ACTIVE LEARNING

### The Daily Life of a Teen

Ask a teenager to keep a journal reporting what she is doing every hour for 2 days (one school day and one weekend day). You might want to give her two sheets of paper divided into the hours of the day so she can note when she wakes up and goes to sleep (so you'll know how much time she was awake) and with one block of space for each hour. If this is not possible, think back to a typical day when you were in high school and describe for each hour what you were likely to be doing.

In either case, for each hour, decide whether you would classify the activity as school, paid work, or leisure time. Total the number of waking hours and divide the number of “leisure” hours by the total number of waking hours to find out the percentage of the time that was “leisure time.”

For example, the teen below has a total of 18 hours in her day. She has 7 hours of leisure time, including sports, hanging out, dinner, and TV time. Therefore, seven eighteenths or .39 (almost 40%) of her day was spent in leisure activity.

8 a.m.	9 a.m.	10 a.m.	11 a.m.	12 p.m.	1 p.m.	2 p.m.	3 p.m.	4 p.m.
school	school	school	school	school	school	hanging out with friends	sports	sports
5 p.m.	6 p.m.	7 p.m.	8 p.m.	9 p.m.	10 p.m.	11 p.m.	12 a.m.	1 a.m.
homework	dinner with family	homework	TV with family	TV	homework	TV/ Facebook/ phone	homework	sleep

Next try to categorize each leisure hour as one of the following: media use, structured activities like sports or school clubs, “hanging out” with friends, or interacting with family. Calculate the percentage of time spent on each type of activity by totaling the number of hours you decided are spent in leisure activities and dividing the number of hours in each type of leisure activity by the total number of hours. For example, if you decide that the teen spent 6 hours in leisure activities and 2 of those hours were spent “hanging out,” divide 2 hours (time spent hanging out) by 6 hours (the total leisure time) to get 33% or one third of the teen’s leisure time. The teen shown in the chart above spends 3 hours watching TV; therefore three sevenths or .43 of her leisure time is spent watching TV.

American teens have been found to spend 40%–50% of their day in leisure activities, compared with 25%–35% for East Asians and 35%–45% for Europeans (Larson, 2004). The particular type of activity that occurs during these leisure hours has an effect on teens’ development, as we will see later in this chapter.

In this chapter we will first describe children’s play and its effects on their development. We will then discuss the nature of structured activities and unstructured time for children and adolescents and examine the controversy about how much is too much structured activity. Finally, we will describe media use and the impact that both old and new media are having on children and teens.

## The Role of Play

Children and adolescents spend their time on a number of different activities, but play is an important childhood activity in most cultures. Some have argued that it is a universal human behavior, though play is not unique to humans, as anyone with a puppy knows. Even children who must work at an early age find ways to play while they are working (Drewes, 2005). For example, fantasy play was found among both poor and middle-class Brazilian children regardless of their ethnic group and location within the country (Gosso, Morais, & Otta, 2007). The United Nations Committee on the Rights of the Child (1999) included the following statement to promote the importance of play for children’s development around the world:

social skills to initiate contact with others. The context of a child's solitary play has to be taken into account when evaluating whether it reflects difficulties with social development.

For the stage of parallel play, contrary to what Parten proposed, research has not consistently shown that it is a higher level of social interaction than solitary play. Parallel play is prevalent throughout the preschool years and may be more related to the nature of the school curriculum than to the children's social skills. In one study, children were more likely to be involved in parallel play if the school provided many activities that promoted an individual task orientation rather than less structured or more cooperative activities (Provost & LaFreniere, 1991). To test yourself on your understanding of Parten's stages of play, see **Active Learning: Parten's Stages of Play**.

## ACTIVE LEARNING

### Parten's Stages of Play

Connect each level of Parten's play scale with the statement or description that best matches it:

Unoccupied behavior	1. Francisco and Martha decide to play house and agree that Ted will be the baby.
Onlooker behavior	2. Sepanta sucks her thumb while following the teacher around the room.
Solitary independent play	3. Jon and Claudia sit at the table playing with puzzles, occasionally looking at and commenting on each other's work.
Parallel play	4. Jacob paints at the easel with great intensity.
Associative play	5. Carol is new in class. She watches the children play with great interest.
Cooperative play	6. Sadie and Azucena play in the sandbox, talking with each other, exchanging the tools and cups they need for their projects.

**Answers:** Unoccupied behavior—2; Onlooker behavior—5; Solitary independent play—4; Parallel play—3; Associative play—6; Cooperative play—1

### Piaget's Cognitive Levels of Play

Jean Piaget (1962) described a different developmental sequence of play, based on cognitive rather than social maturity. Piaget hypothesized that the nature of children's play would change as the level of their thinking changed. You can review Piaget's stages of cognitive development in Chapter 7. Based upon this sequence, he proposed three levels of play:

1. **Practice play:** performing a certain behavior repetitively for the mere pleasure of it—for example, jumping back and forth over a puddle for no purpose other than the enjoyment of doing so. An infant in the sensorimotor stage of development is capable of practice play such as dropping a ball over and over again just to see it happen.
2. **Symbolic/sociodramatic play:** using symbolic representations and imagination for play—for example, pretending to talk on the telephone. Toddlers begin to use symbols in play at the end of the sensorimotor period, and preschoolers in the preoperational stage of cognition develop fantasy play to a much greater extent.

#### Practice play

Performing a certain behavior repetitively for the mere pleasure of it.

#### Symbolic/sociodramatic play

Using symbolic representations and imagination for play.

3. **Games with rules:** making up rules for a game or playing games with preestablished rules, such as baseball or soccer. This type of play is developed most clearly in the stage of concrete operations. Piaget argued that younger children try to fit reality to their own purposes through fantasy, while older children begin to fit themselves into the larger reality of the social world around them by following rules. We mentioned in Chapter 11 that preschoolers are likely to bend the rules if they are about to lose a game or suffer a serious setback.

**Games with rules**

Making up rules for a game or playing games with preestablished rules.

**Constructive play**

Building or making something for the purposes of play.

In the time since Piaget proposed these three broad stages, researchers have further developed his ideas about the cognitive levels necessary for different types of play. Sara Smilansky (1968) added a stage after practice play, which she labeled **constructive play**, consisting of building or making something for the purposes of play. Others have looked separately at the development of each of the types of play.

The second stage of symbolic/sociodramatic play has received a good deal of attention. Fantasy or imaginative play appears in infants during the second year of life in very diverse cultures around the world, but the content of fantasy play reflects the larger culture. For example, in one study American children based their play on toys and the ideas they represented. For example, a toy rocket might trigger fantasy about a trip into outer space. By contrast, Chinese children tended not to use objects, but rather based their play on the complex social routines they experience in their society (Haight & Black, 2001).

While the content of fantasy play differs, the development of the ability to use symbols and understand social roles, both of which are used in fantasy play, may have a more universal pattern. Watson and Fischer (1977, 1980) proposed that fantasy play involving the use of symbols goes through several stages in accordance with the child's level of cognitive development. They proposed a sequence of steps based on the toddler's development from a focus only on himself to greater ability to take the role of another as follows:

1. The child performs the action—for example, pretending to sleep (18 months).
2. The child acts upon the other—for example, combing the doll's hair (18 months–2 years).
3. The child has the other perform an action—for example, the doll washes its face (2 years).

Preschoolers then build upon these skills as they learn to perform social roles:

1. The child performs or has a doll perform several different actions linked to a social role, such as doctor (3 years).
2. The child performs a social role with another person performing a complementary role—for example, doctor and patient (4 years).
3. The child performs more than one role—for example, she is the doctor and then the mother of the patient (6 years).

It is apparent that both social and cognitive abilities contribute to a child's ability to play. Play becomes more sophisticated and complicated as children can coordinate activities with others socially while at the same time developing the ability to use symbols and understand rules.

The inability to play can be an indication of a variety of behavioral problems in childhood. In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) of the American Psychiatric Association (2000), one characteristic of autistic disorder is a "lack of varied,



**Stages of play.** Which stages of fantasy play do these photographs represent?

**Play disruption** An inability to play because the child's emotions are preventing the kind of free expression linked with the fun of play.

**Physical activity play**

The type of play that involves large muscle activity.

**Rhythmic stereotypies**

Repeated large muscle movements that have no purpose, such as kicking the legs or waving the hands, usually seen in infants.

**Exercise play**

Play in young children that involves large muscle movement, such as running or jumping.

**Rough-and-tumble play**

Play that looks like fighting or wrestling, where the goal is not to hurt or win, but to have fun.

spontaneous make-believe play or social imitative play appropriate to developmental level" (p. 75). Children with autism have difficulty understanding and engaging in fantasy play (Bigham, 2008; Kroeger, Schultz, & Newsom, 2007). Other children who are highly stressed and anxious may have the cognitive and social abilities to play, but may experience **play disruption**, an inability to play because their emotions are preventing the kind of free expression linked with the fun of play (Scarlett et al., 2005). Play is such a central aspect of children's lives that difficulties with play often indicate larger problems in the child's life. We will discuss how play is used to help children's healthy development in the next section of this chapter.

## The Effects of Play on Children's Development

In recent years there has been an increasing tendency to devalue play, as schools eliminate recess in order to make room for increased hours of academic instruction. This is unfortunate because play has been found to have many benefits for all aspects of development: physical, emotional, social, and cognitive. Although we would not be able to describe all of the benefits associated with play, we will give an example in each of four areas of development.

### *Physical Development*

Play contributes directly to physical development in several ways. One way in which this happens is through **physical activity play**, the type of play that involves large muscle activity. Physical activity play goes through three stages (Smith, 2010). In infants we see patterns of activity called **rhythmic stereotypies**. These consist of repeated large muscle movements that have no purpose, such as kicking the legs or waving the hands. The development of these behaviors seems to be guided by neuromuscular maturation. Infants engage in these types of movements shortly before they gain voluntary control of the specific body parts they are exercising (Smith, 2010).

During toddlerhood, we see what is called **exercise play**. This type of play involves large muscle movement, such as running or jumping in the context of play, and not surprisingly

peaks at age 4 or 5 and declines as children enter school. The function of exercise play may be to train the muscles and to build strength and endurance (Smith, 2010). The age range when exercise play is most prevalent is also the period of time in development when the muscles and bones in arms and legs are growing very rapidly (Smith, 2010).

The third type of physical activity play is **rough-and-tumble play**. Common games throughout the world, especially for boys, are based on this type of play. In Chapter 2 we described rough-and-tumble play in groups of boys but told you that we also see this type of play in groups of animals. This type of play increases during the early school years and continues although at a greatly reduced level into early adolescence. Clearly these activities promote physical strength and endurance, but they also may affect brain development. In rats, the greatest amount of neuronal growth was found during times in their lives when the rats were most involved with rough-and-tumble play and exploration (Haight & Black, 2001). The function of rough-and-tumble play changes from childhood to adolescence. For younger children (especially boys), it is a fun activity for friends, it helps build fighting skills, and it helps children develop emotional control, but in adolescents it becomes a safe way to establish social dominance within the peer group (Pelligrini, 2002).

Physical play in the schools has been reduced as recess has been cut back in recent years to accommodate increased academic time (Story,



**Physical play.** Play can promote physical development in children. This type of rough-and-tumble play builds strength and coordination, and also helps establish a hierarchy within the peer group without the need to resort to real fights or struggles.

Kaphingst, & French, 2006). This may be a factor contributing to the obesity problem among American children. Rates of obesity in children have tripled since 1960. In 2000 only 29% of elementary schools scheduled regular recess, and only 49% of schools provided after-school sports. To make matters worse, only 22% of schools provided transportation home after sports, which disproportionately affects low-income children's ability to take part in these activities (Story et al., 2006). We discuss other effects of the reductions in school recess further in the section on cognitive development.

### *Emotional Development*

In the psychoanalytic tradition of Sigmund Freud, play is seen as the expression of the child's inner emotional conflicts (Scarlett et al., 2005). Children play out in fantasy what is bothering them in real life. For example, a child may become the "mean mother" with her dolls to express her frustration with parental discipline she has experienced. This fantasy gives the child some sense of control that helps her deal with real situations in which she feels helpless, as all children do at some times when dealing with the powerful adults in their lives. It also allows her to express in play certain emotions that might be unacceptable in real life, such as anger at a baby sibling (Haight, Black, Ostler, & Sheridan, 2006).

Play has been associated with emotional expression, emotional regulation, and emotional understanding. Research has shown that children who spend more time in fantasy play have more understanding of the emotions of self and others (Lindsey & Colwell, 2003). Normally, play helps children express their feelings and deal with them; however, when children have more severe emotional difficulties, they may not be able to play, or they may use play to reenact traumatic scenes over and over again with little emotional relief (Haight et al., 2006). **Play therapy** developed as a way to help children work through difficult feelings with the help of an adult who is trained to understand play as a type of communication.

Many children, especially young children, are unlikely to be able to sit and talk with a therapist about their feelings as adults do. Instead they present their thoughts and emotions in symbolic form through their play. As their thoughts and feelings become clear in their play, the therapist helps the children manage them in more adaptive ways. One example was provided by Jones and Landreth (2002) in a study on play therapy for children with chronic, insulin-dependent diabetes. These children often suffer from anxiety as they experience frightening symptoms, such as diabetic coma, along with many mystifying and painful interventions from doctors and nurses. In one case, a child was experiencing stomachaches every day. Over five sessions of play therapy, he acted out battle scenes, which initially used play soldiers but eventually came to involve doctors and nurses as the "bad guys" who would never go away, because "they just keep coming back!" (Jones & Landreth, 2002, p. 127). After expressing his feelings in this symbolic way, he was able to talk about the "anxiousness" in his stomach. When the therapist clarified that "feeling worried or nervous" could be experienced as a stomachache, the boy was able to move on to a less conflicted and less compulsive type of play, and his stomachaches did not return.

In a meta-analysis of studies on the efficacy of play therapy, Bratton, Ray, and Rhine (2005) found that this type of treatment was generally very helpful to children and resulted in changes in their maladaptive behavior. Treatment was especially effective when parents were involved in the treatment so that they too could begin to understand what their child was communicating to them through play. When parents can see more clearly how things appear from their child's point of view, they are better able to help the child resolve conflicts rather than acting them out in negative ways, such as fighting with other children or experiencing stomachaches.

### *Social Development*

Although children play when they are alone, most play is social. Infants and toddlers play most often with adults, and this play appears to be connected to their later ability to play with peers.



#### **Video Link 13.1**

Rough and tumble.

**Play therapy** A way to help children work through difficult feelings with the help of an adult who is trained to understand play as a type of communication.



#### **Video Link 13.2**

Play therapy.



TRUE/FALSE

2. It is important for children to play because they have fun when they are playing, but the real learning happens in the classroom.

**False.** Children *do* have fun while they play, but it also is one important way that they learn about the world.



TRUE/FALSE

3. Educators in the United States agree that recess during the school day is important to allow students some “time out” to refresh themselves before returning to academic learning.

**False.** About 40% of public schools have eliminated, or are planning to eliminate, recess. Educators and those who make educational policy increasingly see recess as simply time lost from academic programming.

Parents from many different cultures engage in fantasy play with their young children (Haight et al., 2006), and this play is associated with the development of social skills in children’s interactions with peers. Research has shown a link between the amount and nature of parent-child play and children’s competence in social interactions with other children. One example is the research by Lindsey and Mize (2000), who studied play between parents and their 3- to 6-year-old children. They found that children who engaged in more pretend play with their parents that was mutually responsive (that is, parent and child each responded effectively to each other’s cues) had higher social competence with their peers in their preschools.

By age 3, children turn their attention from play with parents to play with peers (Haight & Miller, 1992). Play with other children is intrinsically social, so it is no surprise that it has been linked with the development of social skills and the formation of friendships. Friendships develop through play because young children define a friend as someone who likes to play the same way that they do. Rubin, Lynch, Coplan, Rose-Krasnor, and Booth (1994) studied the role of play in the very beginnings of friendship. They brought together groups of four previously unacquainted 7-year-old children to play. Children were then asked which child they liked to play with the most. The researchers found that children were drawn to other children who shared their same play style. If one child took part in fantasy play, they preferred to play with another child who also played this way, while a child who liked to build things (constructive play) preferred playing with another who also liked this activity.

Play and social development are inextricably linked, but research in this area has difficulty in determining what comes first, play or social competence. While play undoubtedly contributes to social development in children, children who are more advanced in their social development also probably make better playmates. For example, Taylor and Carlson (1997) found that preschool children who were more likely to engage in fantasy play were also more likely to demonstrate the social skill called theory of mind (as described in Chapter 12). However, the question remains whether understanding of theory of mind underlies the ability to take part in fantasy play, or whether fantasy play promotes children’s understanding of theory of mind. It seems likely that a complex interaction occurs, but we need more research to tease out these effects.

### *Cognitive Development*

Once a topic that provoked much research, play with peers has received less attention in recent years. Hay, Payne, and Chadwick (2004) have suggested that “it is time for psychologists and psychiatrists to turn their attention once again to the serious study of fun. . . . Play with peers was once a major topic in developmental psychology, and deserves to be studied anew” (p. 100).

One explanation for the waning interest in play is that increasingly play is seen as something that simply takes time from the “important work” of childhood: academic learning (Pellegrini, 2005). For example, several years ago the U.S. government wanted to narrow the focus of the Head Start preschool program for disadvantaged children to one outcome: literacy. While literacy is definitely a core skill all children should have, this narrow focus ignores the developmental need that preschoolers have to learn through exploration and play (Zigler & Bishop-Josef, 2006).

Another indication of this shift in emphasis is the fact that schools are cutting back on recess or eliminating it altogether in favor of fitting more academic work into the day. However, there has also been a reaction to this pressure to remove play from the school curriculum because some educators are convinced that play and recess are essential to children’s positive development, including their academic achievement. As Joan Almon (2003) of the Alliance for Childhood said, “The child’s love of learning is intimately linked with a zest for play” (p. 18). The national Parent Teacher Association (PTA) was so concerned about the trend toward eliminating playtime that it began a program called Rescuing Recess to convince the 40% of public

kind of play preferred by many boys. Another possible reason is that boys do not respond to girls' style of communication during play, which is more likely to be in the form of suggestions rather than commands. When girls realize they can't influence boys as play partners, they turn to partners who *will* respond: other girls (Maccoby, 1990). Beginning at about age 5, many girls prefer to interact in pairs or small groups, while boys are more likely to interact in large groups and involve themselves in organized games or projects. As we pointed out in Chapter 12, this difference in group size means that boys and girls are also engaging in different types of interactions. Large groups involve cooperation and competition, and conflict and coordination, while small groups allow for intimate connection, with attention to the individual needs and feelings of the participants (Maccoby, 2002). Barrie Thorne's (1994) observations conducted on playgrounds showed that girl and boy groups played different games and the separation was policed by taunts directed at those who crossed the boundaries: "Johnny is a girl!" "Sarah and Carlos are in love!" Sexual attraction and its rejection are shown in chasing and kissing games between girls and boys.

Although we know that girls and boys tend to choose to play with other children of their own sex, there is a question whether this is due to a simple choice of someone who is physically like themselves or whether it results from common interests held by each gender. To examine this question, try **Active Learning: Gender Play Preferences**.



#### Video Link 13.4

Universal playground.

## Gender Play Preferences

Interview a child between ages 4 and 8 using the following procedure, based on the *Playmate and Play Style Preferences Structured Interview* developed by Alexander and Hines (1994):

1. Prepare materials: Take four blank cards or pieces of paper. On two cards draw a plain stick figure. On the third card draw a "female" stick figure (for example, with a skirt and long hair) and on the fourth card draw a "male" stick figure (for example, with a cap and bow tie). Then take a few more cards, and on separate cards draw a few gender-stereotyped toys, such as a baby doll and a toy truck, and a few gender-neutral toys, such as a slide and a puzzle. (You could also glue pictures of toys from magazines or catalogs, if you prefer.)
2. After reassuring the child that there are no right or wrong answers to these questions, show the child the two plain stick figures, one paired with a male gender-typed toy and the other with a female gender-typed toy. Explain that each figure is a child and the toy shows what that child likes to play with. Then ask the child to pick which figure he or she would want to play with. Do this with several toy pairs. Then use the gender-identified stick figures with gender-neutral toys and ask which figure he or she would choose to play with. Finally, pair the gendered figures with opposite sex-typed toys and ask the child to choose the playmate they'd prefer.

Did the child prefer to play with a figure who was using toys stereotyped for his or her own gender? Did the child prefer to play with a child of his or her own gender? When forced to choose, did he or she select a child of the same gender or the child who played with the gender-stereotyped toy? Alexander and Hines (1994) found that boys consistently chose the activity regardless of whether a boy or a girl was playing with it, perhaps rejecting boys who play outside of the accepted range of activities. Younger girls (4–5 years old) chose to play with girls, regardless of the supposed toy preference of the figure. Older girls (6–8 years old) chose the activity over the gender of the figure.

## ACTIVE LEARNING

Similar differences in play styles between boys and girls have been found for non-Western cultures. A study conducted in four non-Western cultures found that boys played farther from home than girls and engaged in more physical play (Munroe & Romney, 2006). In many cultures it has been found that boys' play is more likely to be exploratory than girls' play, perhaps because adults put more limitations on where girls can go on their own. For fourth-grade children in Bulgaria, Taiwan, and the United States, boys spent more time in free play and with computer games, while girls did more adult-chosen activities, chores, extracurricular activities, and reading (Newman et al., 2007). Girls also tend to engage in more make-believe play (Drewes, 2005). In one study, 3- to 5-year-old girls carried out twice as much pretend play as boys of the same age (Werebe & Baudonniere, 1991).

## Extracurricular Activities

So far, we have focused on play, but as children grow older play gives way to other activities. Some of these activities are structured, such as sports, music lessons, and dramatic performances. Other activities are unstructured and include “hanging out” with friends and watching TV. Some concern has been raised that children are spending too much time in structured activities and too little time in unstructured play (Elkind, 2007b). Being overscheduled with structured activities does not allow enough time for child-structured play that promotes later creativity and imagination (Elkind, 2007b). However, there is some risk with too much unstructured time because some research has found that teens who spend more unstructured time with friends show more problem behaviors, such as theft, assault, and vandalism (Osgood, Wilson, O'Malley, Bachman, & Johnston, 1996). In this section, we will examine the pros and cons of each type of activity.



**Video Link 13.5**  
Unstructured play.

### Unstructured Time

In the past 50 years, the likelihood that children will just go outside to play with friends in the neighborhood has decreased. The author Bill Bryson (2006), in his memoir of growing up in the 1950s in Des Moines, Iowa, describes his experience when he went back to see his childhood home. See whether this description corresponds to your own experience in your neighborhood:



**Hanging out at the mall.** Children and teens need some unstructured time to spend in activities that they choose. Although too much unsupervised time is associated with problem behaviors, some time to “hang out” and enjoy being with friends is a positive thing for young people.

My peerless Little League park, with its grandstand and press box, was torn down so that somebody could build an enormous apartment building in its place. A new, cheaper park was built . . . but the last time I went down there it was overgrown and appeared to be abandoned. There was no one to ask what happened because there are no people outdoors anymore—no kids on bikes, no neighbors talking over fences, no old men sitting on porches. Everyone is indoors. (p. 263)

Kleiber and Powell (2005) have described three reasons for this decline in unstructured, child-directed, outdoor play: safety concerns, media use, and paid work for teens. The first factor reflects a parental concern for safety. Children are less likely to be able to roam their neighborhood safely as more and more open space is developed, with more traffic as a result. Parents are also less likely to

be home monitoring their children's behavior because both parents are working or there is only a single parent to manage the home.

Parents of teens are especially concerned about risky or negative behaviors that can result from unsupervised time spent with peers. When teens spend unstructured time socializing with peers away from adult supervision, the likelihood of criminal behavior, teen sexuality and pregnancy, and drug and alcohol use increases (Mahoney, Stattin, & Lord, 2004), but even those who argue for the value of structured activities acknowledge that children and teens need some unstructured time. Just as younger children need free time to play, adolescents need time to just "hang out." Unstructured time with peers allows adolescents to develop an identity separate from their parents and to learn how to manage themselves with their peers, and that includes some experimentation with somewhat risky behaviors. The trick is to provide teens with an appropriate balance of freedom along with structured time so that they develop a sense of self-direction while minimizing risk (Osgood, Anderson, & Shaffer, 2005). As teens get older, parents increasingly allow them to spend time away from home in unstructured time with peers, but this is truer for boys than for girls and for Whites than for African American teens (Osgood et al., 2005).

Another reason there is less child-structured, outdoor play is because a great deal of leisure time is taken up by television and, increasingly, by other media such as computers and video games. This issue was a topic of an episode of the television show *The Simpsons*. In this episode, the producers of the violent *Itchy & Scratchy Show* are persuaded to eliminate the violence from their cartoon. Children are so bored with the new "nice" show that they turn off their TVs and emerge from their homes to run around outside and play with friends (with a lyrical Beethoven symphony playing in the background). Of course, once Itchy and Scratchy return to their violent ways, the children return to the TV, and the neighborhoods are again empty (Swartzwelder, 1994).

Finally, as children reach adolescence, paid work takes over some of what was leisure time in childhood. Most teens who work report that they do not need to work, but are doing so in order to have extra money. In fact, middle-class adolescents are more likely to have paid employment than low-income adolescents (Casey, Ripke, & Huston, 2005). Unless the work the teen is doing is tied to the development of school-related skills, the evidence that employment promotes positive development for teenagers is mixed. Some research shows that teens who work have higher earnings 4 years after high school, but are less likely to succeed in higher education. However, for teens from low-income families, work was related to higher academic achievement, but had no effect on adult income level (Casey et al., 2005).

## Structured Time

Some people have blamed the loss of unstructured playtime on the development of organized activities for children and teens, such as team sports, which were once just informal pick-up games but now are highly structured by adults. We'll look at the amount of time that children and adolescents spend in organized activities and the impact that different types of organized activities have on development.



**Adolescent employment.** Most teens work to have extra money. What do you think are the benefits and the drawbacks of teen employment?

4. Middle-class adolescents are more likely to have paid employment than low-income adolescents.

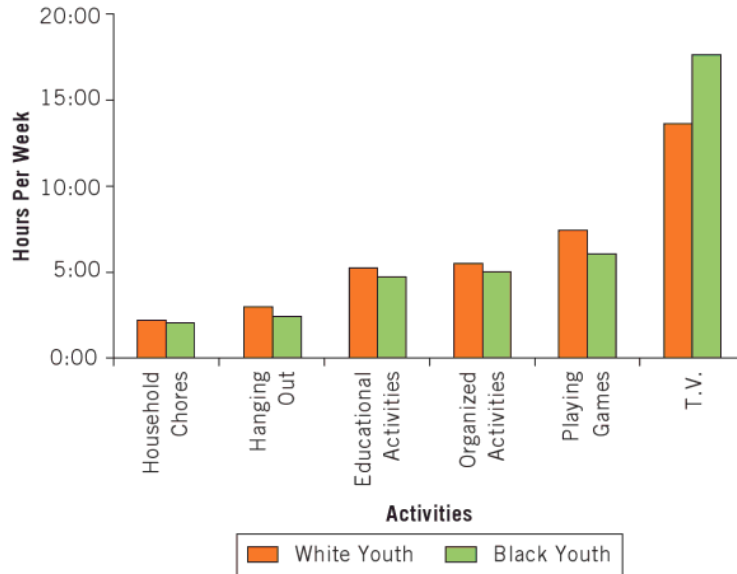


TRUE/FALSE

**True.** Middle-class adolescents have less leisure time because they are more likely to have paid employment than low-income adolescents. They generally work for extra spending money rather than out of necessity.

Figure 13.1

**Weekly hours that White and Black youth (ages 5–18) spend in organized and nonorganized activities.** Looking at this chart, what do you think about whether American youth are overscheduled with organized activities?



TRUE/FALSE

5. Many children and teens these days are overscheduled, spending most of their time after school in multiple organized activities, like sports and music lessons.

**False.** A minority of children and teens could be described as overscheduled, but 40% are not involved in any after-school activities.

### *The Amount of Scheduled Time*

Although some people claim that children are “doing too much,” research has shown that relatively few children appear to be overscheduled with organized activities. Figure 13.1 gives an overview of teen activities. According to Mahoney, Harris, and Eccles (2006), about 40% of children ages 5–18 do not participate in *any* organized, out-of-school activity, and most of the ones who do participate in such activities spend 10 hours a week or less on them. Not surprisingly, adolescents tend to be involved in more activities than younger children. In one national survey, 92.4% of American teens took part in at least one activity, 27.1% took part in one to three activities, 31.4% took part in four to six activities, and 33.9% participated in seven or more activities in the previous year (Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2007). However, Mahoney et al. (2006) found that only a small percentage (between 3% and 6%) of youth, ages 5–18, report spending more than 20 hours a week in organized activities. These authors conclude that only 1 in 10 children could be described as “overscheduled.” It is true that 1 in 10 still might be too many, but overscheduling doesn’t seem to be a typical pattern for children. Perhaps more important, when children and adolescents ages 9 through 19 were asked to describe *why* they participated in activities such as sports, after-school programs, clubs, and religious youth groups, the reasons they gave included enjoyment and excitement, encouragement and support from parents and friends, opportunities to challenge themselves and build skills, and anticipated social interactions with others. Mahoney et al. (2006) point out that in most cases it appears that children and adolescents have their own internal motivations for seeking out and participating in these experiences. Involvement in these activities is related to a number of positive outcomes for teens, including higher levels of achievement in school (high school graduation rates and entrance to college), lower levels of substance abuse, and better overall psychological adjustment (Mahoney et al., 2006).

For the small number of children and adolescents who are overscheduled, often by well-intentioned parents, there is a price to pay. According to David Elkind, the author of *The Power*



**Organized activities.** Children and adolescents get many benefits from participating in organized sports and activities, but the activities they participate in should be ones that the children enjoy, and adults need to be careful not to put too much pressure on them to perform. What organized activities influenced you when you were growing up, and in what ways did they impact your development?

*of Play* and *The Hurried Child*, “It may be intuitively clear to parents that they have to push kids because it’s a very competitive world, but they may be doing more harm than good because they may not be nourishing the kinds of abilities and skills that are most necessary in today’s world” (Joiner, 2007, para. 9). Elkind reminds us that children acquire other important skills such as creativity and innovation during free, unstructured playtime.

Mixed outcomes for teens’ healthy development have been found for structured activities, so it is clear that these activities must be carefully planned if they are going to be beneficial rather than potentially harmful. Although such involvement is correlated with positive social and academic development, it also has been linked with higher rates of alcohol use in high school (Mahoney et al., 2006). Programs should be designed to occur during times when the teens would otherwise be hanging out with friends outside of adult supervision, usually the hours directly after the school day is over. Most problematic behavior for teens, including crime and sexuality, occurs between the hours of 3 and 6 in the afternoon (Osgood et al., 2005). One criticism of the midnight basketball program that became popular during the 1990s is that it took place when most of the teens would otherwise have been at home sleeping or watching television. Being on the streets together with peers after the program was over could actually become an opportunity for problem behavior (Osgood et al., 2005).

How do parents use this information? Moderation and balance are probably the keys. Beyond that, listening to your children to find out what they like and are interested in, encouraging them to try new things to expand their horizons and experiences but not pushing them to do what *you* want, and trying to find a balance between safe, constructive free playtime and organized activities is a very good start. In the next sections we will examine the nature and outcomes of two particular types of extracurricular activity: sports and the arts.

Roeser & Peck, 2003). For instance, Roeser and Peck (2003) looked at patterns of involvement in positive activities in a group of adolescents who were at risk of academic failure. They found that vulnerable youth who were involved in high levels of both school and community sports activities were twice as likely to graduate high school and go on to college as students who did not have this level of involvement.

For a long time in the field of child development, we were primarily concerned about problems that affected our young people. Dropping out of school, juvenile delinquency, teenage pregnancy, and substance abuse were the kinds of issues that captured people's attention. Once we became aware of the magnitude of these problems, the next step was to think about ways that they could be fixed. There have been many efforts over the years to develop intervention programs that would remediate or rehabilitate children and adolescents who had these problems. As these attempts continued, our emphasis slowly shifted from *fixing* problems to trying to find ways to *prevent* them. Effort and energy then went into designing and implementing programs that were intended to support youth in ways that could prevent problems from developing in the first place (Catalano et al., 1998). Increasingly we have tried to understand the origins of problems and to target the risk factors for those problems so we can steer the developmental pathway in a new and better direction.

Both intervention programs and prevention programs use a **deficit model of youth development** (Lerner, Brentano, Dowling, & Anderson, 2002). The assumption is that there is something in the person that is lacking or missing. A positive youth development approach is based on a different way of thinking about how young people grow into adulthood. Similar to the way that people recognize that health is more than the absence of illness, we now recognize that positive youth development is more than the absence of problems (Catalano et al., 1998). This approach strives to identify the people, contexts, circumstances, and activities that help youth develop to their maximum potential. When organizations and communities give children and adolescents the chance to exercise leadership, to build their skills, and to get involved in positive and productive activities, youth have the building blocks that they need to grow into "healthy, happy, self-sufficient adults" (USDHHS, 2007, para. 1).

The Search Institute in Minneapolis has been a leader in identifying what these building blocks are. It has identified a set of 40 **developmental assets**. It defines a developmental asset as "common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible adults" (Search Institute, n.d., para. 1). Constructive use of time is one of the sets of assets the Search Institute has identified, and this is how it describes those activities:

- Creative activities—Young person spends 3 or more hours per week in lessons or practice in music, theater, or other arts.
- Youth programs—Young person spends 3 or more hours per week in sports, clubs, or organizations at school and/or in the community.
- Religious community—Young person spends 1 or more hours per week in activities in a religious institution.
- Time at home—Young person is out with friends "with nothing special to do" two or fewer nights per week.

To determine how many adolescents have these assets in their lives, the Search Institute has administered its Attitudes and Behaviors survey to almost 150,000 youth in Grades 6–12 living in 202 communities across the United States. Based upon those survey data, the Search Institute has found that 21% of the youth surveyed said they participated in creative activities at least at the level that the Search Institute considers adequate to support youth development, 57% participate in youth programs, 58% participate in a religious community, and 51% do not spend more than 2 days a week outside of their home just "hanging out" with friends. These numbers indicate that for many young people, there still is room in their lives for higher levels

**Deficit model of youth development** The assumption that problems are caused by something lacking in the child or teen that needs to be fixed.

**Developmental assets** Common sense positive experiences and qualities that help young people become caring, responsible adults.

of participation in various activities in their community that can support their positive development, and there is particularly room for more adolescents to find creative outlets through the arts.

In the previous section we noted that 70% of youth drop out of organized sports by the age of 13. If you have ever participated in organized sports, you probably know some of the reasons why. As you move from one level of competition to another—from elementary to middle school, then to high school, and possibly even to college—the skill level required to effectively compete gets greater and greater, and so does the commitment of time and energy required to be successful. In contrast, if you look at the kind of activities included on the list of developmental assets, you will see that many of them are lifelong activities. Young people who develop their creativity or become active in their communities or at their place of worship can continue to be engaged in these activities as they move through adolescence and into adulthood.

### *Creative Activities*

Creative activities, such as painting, music, dance, and drama, are avenues for the expression of thoughts and emotions for people of all ages. Creative activities are also used as a very important part of positive youth development, helping children and adolescents express themselves and become involved with their peers both within and outside of their schools, with the supervision of a caring and often skilled adult.

Compared to the amount of research done on unstructured time and structured activities such as sports, there is relatively little research on participation in creative activities such as art, music, or drama. Much of the work that has been published has been theoretical rather than empirical (Gullatt, 2008). The most relevant theory for understanding the impact of creative activities on development is Howard Gardner's theory of multiple intelligences. You'll remember from Chapter 8 that Gardner proposed that there are different types of intelligence and that any individual can be strong or weak on any of them. While academic subjects in school typically emphasize logical-mathematical and linguistic intelligences, creative arts rely on and enhance others, such as musical intelligence, spatial intelligence, and bodily-kinesthetic intelligence (Gullatt, 2008).

Participating in the arts, whether it is through lessons or group performances, may be associated with many different outcomes for children and adolescents, but the information on the relationship between participation in the arts and academic achievement is mixed (Gullatt, 2008). Recent research on music training in children has shown that children who take music lessons show changes in their brain structure in regard to musical perception, and they also show more general improvements in auditory and language skills (Ho, Cheung, & Chan, 2003; Hyde et al., 2009; Lappe, Herholz, Trainor, & Pantev, 2008; Moreno et al., 2009). How these effects translate into actual school performance is not yet clear.

Art enrichment programs, which add creative art to the existing curriculum, have helped low-income preschoolers develop their school readiness skills (Brown, Benedett, & Armistead, 2010) and English-language learners develop their literacy skills (Rieg & Paquette, 2009). The advantage may come from the fact that these enhancement activities



**Teens in the arts.** What benefits do you think these teens may get from involvement in this play?

engage different modes of learning. A child with high musical intelligence, in Gardner's terms, but lower logical-mathematical skills may learn about math more easily through the use of music. However, Elliott Eisner (1998) claims that much of the research that purports to find positive effects for school-based programs is poorly conducted and does not provide strong support for them. What he suggests instead is that the goals of art educators should be to help children and adolescents develop their sense of aesthetics. In his view, the goal should be to create dispositional changes, meaning that we help children develop "a willingness to imagine possibilities . . . a desire to explore ambiguity . . . [and] . . . to recognize and accept the multiple perspectives and resolutions that work in the arts celebrate[s]" (pp. 14–15). In other words, we teach and do art for art's sake because it is a central aspect of the human experience.

Larson and Brown (2007) looked in detail at a group of teens who were involved in a theater program. They found three characteristics that described this program: (a) a high level of commitment by all involved, (b) clear expectations that the creative process would raise strong emotions, and (c) provision of emotional support. They found that the teens learned valuable lessons about understanding and managing emotions. They found new ways to deal with frustration as well as celebrate successes together.

Strong bonds and a positive group identity can be created among teens involved in group performances, whether they are dramatic, musical, or dance performances. Creating a play or a musical program has been found to be an effective way to bring students from many different backgrounds together with a common goal, while drawing upon a variety of their talents. Often they gain a new respect for the people they work with, regardless of their background. The public recognition that comes from a performance serves as a source of pride for those who take part in it. Dutton (2001) has found that goals of positive youth development, including exploration in a safe environment, a sense of connection to others and of contribution to something worthwhile, and a feeling of competence, are all enhanced by involvement in the arts.

## Media Use

In addition to play and structured activities, the third use of leisure time we will discuss is the growing role of media. When we discuss media, we include electronic sources like television, computers, and iPods as well as nonelectronic sources such as books and magazines. Although there is now a 50-year history of research on children and electronic media, mainly television, this is an area that is changing rapidly. The new electronic media have been hailed as great innovations, but also are viewed with suspicion regarding what their effects on children and adolescents will be. In this section we will look at the effects of media use that have been examined through research so far in this quickly changing field. We will begin by taking a look at what surveys have shown about how much and what type of media American children are using.

In spite of the explosion of new forms of media, TV still takes more time in children's lives than any other form. Based on a national sample of 8- to 18-year-olds in 2009, the Kaiser Family Foundation (KFF) found that children are watching an average of almost 4 and a half hours of TV and videos or DVDs per day, some of it on handheld devices such as a cell phone (Rideout, Foehr, & Roberts, 2010). This compares to 1 hour and 45 minutes of physical activity per day and 40 minutes of reading books, magazines, and newspapers. In almost half of homes the television is always on and rules set by parents for media use tend to monitor content, not amount of time (Rideout et al., 2010). In those families that do have rules about media use, children use media an average of almost 3 hours less per day. A reduction of just 1 hour a day is the equivalent of 365 hours in just 1 year, or more than 2 full weeks, so it is not an inconsequential



TRUE/FALSE

7. Most families do not have any rules related to television viewing for their children.

**True.** More than half of the families in one survey on television viewing said they have no rules for their children regarding what they watch or how much they watch.

amount of time to shift to other activities. Seventy-one percent of American children have a TV in their bedroom. These children spend significantly more time watching TV and less time reading than those who do not have their own TVs, although the average amount of time spent reading for both groups is less than 1 hour per day.

Table 13.2

**Forms of electronic communication.** This table summarizes common forms of electronic communication used by large numbers of children and adolescents. Newer technologies can continue to be added to this list.

Communication Form	Electronic Hardware That Supports It	Functions Enabled
E-mail	Computers, cell phones, personal digital assistants (PDAs)	Write, store, send, and receive asynchronous messages electronically; can include attachments of Word documents, pictures, audio, and other multimedia files
Instant messaging	Computers, cell phones, PDAs	Allows for the synchronous exchange of private messages with another user; messages primarily are in text but can include attachments of Word documents, pictures, audio, and other multimedia files
Text messaging	Cell phones, PDAs	Short text messages sent using cell phones and wireless handheld devices
Chat rooms	Computers	Synchronous conversations with more than one user that primarily involve text; can be either public or private
Bulletin boards	Computers	Online public spaces, typically centered on a topic (such as health, illnesses, religion), where people can post and read messages; many require registration, but only screen names are visible (such as <a href="http://www.collegeconfidential.com">www.collegeconfidential.com</a> )
Blogs	Computers	Websites where entries are typically displayed in reverse chronological order (such as <a href="http://www.livejournal.com">www.livejournal.com</a> ); entries can be either public or private only for users authorized by the blog owner/author
Social networking utilities	Computers	Online utilities that allow users to create profiles (public or private) and form a network of friends; allow users to interact with their friends via public and private means (such as messages, instant messaging); also allow for the posting of user-generated content such as photos and videos (such as <a href="http://www.facebook.com">www.facebook.com</a> )
Video sharing	Computers, cell phones, cameras with wireless	Allows users to upload, view, and share video clips (such as <a href="http://www.youtube.com">www.youtube.com</a> )
Photo sharing	Computers, cell phones, cameras with wireless	Allows users to upload, view, and share photos (such as <a href="http://www.flickr.com">www.flickr.com</a> ); users can allow either public or private access
Massively multiplayer online games (MMOGs)	Computers	Online games that can be played by large numbers of players simultaneously; the most popular type are the massively multiplayer online role-playing games (MMORPGs) such as <i>World of Warcraft</i>
Virtual worlds	Computers	Online simulated 3-D environments inhabited by players who interact with each other via avatars (such as <i>Teen Second Life</i> )

You can add other types of electronic technologies not included in the table here:



**Multitasking.** When we split our attention between different tasks (for example, reading a book while watching TV), we lower our capacity to process information, and we retain less information. However, many of us still do it anyway, don't we?

**Multitasking** Doing several different activities at the same time, often involving several forms of media.



**Video Link 13.6**  
Multitasking.

Although TV is still the most frequently used medium, media use is constantly changing as new technologies develop at a faster and faster rate. Subrahmanyam and Greenfield's most current (2008) description of electronic media used by youth is found in Table 13.2, but you can add at the bottom of the list any newer technologies you are using that were developed after this list was made.

Not only are children and teens using more different forms of media than in the past, but they are also more likely to use several of these forms at the same time, a process known as **multitasking**. The Pew Internet & American Life Project carried out phone surveys in 2000 with 754 youth aged 12 to 17 years old concerning their use of the Internet and found that teens were often multitasking: instant messaging three or more people and also e-mailing, surfing the web, and talking on the phone. One

17-year-old girl in an online group discussion stated: "I get bored if it's not all going at once, because everything has gaps—waiting for someone to respond to an IM [instant message], waiting for a website to come up, commercials on TV, etc." (Lenhart, Rainie, & Lewis, 2001, p. 13). In 2010, the Kaiser Family Foundation (KFF) found that children and teens were using media for almost 7 and a half hours per day. Because they used more than one media source at a time, this accounted for 10 hours and 45 minutes of media content daily (Rideout et al., 2010). As we will see later in this chapter, all of this multitasking of electronic media may have implications for children's developing ability to focus intensely and for long periods of time on just one thing, such as reading a book or doing a homework assignment. Even more frightening, teens believe that they can use electronic media successfully while they are driving. Recent studies have shown that teens who talk on cell phones while driving have delayed reaction times to events on the road, waver between lanes, and are much more likely to have an accident. Teens who text message while driving increase their chances of being in an accident even more (Drews, Yazdani, Godfrey, Cooper & Strayer, 2009).

While the KFF study found that 8- to 18-year-olds read voluntarily for an average of 40 minutes a day, the situation seems to worsen in late adolescence, declining from 46 to 33 minutes of reading per day (note that this does not include time spent reading for school). A survey by the National Endowment for the Arts (2007) showed that in all age groups and at all levels of education, the ability to read well fell significantly between 1992 and 2003, which is hardly surprising given that reading itself promotes proficiency. The more we read, the better we become at reading.

Clearly children's and teens' use of electronic media fills many hours of their day. With the increasing mobility of these media, through laptop computers, electronic notebooks, iPods, iPhones, and whatever the next innovation is, it is likely that media will continue to play a bigger and bigger role in their lives. However, although the statistics give a clear impression of extensive media use by children and teens, averages hide the fact that there are significant numbers of children who use media only infrequently. For example, 21% of those surveyed by KFF reported watching no TV on an average day (Rideout et al., 2010), so we should not assume that all children are "plugged in." When we look at the effects of media use, we will see that the amount, as well as the type and content, of media used has consequences in many areas of development.

We will start by reviewing the evidence concerning the impact that media use has on children's physical, cognitive, and social development and on their self-concept. We conclude this section with a discussion about media literacy, or how children can be taught to understand the effects of media in order to use it most effectively and with the least harm to their ongoing development.

Cooney and her colleagues developed the idea that a different kind of TV show could be used to engage and teach young children, especially those being raised in poverty, to help get them ready for school. She developed the Children's Television Workshop (now called the Sesame Workshop), which used research to determine the most effective ways to teach young children. Bringing together top educators, psychologists, and television producers, the group used the latest research to determine how children would best learn from this relatively new medium (Lemish, 2007). From the observation that children are greatly attracted to watching commercials, the Sesame Workshop developed a show that would use the same techniques found in commercials, such as short segments, bright colors, and music, but with educational, rather than commercial, goals in mind. With the addition of Jim Henson's Muppets, this show became *Sesame Street*, which first aired in 1969 (Friedman, 2006; Williams-Rautiolla, 2008).

Today the U.S. version of *Sesame Street* is watched by about 8 million people each week, but *Sesame Street* has gone far beyond the borders of the United States. Twenty versions of the show appear in 120 countries around the world (Friedman, 2006). In each version, *Sesame Street* staff members from the United States work together with local producers, artists, and actors to create a program appropriate for that culture.

*Sesame Street* sets very specific goals based on research-supported knowledge about children's development. For example, it has been shown that children learn more from TV when they interact with an adult about what they've seen, so *Sesame Street* has designed segments that will engage parents as well as their preschoolers (Wright et al., 2001). One way that *Sesame Street* does this is through its use of adult-level humor and content. For example, one segment introduces the letter *B* with a voice singing "Letter B" to the tune of The Beatles' song "Let It Be" and another segment plays on the popular TV series *Desperate Housewives* with the title *Desperate Houseplants*. Three- and 4-year-old children are not going to understand these jokes, but their parents will. The idea has been to encourage parents to watch with their children so they can discuss and reinforce what the show teaches.

*Sesame Street* is designed to teach preacademic skills that prepare children for reading, writing, and arithmetic, so each show is "sponsored" by a particular letter and number, but the show teaches much more than preacademic skills. For

example, diversity has always been a central value, with characters from all backgrounds represented in the cast. *Sesame Street* also has not shied away from the big issues that impact children's lives. For example, in South Africa, on *Takalani Sesame*, the show introduced a Muppet character, Kami, who was HIV positive and showed both the prejudice Kami experienced and the love and fun the character could have with others (Hawthorne, 2002). "Social, moral and affective" teaching goals have guided the programming throughout *Sesame Street*'s history (Mielke, 2001, p. 84).

There is much research evidence that watching *Sesame Street* does make a difference for young children who would otherwise be unprepared for entering school. These children were more prepared to learn to read and to do arithmetic, and this seemed to be truly a result of watching the show and not a result of other variables, such as how educated parents were or how much they read to their children. This advantage continued even through high school. Children who watched the program at age 5 had higher grades in English, math, and science in high school (Huston, Anderson, Wright, Linebarger, & Schmitt, 2001; Schmidt & Anderson, 2007). You might wonder how watching one TV series could have such a long-term effect. Longitudinal research has shown that watching *Sesame Street* is related not just to preacademic skills but also to a greater sense of competence, less aggression, and more motivation for academic achievement (Huston et al., 2001). Teens who are less aggressive can take part in school more effectively, feel good about what they are accomplishing there, and maintain their motivation to achieve.

Criticisms of *Sesame Street* have focused on the fast pacing of the program, which some have claimed may contribute to shortening the attention span of the children who watch it. However, research by Anderson, Levin, and Lorch (1977) found no immediate effects of pacing in *Sesame Street* on impulsivity or task persistence, and these researchers argue that the increase in academic competence for those who watch the show is evidence that attention is not harmed.

*Sesame Street* remains a major force in children's educational television. To keep pace with rapidly changing media, today *Sesame Street* has added a website (<http://www.sesameworkshop.org>) with podcasts, computer games, and other activities and ideas for parents and caregivers to help children develop all types of abilities that will help when they enter school.

9. The fast pace used on the television program *Sesame Street* shortens the attention span of children who watch it.



**False.** The fast pace of *Sesame Street* does not seem to shorten children's attention span. To the contrary, children who watch this program have increased academic competence, so the pace must be working for them.

**Orienting response** The tendency to pay attention automatically to novel, moving, meaningful, or surprising stimuli.

Television programs are designed to grab and hold your attention. To do so, they take advantage of a natural tendency we have to respond automatically to “novel, moving, meaningful, or surprising” stimuli, which is called the **orienting response** (Diao & Sundar, 2004, p. 539). Our minds are designed to react, or orient, to anything new in the environment so we can evaluate what our response to it should be. Television uses editing to make us attend to the images on the screen. “Jump cuts” (shifting from one scene to another) are used to provide motion, novelty, and surprise that keep attracting our attention. In the early days of TV, there was just one camera that stayed in place and focused on one scene for a long time. As technology developed, directors began to move the camera and “jump” from one scene to another. These jumps elicit the orienting response and draw the viewer’s attention. However, over time, as people got used to these scene shifts, they became less novel and surprising. TV programs, and in particular commercials, which are designed to make the viewer pay attention to their product, began to pick up the pace in order to grab the viewer’s attention. TV producer Quinn Martin has said, “As commercials got people used to absorbing information quickly, I had to change my style to give them more jump cuts or they’d be bored. . . . The whole art form has speeded up” (Kubey & Csikszentmihalyi, 1990, p. 140). You can examine the pacing of children’s programming for yourself in **Active Learning: The Pace of TV**.

## ACTIVE LEARNING

### The Pace of TV

While you are watching your favorite television show, place a check mark on a sheet of paper each time there is a shift from one scene or point of view to another. Note the name and type of show, and the time you start and finish. In a different place on your paper, record the same information on pacing during the commercials, making note of when the commercial started and finished. See if there is a difference when you average the number of jump cuts per minute for the show and the commercial.

Finally, watch a children’s television show to compare the number of jump cuts or scene shifts shown to children. You may be surprised at how many jump cuts are found. Each one is designed to capture your attention by activating your orienting response so that you do not turn away from the TV. Compare your findings with those of others in your class. Were there differences in pacing between different types of shows or between the adult- and child-oriented shows? Did violent shows have more or fewer jump cuts than nonviolent shows? Becoming aware of the techniques used in media to affect you in this and a variety of ways is the beginning of what is known as media literacy.

Although educational TV has been shown to have a positive effect on children’s cognitive development and school achievement, entertainment TV, which is the majority of viewing for school-age children, appears to have a negative effect. Other recreational media, such as video games, also are linked with poorer school performance. There are several explanations that have been proposed to explain this link. The simplest is that children and teens may be spending their time using media in place of doing homework (Van Evra, 2004). This idea found support from a national sample surveyed by the Kaiser Family Foundation, in which light TV viewers spent more time each day doing homework, while children who used media more spent less time doing work for school (Rideout, Roberts, & Foehr, 2005).

Particularly in the early years, when children are learning to read, school achievement declines as the amount of entertainment TV viewing increases (Schmidt & Anderson, 2007). Shin (2004) found that the more TV 6- to 13-year-olds watched, the less leisure reading, homework, and studying they did, but Huston, Wright, Marquis, and Green (1999) found this relationship only for entertainment TV, not educational TV. MacBeth

(1996) found that the more television Canadian children watched, the fewer books they read, and the poorer their reading skills were. Other media besides TV may also displace time spent doing homework. In a somewhat older sample consisting of 8- to 18-year-olds, the Kaiser Family Foundation also found that heavier media users had lower grades, and they were also less happy, more likely to be bored, and more likely to get into trouble than medium or light media users (Rideout et al., 2010). There is growing support for the idea that time spent on recreational media is cutting into time that could be spent—perhaps could be *better* spent—doing homework.

A second possible reason for a link between media use and lower academic performance is that many children and teens are using a variety of types of media *while* they are doing their homework. The KFF study found that almost one third of 8- to 18-year-olds said they multitask most of the time while doing homework (Rideout et al., 2010). But, similar to the distracting effect that a TV in the background had on preschoolers, TV that is on in the background can affect academic performance in older children. A study by Pool, Koolstra, and van der Voort (2003) in the Netherlands found that high school students who did an academic task while soap operas were shown on television took longer to carry out the task than those with no distractions and had less understanding of the material they had studied. One possible explanation is that distraction, such as a TV show, engages working memory and reduces its capacity to process other information so that less information can be put into the memory system (Foerde, Knowlton, & Poldrack, 2006). Try **Active Learning: Studying and Distractions** to see whether your studying style is interfering with how efficiently you study.

## Studying and Distractions

1. Set a goal of reading 10 pages of this textbook when you are likely to have distractions. Note the time when you start reading. Every time you are interrupted, note how long the interruption lasts and write down what the interruption was. Be sure to include when you interrupt yourself by text messaging someone, getting a snack, making a phone call, looking up at the TV, and so forth. Write down the time when you finish reading the 10 pages. Subtract your starting time from your ending time and then subtract the total time it took for all of the interruptions.
2. Now find a time and place to read 10 more pages of this textbook where you are reasonably certain not to be interrupted and not to be tempted to interrupt yourself. Write down the time that you start reading and the time that you finish the 10 pages. Subtract to find out how long it took you.
3. Compare the results of studying both ways. Was one way more efficient than the other?

Bowman, Levine, Waite, and Gendron (2010) found that students who were interrupted with instant messages while reading a textbook online took much longer than students who were not interrupted to do the same amount of reading. If you are used to studying with the television, computer, and cell phone on, look at your results and decide for yourself whether the interruptions made you slower. You may want to consider putting off your other activities until you have finished studying. The end result is likely to be more efficient studying and more free time for you!

A third possible reason for a link between media use and poor academic performance is that children are having more difficulty focusing attention on just one thing in depth because they are used to the attention-grabbing techniques used on television. Geist and Gibson (2000) found that preschoolers were more likely to jump from one play object to the next after they

## ACTIVE LEARNING

watched entertainment television rather than educational TV or no TV. Longitudinal studies have found that the amount of TV that preschoolers, school-age children, and teens watch is associated with attention problems later in their lives (Johnson, Cohen, Kasen, & Brook, 2007; Landhuis, Poulton, Welch, & Hancox, 2007; Zimmerman & Christakis, 2007). Shin (2004) found that children who watched more TV were more impulsive and this impulsiveness contributed to poorer school performance. Although it is clear that TV viewing and attention problems are correlated, the question of causality remains unanswered. The studies above suggest that TV viewing comes before the development of attention problems. However, Acevedo-Polakovich, Lorch, and Milich (2007) argue that children with severe attention problems that result in a diagnosis of attention deficit hyperactivity disorder choose to watch more TV than other children because TV is one of the few things that will hold these children's attention. However, these researchers still recommend removing the TV from children's bedrooms in order to limit the amount they watch.

## Media and Social Development

### *Aggression and Prosocial Behavior*

The study of media's impact began with Albert Bandura's study on aggression described in Chapter 2, in which children watched an adult attack a Bobo doll. Since that time "a clear and consistent pattern of empirical results has emerged from over four decades of research on the effects of media violence," namely that watching violence or taking part in media violence promotes aggression in young viewers (Gentile, 2003, p. ix). Meta-analyses, in which the results of many studies can be combined, demonstrate clearly that media violence promotes aggression and antisocial behavior (Comstock & Scharrer, 2003). Two of these studies demonstrate such findings specifically with regard to television. In one study, Christakis and Zimmerman (2007) followed children longitudinally and concluded that viewing violent television at ages 2–5 was linked with greater aggression at ages 7–10. In another study children were assigned to watch either Batman and Superman cartoons or *Mr. Rogers' Neighborhood* over a period of

4 weeks. The researchers found that watching Batman and Superman increased aggressive behavior for children who were already more aggressive, while *Mr. Rogers' Neighborhood* increased prosocial behavior (Friedrich & Stein, 1973). This relationship has been found for teens as well. Fourteen-year-olds who watched more television were more likely later in adolescence to be involved in violence and aggressive acts that hurt other people. This relationship was found even when other factors like the child's previous level of aggression and living situations were taken into account (Johnson, Cohen, Smailes, Kasen, & Brook, 2002).

In recent years, there have been several high-profile cases of school violence in which the role of violent video games in promoting extremely violent actions has been questioned. Violent video games increase aggressive tendencies even more than TV because players are acting out the violence rather than just viewing it (Polman, de Castro, & van Aken, 2008). In a review of studies on violent video games, Anderson and Bushman (2001) concluded that they increase the player's actual aggression, raise arousal levels, increase aggressive thoughts and feelings, and decrease



**Violent video games.** Research has found that playing violent video games brings out aggressive tendencies in children who are already aggressive but also in those who are not.

prosocial behavior. The more blood there is in the game, the more intense these effects appear to be (Barlett, Harris, & Bruey, 2008). When the player identifies with and acts out the role of the “shooter,” these effects are even stronger (Konijn, Bijvank, & Bushman, 2007). Although there is some evidence that children who are already more hostile and aggressive are more likely than others to be further affected by playing violent video games, it appears that even children who do not fit this profile become more violent. In one study, the least hostile children who played video games got into more fights than the most hostile children who did not. In all cases, when parents limited the amount of time and controlled the content of the video games their children played, children had lower levels of aggression (Gentile & Anderson, 2003).

Clearly not all media are violent, and research has shown that viewing other types of programming can be related to children’s prosocial behavior such as sharing and cooperation. In one study, 4-year-old children who watched more educational programming were more prosocial in their interactions 2 years later (Ostrov, Gentile, & Crick, 2006). However, even educational programs had their risks. Girls who watched more educational shows were also more likely than other girls to take part in relational aggression (for example, “We don’t want to play with *you!*”). The authors speculate that even educational shows model this type of behavior, although they usually show the characters making up by the end of the show. They speculate that preschool children do not understand the story line in the same way that adults do. They don’t connect the positive resolution with the earlier aggression, so they only see the relational aggression as a model to imitate.

### Communication

Electronic media have become an important form of communication among friends for teenagers. Teens stay in touch with friends by contacting them online, using instant messaging, e-mailing, text messaging, blogging, playing interactive games together, and viewing online social networking sites such as Facebook and MySpace. American teens are just now catching up with European and Asian teens in their use of text messaging (Subrahmanyam & Greenfield, 2008). Girls are more likely than boys to use the media to maintain existing friendships, while boys are more likely to use the media for flirting and for making new friends (Lenhart & Madden, 2007). Overall, teens report an enhanced sense of well-being as a result of maintaining friendships in this way (Valkenburg & Peter, 2007). Use of social networking sites is changing the nature of social communication because of the public announcements found there of whom each person is “friends” with and even the exact conversations between friends (Subrahmanyam & Greenfield, 2008). These online connections may lead to new relationships, as “friends of a friend” make contact with each other. Social networking sites are also used to develop groups of people with common interests who may help each other. One study found that teens with cancer often used their websites to make contact with others who have cancer and to share information about their disease (Suzuki & Beale, 2006). Teens have also been found to use an online peer advice bulletin board to share information about general and sexual health and development. In this anonymous setting, they often feel freer to ask questions they may be too embarrassed to ask their parents or even their friends; for example, what is it like to have a Pap smear? (Suzuki & Calzo, 2004).

However, the underside of these positive aspects of online communication includes predators and cyberbullying. We discussed cyberbullying in some detail in the previous chapter, so you understand that it can be a particularly vicious way to attack young people and their reputation. Online predators present a different type of risk. A study of online predators determined that most cases involve adults who create relationships with teenagers by developing trust over a long period of time (Wolak, Finkelhor, Mitchell, & Ybarra, 2008). In most cases teens who eventually meet with the adult in person believe that they are having a romantic, sexual relationship with someone who cares for them. Most crimes that result are statutory rapes rather than forced rapes, meaning that an adult has sex with someone who is legally too young to be able to give consent



#### Video Link 13.7

Violent video games.

10. European and Asian teens are just now starting to catch up with American teens in terms of how much they text message.



TRUE/FALSE

**False.** In fact it is American teens who are still catching up with European and Asian teens in this regard.

**Self-complexity** The number of different ways in which an individual defines herself.

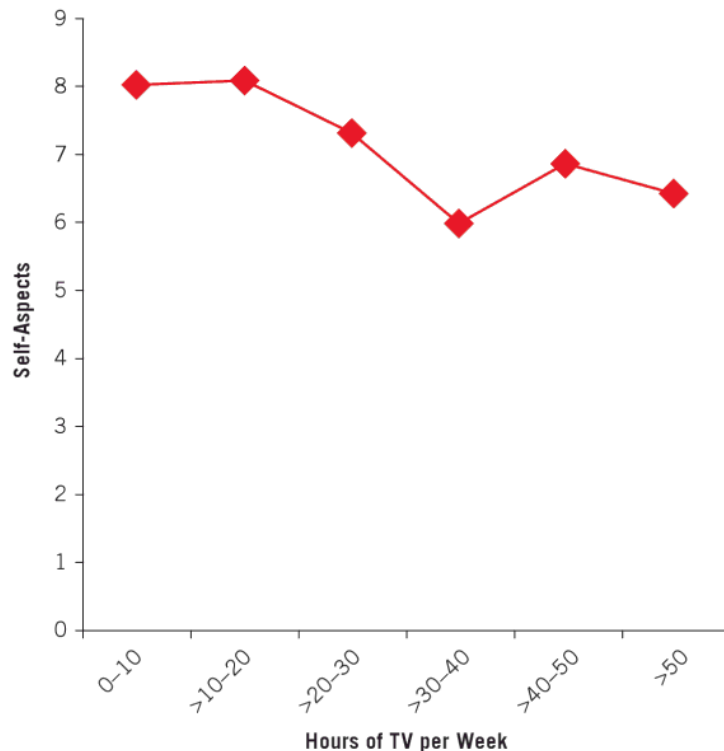
Harrison argued that a positive self-concept relies to some extent on **self-complexity**—that is, the number of different ways in which an individual defines herself. For example, an individual with high self-complexity sees herself as someone who is an attractive person, a fairly good athlete, an excellent student, and a good friend (most of the time). Someone with low self-complexity might tie her identity to her appearance and little else. In research with a largely nonminority sample of teens, Harrison found that the more television teens watched, the less complex their self-image was (see Figure 13.4). These limitations can cause trouble for teens when they experience stressful situations. For example, a boy whose identity is limited to being “a loving boyfriend” may become distraught when his girlfriend breaks up with him. Another boy with a more complex identity who is also very proud of his achievements in academics may be able to turn to this aspect of himself when faced with a breakup with his girlfriend.

One area that has received less attention is the impact of the media on the self-concept of minority youngsters. Television and movies, whose goal is to attract the most viewers, have tended to portray White, non-Latino characters more often than minorities. When minorities are presented in the media, they are often shown in a negative light. For example, African American characters are often characterized by criminality, lack of intelligence, laziness, or inappropriate behavior (Ward, 2004). Latino characters are 4 times as likely as others to be represented as domestic workers. They, too, are associated with crime and stereotypes, such

Figure 13.4

**TV viewing and self-complexity.** Research conducted by Harrison (2006) found that the more hours per week that teens watched television, the less complex their self-images. This may reflect the stereotypical portrayal of characters and plots in many television shows.

Average number of unique self-aspects by 10-hour television viewing increments for adolescents.



as having a “hot temper” (Rivadeneyra, Ward, & Gordon, 2007). In magazine ads, minority women are more likely to be represented as wild animals (Plous & Neptune, 1997). These portrayals are likely to affect minority youth, who are greater consumers of media than non-minorities (Rivadeneyra et al., 2007; Ward, 2004). Research by Ward and her colleagues has confirmed this relationship, but also has shown its complexity. For Latino teens, the more media they viewed, the lower their social and body self-esteem was, but this relationship was strongest for women and for those who were more highly identified with Latino culture (Rivadeneyra et al., 2007). For African American teens, only two types of television viewing, sports and music videos, were related to lower self-esteem. In addition, those who identified with Black characters on TV tended to have higher self-esteem, while those who identified with White characters had lower self-esteem. Finally, these relationships held only for those who reported themselves to be less religious. It appears that the individual’s background, the kind of TV programs the person watches, and the reactions the person has to TV all play a role in how TV viewing is related to self-concept for African American adolescents (Ward, 2004).

## Helping Children and Adolescents Use Media Wisely

### *Parental Guidance*

Fred Rogers’s advice to parents in regard to TV viewing was very simple: Do you want your child to act like the characters he or she sees on TV? (Franklin, Rifkin, & Pascual, 2001). There are three ways in which parents can interact with children around TV: (a) active mediation and guidance, which involves talking with the child about what he or she is watching; (b) setting limitations on what the child watches; and (c) actually coviewing programs with the child (Nathanson, 1999). Nathanson found that children were less likely to absorb messages of violence and aggression and perform them when parents discussed these messages with their children. Although there was a positive effect of limiting viewing, there also was some evidence that too much limitation might make the programs “forbidden fruit” and therefore even more appealing to children. Children between 8 and 22 years reported being *more* attracted to programs that were given restrictive ratings (Bushman & Cantor, 2003). Remember, however, that many families report that they have no rules for their children in regard to TV viewing, and over 70% of children have TV and/or other media in their bedrooms, where no direct parental supervision occurs (Rideout et al., 2010).

Parents need to find a comfortable medium between being overly restrictive and having no restrictions at all. Finally, when parents watched shows containing violence with children without commenting on the show’s content, children’s aggression increased, possibly because it appeared to them that the parents tacitly approved of the messages they were seeing. We might speculate that giving children unfettered access to TV in the bedroom may also give the clear message of parental acceptance of all TV content (Barkin et al., 2006).

### *Teaching Media Literacy*

**Media literacy** or media education is designed to provide children with the skills to understand the underlying purposes and messages of media they use. For example, it has been found that the more young teens watch movies in which there is a lot of smoking, the more likely they are to begin smoking themselves (Jackson, Brown, & L’Engle, 2007). Even controlling for parent and peer smoking, those who watched the most smoking were 2.6 times more likely to start smoking than those who watched at the lowest level (Wills, Sargent, Stoolmiller, Gibbons, & Gerrard, 2008). One solution would be for the movie industry to reduce the amount of smoking portrayed or to provide warning labels to indicate that smoking is shown in the movie (similar to the warnings that movies contain sex, violence, or adult language). However, another approach is to use media education to teach children and teens about why movies contain so much smoking. *Blowing Smoke* is the name of one project designed to teach sixth and eighth

#### **Media literacy**

Providing children with the skills to understand the underlying purposes and messages of media.

graders about smoking in movies (Bergsma & Ingram, 2001). The researchers found that most children initially believed that smoking in movies was a random event with no particular purpose. *Blowing Smoke* taught the children that when they see smoking in films it reflects a form of advertising, sometimes even including brand names. In the past, tobacco companies paid for such placement of their product in films or gave free tobacco products to actors and others involved with the film. It is unclear whether this practice persists, but the level of smoking has not changed since a voluntary ban was introduced in 1990 (Sargent et al., 2001). By helping children understand the motivation behind showing people smoking in movies and helping them think critically about it, children's tendency to want to emulate admired movie stars when they smoke can be changed (Bergsma & Ingram, 2001). Try **Active Learning: Cigarettes in the Movies** to see how much smoking there is in the movies and TV programs that you watch and how you might talk with children about what you see.

## ACTIVE LEARNING

### Cigarettes in the Movies

In the next 2 weeks, notice how many characters in movies and TV shows that you watch smoke cigarettes. Do you see the same amount of smoking occurring in real life as you see in these programs? Can you explain why the directors of the show would choose to have each character smoke? What, if anything, does it convey about the person? Can you think of any reasons, besides artistic ones, for the decision to have a character smoke?

At the following website you can find information and research on how teens are affected by seeing smoking in the media and how the tobacco companies have influenced the placement of tobacco products in films and TV shows: <http://www.scenesmoking.org/frame.htm>. You will also find ratings of current movies based on their presentation of tobacco use at this site.

Media education can help make children more savvy consumers of media so they can sort out what the producers are trying to do and decide for themselves whether they want to go along with it. Some resources for parents and others who would like to teach media literacy to children include the following:

- The American Academy of Pediatrics lists a wide selection of sites (<http://www.aap.org/health-topics/mediause.cfm>) designed to help parents make sure that their children are using media in a healthy way.
- The American Psychological Association maintains a website (<http://www.apa.org/topics/kids-media/index.aspx>) on kids and the media.
- The Kaiser Family Foundation funds a great deal of research with national samples on children and media. The KFF website (<http://www.kff.org/entmedia/index.cfm>) is an excellent source of information on how children and teens are using media.

## Conclusion

We have seen that children and teens spend their leisure time in a variety of ways. Young children play, while older children become involved in more structured extracurricular activities, as well as “hanging out” with friends. Children of all ages are using media, including television, computers, and many other new technologies. Each of these types of activities has certain outcomes for child development. It is important that we continue to examine the entire context of children's lives in order to understand and help children use all the resources available to them and their families in the most positive way.

# CHAPTER SUMMARY

## 1. What do children and adolescents do when they are not in school?

In cultures in which children are not required to work to help feed their families, leisure time is spent in different ways. In Asia children are required by parents to do more academic work. In the United States, children take part in unstructured play, participate in structured activities such as sports or the arts, and use media.

## 2. What is play, and how does it develop?

Play is self-chosen activity that is done for its own sake because it is fun. Parten described the social stages of play based on children's developing ability to coordinate their activity with a peer: **unoccupied behavior**, **onlooker behavior**, **solitary independent play**, **parallel play**, **associative play**, and **cooperative play**. Piaget described stages of play as based on cognitive levels of understanding: **practice play**, **symbolic/sociodramatic play**, and **games with rules**.

## 3. How does play affect children's development?

Through physical activity, it promotes health and brain development. Play allows for emotional expression, emotional regulation, and emotional understanding. Play also develops social skills and friendships. Play is one of the best ways to learn because children remain enthusiastic about what they are learning. Recess is also important as a time during the school day to recharge energy for learning.

## 4. How do boys and girls differ in play?

Gender segregation is associated with some differences in play between boys and girls. Boys tend to play farther away from home base and are more competitive in their play with larger groups involved. Girls tend to play with a small group of friends and are involved with more make-believe play. However, there is much overlap in what boys and girls do with their unstructured time.

## 5. What are the benefits and risks of unstructured and structured time for children and teens?

Unstructured and unsupervised time has been declining because of safety concerns, media use, and paid work

for teens, which is a concern because free playing time for children promotes creativity and imagination. For teens, unsupervised time may lead to problem behaviors, but some amount of autonomy is necessary for development of identity.

Relatively few children have too many structured activities in their lives, despite fears that this is a problem. Well-supervised activities provide opportunities for achievement, socialization with peers and adults, and excitement shared with a group. However, organized sports may cause injuries, and children may be pressured to win. Many drop out by age 13. Creative activities have been linked with brain development, but the links with academic achievement are not as clear. **Positive youth development** focuses on using positive activities to help children and teens reach their maximum potential.

## 6. What positive and negative effects does media use have on children and teens?

American children and teens use media for almost 7 and a half hours per day. TV viewing promotes obesity due to lack of physical activity or overeating in front of the TV. Paradoxically it also promotes eating disorders because of images of ultrathin models. For cognitive development, no positive effects of TV viewing are found for children under age 2. After that, educational TV and other media can promote positive cognitive and social development, but entertainment TV has a negative effect on academic achievement. Violent media promote aggressive thoughts and behavior, but prosocial messages in the media can have a positive effect. Social networking can enhance friendships, but there is a danger of adult predators when children and teens talk with people they don't know. Media can constrict **self-complexity** for teens, and minority children may be hurt by stereotypes shown in the media. It is important to teach **media literacy** to help children understand how the media are trying to manipulate their thinking in subtle ways.



Go to [www.sagepub.com/levine](http://www.sagepub.com/levine) for additional exercises and video resources. Select **Chapter 13, Play, Extracurricular Activities, and Media Use**, for chapter-specific activities.

## Chapter Outline

### What Constitutes a Family?

Differing Cultural Definitions

Changes in the American Family and Their  
Impact on Children

*Single Parenting*

*Divorce*

ACTIVE LEARNING: Parenting and Divorce

*Stepfamilies and Blended Families*

ACTIVE LEARNING: Diagram Your Family

*Grandparents Raising Grandchildren*

*Gay and Lesbian Parents*

*Adoptive Families*

*Foster Care*

### How Do Families Function?

Family Time

ACTIVE LEARNING: Family Mealtime

The Changing Roles of Mothers and Fathers

JOURNEY OF RESEARCH: Changing Views  
of Parenting

Parenting Styles

ACTIVE LEARNING: How Parents React

*Parenting Models*

*Congruence of Parenting Styles*

Parenting in Context

ACTIVE LEARNING: Exploring Your Parents'  
Style

Relationships With Siblings

*Birth Order and Sibling Roles*

*Differential Parental Treatment*

*Shared and Nonshared Environments*

ACTIVE LEARNING: Examining Nonshared  
Environments

*Only Children*

### Interventions for a Better Family Life

ACTIVE LEARNING: Finding Community  
Interventions

# chapter 14



acceptance of marriage as a fundamental legal, social, and cultural institution was accompanied by a pragmatic flexibility that demonstrated both respect for marriage and a willingness to adapt households to meet need and fortune” (Schwartzberg, 2004, p. 574).

It may also surprise you to learn that the incidence of stepfamilies in this country has probably not risen very much from the early 1900s. While stepfamilies now are the result of divorce, in earlier times they could be the result of abandonment and remarriage as described above, or they could result from parental death. In the years between 1901 and 1910, 22.6% of children under age 18 experienced the death of either their mother or their father (Chadwick & Heaton, 1987). In the early 20th century, the death rate of parents with young children was much higher than it is today. In 1915, over 600 pregnant women died for every 100,000 births, but by 2003, this rate had dropped to 12 maternal deaths per 100,000 births (Hoyert, 2007). “In 2000 it was more likely that 20-year-olds would have a *living grandmother* than it was that 20-year-olds in 1900 would have a *living mother*” (Coleman, Ganong, & Warzinik, 2007, p. 34). A 20-year-old who married in 1900 could expect to live with that spouse for an average of 25 years before that partner died. In 2000, newlyweds could expect to share over 50 years of life with their partner if they did not divorce (Coleman et al., 2007). In a mostly agricultural society it was considered essential to have two parents present to raise children, so remarriage was very common. It was not until 1970 that the number of marriages that were ended by divorce outnumbered the number ended by death (Fischer, Hout, & Stiles, 2006).

Stephanie Coontz (2000) has concluded that the major difference between current and earlier levels of diversity in family types is “not occasioned by the *existence* of diversity but by its increasing *legitimation*” (Coontz, 2000, p. 28). Diverse forms of family life are no longer hidden in the shadows, but are increasingly recognized as acceptable ways to raise children.

### Single Parenting

There are many reasons why parents may raise their children without a partner. They may have been divorced, lost a partner to death, or never been married. Each of these has different consequences for children. As shown in Figure 14.1, the percentage of families headed by a single parent in the United States has more than doubled since 1970 when 10% of families were headed by a single parent. For African American women, the change over time is even more dramatic. While 85% of African American women were married when they gave birth to their first child in 1950, in 2000 approximately 70% were not married (Coleman et al., 2007). African American women are more likely to be single parents because they never married, while White women are more likely to become single parents following a divorce (Coleman et al., 2007). Most single custodial parents are women, but the number of fathers raising children on their own has also risen. In 2006, 19% of single-parent households (2.5 million) were headed by fathers (U.S. Census Bureau, 2008b).

Children used to jump rope and sing “First comes love, then comes marriage, then comes Susie with a baby carriage.” Not necessarily anymore. Increasingly women are having children first and getting married later. In 2007, 40% of births in the United States were to unmarried women (Federal Interagency Forum on Child and Family Statistics, 2009). Of course, being unmarried does not necessarily mean that the mother is not living with the child’s father. In fact, much of the increase in single-parent births is due to cohabitation with the child’s father rather than marriage to him, with 50% of single mothers reporting that they lived with their new baby’s father (Coltrane, 2004). Although many women in this situation plan eventually to marry the father of their child, in one large-scale study it was found that 1 year later only 10% of the fathers in this situation had actually married the mother and only 20% maintained regular contact with the child (McLanahan & Carlson, 2004). Partner instability was found to be greater for single mothers during the first 3 years of their child’s life than for married mothers (Osborne & McLanahan, 2007).

1. The incidence of stepfamilies in the United States has not changed much from 1900 to today.



TRUE/FALSE

**True.** The incidence (or likelihood of occurrence) is probably similar, but the reason for the creation of stepfamilies has changed. Today they are primarily due to divorce, but in the past they were due to death of one of the parents or marital desertion.

2. The majority of women who are single but living with the father of their baby when their baby is born will marry the baby’s father shortly after the baby’s birth.



TRUE/FALSE

**False.** Survey research shows that only 10% of women in this situation marry the father of their baby within a year of the birth of their child.



**Video Link 14.1**  
Single parents and poverty.



TRUE/FALSE

3. Adolescents from single-parent families spend just as much time with their families as children from two-parent families.

**True.** In single-parent families time is spent with the noncustodial fathers and with custodial mothers and their extended family members while in two-parent families the time is spent with the two parents together, but amount of time spent with families is similar in these two family structures.

#### Emotional parentification

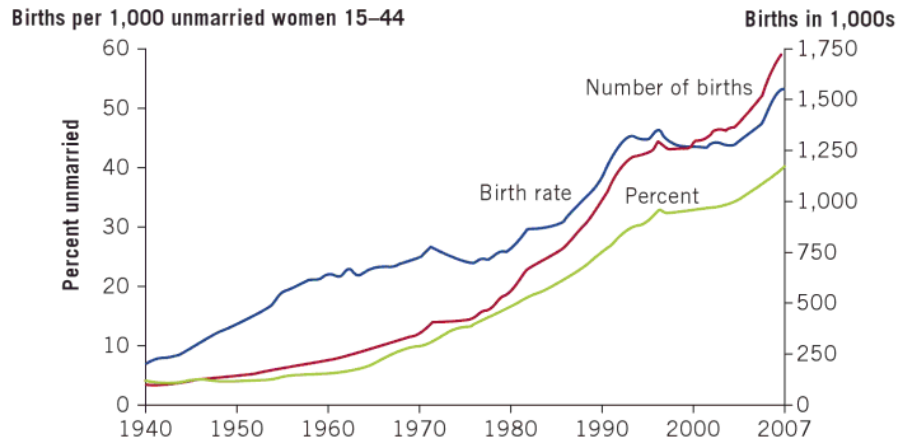
A situation in which children become more concerned about their parent's emotional needs than their own.

#### Extended family

A family that includes both nuclear family members and other relatives.

Figure 14.1

**Statistics on the rise in number of single mothers.** This figure shows the dramatic rise in the number of births to single mothers in the United States since 1940. In 2007, nearly 4 in 10 births were to unmarried women. The rate for 2007 was 80% higher than the rate for 1980.



Whether there are one or two parents in a household is important because of the living situation it creates. Single-parent families are much more likely than two-parent families to fall below the poverty line. In 2007, while 8.5% of children in two-parent families had poverty-level incomes, 42.9% of single-parent families headed by women and 21.3% headed by men were at the poverty level (U.S. Census Bureau, 2007). As we will discuss in Chapter 15, poverty has both direct and indirect effects on children. It increases parental stress and reduces parenting skill, which then affects child well-being. According to Martin, Emery, and Peris (2004), negative effects attributed to single parenting, such as lower academic achievement and more psychological problems, are due at least in part to the effects of poverty (Martin et al., 2004).

Single parents must be both mother and father to their children. All of the tasks that would otherwise be shared by two parents must be accomplished by one. This stress often affects the parent's ability to parent effectively. Both closeness and discipline may suffer. One particular concern raised in these situations is called **emotional parentification**, in which children become more concerned about their parent's emotional needs than their own by becoming a confidant, or by needing to mediate between their parents (Jurkovic, Thirkield, & Morrell, 2001; Martin et al., 2004). Parentification can also take an instrumental form in which children take on the responsibility for managing the household (for example, taking care of siblings, shopping or cleaning for the family) (Jurkovic et al., 2001). These children may appear to others to be doing well, but are actually forced to take on a role for which they are not ready. This added responsibility can contribute to the development of competence and maturity in older children, but can be an overwhelming burden to younger children (Jurkovic et al., 2001).

How does life in a one-parent family differ from life with two parents? Asmussen and Larson (1991) carried out a study to compare the daily experiences of young teens in single-mother and two-parent families. These White, middle- and working-class teens reported their daily activities when they were paged throughout the day for 1 week. The researchers found that there were no differences in the amount of time that teens from the two groups spent with their parents. In fact, both groups spent the same amount of time with family. The major difference was that those in single-parent families spent time with their mother and **extended family**, such as grandparents

and aunts and uncles, while the other children spent that time with both parents together. In single-parent families, young adolescents were found to spend more time with their mothers carrying out tasks and more time with their fathers in pleasurable activities. In this same study, teens in single-parent families experienced their parents as being friendlier than teens in two-parent families.

We mentioned at the beginning of this section that whether a single-parent family is created by divorce, unmarried status, or death of a spouse has different consequences for the children in that single-parent family. Generally children whose parent has died tend to do better in terms of education and emotional adjustment in the long run. Once again we find that financial well-being may play an important role in this difference. In one large-scale study, there were no differences between widowed and divorced women in their values and parenting of their children, but widows tended to have a higher family income, whether they were working or stayed at home (Biblarz & Gottainer, 2000). Society has established ways to support those who have lost a loved one, but it does not have comparable ways of supporting those who have undergone a divorce. For example, widows receive Social Security survivor's benefits (Tillman, 2007). On an emotional level, children are more likely to be able to hold onto positive thoughts about the lost parent, while children of divorce are more likely to struggle with their feelings about both their parents. Let's look more closely at the impact that divorce has on children.

### Divorce

Every year, over 1 million children in the United States experience the divorce of their parents (Kunz, 2001). Between 40% and 50% of all marriages end in divorce (Cherlin, 2010). The earliest research on divorce tended to treat it as a single event. Children from divorced families and children from intact families were compared, and many negatives were found about how children from divorced families fared. However, current thinking defines divorce as a process, rather than as one event (Greene, Sullivan, & Anderson, 2008). The divorce itself may be just one of a chain of upheavals in a child's life. It is usually preceded by family events that may include a great deal of conflict or distance among family members. Parents may handle the divorce itself very differently, taking their children's needs into consideration or not. After the divorce there will likely be additional changes, including residential moves, new caretakers, custody changes, parental dating relationships, cohabitation, stepparents, new siblings, and more. All of these factors play a role in how children fare following a divorce.

We must also remember that research on children and divorce has, by necessity, been correlational (because we cannot randomly assign children to divorced or intact families to create an experimental research design); therefore we cannot assume that differences between children from divorced and intact families are *caused* by the divorce. As we learned in Chapter 3 when we studied the nature of correlational and experimental research, there might be a third factor causing both the likelihood of divorce and poorer child outcomes. For example, depression might have a genetic underpinning within a particular family. This tendency toward depression might contribute to the likelihood of a divorce in the family and might also result in depression in the children of divorced parents as adults. We might conclude that divorce caused the subsequent depression, when it was genetic influences that may have played the stronger role, contributing both to depression and to the incidence of divorce (Cherlin,



**Time together.** Children who live only with their mother spend more time doing chores with her. As you can see in this picture, this time together can be positive and help build a closer relationship.

4. Having their parents divorce has been found to cause behavioral problems and emotional problems like depression in children following the divorce.



TRUE/FALSE

**False.** Although experiencing a parental divorce is *associated* with certain problems in children following a divorce, with our research techniques we cannot say that the divorce is the *cause* of the child's problems. Some of these problems may have existed prior to the divorce and simply continue after it.



**Video Link 14.2**  
Talking about divorce.



**Video Link 14.3**  
Children and divorce.

Chase-Lansdale, & McRae, 1998). Another way that the results of correlational studies of the effects of divorce on children can be misinterpreted is that we get it backward. That is, when children from divorced families have higher levels of misbehavior, we might conclude that the divorce caused the behavioral problems. However, being parents of a child who does a lot of acting out can be very stressful on a marriage. It is possible that these children contributed to their parents' decision to divorce and that the child's misbehavior predated the divorce itself rather than resulting from it. While children should never be blamed for their parents' divorce, any stress within the family system can contribute to the breakup of a marriage.

On average, children whose parents divorce experience more adjustment problems as they grow and develop. It is estimated that 20%–25% of children from divorced parents experience high levels of behavior problems compared to 10% of children from intact families (Greene, Anderson, Hetherington, Forgatch, & DeGarmo, 2003). However, the average differences between children of divorce and children from intact families are quite small, and most children from divorced families score within the normal range of functioning on many measures (APA, 2004a). High levels of conflict between parents, whether before, during, or after divorce, are consistently related to poorer outcomes for the children. However, when high levels of conflict are resolved by divorce, children often do better following the divorce (Booth & Amato, 2001; Hetherington & Stanley-Hagan, 1999).

Certain factors that often accompany divorce are related to worse outcomes for children of divorced families. They include:

1. Financial difficulties and poverty
2. Ongoing conflict between divorced parents
3. High levels of parental distress
4. A greater number of life changes and disruptions (APA, 2004a; Greene et al., 2008; Martinez & Forgatch, 2002)



**Family conflict.** What would it feel like to be this boy, listening to his parents fight?

#### Constructive conflict

Family conflict that is resolved in a positive way using affection, problem solving, and emotional support.

Consider how these factors are related. As parents deal with the stress of decreased income, the emotional distress from the breakup of their relationship (including depression and anger), changes in work situations, and more, their parenting skills often suffer, and children's well-being also declines. Parents who are highly stressed often exhibit less positive support for the child, use less effective communication, and provide less monitoring and control over the child's behavior (Greene et al., 2008; Martinez & Forgatch, 2002; Pett, Wampold, Turner, & Vaughan-Cole, 1999). However, for some parents the divorce brings relief, new opportunities, or more healthy relationships (Greene et al., 2008).

Because children are negatively affected by high levels of marital conflict, parents' inability to resolve conflict using compromise and negotiation is related to children's fears and insecurities. Parents who attack each other, whether verbally or physically, have children who have more difficulty in many areas of life. Children respond not only to the high level of conflict, but also to parents who are more likely to be depressed and withdrawn, rejecting, and harsh in their interactions with their children (APA, 2004a). However, not all family conflict has the same impact on children. Recently attention has been given to what is called **constructive conflict**. There is evidence that when parents disagree, but handle it in a positive way (for example, they are affectionate despite their disagreement, they resolve conflict through problem solving, and they remain emotionally supportive of each other), it is associated with positive emotional development in the children in the family

(McCoy, Cummings, & Davies, 2009). Conflict in the context of a generally satisfying marriage does not threaten children's sense of security and well-being, so it does not have the same negative impact that conflict that involves yelling, threatening, and insulting does (Cummings, Goeke-Morey, & Papp, 2003).

Research has examined numerous aspects of the well-being of children whose parents are divorced: academic functioning, social interactions, problem behaviors, and emotional difficulties. In many studies it has been found that academic achievement suffers and this leads to other consequences later in life. The biggest impact is on school completion. Children from single-parent families formed by divorce are twice as likely as those with two parents to leave school before high school graduation (Martin et al., 2004), they are less than half as likely to attend college (Elliott, 2009), and they are less likely to complete college if they do begin (Biblarz & Gottainer, 2000).

Two types of behavior problems have been examined: externalizing and internalizing. **Externalizing behavior problems**, such as aggression, are directed at other people, while **internalizing behavior problems**, such as anxiety, are directed at oneself. Children, especially boys, from divorced and single-parent families have generally been found to be more "disobedient, aggressive, demanding and lacking in self-control" (Martin et al., 2004, p. 284) both in early childhood and later in life, which is evidence of externalizing behavior problems. The evidence concerning internalizing behavior problems and divorce is more mixed. In one longitudinal study people were studied at age 7, before any of them had experienced a divorce; then again at age 11, when some had experienced divorce; and finally again at age 33 (Cherlin et al., 1998). When these children were 11, there were few differences directly attributable to the divorce, rather than to preexisting problems in the child and the family. However, by age 33, the earlier problems seemed to have been compounded by the long-term effects of the divorce. Those who had experienced divorce in childhood were more likely to be depressed at age 33.

Another effect of divorce that cannot be assessed until the children have reached adulthood is the ability to be involved in and committed to a long-term intimate relationship. A characteristic that many children whose parents divorced have in common is that they did not have a model of their own parents as a well-functioning, caring intimate partnership. When they reach adulthood they are more likely to have difficulty creating their own long-term, intimate relationships. In a number of studies, young adults whose parents had divorced were more wary of intimate relationships (Burns & Dunlop, 2002) and more likely to have many short-term relationships (Jónsson, Njardvik, Ólafsdóttir, & Grétarsson, 2000). Once they were married, they were less satisfied (Jacquet & Surra, 2004) and more likely to experience divorce themselves (Wauterickx, Gouwy, & Bracke, 2006). However, it is important to keep in mind that, although more children of divorced parents experience these problems, the majority of them do succeed in creating committed relationships.

One important factor in children's adjustment is the age of the child when the parents divorce. Children's understanding and ability to process the changes that are occurring will differ depending on their level of development. The following paragraphs describe some typical responses of children at different ages.

Infants and toddlers do not understand what is happening when parents separate. Instead they resonate to their parents' feelings and to disruptions in their normal routines, resulting in behaviors such as anger and aggression, separation anxiety, eating or sleep problems, or loss of recent developmental achievements such as toilet training or language development (Cohen & the American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health, 2002; Kalter, 1990).

As we have learned, preschoolers are egocentric, seeing the world only from their own point of view. Therefore, many preschoolers, as well as some older children, believe that they had something to do with causing the divorce. Because their logical thinking is limited, they may also develop illogical reasoning to explain the events. Like younger children, preschoolers may also

#### **Externalizing behavior problems**

Behaviors in which the child or adolescent "acts out" on the environment such as aggressive or destructive behavior.

#### **Internalizing behavior problems**

Negative or aggressive behaviors that are directed inward at oneself, such as anxiety or depression.

cases this may be true, but there are a variety of ways in which a father who does not reside with his children can sustain a relationship with them. A great deal of the research that has been done on nonresident fathers has looked at the amount of face-to-face contact the father has with his children (for example, the frequency of contact or length of time they spend together) or the father's provision of financial support to the family. Much less of it has looked at the quality of the relationship maintained despite the physical separation (Dunn, Cheng, O'Connor, & Bridges, 2004). One explanation for why there is so much variability in the outcomes for children of divorce is that simple measures of paternal contact may not be adequate to assess the impact of nonresident fathers on their children's development. Instead we need to look at the *quality* of the relationship that is maintained over time (Amato & Gilbreth, 1999).

The amount of contact that children have with nonresident fathers varies greatly, with many children losing virtually all contact with their fathers after a few years (Dunn et al., 2004), although there is some evidence that this may be changing in younger cohorts of fathers (Amato & Gilbreth, 1999). Younger fathers may be taking to heart the recommendation just made not to give up on the relationship, even if they are separated by distance from their children.

In a study of young adolescents in which about half of the sample resided with their father and the other half lived apart from their father, the adolescents were asked to describe the perceived quality of their relationship with their father on a number of dimensions (Munsch, Woodward, & Darling, 1995). Among the 177 adolescents who lived apart from their father, half of them indicated that they did not have any contact with their father. When the other half of this group was asked to describe the quality of their relationship with their nonresidential father, there were surprisingly few differences between their perceptions and the perceptions of the children who lived in the same household as their father. The adolescents in both groups were equally likely to say that they had used their father as a source of social support when dealing with a recent stressful event, and both groups saw their father as equally helpful in this situation. The adolescents also reported on the extent to which they felt their father filled certain functional roles in their lives (for example, being a teacher, role model, or companion) and the extent to which their father provided specific types of social support to their children in a time of stress (for example, providing problem-solving help, instrumental support, or esteem enhancement). Finally, they were asked to evaluate some general qualities of the relationship they had with their father (for example, how helpful, accepting, and understanding their father was). In all, 21 com-

parisons were made, and only three significant differences were found between the two groups of children—and in all three of those cases the children who lived apart from their father saw them as being *more* supportive or functional than the children who lived with their father. The authors conclude that it takes effort for a father who does not reside with his children to maintain a relationship with them, and therefore negative talk about “deadbeat dads” or the suggestion that nonresidential fathers are unimportant in the lives of their children only makes it easier for fathers to give up and walk away from their children. Instead nonresidential fathers need to hear the message that they can be—and often are—important people in the lives of their children. How positive these relationships with noncustodial fathers are continues to be supported by research (Dunn et al., 2004; Furstenberg & Cherlin, 1991; Mandel & Sharlin, 2006).



**Noncustodial fathers.** Many fathers remain important people in their children's lives, even if they don't live with them. If noncustodial fathers understood this, they might be more motivated to work at maintaining a relationship with their children following a divorce.

About 19% of single-parent families are headed by fathers, so the mother is not the custodial parent in these families (U.S. Census Bureau, 2008b), but considerably less research has been done on noncustodial mothers. A particular challenge for a noncustodial mother is dealing with the negative assumptions that people often make about why she does not have custody of her children (Greif, 1997). People tend to be more judgmental and harder on noncustodial mothers than they are on noncustodial fathers, but in most cases the mother is emotionally or financially unable to care for her children and often has voluntarily relinquished custody to the children's father.

There are a number of ways in which the relationship with a noncustodial mother differs from that with a noncustodial father. Compared to noncustodial fathers, noncustodial mothers are seen as maintaining greater emotional involvement in the lives of their children, even when they live apart, and as being more sensitive to their child's needs, more effective at providing support and comfort, and more knowledgeable about the child's day-to-day activities (Gunnøe & Hetherington, 2004). There also is some evidence that the relationship with a noncustodial mother plays a bigger role in the child's postdivorce adjustment (Clarke-Stewart & Hayward, 1996; Gunnøe & Hetherington, 2004).

### *Stepfamilies and Blended Families*

As we have seen, divorce is very prevalent in Western society, but 3 out of 4 people who divorce also remarry (Coleman et al., 2007), and when children are involved, **stepfamilies** form. At the end of the 20th century, in 50% of all marriages in the United States, one of the partners was previously divorced, and in 10% of marriages one of the partners had previously been married two or more times before (Coleman et al., 2007). These numbers do not include the large number of families in which a parent lives with a new partner without marriage (Tillman, 2007), nor do they include stepfamilies formed when the mother was never previously married.

One definition of a stepfamily is "a family of two adults in a formal or informal marriage where at least one of the adults has children from a previous relationship. There may be children from the current union. Children may live-in full-time or part-time or may not currently have contact" (Howden, 2007, p. 2). New families that form may be very complex as the following example shows:

A "his," "hers" and "ours" family. The father has one biological son (11), and the mother has two biological children, a boy, 16, and girl, 13, who all live in the same household. They have an "ours" three-year-old daughter. Shared parenting arrangements see children moving in and out for five and four days each week. The whole stepfamily is together on two separate nights each week. One ex-partner has re-partnered and has two young adult stepchildren. (Howden, 2007, para. 15)

It is understandable that these relationships can sometimes be quite confusing to children. For example, one 4-year-old boy lived in a family with his mother and with his father who had been married before and had two daughters, his half-sisters, who visited on a regular basis. One day, when the girls' mother dropped them off at the house, the little boy became very angry that the girls' mother was not taking him with her. Apparently, the boy had reasoned that since his two sisters had *his* mother as a stepmother, then *their* mother must be also *his* stepmother. His sisters visited with his father and mother, so he figured he should go visit with their mother. When told this wouldn't happen he became angry and accused his parents of depriving him of a stepmother! Children may also become confused about whom they refer to as Mom and Dad. The cartoon in Figure 14.2 shows that confusion may arise in other situations as well.

**Stepfamilies** Families in which there are two adults and at least one child from a previous relationship of one of the adults; there also may be biological children of the couple.

Figure 14.2

**Stepfamilies are complicated.** Children may become confused when they deal with all the complexity they find in their family structures.



"When you say you want to speak to my parents, do you mean my mommy and her new husband or my daddy and his new wife or my mommy and my daddy?"

**SOURCE:** www.CartoonStock.com.

In one study, 16- to 18-year-olds from divorced and remarried families were asked who made up their family. For these teens, four patterns were described:

1. Both biological parents
2. Both biological parents and at least one stepparent
3. One biological parent and the new spouse
4. One biological parent

Try **Active Learning: Diagram Your Family** to see how complex your own family is by using a genogram to diagram these relationships.

## ACTIVE LEARNING

### Diagram Your Family

A genogram is a mapping of your biological family; however, many families are much more complex than a simple genogram would indicate. Try the following activity to map your family.

Using circles for females and squares for males, put yourself in the middle of a page. Draw your family relationships around you. Put horizontal solid lines to indicate marriages, and use dashed lines to indicate cohabiting, committed relationships. A horizontal line with a  $\text{---//---}$  indicates a divorce or separation. Put an X over anyone who has died. Put vertical or slanted solid lines to show biological children, and use dashed lines to show adoption, steprelations, or other nonbiological parent-child relationships (adapted from Gerlach, 2010). Does your family look like the traditional nuclear family or more like the multigenerational stepfamily shown in Figure 14.3?



Relationships within stepfamilies are as variable as the stepparents and children themselves. As you might expect, it is more difficult for a stepparent to feel close to a stepchild than for a parent to feel close to a biological child (Pasley & Moorefield, 2004). It is not uncommon for children to show dislike or challenging behavior to a new stepparent in order to avoid loyalty conflicts with their biological parent (Kalter, 1990). Children may continue to harbor the fantasy that their parents will get back together, or they may simply resent the attention that their parent now pays to the new partner. In either case, children may do their best to annoy or irritate the stepparent so much that the stepparent leaves. In fact, 60% of remarried couples experience a second divorce, and the rate is 50% higher for families with children (Hetherington & Stanley-Hagan, 1999). If the stepparent can ride out this period of adjustment, which lasts for 5 to 7 years on average, a better relationship may ultimately develop. On the positive side, a parent's second marriage may be better than the first, providing the child with a new model of what a loving relationship can be (Kalter, 1990).

Research comparing children in stepfamilies to other groups of children has not shown any conclusive differences (Pasley & Moorefield, 2004). Academic performance is somewhat lower than for children in intact families, and remarriage of a parent does not increase academic performance of the children over the level they achieved in a single-parent family (Tillman, 2007). Overall adjustment and well-being of children in stepfamilies is slightly lower on average than that of children in well-functioning biological families, but individual differences are very large, which means that many children in stepfamilies are thriving (Dunn, 2002). As we discussed in regard to the effects of divorce, the most important factors that relate to children's well-being are the number of transitions and stresses a child has been exposed to and the nature of the parent-child relationship (Dunn, 2002). Parents and others need to be open to listening to children's thoughts and feelings about their complicated family lives.

### *Grandparents Raising Grandchildren*

Almost 2.5 million grandparents in the United States are acting as parents to their grandchildren (U.S. Census Bureau, 2006). In addition, about 30% of children under 5 whose mothers work are cared for by grandparents (U.S. Census Bureau, 2008d).

Grandparents become their grandchildren's main caretakers for many reasons: death of the parents, illness, incarceration, drug addiction, or other difficulties that prevent parents from filling their parental role (Barger, 2008). Nationally, 460,000 of these grandparents are living below the poverty line, and 700,000 have some disability (U.S. Census Bureau, 2006). Sometimes the grandparents

are assigned to be the major caretakers by child welfare agencies, but more often these are informal arrangements. In these cases, the agencies that are intended to support families may not know about the arrangements; therefore few services are provided to help the grandparents raise these children (Raphel, 2008). Without formal legal rights, grandparents can be hindered in taking care of their grandchildren's needs. For instance, they cannot give permission for medical care and may have difficulty enrolling the child in school (American Association of Retired Persons, 2004).

Often these families are marginalized, with few services available to them, but there are some programs designed to help them. An organization called Generations United (2009) has a National Center on Grandparents and Other Relatives Raising Children that provides information, support, and advocacy on a national level. At the local level, in Hartford, Connecticut, a program called Generations provides help to



**Grandparents raising their grandchildren.** Grandparents are often involved in the care of their grandchildren, and sometimes are the ones who raise them. What issues arise when a grandparent becomes the child's major caregiver?

Contact with their birth parents also helped adolescents develop their sense of identity. For Jack, the boy at the beginning of this section, knowing where his height and red hair came from might give him more of a sense of who he is. As one adopted girl stated,

My mom's family looks a lot alike, and I don't look anything like them. . . . When I see the pictures of my birthmother or visit, I see the similarities and can say I look more like her. Or my birthmother would write me in a letter something that would sound like me and I'd say, "Well, oh that is where I get this from." That's, I think, the part that interests me the most about it. It's discovering why I am the way that I am. (Berge et al., 2006, pp. 1023–1024)

### Foster Care

There are circumstances in which children must be removed from their homes for their own well-being. They may be in situations of abuse or neglect, or their parent may be unable to care for them because of mental or physical illness, incarceration, substance abuse, or even death (American Academy of Child and Adolescent Psychiatry [AACAP], 2005). When there are no alternative caregivers within the family, these children are likely to enter the **foster care** system and will be placed with a foster family, which receives financial support from the state. Everyone involved, including the child, knows that this is a temporary situation. The child may return home, move to another foster home or institution, or eventually be legally released for adoption.

Everyone agrees that children do best when they have consistent, reliable care. In 1980, Congress passed the Adoption Assistance and Child Welfare Act to promote efforts to provide consistent care, either by returning children to their families when possible or through permanent adoption. The Adoption and Safe Families Act of 1997 followed with financial support for reunification programs provided to children's birth families to enhance the possibility that they might be able to return. It also sets time limits on this support. If the child has been in foster care for 15 of the previous 22 months, the act stipulates that efforts to establish a permanent adoptive family must proceed (Child Welfare League of America, n.d.). At this point, if the parents are still unable to provide care in a positive and consistent manner, parental rights may be terminated. In most cases, an attempt will be made to place the child with relatives, with the hope that they will eventually adopt the child (AACAP, 2005). About one third of all foster children are officially placed with family members, and there are many more who are informally in these living situations (Raphel, 2008).

Children in foster care have undergone the trauma that preceded their removal from their home, as well as the removal itself (Bruskas, 2008). Many suffer serious emotional problems, including posttraumatic stress disorder, anxiety, and depression. The American Academy of Child and Adolescent Psychiatry (2005) lists the following emotional issues that these children may deal with:

- Blaming themselves and feeling guilty about their removal from their birth parents
- Wishing to return to their birth parents, even if they were abused by them
- Feeling unwanted if they need to wait a long time for an adoption
- Feeling helpless about multiple changes in foster parents over time
- Having mixed emotions about attaching to foster parents
- Feeling insecure and uncertain about their future
- Reluctantly acknowledging positive feelings for foster parents

The foster parents with whom the children are placed also have to deal with important challenges:

- Recognizing the limits of their emotional attachment to the child
- Understanding mixed feelings toward the child's birth parents
- Recognizing their difficulties in letting the child return to his or her birth parents
- Dealing with the complex needs (emotional, physical, etc.) of children in their care
- Working with sponsoring social agencies
- Finding needed support services in the community
- Dealing with the child's emotions and behavior following visits with his or her birth parents

**Foster care** The temporary placement of children in a family that is not their own because of unhealthy situations within their birth family.



TRUE/FALSE

6. American families on average eat a meal together as a family only once a week.

**False.** There is room for improvement in this regard, but about half of American families with children eat dinner together at least 3–5 times per week.

Children's education is also affected by their entry into the foster care system. With changes of schools, records can be lost, days are missed, and new situations may be uncomfortable for the children. These disruptions in the educational process are reflected in the fact that only 50% of children who have been in foster care either graduate high school or pass the General Educational Development (GED) test. Less than 2% of these children go on to college (Bruskas, 2008).

The best hope for foster children is to find a stable family with which to live. However, actual adoption is difficult in cases such as these because these children have had many disruptions in their lives or have been the victims of physical, emotional, and/or sexual abuse. The effects of these experiences cannot necessarily be overcome by entering a well-meaning, loving family. Children who have had such experiences are very cautious about getting attached to anyone, are constantly on the lookout for problems, and have difficulty regulating their emotions. As we described in Chapter 10, in extreme cases they may suffer from reactive attachment disorder as a result of their experiences. Families who adopt these children must be adequately prepared for the challenge they are taking on and supported throughout the process in order to raise them (Rampage et al., 2003).

At age 18, many of these children leave the foster care system with few supports or skills. Many eventually return to their families of origin (Courtney, 2009), but a disproportionate number will be homeless and may turn to criminal behavior (Bruskas, 2008). In 2008 Congress passed the Fostering Connections to Success and Increasing Adoptions Act that allows states to provide support for foster children beyond age 18. Acknowledging that families in the United States now help their children move into adulthood with both financial and emotional support, this new act continues the role of government in providing care until these adolescents reach age 21 if they are in school, in employment training, or employed at least 80 hours per month (Courtney, 2009). Research on the effectiveness of the programs that result from this new act will eventually give us an idea of what works to help children move from the foster care system into a successful adulthood.

## How Do Families Function?

### Family Time

The major question in regard to all the types of families that we have described so far is "What is the function of a family in regard to children's well-being?" Families provide children with many things: the basic necessities of life, love, education, supervision, and control. In the

United States, many of these functions come together at family mealtimes. About half of families with children eat dinner together at least 3 to 5 times per week. Although these meals tend to last only about 20 minutes, evidence has shown that families who share meals have children who are less likely to be obese or have other eating disorders, less likely to use drugs and alcohol, and more likely to succeed in school (Fiese & Schwartz, 2008). In one longitudinal study of adolescents, female adolescents who had meals with their families 5 or more times a week were less likely to develop eating disorders or to use extreme weight control behavior such as self-induced vomiting or the use of laxatives 5 years later (Neumark-Sztainer, Eisenberg, Fulkerson, Story, & Larson, 2008).

Food itself acts as a positive reinforcement, but the impact of family dinners is strongest when the atmosphere is one of responsiveness and organization. Dinner is often a good time for everyone to check in at the end of the day, share experiences, and reconnect. The storytelling that may occur (for example, "You'll never guess what happened when . . .") is a likely contributor to children's increased literacy, as they learn more about language from the conversations (Larson, 2008). It may surprise



**Family dinnertime.** Families exchange more than food when they sit down to meals together. This girl may be learning many things, such as how to take part in a conversation and what her parents do during their day.

you to hear that most teens report enjoying meals with their families and eat more healthfully when they share family meals (Neumark-Sztainer, 2008). The positive sharing that may go on contributes to the lower level of risk taking and emotional problems that teens in these families have (Larson, 2008). Many families have a television in their eating area and use it for information like the news or to distract younger children, but it appears that having the TV on has negative consequences because it disrupts the family's interactions. It also promotes obesity because people pay less attention to whether they are full and have eaten enough when they are watching television (Fiese & Schwartz, 2008). **Active Learning: Family Mealtime** will guide you in thinking about your own family's experiences with mealtimes.

## Family Mealtime

Think about your own family when you were a child and a teenager. How often did your family eat together? Did the frequency of eating together change from childhood to adolescence for you and, if it did, how did it change? When you ate together, remember what types of things were discussed and what the atmosphere was. What kinds of things interfered with your family eating together: job responsibilities, sports, or other extracurricular activities? Was the TV on in the room on a regular basis? If so, what impact did this have on family interaction? What kind of food was served—homemade, frozen, or fast food? Now consider your own experience in light of the general findings that connect family dinners with positive outcomes. How does your experience fit or not fit with this research? What does this exercise tell you about your own experience, but also what does it tell you about how the research might be refined so that it could capture other pertinent issues?

## ACTIVE LEARNING

Family mealtime is just one type of ritual that helps connect the members of a family together. Think for a minute about other routines and rituals that were part of your family experiences while you were growing up. With younger children we often have bedtime rituals that might include a bath and some time to read a story, there may be special ways that birthdays are marked that the children look forward to from year to year, and for adolescents we celebrate the milestones in their lives. Rituals and routines are important because they help establish a rhythm in family life and make life organized and predictable (Spagnola & Fiese, 2007). They also help strengthen families by providing a sense of belonging and connection between generations (Nelms, 2005). They often reflect a family's cultural and religious values and provide opportunities for members of the family to emotionally bond with one another through shared memories.

Families add or lose traditions as family structure changes, and this requires adaptation on the part of everyone (Moriarty & Wagner, 2004). For example, if everyone had gathered at a grandparent's home to celebrate Thanksgiving each year, the death of that grandparent would make the family decide whether someone else will assume that role or whether the tradition will be abandoned or transformed in some way. Stepfamilies also need to renegotiate family traditions. In blended families, do they adopt the traditions of one of the families or the other? Do they try to combine elements from both traditions and create a hybrid? Or do they develop new traditions that are unique to the new blended families? This type of adjustment is part of the restabilization process that stepfamilies go through.

In the next section of this chapter we will look at two of the basic relationships that children have within families, those with parents and those with siblings.

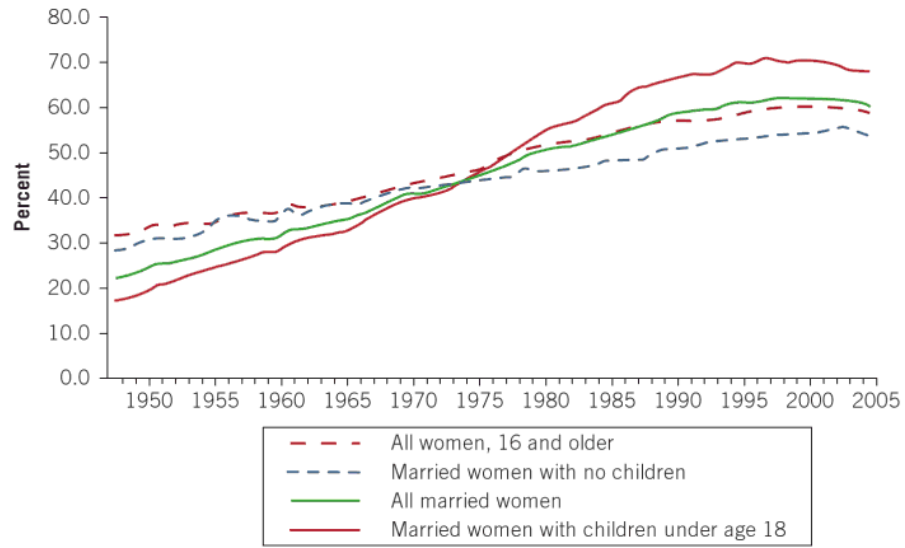
## The Changing Roles of Mothers and Fathers

One of the biggest changes in the American family in recent history has been the movement of mothers into the world of work outside the family home, as illustrated in Figure 14.4. In 1950,

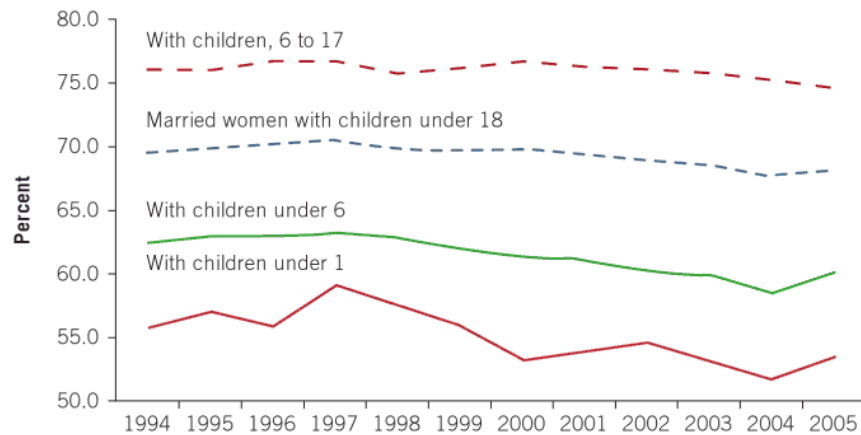
Figure 14.4

**Labor force participation by mothers.** Chart 1 shows how labor force participation has changed from the 1950s into the 2000s. Note that married women with children under the age of 18 have outpaced other groups of women in entering the world of work. Chart 2 shows how the age of a woman's children affects her likelihood of being employed. Women with children who are school-aged or older are more likely than mothers with younger children to work.

Labor force participation rates of women by marital status and presence of children, March 1948–2005



Labor of force participation rates of married mothers by age of youngest child, 1994–2005



16% of children had mothers who worked for pay. By 1991, 59% of children, including a majority of preschoolers, had mothers who worked outside the home (Coontz, 2000), and by 2005, between 55% and 75% of married mothers were working (Cohany & Sok, 2007). Between two thirds and three fourths of married couples with children are now dual earners (Fraenkel, 2003). One issue that arises is how families manage the balance between work and family life. As we all know, work and family each create both stresses and joys. These two aspects of our lives will interact. Few people can simply turn off their work when they enter their homes. If parents experience stress at work, they are less likely to have the same energy for their children, resulting in more conflict and more child behavioral and emotional problems (Fraenkel, 2003).

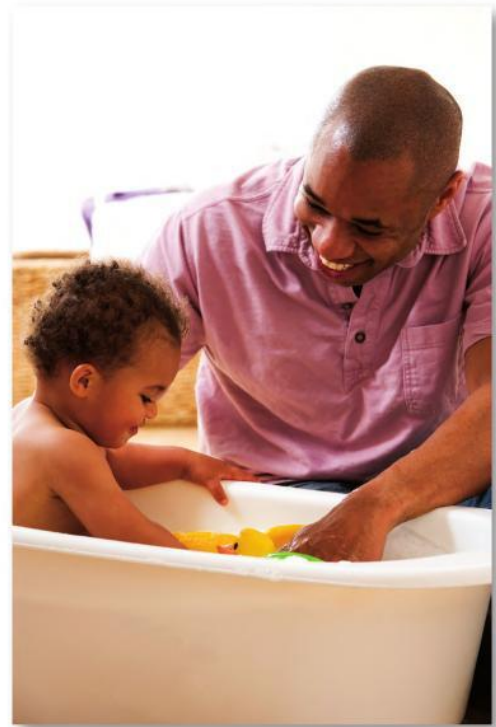
The effects of mothers working outside the home on children's well-being differ according to the age of the child. In one study, children whose mothers worked full-time during their first or second years of life were found to be less compliant with adult expectations in their pre-school years (Belsky & Eggebeen, 1991). However, another study found that mothers working long hours were associated with slightly lower levels of cognitive development and academic achievement, but they did not have a significant effect on compliance, problem behaviors, or self-esteem (Harvey, 1999). In more recent research, no differences in cognitive development were found between those children with working mothers and those whose mothers stayed home except for a small but consistently lower level for children whose mothers had worked full-time during their first year of life (Hill, Waldfogel, Brooks-Gunn, & Han, 2005).

A study conducted by Hoffman and Youngblade (1999) with European American and African American third and fourth graders from diverse socioeconomic backgrounds found no differences between children of employed and stay-at-home mothers on several measures of cognitive achievement. This lack of significant difference held across gender, socioeconomic status, and marital status. With regard to socioemotional development, the girls of employed mothers in their study were less shy and more independent, had a stronger sense of self-efficacy, and were more assertive than girls with stay-at-home mothers. Both boys and girls of employed mothers held less traditional views of gender roles and were more likely to agree that men could do things that are traditionally feminine and that women could do things that are traditionally masculine.

Research on the effect of maternal employment on adolescents has largely focused on the fact that adolescents with employed mothers often spend time at home without adult supervision. Children are more likely to take care of themselves if their mothers are employed, and the older the children, the greater the likelihood of them spending time alone when their parents are at work. The good news for working mothers is that there is accumulating evidence that maternal employment has "only a small and indirect effect on delinquency" (Vander Ven, Cullen, Carrozza, & Wright, 2001, p. 252). Aughinbaugh and Gittleman (2003) also found little association between maternal employment and adolescents' decision to drink alcohol, smoke, use drugs, become sexually active, or commit delinquent acts (see also Armistead, Wierson, & Forehand, 1990). Perhaps not surprisingly, when adolescents are supervised at a distance (for example, by phone), do not associate with delinquent peers, and feel an attachment to school, they are less likely to become involved in delinquency (Vander Ven et al., 2001).

When we look at trends for fathers in the United States, there appear to be some contradictions. On the one hand, married fathers are more involved with their children than in the past (Coltrane, 2004). There also are increasing numbers of men who are the primary caretakers of their children while their wives work outside the home, although these numbers are still small. In 2006, more than a quarter-million children in the United States were cared for by stay-at-home fathers. In addition, even if the fathers also worked outside the home, they were the primary caregivers for almost 3 million preschoolers during the hours that their mothers worked (U.S. Census Bureau, 2008b). However, as we've seen, there are more single-parent families headed by mothers, with little or no involvement of fathers. What impact do fathers have on children's development? Research has shown that fathers with positive parenting skills and greater involvement with their children foster greater cognitive skills, self-control, and empathy and less gender stereotyping in both preschoolers and adolescents (Coltrane, 2004).

Some differences in the parenting by mothers and fathers persist, however. On average, mothers spend more time with their infants and



**The changing role of American fathers.** Young fathers are now playing a larger role in the physical care of their children than was true a generation or two ago.

**Authoritarian parents**

A parenting style that combines high levels of control and low levels of warmth, marked by an expectation of compliance from the child.

**Permissive parents**

A parenting style that provides a great deal of warmth and acceptance but few, if any, rules or restrictions.

**Uninvolved or neglectful parents**

A parenting style that is low both on the dimension of warmth and on the dimension of control; parents may be disinterested in parenting or actively reject their children.

**Parenting styles** Fairly regular and consistent patterns of interacting with children.



TRUE/FALSE

7. Children who are raised by permissive parents are most likely to grow up to be self-reliant, confident, and explorative.

**False.** Contrary to what you might think (or what permissive parents might expect), children raised with a permissive parenting style have been described as less self-reliant, explorative, and self-controlled than children reared by other parenting styles.

their expectations are reasonable and appropriate for the child's age. A hallmark of this style is that authoritative parents are willing to provide rationales for their rules and expectations and are open to listening to their children's point of view (Heath, 2005). Sometimes they are even persuaded by their children to be flexible about the rules because the situation warrants it. Overall these parents treat their children with respect and respond to their child's unique characteristics.

**Authoritarian parents** are high on control and often have a large number of rules that they expect their children to obey. In fact, these parents highly value unquestioning compliance from their children. They feel no obligation to explain the reasons for their rules and are generally unyielding about the rules themselves. These parents are not sensitive to the feelings of their children and are, therefore, considered low on the dimension of acceptance/responsiveness.

**Permissive parents** provide a great deal of warmth and acceptance to their children, but this acceptance is coupled with few, if any, rules or restrictions. Children are free to express their ideas and opinions (often having an equal say with parents in decision making in the family), and parents usually do little monitoring or restricting of the child's activities.

Baumrind did not identify **uninvolved or neglectful parents** in her original research, but these parents provide neither control nor warmth to their children (Maccoby & Martin, 1983). They do not make demands on their children for good behavior and do not set rules or limits for them. They also are not emotionally connected to their children. They may be disengaged or disinterested, or they may actively reject their children. They do not monitor or supervise their children's behavior and do not support or encourage self-regulation (Maccoby & Martin, 1983). Some parents in this category are so consumed with problems in their own lives that they appear to have nothing left to give to their relationship with their children.

These brief descriptions provide a good sense of these different parenting styles, but parents do not always fit neat, clear-cut textbook descriptions. Even the most authoritarian parent might relent and show some flexibility occasionally, and even the most permissive parent might have to draw the line at some point and stop a child's behavior. However, **parenting styles** are fairly regular and consistent patterns that play themselves out in a variety of situations. It would not be surprising if, as you read these descriptions, some parents you know came to mind for at least a couple of them.

A great deal of research has been done on the consequences of each of these different parenting styles. We will describe what the research has shown, but bear in mind that most of this research has been done on White, middle-class children from Western cultures. The characteristics of individualistic cultures that differ from collectivist cultures might influence parenting styles and their outcomes. We will discuss some of these differences after we outline the original research.

Beginning with some of Baumrind's (1971) original research, children who were raised by authoritative parents were described as having a number of positive characteristics. They were found to be "the most self-reliant, explorative, and content" (p. 1). In comparison, children raised by authoritarian parents were described as "discontent, withdrawn, and distrustful" (p. 2), and children raised by permissive parents were described as "the least self-reliant, explorative, and self-controlled" (p. 2). Subsequent research conducted by many other researchers has supported the conclusion that children raised with an authoritative style develop very well on a number of dimensions, and children raised by other styles fare more poorly in comparison.

The achievement orientation that Baumrind (1967) found in preschool children raised by authoritative parents continues to be reflected in older children and adolescents in their academic achievement (Aunola, Stattin, & Nurmi, 2000; Dornbusch, Ritter, Leiderman, & Roberts, 1987; Gray & Steinberg, 1999). These children also are more socially skilled, show greater psychosocial maturity, and exhibit fewer internalizing and externalizing problems. For example, they are more likely to be seen as outgoing, as leaders (Baumrind, 1991a), as more

cooperative with peers, siblings, and adults (Denham, Renwick, & Holt, 1991), and as more empathetic and altruistic (Aunola et al., 2000). They also have been found to have higher self-esteem (Abraham & Christopherson, 1984; McClun & Merrell, 1998), to be more self-reliant (Steinberg, Mounts, Lamborn, & Dornbusch, 1991), and to have a stronger internal locus of control (McClun & Merrell, 1998). Children reared by authoritative parents also have fewer behavior problems and less psychological distress (Gray & Steinberg, 1999; Steinberg et al., 1991) and are less likely to use substances (Adamczyk-Robinette, Fletcher, & Wright, 2002; Baumrind, 1991b; Fletcher & Jefferies, 1999; Gray & Steinberg, 1999).

Children who are reared with an authoritarian style are not encouraged to think for themselves and are not allowed to make their own decisions. Baumrind described their situation as being one in which they feel trapped and angry, but also one in which they are afraid to protest because of the possible negative consequences. This may help explain why authoritarian parenting has been associated with a child becoming a bully (Baldry & Farrington, 2000). Authoritarian parents often rely on physical punishment, so they model aggressive behaviors for their children. A child who has, in effect, been bullied by authoritarian parents may vent the resulting anger and frustration he or she feels on other weaker victims. Authoritarian parenting also predicts convictions for criminal offenses in young adolescents (Farrington & Hawkins, 1991), which can be thought of as another way of striking out at people and property. Children of authoritarian parents have lower self-esteem (Martinez & Garcia, 2008; Rudy & Grusec, 2006), lower psychosocial maturity (Mantzicopoulos & Oh-Hwang, 1998), a lower level of moral reasoning (Boyes & Allen, 1993), and poorer academic grades (Dornbusch et al., 1987). The picture that emerges suggests that across a range of developmental outcomes, authoritarian parenting has negative repercussions for child development.

Permissive parents are the other extreme on the dimension of control, although the low level of control that they exercise is combined with a good deal of warmth and affection. Parents may choose this style with the best of intentions, but the child outcomes are not particularly positive. According to Lamborn, Dornbusch, and Steinberg (1996), large amounts of autonomy during adolescence have been associated with “higher rates of deviant behavior, lower academic competence, and poorer psychosocial functioning” (p. 295) (see also Dornbusch et al., 1987). Nijhof and Engels (2007) describe these children as “self-centered, impulsive and aggressive” (p. 711), as having poor social skills, and as feeling unworthy of the love of another person. On a test of moral reasoning, they fell below the scores of children raised by authoritative parents (although they scored higher than children raised by authoritarian parents) (Boyes & Allen, 1993). Remember that permissive parents do not exercise control over their children’s behavior but also may not offer guidance or direction. It is understandable how this underinvolvement could contribute to a child’s low expectations for interpersonal relationships. Aunola et al. (2000) found that children with underinvolved parents are more prone to depression.

A growing body of research has found that children with uninvolved (sometimes also referred to as *neglectful*) parents do the worst in terms of their outcomes. Both young children and young adolescents who are raised by parents who are less warm and less involved have been found to be more angry and defiant (Miller, Cowan, Cowan, Hetherington, & Clingempeel, 1993). Lamborn, Mounts, Steinberg, and Dornbusch (1991) found that adolescents from uninvolved households scored more poorly than other adolescents on measures of psychosocial development (self-reliance, work orientation, social competence), school achievement (grade point average, school orientation), internalized distress (psychological and somatic symptoms), and problem behavior (drug use, delinquency).

You are likely to have some reaction when you see the photo on the next page. Use **Active Learning: How Parents React** to better understand how parents with different parenting styles would deal with this situation. How would you react?

## ACTIVE LEARNING

### How Parents React



Imagine that a parent comes into the living room to find this scene. Now think about each parenting style that Diana Baumrind has identified. Describe what you think an authoritative parent would say and do. Now do the same for an authoritarian parent, a permissive parent, and an uninvolved parent. Now imagine that you are that 3-year-old and think about what you would learn from the response of each type of parent. In the long run, which type of response is likely to be most effective in making you want to behave differently in the future? Why?

#### Parenting Models

In **Journey of Research: Changing Views of Parenting**, we introduced the idea that there has been an evolution from an initial view that parents cause children's behavior to a more interactional view that parents and children influence each other. So far, the way we have described parenting styles and child outcomes could be seen as an example of the parent-effects model. We were careful in our descriptions to say that certain parental behaviors are "associated with" or "related to" certain child outcomes, and you'll remember that when two things are correlated, we do not know the direction of the effect. We cannot say what has caused what. However, when people read the research on parenting, it is easy to slip into thinking about it in those terms: that what parents do *causes* their children to turn out in certain ways. But as research on parenting styles has continued, we have increasingly recognized the essential role that children's characteristics play in this process.

We can find examples of a child-effects model in the literature, but before we describe them, stop for a minute and think about what characteristics of a child would be so powerful that they could determine a parent's parenting style. Did you think about the child's age and gender? Both of these child characteristics influence how parents treat different children, even within the same family (Furman, 1995). For instance, as infants become toddlers and begin to do more things on their own, their growing independence affects their parents, who react by exerting greater control over their child's behavior (Kuczynski & Kochanska, 1995). Parents also begin to expect more conventional behavior from their children and greater compliance to the parents' requests. When children become adolescents, parents typically respond to their growing maturation with more autonomy granting. The balance of power within the parent-child relationship, which clearly favored the parent during childhood, now shifts in the direction of a more egalitarian relationship (Holmbeck, Paikoff, & Brooks-Gunn, 1995).

The child's gender is another important characteristic that elicits different types of parenting behavior. Parents often exercise more control over their daughters and show more warmth and affection to them, while granting greater autonomy to (or exercising less control over) their sons.

Another situation in which the child can drive the parenting process is one in which the child has some extreme characteristics that parents react to. Parents' style may be affected if their child has a physical, a mental, or an emotional disability. Children who have temperaments that are extremely defiant or oppositional evoke harsher and more controlling behavior from their parents than children who are more obedient or compliant. One example of how



TRUE/FALSE

8. Based upon the research done on parenting styles, it is clear that children are the way they are because their parents make them that way.

**False.** Parenting is a very complex process. Although parents affect their children, they also respond to their children's characteristics. Children also influence how their parents treat them. The parenting process works in both directions, with parents shaping children and children shaping their parents.

children can shape their parents comes from a study of mothers of young children who were oppositional or defiant. These mothers had an **external locus of control** (that is, they had come to believe that they, as parents, had no control over what was happening with their children) (Roberts, Joe, & Rowe-Hallbert, 1992). Under these circumstances, parents might give up on any efforts to change their child's behavior (Crockenberg & Litman, 1991), in which case parenting becomes a child-driven process.

The model of parenting that is used most often today is the transactional model, in which the influence of the child and the influence of the parents are reciprocal and mutual. Parents certainly respond to characteristics of their children (for example, age, gender, temperament) and exert effort to shape their behavior, but children are not passive recipients of these efforts. Their responses to these efforts feed back and influence future parenting behaviors, as parents try to adapt to changing characteristics of their child. In Chapter 11, we provided an example of a negative transactional process in which a child's oppositional behavior resulted in parents escalating their efforts to forcefully control the child's misbehavior, which, in turn, only provoked greater misbehavior on the part of the child. Fortunately this process can (and usually does) work in a positive direction. When a child or an adolescent behaves in a responsible or competent way, parents are likely to respond by granting more autonomy or relinquishing some parental control, which, in turn, gives the child or adolescent the new opportunity to continue developing autonomy as he or she moves toward greater maturity.

### *Congruence of Parenting Styles*

Much of the research on parenting has looked at mothers' parenting styles (Winsler, Madigan, & Aquilino, 2005), but once researchers began to look at fathers' parenting styles as well, the issue of how much agreement there was between mothers and fathers arose. Several consistent differences between mothers and fathers have been found. Mothers are more likely than fathers to use an authoritative style, and fathers are more likely than mothers to use an authoritarian style (Holmbeck et al., 1995; Russell, Hart, Robinson, & Olsen, 2003; Winsler et al., 2005).

Within the same family, the congruence between parents' styles is only modest. In one study, there was fairly high agreement between parents who were permissive, moderate agreement between parents in families where one parent was authoritarian, and no agreement in families where one parent was authoritative (Winsler et al., 2005). What can explain these differences? Being a permissive parent is often an intentional choice by parents who want to create a specific type of child rearing environment, so individuals who share this goal may be more likely to find each other, or one permissive parent may convince the other parent of the wisdom in adopting this style. In other families, one parent may adopt a style that balances the style of the other parent. If one parent is authoritarian, it may be more important that the second parent balance that style by being authoritative or even permissive. However, if one parent is authoritative, it may matter less which style the second parent adopts.

Fortunately children can adapt to the fact that their parents have different styles of interacting with them, and, of course, children sometimes try to use these differences to their own advantage. When children want something from their parents, they often have a pretty good idea of which parent to approach with their request and just how to frame that request to increase the chance that they will get what they want. The one potential problem with this is if the lack of agreement between parents becomes a source of conflict within the family.

## Parenting in Context

Parenting is not something that happens in a vacuum. It happens in a context—whether a cultural, socioeconomic, or familial context—and it reflects the values and beliefs of that context. Although we have said broadly that authoritative parenting is associated with the most

**External locus of control** The belief that events are outside of one's own control.



**Video Link 14.7**  
Parenting style.

9. Good parenting is good parenting, so the same parenting strategies should work equally well for all children.



**TRUE/FALSE**

**False.** What is "good parenting" can differ from one culture to another. Parents reflect the values and beliefs of their culture, so in a culture that values obedience from children, parenting that requires more compliance from children is probably the best.

positive outcomes, we still need to take context into account. Is this the most effective style for children in all situations? There is some research that supports the idea that it is. In one study of over 10,000 American adolescents from a variety of ethnic and socioeconomic backgrounds who were living in a variety of family structures, the authors concluded that “analyses indicate that the positive correlates of authoritative parenting transcend ethnicity, socioeconomic status, and family structure. Virtually regardless of their ethnicity, class, or parents’ marital status, adolescents whose parents are firm, accepting and democratic earn higher grades in school, are more self-reliant, report less anxiety and depression, and are less likely to engage in delinquent behavior” (Steinberg et al., 1991, p. 19; see also Radziszewska, Richardson, Dent, & Flay, 1996). Other research supports the idea that authoritative parenting benefits adolescents in other cultures as well (for example, for Korean adolescents see Mantzicopoulos & Oh-Hwang, 1998, and for Brazilian adolescents see Martinez & Garcia, 2008). But two important exceptions to this conclusion have been found. The first is in the case of ethnic minorities living in disadvantaged neighborhoods, and the second is in the case of some collectivist cultures.

Similar to what we said in Chapter 12 when we discussed parental discipline and the use of control, in dangerous neighborhoods children are much more likely to have a negative outcome when their parents are more disengaged or permissive, but they are *not* negatively affected by relatively punitive parenting (Roche, Ensminger, & Cherlin, 2007). In a high-risk community, greater parental restriction, stronger behavioral control, and stricter punishment may be understood by both parent and child as necessary for survival. However, there is a good deal of variation in terms of how heavily minority parents rely on restriction and punishment. Among middle-class working African American parents, where the environment presents less of a threat, physical punishment was used sparingly, in conjunction with more child-centered strategies like reasoning, and in the context of a warm parent-child relationship (Bluestone & Tamis-LeMonda, 1999).

Compared to Western parents, Asian parents are relatively more controlling, a primary aspect of authoritarian parenting. Although an authoritarian parenting style has been associated with poorer school performance among Euro American children and adolescents, this is not the case for Chinese children. Although Chinese parents are more controlling, their children typically do well in school. Ruth Chao (1994) explains this paradox by describing the Chinese concept of *chiao shun* or the expectation that parents will train their children “to adhere to socially desirable and culturally approved behavior” (p. 1112). When children reach school age, mothers provide the drive for their efforts to succeed in school, but this is done in a context of a warm, supportive, and physically close relationship that was established when the child was much younger. Another important concept in this culture is *guan*, which literally means “to govern” but can also mean “to care for” or even “to love” (p. 1112). From this perspective, even close monitoring and correcting of a child’s behavior by adults is seen by both parent and child as a fulfillment of their responsibilities to the child and in the child’s best interest.

Latino families are not a singular group, but whether they have immigrated from Mexico, Cuba, Puerto Rico, or Central or South America, there are several shared cultural values in Latino families that influence how parents raise their children (Halgunseth, Ispa, & Rudy, 2006). The first is *familismo*, which includes a strong desire to maintain family ties, to be loyal to the family, and to give the needs of the family priority over one’s own needs, together with a belief that one’s family will be available to provide instrumental and emotional support when one needs it. The second is *respeto*, which requires that individuals fulfill the expectations for their social roles and maintain harmonious interpersonal relationships through respect of themselves and others. The third is *educación*, which is a broader concept than academics. It involves “training in responsibility, morality and interpersonal relationships” (Halgunseth et al., 2006, p. 1286).

research went on to describe firstborn children as high achievers who behaved responsibly, middle children as the ones who are more socially skilled and popular, and youngest children as the ones who are more spoiled (Pulakos, 1987). Sulloway (1997) reopened the debate on birth order with his book *Born to Rebel*, in which he contends that firstborns are also seen as more conservative and conforming and later-borns as more unconventional and rebellious. However, the evidence for these differences is mixed, at best. Harris (2000) presents evidence that the kinds of behaviors learned in a family from siblings are not transferred to other situations. In other words, a child may be a leader in the family, but not in situations outside of the family, and large-scale studies have not consistently confirmed overall personality differences based on birth order.

Another way of classifying sibling roles comes from research done with families in which alcoholism is a problem. The dysfunction within the family may force children into more extreme and clearly delineated roles than happens in more functional families (Fischer, Pidcock, Munsch, & Forthun, 2005). The *Children's Roles Inventory* (Potter & Williams, 1991) identifies siblings within a family who fill a variety of roles, including the role of *hero* (the sibling who is the responsible one who takes care of other people and is successful at what he or she does); the *scapegoat* (the problem child who acts out to get attention from the family through bad behavior); the *lost child* (the sibling who is isolated and tries not to cause the family any additional problems or concerns); and the *mascot* (the sibling who seeks attention and approval from others and distracts the family from its problems by being the family clown). The *hero* is often the oldest child in the family, while younger siblings assume the roles of *scapegoat*, *lost child*, or *mascot*. The roles of both hero and mascot are considered positive because people like and approve of the behaviors associated with them, but the other roles are negative ones.

### *Differential Parental Treatment*

Despite evidence that children within a family differentiate themselves from each other, parents are often quick to say that they treat all the children in their family the same. The children themselves, however, often disagree. Although parents may *love* their children the same, the way they actually treat their children can be quite variable. We have already said that parents may adopt different parenting styles with different children within the same family. This really shouldn't be surprising given that children within the same family differ by age and gender, and may also differ by a number of personality and temperament characteristics (Baskett, 1984; McHale & Pawletko, 1992; Plomin, Asbury, & Dunn, 2001). However, siblings who are treated in a less favorable way—or *perceive* that they are treated less favorably—show lower levels of adjustment and more conflicted sibling relationships (McHale, Crouter, McGuire, & Updegraff, 1995; Neiderhiser, Reiss, Hetherington, & Plomin, 1999; Reiss et al., 1995), or can even be at an increased risk of engaging in delinquent activities (Scholte, Engles, de Kemp, Harakeh, & Overbeek, 2007). Of course there is one situation in which differential treatment between siblings is almost inevitable, and that is in the case of stepsiblings (Beer, 1989). Each parent in the family likely has a qualitatively different relationship with his or her biological children and his or her stepchildren; plus, each stepsibling has a different biological parent he or she doesn't live with who comes into the mix. Under these complex circumstances, it is not surprising if rivalries or conflicts develop.

The impact of differential parental treatment of siblings is lessened if a child who receives less attention or is treated more harshly sees the differential treatment as legitimate or justified. For instance, when one of the siblings in a family has a developmental disability or other conditions that necessitate the special treatment by the parents, the healthy sibling usually recognizes and accepts that difference in treatment (McHale & Pawletko, 1992; Schuntermann, 2007).

**Nonshared environment**

The environmental experiences that are different for each child in a family, including the differential impact of family events that occur at different ages for siblings.

*Shared and Nonshared Environments*

The assumption underlying much of the research done on siblings has been that siblings share the same environment and that what is different between them is their degree of genetic similarity (Plomin, Chipuer, & Neiderhiser, 1994). Identical twins share 100% of their genes in common, but fraternal twins and siblings share only 50% of their genes in common. When we compare identical twins to fraternal twins and we find more differences between fraternal twins, we have tended to attribute those differences to their genetic differences. After all, twins grow up in the same family, don't they?

Increasingly we have realized that each child in the family has many different experiences within the same family environment, so we have become interested in understanding the impact of what is called the **nonshared environment**. How important is the effect of these nonshared influences? They are so great that one group of researchers in this area has concluded that "one of the most notable findings in contemporary behavior genetics is that children growing up in the same family are not very similar" (Hetherington, Reiss, & Plomin, 1994, p. vii). In fact, once the effects of genetics are taken into account, siblings are no more similar to each other than almost any two other children chosen at random (Turkheimer & Waldron, 2000). It is almost as though they were reared in completely different environments.

Previously we had assumed that things like the quality of the parents' marital relationship, the neighborhood the children grew up in, and the family's socioeconomic status were important influences on development that equally affected all children in a family, but are these really the same thing for all children in the family? You were born into a family at a certain point in your family's life history, but each of your siblings was born at a different point in that timeline. Let's assume that you are the oldest child in the family (although this works the same if you are a middle child or youngest child in a family). If you were a firstborn child, your family might still have been struggling to establish itself financially at the time of your birth, and money may have been tight during your early childhood. By the time your siblings were born, your family might have been better off financially, so their childhood was spent in more affluent circumstances than yours. Likewise your parents' relationship could have gotten stronger or become more troubled in the interval between the time of your birth and the birth of your siblings. Your family may have moved to a better—or poorer—neighborhood during this interval. Any of these changes mean that the family environment that you experienced in your early childhood would not necessarily be the same environment that your siblings experienced during theirs. As children get older, they have increasing opportunities to select their own experiences outside of the family, and this also contributes to children in the same family growing up in different environments. If you chose to play soccer, join the band, and hang out with the cool kids, did all of your siblings make the same choices? Or did they pick different activities, have different interests, and choose different friends than you did? **Active Learning: Examining Nonshared Environments** allows you to continue thinking about ways in which you and your siblings grew up in separate worlds even though you grew up in the same family.

**ACTIVE  
LEARNING****Examining Nonshared Environments**

For this activity, choose one of your siblings as your focus. You might want to choose the sibling that you feel is most different from you, but you don't need to do this. We apologize to only children for not being able to include them in this activity. We suggest that you do not write any personal identifying information in your textbook if you might sell it at some time in the future.

For each item, write a brief description (just words or phrases) of your experiences and the experiences of your sibling as you see them. Then think about how these differences may have affected the two of you.

Event/Experience	You	Your Focus Sibling
Family interactions—The amount of each given by your parents: <ul style="list-style-type: none"> <li>• Affection</li> <li>• Control/strictness</li> <li>• Responsibility</li> </ul>		
Academic success		
Social relationships <ul style="list-style-type: none"> <li>• Number of close friends</li> <li>• Quality of friendships (supportive, conflictual, etc.)</li> <li>• Peer group you spent time with (jocks, brains, populars, druggies, nerds, etc.)</li> </ul>		
Participation in activities (list which ones) <ul style="list-style-type: none"> <li>• At school</li> <li>• In the community</li> <li>• Lessons</li> <li>• Work (If “yes,” at what age?)</li> </ul>		
Major family life events (residential moves, major changes in finances, serious illness/injury of family members, parental separation or divorce, etc.). For each event, indicate the age at which this occurred for you and your sibling.		

Based on this comparison, what did you conclude about the nature of the shared environment between you and your sibling? In what ways did you have environments that were *not* shared that may have contributed to differences between you and your sibling?

### Only Children

American families have gotten smaller in recent years for a number of reasons. Women may choose to remain childless, couples marry and begin their childbearing at later ages, and the cost of raising children continues to climb. Currently there are over 20 million one-child households in the United States (Nichols, 2008). There are a number of negative ideas about what only children are like, and those biases arise from three different perspectives (Falbo & Polit, 1986). First, if siblings teach each other so much, perhaps the only child has a social disadvantage. Second, only children are unique (for instance, they are both the firstborn and the last-born child in their families), and perhaps this uniqueness places them at a disadvantage. Third, the quality of the parent-child relationship is unique because only children are exposed to all the anxiety of first-time parents but also have the advantage of exclusive access to their parents' time and attention. You can see how these theories connect to some of the negative characteristics associated with only children. If only children have their parents' exclusive attention, won't they be selfish or totally dependent on others when they grow up? If they don't have social interactions with siblings, won't they lack communication skills or social skills? Could this lack of interaction with siblings lower their intellectual achievement?

10. Children who grow up without siblings tend to be more self-centered, maladjusted, lonely, and neurotic than children who have siblings.



TRUE/FALSE

**False.** Contrary to the popular stereotype, children who have no siblings usually have very good outcomes. They have been found to have high achievement, good adjustment, strong character, and positive social relationships.



**Video Link 14.8**  
Children with no siblings.

In general, research has failed to support these negative predictions. Rather it has found that only children show high achievement, good adjustment, strong character, and positive social relationships (Falbo & Polit, 1986). In many comparisons between only children and children with siblings, only children share the positive advantages that firstborn children enjoy or are indistinguishable from children in small families. That also suggests that they are *not* unique. Rather they look like other children who have had the same advantage of having parent-child relationships that support positive development and high achievement.

## Interventions for a Better Family Life



**Video Link 14.9**  
Intervention for families.

As we have learned, children thrive when they grow up in families in which they have positive relationships with their caregivers in an organized living situation with clear expectations and opportunities to learn (Shonkoff & Phillips, 2000). When we studied the ecological theory of Urie Bronfenbrenner in Chapter 2, we saw that children and their families are affected by influences at many different levels, from broad cultural expectations, to government policies, to the neighborhoods in which they live, to their own individual, even internal experiences in life. When a family is struggling, intervention may occur at any of these levels. Also, support can be provided to families at different points in the development of the family; some start before the first baby is born, and some focus on dealing with teenagers. Some programs pick high-risk populations and try to intervene in order to prevent the development of problems, while other programs are responses to problems that already exist. Many types of programs have been instituted to help promote better family life with the ultimate goal of improving children's well-being. We obviously cannot describe all of these programs, but we will give you a few examples to illustrate these alternative approaches.

At the level of government, some of the central policies that influence families include those that are concerned with economic security, provision of child care and education, health care policies, and policies concerning reproductive rights (Hartman, 2003). For example, the Family and Medical Leave Act of 1993 was passed to allow workers up to 12 weeks of unpaid leave, with the guarantee of return to the same or a comparable job, when they give birth, adopt, or take a child into foster care, or to care for a family member with a serious health problem (U.S. Department of Labor, 2010). This act was designed to provide parents with the possibility of staying home with their new babies to begin forming the secure attachment relationships that are so important to later child development, while protecting employment that may be essential for their family's financial security. It was clearly an improvement from the prior situation, in which there was no job protection for women who had children, and yet it provides much less protection than that provided by governments in other countries. In France, parents can take off 16–26 weeks at 100% of their current salary (Stebbins, 2001), and they may take up to 2 years of unpaid leave. In Sweden, either parent can take up to 12 months of paid leave to care for a new baby (Wetzels, 2001).

Intervention for families can also come at the level of the community. One example is the Safe Start demonstration program sponsored by the U.S. Department of Justice. This program was set up in 11 communities to help children 6 and younger and their families who had been exposed to violence. Described as a **wraparound program**, it included services from the justice system, health and mental health care providers, and other human services (Arteaga & Lamb, 2008). In communities that implemented this program successfully, new screening protocols used by police, schools, and others involved with children were able to identify more children who had been exposed to violence. Researchers found that the program resulted in less exposure to violence and fewer psychological symptoms for the children. Parents experienced less stress and showed a better understanding of the effects of violence on their children (Hyde, Lamb, Arteaga, & Chavis, 2008).

Interventions with families at the level of the individual family may consist of family therapy for those with identified difficulties. With family therapy, there is often a child who presents with a problem, but the therapist, who might be a psychiatrist, psychologist, social worker,

### Wraparound program

A comprehensive set of services offered to families to strengthen them or reunite them.

or marriage and family therapy counselor, meets with the whole family or with various combinations, such as father and daughter or parents and one son (Fox, 2006). Family therapy, as with any psychotherapy, begins with evaluation, examining “medical, academic, social, and family history”; the nature of the problem and the nature of the “strengths within the child, family, school and larger community; and potential barriers to treatment” (Eyberg, Nelson, & Boggs, 2008, p. 233). Depending on the initial evaluation, interventions can include teaching parenting skills, helping parents understand their children’s behavior, or helping parents with their own emotional disorders. Therapists may help families reflect on their interactions or may coach the families while they interact. Eyberg et al. (2008) found evidence for the effectiveness of family therapy with young children with oppositional defiant disorder and conduct disorder and Eisler, Simic, Russell, and Dare (2007) reported successful treatment of teens with eating disorders at a 5-year follow-up using family therapy.

Another type of family-based program targets those families whose children are at high risk for developing psychological and behavioral problems and attempts to intervene before those problems emerge. These early intervention programs will target families for a variety of reasons, including poverty, maternal depression, and premature birth (Landry, Smith, Swank, & Guttentag, 2008). For example, Landry et al. (2008) have used the Play and Learning Strategies (PALS I) infant intervention program to improve parents’ responsiveness to their infants and toddlers who were born with very low birth weight, a high risk factor for later developmental problems. This program includes “educational videotapes featuring mothers with similar backgrounds, facilitator coaching of parents’ use of key behaviors during videotaped interactions with their infants, supporting mothers to critique their videotaped practiced behaviors, and planning for how to use the target behaviors across the week” (Landry et al., 2008, p. 1336). This program promotes more warmth and enjoyment between these mothers and their infants, which, in turn, promotes social and language development in their infants.

The authors of the book *From Neurons to Neighborhoods* conclude that intervention with families works best when it consists of “empowering parents as the true experts with respect to their own child’s and family’s needs and . . . building a strong, mutually respectful, working partnership in which parents and professionals relate comfortably in a collaborative effort to achieve family-driven objectives” (Shonkoff & Phillips, 2000, p. 366).

To find and evaluate intervention programs available to families in your community, try **Active Learning: Finding Community Interventions**.



**Family therapy.** Family therapy often helps an adolescent by helping the family understand and change interactions within the whole family unit.

## Finding Community Interventions

Most communities have a number of programs available that can assist families and children, but locating these services when you need them is not always easy. Find an intervention program in your own community that provides therapeutic services to children and families. You might look for information on programs that is posted on public bulletin boards or included in flyers handed out at a physician’s office, or by searching the Internet. If you do a web search, remember to include the name of your community in your search terms so that you find a local program. Particularly in larger communities, there may be a local guide to community resources published by a social services agency.

## ACTIVE LEARNING

# Chapter Outline

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What Is Stress?

*Normative Stress Versus Non-normative Stress*

Coping

*Ways to Help Children Cope With Stress*

ACTIVE LEARNING: Finding Resources to Cope With Stress

## Illnesses and Other Health Threats

Common Illnesses

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ACTIVE LEARNING: Creating a Personal Health History

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## The Impact of Poverty

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Sexual Abuse

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JOURNEY OF RESEARCH: Child Protective Legislation

### Racial Stereotyping, Prejudice, and Discrimination

### Mental Health and Mental Disorders

Mood Disorders

Anxiety Disorders

ACTIVE LEARNING: Intrusive Thoughts

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Schizophrenia

### Resilience

JOURNEY OF RESEARCH: Invincible, Invulnerable, and Resilient

Characteristics of Resilient Children

ACTIVE LEARNING: Resilience

# chapter 15



# Health, Well-Being, and Resilience

# 15

**H**ealth is more than the absence of illness. It is a general state of well-being that includes not only physical well-being but also mental and social well-being. In this chapter we describe some of the common threats to children's health and well-being and review some recommendations that can help parents ensure that their children are healthy. We also look at how children and adolescents learn to cope with the stress that they experience. For most children, their stress is the normal stress that everyone experiences (for example, taking an important test, starting a new school, struggling to master a difficult task), but for others the stress they experience is extraordinary. We look at how growing up in poverty, being a victim of child abuse or neglect, experiencing racism, or suffering from a mental disorder can affect a child's well-being. The chapter concludes, however, with a look at how resilient children and adolescents can be and at some of the factors that help build that resiliency.

1. The best way to define being "healthy" is to say that you don't have any illnesses.



**False.** Being healthy is much more than not being sick. It is a general state of well-being that includes your physical, social, and mental well-being.

## Test Your Knowledge

Test your knowledge of child development by deciding whether each of the following statements is *true* or *false*, and then check your answers as you read the chapter.

1. **True/False:** The best way to define being "healthy" is to say that you don't have any illnesses.
2. **True/False:** When you are trying to deal with a stressful situation, you should try to ignore your emotional response and focus on solving the problem.
3. **True/False:** Because children are still growing, they are more resistant to the effects of environmental toxins than adults are.
4. **True/False:** The incidence of childhood cancer has increased in recent years.
5. **True/False:** If you are one of the 4,400 adolescents who smoked their first cigarette today, there is a 1-in-10 chance that you will eventually die from a smoking-related illness.
6. **True/False:** More White children than minority children live in poverty in the United States.
7. **True/False:** In the United States, one child dies from child abuse or neglect every 4 days.
8. **True/False:** When asked, children who have been sexually abused are likely to deny their abuse.
9. **True/False:** Adults who were abused as children are likely to become abusive parents themselves.
10. **True/False:** Children who are able to rise above great adversity like poverty or child abuse have a number of unique abilities.

**Correct answers:** (1) False, (2) False, (3) False, (4) True, (5) False, (6) True, (7) False, (8) False, (9) False, (10) False

## Stress and Coping

**Stress** Anything that places excessive demands on our ability to cope.

**Fight-or-flight response**  
The physiological response to threat.

### What Is Stress?

**Stress** is a normal—and inevitable—part of life. In the broadest sense, stress is anything that places excessive demands on our ability to cope (Lazarus, 1999). That could include fairly minor things like writing a paper for class, running to catch a bus, or having to speak in front of a group, but it also can include serious things like living in poverty, going through a divorce, or having a chronic health problem. When you experience stress, your body responds to help you deal with it by releasing hormones that affect you physiologically. Think for a moment about what it feels like when you are under stress. Your heart rate speeds up and pumps more blood through your body. Your blood vessels open wider to allow this increased volume of blood to reach your muscles, and your pupils dilate to let more light into your eyes. Your breathing rate also speeds up so that you take in more oxygen. Your liver releases stored glucose to provide energy to your body. And why do you

sweat when you are under stress? Because it helps cool the body (Nemours Foundation, 2007). All of these responses evolved as a part of the **fight-or-flight response** that was meant to protect us from real, physical threats in the environment. When we are dealing with short-term sources of stress, this response works the way it should—it energizes us just when we need it. The trouble occurs when our stress isn't brief or acute but instead becomes long-term or chronic. When stress continues over time and the body tries to maintain this elevated level of readiness, it can begin to take a toll on us physically. You know that stress can be exhausting.

There are some things that we all recognize and agree are stressful, but other things that create stress for us are pretty subjective (Johnson, 1986). Some people find speaking before a crowd to be energizing and even fun, but others are nearly paralyzed with fright at the prospect of having to take the stage. Millions of people drive on to freeways every day without giving it a thought, but others grip the steering wheel tightly and hold their breath as their palms begin to sweat when they see the entrance ramp. The types of things that are experienced as stressful by children and adolescents change as a function of their age (Humphrey, 2004).

Many people look back at their childhood and romanticize it as an idyllic time when they had no cares or worries. The truth is that children and teens have plenty of worries, but they are often quite different from the ones we experience as adults. For young children, being separated from their parents is a stressful experience, and dealing with new things in their environment can also be difficult. When children get older and enter school, situations that test their competence can be stressful, and so can the need to make new friends. For adolescents, social experiences are important, so situations that involve peer rejection can be stressful, and all adolescents need to cope with the changes that their bodies go through as they enter puberty.



**Coping with school stress.** Children may respond differently to similar situations. Which boy in these pictures looks like school is a stressful place for him to be?

### Normative Stress Versus Non-normative Stress

Most of the stress that we experience is **normative stress**. This type of stress is caused by things that happen to everyone (or almost everyone), is often something we can anticipate and prepare for, and does not overwhelm our ability to cope. Starting kindergarten or middle school or college is a normative event, even though it usually creates some amount of stress. Going through puberty, learning to drive, and going out on your first date are other examples. By contrast, **non-normative stress** is the result of a relatively rare occurrence that creates a great deal of stress, often overwhelming the individual, at least for a period of time. You do not anticipate these events and may not have had the chance to see how other people cope with similar events. The death of a parent, a serious illness or hospitalization, and living through a natural disaster are all examples of non-normative stress.

Coping with either type of stress can occur in the short term or over the long term. Recovering from a serious injury could be very intensive, but you also could have a full and complete recovery within a relatively short amount of time so that the stress comes to an end. Coping effectively with short-term stress builds coping skills and develops competence. By contrast, coping with a chronic life-threatening condition creates a great deal of stress, but that stress continues without relief. Situations that are highly stressful and that continue over an extended period are the most damaging to the course of normal development. Living in a war zone, being a victim of child abuse, or experiencing the death of a close family member tests the limits of endurance for all children.

As the number of stressful life events increases in a child's life, so does the likelihood that the child will experience a mental health problem like anxiety or depression, a behavioral problem such as poor school performance or delinquency, lower self-esteem, or problems with physical health (Johnson, 1986). A number of characteristics or circumstances can help moderate the effect of life stress so that the impact on the child is not as negative as it would be otherwise. The topic of resiliency is discussed later in this chapter, but for now we can tell you that characteristics of the child (such as having an easygoing temperament or good problem-solving skills) or characteristics of the child's environment (such as having a secure attachment figure or a strong network available that can provide social support) help in this process.

## Coping

**Coping** is defined as “the cognitive and behavioral efforts made to master, tolerate or reduce external and internal demands” (Folkman & Lazarus, 1980, p. 223), and the strategies that are used to try to do this can be described as problem-focused or emotion-focused. **Problem-focused strategies** are designed to alter the situation to reduce your stress, while **emotion-focused strategies** are designed to reduce or manage the emotional distress that you are feeling. Most stressful situations elicit both types of coping (Carver, Scheier, & Weintraub, 1989). Table 15.1 provides examples of some types of strategies that children and adolescents use to deal with their stress. For instance, you could try to improve a stressful situation by finding information that you can use, learning some new skills, using problem-solving strategies, or mobilizing social support for assistance. Problem-focused strategies like these are more effective when the situation is one that you can realistically change or control. However, sometimes situations are beyond our control, and there aren't effective ways to change the situation in order to reduce stress. In those situations, you can reduce some of the stress by using emotion-focused strategies like sharing your feelings with trusted friends or by changing your perception of the situation. Coping is a process, so you may need to manage your emotional distress before you are able to take action to solve a problem.

#### Normative stress

Stresses that are predictable and that most children go through.

#### Non-normative stress

The experience of unusual and unexpected distressing events.



#### Video Link 15.1

Children's stress.

- When you are trying to deal with a stressful situation, you should try to ignore your emotional response and focus on solving the problem.



TRUE/FALSE

**False.** People generally deal with their emotional response as part of solving the problem that is causing stress. Some stresses cannot be resolved, but you can manage the way you think about them to reduce your distress.

**Coping** Efforts made to master, tolerate, or reduce stress.

**Problem-focused strategies** Coping that focuses on solving a stressful problem.

**Emotion-focused strategies** Coping that is designed to reduce or manage emotional distress.

Table 15.1

**Coping strategies.** This table contains examples of strategies that adolescents might use to cope with their problems.

Problem-Focused Coping Strategies (efforts to change the source of the stress or your relationship to it)	
Strategy	Example
Active coping—taking action to remove the source of the stress or soften its effect	I put more time and effort into overcoming this problem.
Planning—thinking about the best way to handle the situation	I think about what I can do, step by step, to make the situation better.
Seeking instrumental social support—seeking advice, assistance, or information from others	I talk to others who have the same problem to get some advice from them.
Restraint coping—waiting for the right opportunity to take action	I make myself be patient until it is the right time to act.
Emotion-Focused Coping Strategies (attempts to manage or regulate the emotions caused by the situation)	
Strategy	Example
Expressing or venting your feelings—To release your feelings.	When I get upset, I just let it all out because it makes me feel better.
Seeking emotional support—Seeking moral support, sympathy or understanding	I talk to my best friend because she is always there for me when I need her.
Acceptance of the situation	I just learn how to live with those things I can't change.
Positive reframing or reappraisal	I realize that what has happened to me is really all for the best in the long run.

In most situations, people use a combination of strategies as part of their coping efforts, and mix together problem-focused and emotion-focused strategies (Folkman & Lazarus, 1980). And, while we would expect to see some individual differences in how people cope (that is, that some people would be more action-oriented and rely more on problem-focused coping and other people would be more contemplative and rely more on emotion-focused or reappraisal coping), it appears that the characteristics of the situation are also a powerful influence on the choice of coping strategies (Folkman & Lazarus, 1980). Situations that are seen as more controllable are more often met with problem-focused coping strategies, while those seen as uncontrollable are met with emotion-focused coping strategies (Compas, Malcane, & Fondacaro, 1988).

Just as the types of things that are stressful change with the age of the child, so do the ways children try to cope with their stress. Young children are more likely to rely upon problem-focused approaches when they are in distress. They don't have the cognitive ability yet to fully understand the sources of their stress. If they don't want to be separated from their parents, they run after them or wave to them to come back. When they use emotion-focused strategies, those strategies are pretty simple and direct. They might grab a favorite blanket or toy to soothe themselves or say "Mommy come home" to reassure themselves that their mother will come back. Emotion-focused strategies develop more rapidly in later childhood and early adolescence (Compas, Banez, Malcane, & Worsham, 1991). Developing cognitive capabilities enables older children to better understand what is happening to them, and their metacognitive ability helps them identify what is most likely to work for them.

### *Ways to Help Children Cope With Stress*

Parents and people who work with children and adolescents want to help them deal with stress in their lives, and there are a number of things they can do. First they need to simply

to watch for and correctly interpret these symptoms of illness when they occur in young children. All infants should receive frequent well-baby checkups for the first year of their lives because this is a chance for a doctor to monitor the infant's physical growth and weight gain, and an excellent opportunity for parents to ask any health-related questions that they have. The American Academy of Pediatrics (2009b) recommends checkups every 3–6 months between ages 1 and 3, and on a yearly basis thereafter.<sup>1</sup>

As children get older and especially once they enter school, different types of common illnesses occur because children have contact with many other people over the course of a day. According to the Mayo Clinic (2008), the top five reasons why children miss school include the common cold, the stomach flu, ear infections, pink eye (or conjunctivitis), and sore throats. Whenever children are together in groups, whether it is in a classroom or in a day care facility, there are plenty of opportunities for infections to spread, so children need to be taught some ways that they can protect themselves. Thorough hand washing is one of those simple—but important—precautions.

There isn't much that can be done to treat or speed up the progress of colds or the flu, but parents can be sure that their children stay well hydrated, get plenty of rest, and perhaps use a humidifier or saline nose drops to make them more comfortable. However, contrary to what many parents may believe, over-the-counter cough and cold medicines should *not* be given to young children. In 2008, the U.S. Food and Drug Administration issued a Public Health Advisory recommending that "over-the-counter (OTC) cough and cold products should not be used to treat infants and children less than 2 years of age because serious and potentially life-threatening side effects can occur from such use" (USFDA, 2008b, para. 1). It also concluded that there is no evidence that these products benefit infants. In October 2008, the Consumer Healthcare Products Association voluntarily agreed to relabel these over-the-counter products to indicate they shouldn't be used in children younger than age 4. Further, children under the age of 18 should not be given aspirin to treat viral infections because of a possible link between aspirin and Reye's syndrome, a rare but dangerous condition that involves swelling of the liver and the brain (Mayo Clinic, 2009a).

Ear infections occur when fluid builds up behind the eardrum and becomes a breeding ground for viruses or bacteria (Mayo Clinic, 2008). Bacterial infections will respond to antibiotics, but in most cases this is not necessary. Warm compresses may give the child some relief from the pain without overusing antibiotics. Repeated ear infections are a concern because they can affect a child's hearing. Accurate hearing is essential for the development of language in the early years, so repeated ear infections may be a cause for concern. In one study, children who had repeated ear infections that started before age 2, and especially those who continued



**How to help prevent spreading colds and the flu.** These photos show two precautions children are taught to help prevent the spread of illness: coughing or sneezing into the crook of their arm instead of into their hand or the air and frequently washing their hands.

1. General information on elimination problems, diarrhea, vomiting, and nausea was taken from Shelov and Altmann (2009).

to have them through age 6, were more likely than other children to have difficulty discriminating sounds and learning to read (Shapiro, Hurry, Masterson, Wydell, & Doctor, 2009). Shapiro and her colleagues compare the experience of children with chronic ear infections to being in a foreign language class that is too difficult for us; we eventually just give up trying. Doctors may perform surgery in which tubes are placed in the ears to keep the fluids from building up. This surgery can restore hearing and enable children to develop language normally (Kogan, Overpeck, Hoffman, & Casselbrant, 2000).

Sore throats usually run their course in a few days, but if they last longer than a week, if they are accompanied by a fever, or if the child's tonsils are red and swollen, the child may have strep throat. Strep throat is a bacterial infection that can be treated by antibiotics (Mayo Clinic, 2008) and needs to be seen by a medical professional.

Immunizations help protect children from contagious diseases. Vaccines have virtually eliminated diseases like diphtheria, measles, polio, and whooping cough in the United States. These diseases had taken many young lives in the past. No vaccine can be 100% effective, and immunizations have both costs and benefits, but side effects are usually mild and short-lived (although serious reactions do rarely occur) (USFDA, 2008a). For that reason, doctors may advise that children not be vaccinated if they are ill or have certain types of allergies. Infants receive a series of immunizations during their first 2 years, and school districts require that children are current on their immunizations before they enter school. As we discussed in Chapter 6, there is no scientific evidence that connects immunization to an increased risk of autism in children.

Recently a vaccine that helps prevent infections by the human papillomavirus (HPV) has been developed. The recommendation is that a series of three shots be administered to girls between the ages of 11 and 13 before they become sexually active to offer them protection that helps prevent "cervical cancer, abnormal and precancerous cervical lesions, abnormal and precancerous vaginal and vulvar lesions and genital warts" (USFDA, 2008a). The vaccination can also be given between ages 13 and 26 if the girl did not receive it earlier. This vaccine has been thoroughly tested, and the FDA has found it to be both safe and effective. However, there still has been controversy about this recommendation because parents have difficulty accepting the fact that their 11- or 12-year-old daughter might need protection from a sexually transmitted disease. However, national statistics from 2007 found that 33% of ninth graders reported ever having had sexual intercourse (Federal Interagency Forum on Child and Family Statistics, 2009), so early inoculation is important if this is to be a preventative measure.



**Video Link 15.2**  
HPV vaccination.

## Chronic Illnesses

The types of common illnesses we just described are called self-limiting or acute illnesses because they usually run their course in a fairly short amount of time, often without any medical intervention. By contrast, chronic illnesses are ones that are long-lasting, do not resolve themselves, and cannot be cured completely in most cases (National Center for Chronic Disease Prevention and Health Promotion, 2009). Chronic illnesses in children and adolescents include conditions such as asthma (the most common chronic illness), diabetes, sickle cell anemia, cancer, HIV/AIDS, cystic fibrosis, epilepsy, congenital heart problems, cerebral palsy, and seizure disorders. Estimates of the number of children living with chronic conditions will vary depending on the definition used, but by one estimate 15% to 18% of children in the United States live with at least one of these conditions (Perrin, Bloom, & Gortmaker, 2007).

Because a chronic illness negatively affects a child's normal activities, children and their families need help in coping with the ongoing challenges such illnesses present (Kratz, Uding, Trahms, Villareale, & Kierkhefer, 2009). Everyone in the family is affected by a child's chronic illness, including the child's healthy siblings. Parents experience stress because they need to be constantly vigilant of their child's condition and because they may worry about the additional medical expenses incurred by the family. The child obviously suffers from whatever pain,

discomfort, or limitations the condition brings with it, as well as the need to visit the doctor or be hospitalized frequently. When hospitalization is required, being in a strange environment, often separated from their parents, is stressful to children, especially younger children who cannot fully understand all that is happening to them. Medical procedures can be both painful and frightening. Fortunately more hospitals and medical offices now offer families the services of professionals such as pediatric psychologists and child life specialists.

**Pediatric psychologists** provide therapeutic intervention to help with the emotional and behavioral difficulties that children experience in connection with medical disorders. They also work to develop effective ways to help children deal with painful and frightening medical procedures (American Psychological Association, 2010). **Child life specialists** are experts in child development who promote optimal development in children by providing information, support, and guidance to children and family members who are dealing with serious health threats (American Academy of Pediatrics, 2006a). To do this, they use a variety of techniques, including play, preparing children for medical procedures by providing developmentally appropriate information, and creating opportunities for self-expression. They also help families understand the medical procedures that are being used to treat their children.

How a child copes with a chronic illness depends on several factors, including the age of the child, the child's personality, and the nature of the illness itself. Another factor that is important in the coping process is the fact that children with chronic illnesses feel different from other children their same age. Other children may avoid the sick children because they mistakenly fear that the child is contagious. It is difficult for school-age children to establish and maintain friendships if they are frequently absent from school or cannot participate in the same activities that other children do. And, frankly, sometimes peers can just be mean. Medical procedures may disfigure a child or cause changes in a child's appearance (such as the loss of hair or facial puffiness) or can stunt children's normal growth process so that they are smaller or lighter than other children of the same age.

At a time when adolescents would ordinarily be developing autonomy and independence from parents, an adolescent with a chronic illness may still need a great deal of parental monitoring and supervision, and teenage rebelliousness in a chronically ill child could take the form of a rebellion about the medical regime that is essential to his or her health. For instance, a diabetic teenager who doesn't watch her diet and eats what everyone else does or refuses to regularly test her blood glucose level may temporarily feel more normal, but this rebellion can take a serious toll on her health.

Families are systems, so a chronic illness or disability in one family member affects everyone else in the family because system members are interconnected and what affects one of them also reverberates with the others. Family routines and priorities may need to be adjusted to accommodate the needs of the ill child. Parents understandably may feel disappointment or experience a sense of grief at the loss of the life they had imagined for their child. The need for constant vigilance of a child's medical condition can place a tremendous strain on a marriage, and caregiver burnout is a real possibility if parents don't make time to meet some of their own needs. Healthy siblings may resent that they don't get the same amount of time or attention from their parents that their ill sibling does (Boyse, Boujaoude, & Laundry, 2010). A recent, promising intervention has targeted developing coping skills in healthy siblings while also developing problem-solving communication in the parents and a strengthening of family time and routines for the entire family (Giallo & Gavidia-Payne, 2008). The focus is not just



**The work of a child life specialist.** How do you think the child life specialist in this picture is helping this boy cope with his stay in the hospital?

#### **Pediatric psychologists**

Child psychologists who provide therapeutic interventions for children with medical disorders.

#### **Child life specialists**

Experts in child development who promote optimal development in children in medical settings.



#### **Video Link 15.3**

Child life specialists.

on the sick child, but on the whole family and the supports it needs. Some programs that may be helpful to families include support groups specific to the disorder the child has, such as the American Cancer Society, as well as respite care, which allows other family members some time to relax knowing that their child is being cared for by a trained health care professional (Sayger, Bowersox, & Steinberg, 1996).

Many chronic illnesses run in families. How much do you know about your own health history? You are routinely asked for this information when you see a new physician. **Active Learning: Creating a Personal Health History** will help you compile this information.

## ACTIVE LEARNING

### Creating a Personal Health History

You might want to use this activity as an opportunity to track down information from your childhood that you may not have or to ask questions about your family's health history that you have never discussed with your parents before. The Surgeon General of the United States maintains a webpage where you can compile a detailed family health history at <https://familyhistory.hhs.gov/fhh-web/home.action>, but you also can do this more informally by finding answers to these general questions:

- What childhood illnesses did you have (for example, mumps, rubella or German measles, chicken pox, rheumatic fever, or strep throat)? At which age did you have each illness, and how severe was it?
- Are you current with your immunizations (for example, tetanus, polio, rubella, and diphtheria)? Find out the date that you received each immunization (and remember that immunizations need to be updated from time to time).
- What are the names and dates of any surgical procedures you have had?
- What are the dates and reasons for any hospitalizations?
- What allergies (if any) do you have?
- What medications do you take (both by prescription and over the counter), and what is the amount and frequency of using them?
- It also is important that you know about your family's medical history and the major illnesses such as arthritis, diabetes, hypertension (high blood pressure), heart disease, kidney problems, seizure disorders, major depression, alcoholism, or other substance abuse problems that have affected your parents, grandparents, and siblings.



TRUE/FALSE

3. Because children are still growing, they are more resistant to the effects of environmental toxins than adults are.

**False.** Because they are still growing, children are more vulnerable to the effect of toxins. Also, toxins have a greater impact on children than adults because of children's smaller size.



Video Link 15.4  
Toxins.

### Environmental Toxins and Threats

Because children are still growing and because they eat and drink more in proportion to their body size than adults, they are even more vulnerable than adults to environmental toxins (U.S. Environmental Protection Agency, 2009a). A large number of environmental hazards have been identified, including asbestos, dioxin, household chemicals, lead, mercury, molds, pesticides, radon, and secondhand smoke. As an estimate of the impact of the environment on health, in her 2000 presidential address to the Ambulatory Pediatric Association, Dr. Ellen Crain made the claim that "the environment may account for 25% to 40% of the global burden of disease" (p. 871).

As an example of the nature of that exposure, a report from the U.S. Environmental Protection Agency (Egeghy et al., 2007) said that pesticide products were found in 90% of the homes studied. This report also concluded that pesticides that were present in food and in household dust (which is unintentionally ingested by children) were the primary means of exposure to this toxin.

As another example, children may also be exposed to lead in their environment. In recent years the amount of lead that children are exposed to has been greatly reduced by the elimination of lead as an ingredient in household paint and in motor fuel (Federal Interagency Forum on Child and Family Statistics, 2009). However, the risk of exposure to lead is not evenly distributed among the population. Because lead was an additive in paint until the 1980s, many older houses still have surfaces covered in lead-based paint. Lead was outlawed as an additive to motor fuels in 1995 (with some exceptions, such as its continued use in aviation fuel), but prior to that time, millions of metric tons of lead were poured into the environment, and lead continues to be found in the soil near roadways. This places children who live today in older housing and in traffic-congested areas at the greatest risk of exposure to lead in the environment.

The differential exposure to risk from this toxin is illustrated by the fact that in 2003–2006, blood lead levels at or above 5 micrograms per deciliter of blood were found in 12% of Black children versus 2% of White and Mexican American children (Federal Interagency Forum on Child and Family Statistics, 2009). In 1997, the Centers for Disease Control and Prevention (CDC) estimated that 1 in 20 American children suffer from subclinical levels of lead poisoning (Crain, 2000), and even subclinical levels can have a negative effect on several aspects of cognitive functioning (Jusko et al., 2008; Surkan et al., 2007).

We also see the impact of environmental factors on several of the chronic illnesses that affect a significant number of children each year. You probably know that the incidence of children with **asthma** has increased substantially in recent years. The increase in the incidence of asthma and related respiratory problems has paralleled the increase in the use of fossil fuels, and today the incidence is highest among poor children who live in urban environments filled with coal-burning furnaces and diesel-fueled vehicles (Crain, 2000). By current estimates, about 9% of children under the age of 17 have asthma (Federal Interagency Forum on Child and Family Statistics, 2009), an incidence that has doubled since the 1980s (Perrin et al., 2007). As we have already noted, this makes it the most common chronic illness among children in the United States. Asthma places more limits on children's activity than any other disease (Mayo Clinic, 2010). Over 6 million children in the United States have asthma, and asthma was responsible for almost 13 million missed days of school in 2003, and 7 million outpatient visits to physicians or hospitals and almost 200,000 hospitalizations in 2004 (Akinbami, 2010).

Asthma is caused by an inflammation of the bronchial airways that produces chest tightness, coughing and wheezing, and shortness of breath. Although more than half of all cases are caused by allergies, exposure to secondhand smoke in the environment also poses a risk. Even a mother smoking during her pregnancy has been associated with an increased risk of a child developing asthma, possibly as a result of stunted growth of the lungs prenatally (Jaakola & Gissler, 2007). Because the number of adult smokers has decreased in recent years, the percentage of children who are regularly exposed to cigarette smoke within their own homes has decreased by more than half (from 27% in 1994 to 11% in 2003) (U.S. Environmental Protection Agency, 2009b), but exposure to air pollutants such as ozone, particulates, nitrogen dioxide, and sulfur dioxide remains an ongoing risk for children with asthma because these pollutants can trigger an attack.



**Environmental toxins.** Environmental toxins come in many different forms. What toxins would a child who lived near this highway be exposed to? What outcomes might result from this exposure?

**Asthma** The most common chronic illness in childhood, in which a child's airways constrict, making it difficult to breathe.



**Video Link 15.5**  
Asthma.



**Childhood asthma.** This boy has asthma and must use an inhaler when he has difficulty breathing. Asthma is the most common chronic illness among children in the United States.

among children between the ages of 1 and 14 years (Federal Interagency Forum on Child and Family Statistics, 2009). Falls are the leading cause of nonfatal injuries for children under the age of 15 and account for over 50% of the injuries to children under the age of 1 year (see Figure 15.3a). The other top causes of nonfatal injuries in children younger than age 9 include being struck by or against an object (for example, being hit by a baseball or running into a wall), animal bites, and insect stings. Being struck by or against an object and overexertion are the leading causes of injuries for older children between the ages of 10 and 14, and being struck by

Figure 15.3a

Emergency department visit rates for children ages 1–4 and 5–14 by leading causes of injury visits, 2005–2006

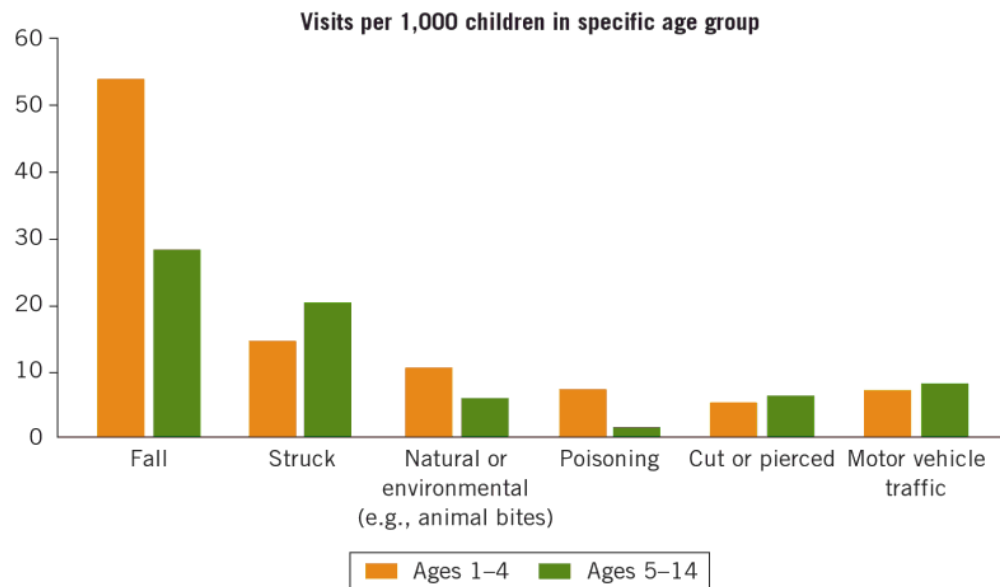
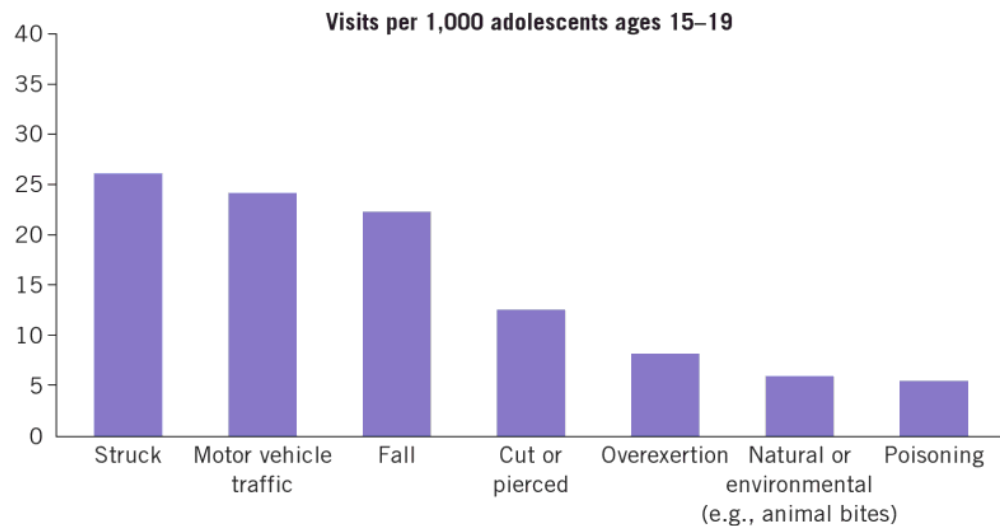


Figure 15.3b

Emergency department visit rates for adolescents ages 15–19 by leading causes of injury visits, 2005–2006



or against an object, falls, and injuries related to being an occupant of a motor vehicle are the leading causes of nonfatal injuries among adolescents between the ages of 15 and 19 (see Figure 15.3b) (Borse et al., 2008). Violence and sports-related injuries are also more frequent at older ages (Federal Interagency Forum on Child and Family Statistics, 2009). At all ages beyond age 1, boys have a higher rate of nonfatal injuries than girls.

## Smoking, Alcohol, and Drugs

As children move into adolescence, they begin to make lifestyle choices that directly affect their health and well-being. Some of the choices that have serious implications for adolescent health are their decisions about the use of substances. According to *America's Children: Key National Indicators of Well-Being*, prepared by the Federal Interagency Forum on Child and Family Statistics (2009),

- 3.1% of eighth graders, 5.9% of tenth graders, and 11.4% of twelfth graders reported smoking daily in the previous 30 days (with more than twice as many White adolescents as Black or Hispanic adolescents reporting smoking on a daily basis);
- 8.1% of eighth graders, 16% of tenth graders, and 24.6% of twelfth graders reported having five or more alcoholic beverages in a row during the last 2 weeks; and
- 7.6% of eighth graders, 15.8% of tenth graders, and 22.3% of twelfth graders reported using illicit drugs in the previous 30 days.

Fortunately, the same report documents a decline in these percentages from previous reports. For instance, the percentage of adolescents who reported smoking on a daily basis is about one-half the percentage reported in 1995. Unfortunately, although the percentage of adolescents reporting heavy drinking has declined slightly since 1995, these percentages still remain fairly high.

For many adolescents, drinking becomes a way to challenge the limitations put on young people. Many adolescents have their first drink between the ages of 13 and 15, and about 15% of eighth graders report having had at least one drink in the past month (Johnston, O'Malley, Bachman, & Schulenberg, 2009). Surveys consistently show that males report higher levels of both heavy drinking and daily drinking than females, and that White students report the highest levels and Blacks the lowest. By the time adolescents become college students, almost half of them engage in binge drinking (55.5% of males and 48% of females) (Wechsler et al., 2002), and the gender gap appears to be decreasing (Johnston, O'Malley, Bachman, & Schulenberg, 2007). For some of these young people, alcohol becomes a lifelong problem.

Heavy alcohol consumption is a risk factor for other health threats, such as motor vehicle accidents, injuries, and fighting. Early onset of this behavior (remember, more than 8% of eighth graders reported having five or more alcoholic beverages in a row in the previous 30 days) is particularly problematic because young adolescents are still immature in their decision-making skills and may not fully appreciate the consequences of their decision to drink. Also, adolescents who start drinking at a young age have a longer period of exposure to alcohol compared to adolescents who wait to start drinking, so there is a greater cumulative toll taken by their alcohol consumption.

The decision to drink alcohol may have the most immediate and serious consequences for adolescents. A single episode of binge drinking or of driving while drunk can be lethal, but the decision to smoke may be the one that has the most serious long-term consequences. In the *Morbidity and Mortality Weekly Report*, the Centers for Disease Control and Prevention (2003) report that about 4,400 adolescents try their first cigarette each day, and estimate that one third of these young people will eventually die from a smoking-related disease. In 2008, 6% of 10th graders and 11% of 12th graders reported smoking cigarettes on a daily basis

5. If you are one of the 4,400 adolescents who smoked their first cigarette today, there is a 1-in-10 chance that you will eventually die from a smoking-related illness.



TRUE/FALSE

**False.** The chance is 1 in 3 that you will eventually die from an illness that is related to your smoking, like emphysema, heart disease, cancer, or stroke.



**Video Link 15.6**  
Anti-smoking campaign.

in the previous 30 days (Federal Interagency Forum on Child and Family Statistics, 2009). Although rates of smoking are similar for males and females, the rate differs substantially by ethnic and racial group, with White students reporting the highest rate of daily smoking (14.3%) and a considerably smaller proportion of Hispanics (6.7%) and Black students (5.8%) reporting the same thing (Federal Interagency Forum on Child and Family Statistics, 2009). Because it is so difficult to stop smoking once the habit has been established, efforts designed to prevent young people from starting to smoke seem the wisest course. Some prevention efforts, such as the “truth®” campaign created by the American Legacy Foundation, have been quite successful. This campaign accounted for 22% of the decline in youth smoking over a 3-year period (Farrelly, Davis, Haviland, Messeri, & Heaton, 2005). However, as we discussed in Chapter 13, any prevention effort must compete with advertising that continues to portray smoking as pleasurable, product placement in movies that pairs cigarettes with attractive young actors and actresses, and the continuing perception by teens that smoking is “cool” and a sign of adulthood.

Illicit drug usage is associated with a wide range of negative health outcomes, with the specific effects depending upon the particular substance used, its frequency, and dosage. Cocaine has been linked to serious health problems that include heart attack and stroke, marijuana use is associated with both physical (for example, lung damage) and cognitive impairment (for example, memory loss), and hallucinogens are associated with problems in learning and retaining information (Federal Interagency Forum on Child and Family Statistics, 2009). Of course the use of any substance that affects physical or cognitive functioning can have collateral damage for your health. If your reaction time is slowed, you put yourself (and others) at risk when you get behind the wheel and drive. If your decision making is impaired, you put yourself (and others) at risk when you engage in behaviors that can impair your health (for example, engaging in unprotected sex, taking foolish dares). The self-reported use of illicit drugs has declined slightly since a peak in the mid-1990s (Federal Interagency Forum on Child and Family Statistics, 2009), so that is an encouraging sign.

## Violence

We discuss child abuse later in this chapter, but children and adolescents also can be victims of violence perpetrated by people outside of the family. It can even occur in the context of a romantic relationship. According to the National Youth Violence Prevention Resource Center (2007), about one quarter of high school students (males and females) and almost one-third of college students report having been a victim of nonsexual dating violence (that is, physical assault and battery or verbal and emotional abuse). Also, nearly one half of the 500,000 sexual assaults reported to police each year are committed by friends or acquaintances. Adolescent girls are 4 times more likely to be the victim of a sexual assault than any other age groups (National Youth Violence Prevention Resource Center, 2007). Beginning to date at a younger age, becoming sexually active at a younger age, and having been a victim of sexual abuse are factors that place a girl at an increased risk of dating violence. The use of alcohol or other drugs is another contributing factor to that risk.

School violence is another threat to the well-being of children and adolescents that has captured headlines in recent years, but schools are safe for most children and adolescents and have become safer in recent years as the overall rates of school violence have fallen (National Youth Violence Prevention Resource Center, 2008). That being said, we can't ignore the fact that some schools do have serious problems with violence in its many different forms. Although school-related deaths remain rare, school violence also includes assaults (with or without weapons), physical fights, threats, bullying, and gang violence. In 2006, there were 767,000 victims of violent crimes at school (Dinkes, Kemp, & Baum, 2009), and the Centers for Disease Control and Prevention (2008e) report that in a nationwide survey of high school students,

7.9% of the students said that during the previous 12 months they had been threatened or injured with a weapon on school property, and 13.6% said they had been involved in a physical fight.

Efforts to reduce school violence have included services that are designed to help individual children who are at risk of perpetrating violence and school-wide interventions designed to change the school climate in a more positive direction, as well as broad-based community interventions designed to reduce violence in the community in which an individual school is located. A number of schools have used peer-mediation programs to facilitate nonviolent solutions to conflicts between students. In these programs, students are trained to use communication skills, problem solving, and conflict resolution skills to help other students negotiate agreements that satisfy both parties in a dispute. A meta-analysis of 43 studies on peer-mediation programs in elementary and secondary schools found a positive impact of such programs on school climate and on the perception of the level of conflict at the schools, and an actual reduction in the number of conflicts in the schools that required disciplinary action (Burrell, Zirbel, & Allen, 2003). In **Active Learning: School Violence From a Student's Perspective** you can compare your own experience of school violence with those of classmates.

## School Violence From a Student's Perspective

Think about your own experience with violence in your elementary, middle, and high school. Talk with several friends and/or classmates who came from different high schools and compare your experiences. This activity will be most effective if the members of each group have had experiences in different types of schools. Violence on average is greater in middle school and high school than in elementary school, and in urban schools than in suburban or rural schools. Males are more likely than females to be both perpetrators and victims. Fewer than half of public schools report a violent crime each year, and only 10% report a serious violent crime (National Youth Violence Prevention Resource Center, 2008), but in your discussion, remember to think about a full range of violent behavior, including threats of violence, assaults, and bullying in addition to other more clearly criminal acts. Also discuss what, if any, efforts were made by your schools to reduce school violence or to improve the school climate.

## ACTIVE LEARNING

## The Impact of Poverty

UNICEF (2005) has described poverty as the single most important indicator of child well-being. In the United States, 18% of children live in poverty, a rate much higher than in any other industrialized nation (Sherrod, 2009; U.S. Census Bureau, 2008c). There is a very large racial divide within these numbers. Although most low-income children are White, the percentages within each racial group are very different (McLoyd, 1998). About 10% of White children, 11% of Asian children, 28% of Hispanic children, and 34% of Black children live in poverty (U.S. Census Bureau, 2008c). Children are much more likely to live in poverty if they are raised in a single-mother household; almost 60% of these children live below the poverty line. Unfortunately, children under the age of 6 are more likely to live in poverty than older children, setting the stage for developmental problems in the years that follow if the family remains in poverty (U.S. Census Bureau, 2008c).

Poverty is related to higher levels of mental retardation and developmental delay, learning disabilities and failure in school, health problems, and behavior problems (Shonkoff & Phillips, 2000). Figure 15.4 illustrates some of the health disparities in children from different

6. More White children than minority children live in poverty in the United States.

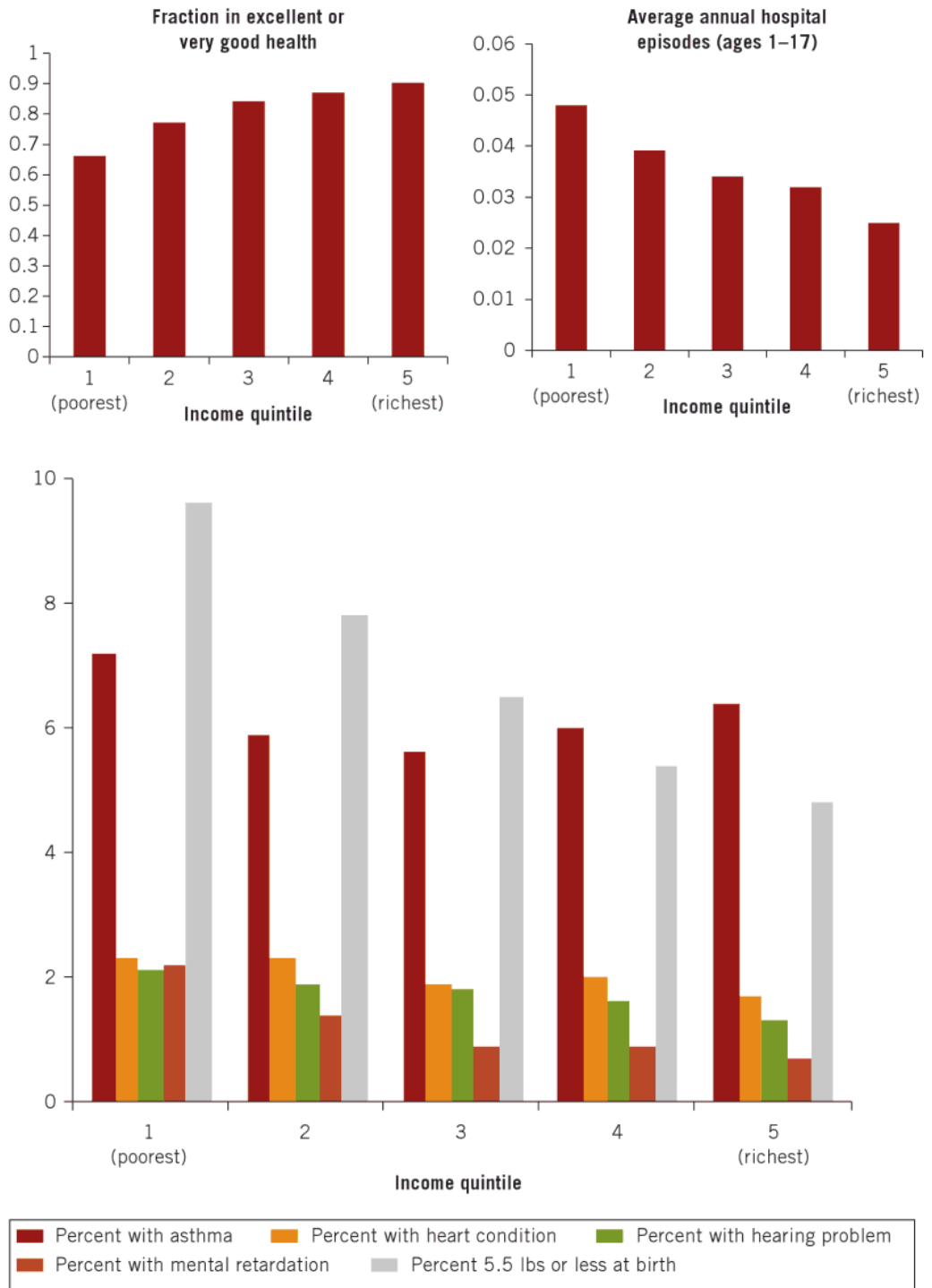


TRUE/FALSE

**True.** This is true because there are more White children than minority children in the United States. However, the percentage of minority children who live in poverty is greater than the percentage of White children in poverty.

Figure 15.4

**Relationship between income and health.** Rising income is linked with increased health as illustrated in this set of graphs.



- *Emotional abuse* refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name-calling, shaming, rejection, withholding love, and threatening.
- *Neglect* is the failure to meet a child's basic needs. These needs include housing, food, clothing, education, and access to medical care (para. 2–5).

When a report of suspected abuse or neglect is received by a child protective agency, the first step is determining whether the report involves an allegation that is covered by child protective legislation. About 63% of all allegations received are forwarded to a local child protective agency for further investigation (USDHHS, 2008a). Investigations usually involve interviews with the child or children involved in the report, their parents or caregivers, and other people who know the family. Following the investigation, a determination is made as to whether the allegations are substantiated (that is, there is evidence that supports the allegations) or are unsubstantiated. In about 24% of the investigations, at least one child is found to be a victim of abuse or neglect (USDHHS, 2008a). Depending on the findings from the investigation, children can be removed from the family if they are considered to be in imminent danger, or services can be provided to the family to prevent further maltreatment. The balance between child protection and family preservation is a central concern of child welfare agencies (Roberts, 2002), so agencies are reluctant to remove children unless they are clearly in danger.

As you will read in **Journey of Research: Child Protective Legislation**, when the public's attention was first drawn to the magnitude of the problem of child abuse and neglect, there was a great deal of outrage over the ways in which children had been let down by the system, so the original legislation was intended to uncover every possible case in which abuse was occurring. To this end, each state maintains a toll-free hotline to receive reports of suspected maltreatment. Any concerned citizen can report his or her suspicions to authorities, who then are responsible for conducting an investigation, so neighbors, relatives, and family friends can all make reports, and most states also accept anonymous reports. Although there was initially some concern that making a false report would become a way for disgruntled neighbors or vindictive ex-spouses to harass a parent, you will be relieved to know that only one tenth of one percent of all reports are typically determined to be intentionally false (USDHHS, 2008a), and people who knowingly file false reports can be prosecuted.

The legislation also classifies a number of professionals who work with children and families as **mandatory reporters** who are required by law to report their suspicions to authorities (USDHHS, 2008a). These mandatory reporters include health care providers, teachers, child care providers, social workers, and police officers. Slightly more than half of all reports come from professionals. Failure by a professional to report a suspicion of maltreatment carries a legal penalty (either a fine or imprisonment), but all states provide immunity from civil liability and criminal penalties for mandatory reporters who contact protective services because their reports are considered to have been made in good faith (Crosson-Tower, 2003). The identity of the source of a report is not disclosed to the family.

A consequence of the original decision to cast a wide net to uncover any abuse that was occurring is that the system has often been close to overwhelmed by the number of reports it receives. It takes a great deal of resources to screen and investigate over 3 million reports annually, and remember that only one quarter of the reports that are investigated will eventually find evidence of maltreatment. We could change the legislation to make reporting abuse



**Physical child abuse.** Child abuse may have immediate consequences such as those seen in the girl above, but it also has many long-term, psychological consequences for many of its victims.

#### **Mandatory reporters**

Individuals who work with children who are required by law to report suspicions of child maltreatment to authorities.



## TRUE/FALSE

7. In the United States, one child dies from child abuse or neglect every 4 days.

**False.** In fact, 4 children die every single day from child abuse or neglect in the United States. That is over 1,500 child deaths each year.

more difficult, but that would mean that more cases of abuse or neglect would go undetected. So far we have not been willing to make this trade-off, so we continue to have a broad-based approach designed to discover as many families in which abuse is occurring as possible.

## Incidence of Maltreatment

The incidence of neglect is much higher than the incidence of abuse. In 2008, more than 70% of the substantiated cases of maltreatment involved neglect (USDHHS, 2008a). Physical abuse accounted for another 15%, sexual abuse accounted for 9.1%, and psychological maltreatment accounted for 7.3%. An additional 2.2% of the cases were medical neglect, and 9% of victims experienced other types of maltreatment (cases can be substantiated on more than one allegation, which is why the total is greater than 100%) (USDHHS, 2008a). In this same year, 1,740 children in the United States died from abuse and neglect (USDHHS, 2008a). That means that over 4 children each day died as the result of abuse or neglect, and 13.1% of the fatalities involved children in families that had already received family preservation services from Child Protective Services in the past 5 years (USDHHS, 2008a). Children under the age of 4 were at the greatest risk of dying at the hands of their own parents and account for 79% of the childhood fatalities (Centers for Disease Control and Prevention, 2008a).

In 2008, over 758,000 children were victims of abuse or neglect (USDHHS, 2008a). However, when we try to estimate the magnitude of the problem, we need to remember that statistics reflect only those cases that are actually reported to protective services in any given year. For this reason they represent only a portion of the actual cases of maltreatment that occur. By some estimates, the actual number of cases is 3 times greater than the number of reports made to protective services (American Psychological Association, 2004b). To estimate the actual incidence, one survey interviewed a nationally representative sample of children or parents of children between the ages of 2 and 17 years of age. Based on that survey, the researchers estimated that 1 in 7 children was a victim of maltreatment in the previous year (Finkelhor, Ormrod, Turner, & Hamby, 2005). Emotional abuse in the form of name-calling or denigrating the child was by far the most frequently identified type of maltreatment in this study.

## Victims and Perpetrators

Figure 15.5 shows that younger children are at a greater risk of being a victim of abuse than older children, and Figure 15.6 shows that African American children are at the highest risk and Asian American children are at a substantially lower risk than children from other ethnic groups. Neglect, however, occurs at similar rates among children and adolescents (Finkelhor et al., 2005). Although the risk does not differ substantially between boys and girls for most types of maltreatment (Finkelhor et al., 2005; USDHHS, 2008a), the risk of being a victim of sexual abuse is 4 times higher for girls than for boys. Because cases of sexual abuse are different in several ways from other types of child maltreatment, we will discuss this topic separately a little later in the chapter.

As you can see from Figure 15.7, mothers alone are the most frequent perpetrators of child maltreatment, followed by mothers and fathers together, and fathers alone. Taken together, this means that over 80% of perpetrators of abuse or neglect are the parents of the child. Other relatives (for example, grandparents, aunts, or uncles) were listed as the perpetrator of the abuse in 4.7% of the indicated cases in 2008, and unmarried partners of a parent were listed in another 2.5% of the cases (USDHHS, 2008a). Also note that nonparental caregivers are listed as the perpetrator for about 10% of the reports. This category of perpetrator could include a child's care provider (for example, a babysitter or child care worker) or some other adult who has authority over the child (for example, a teacher or an adult in a community organization). It is not surprising that mothers top this list because they spend more time with children

Figure 15.5

**Maltreatment by age of victim.** Are you surprised to see that the highest rate of child abuse is among infants and toddlers younger than age 3?

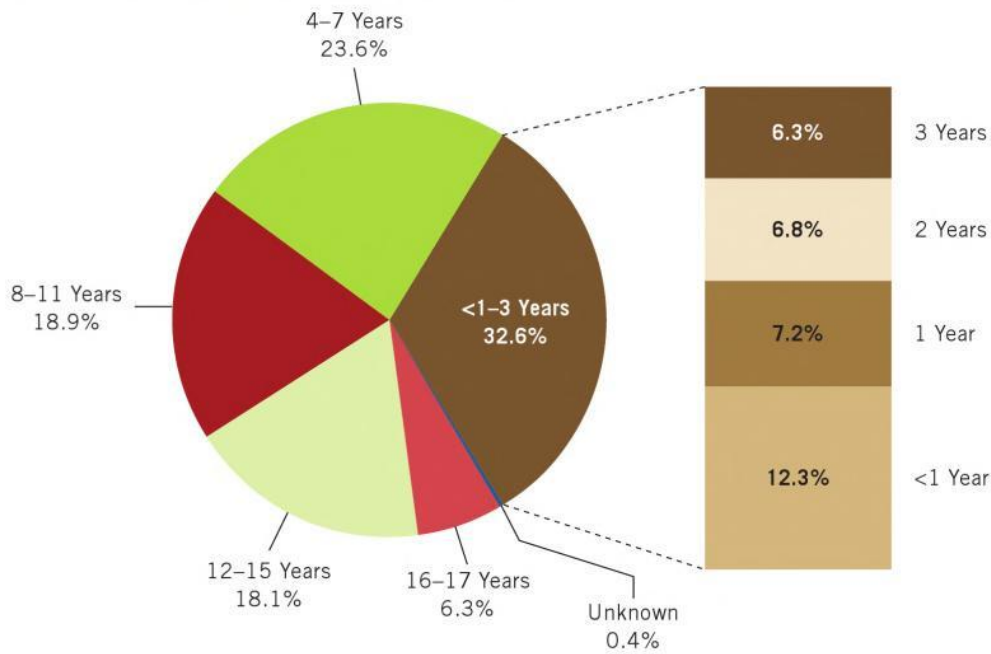


Figure 15.6

**Maltreatment by race/ethnicity of victim.** As you can see, there are large disparities in rates of child abuse among different racial and ethnic groups.

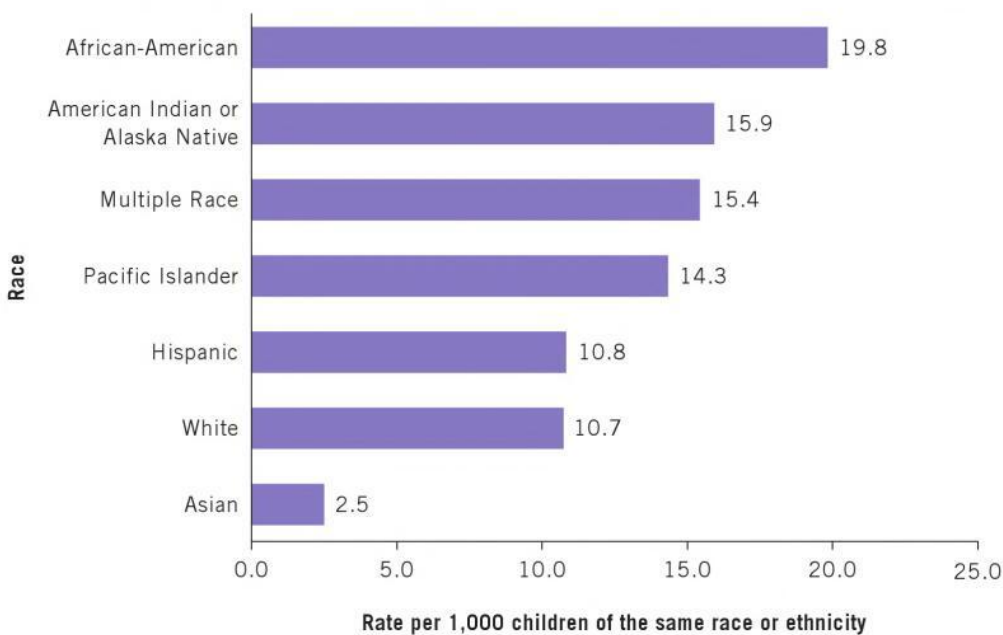
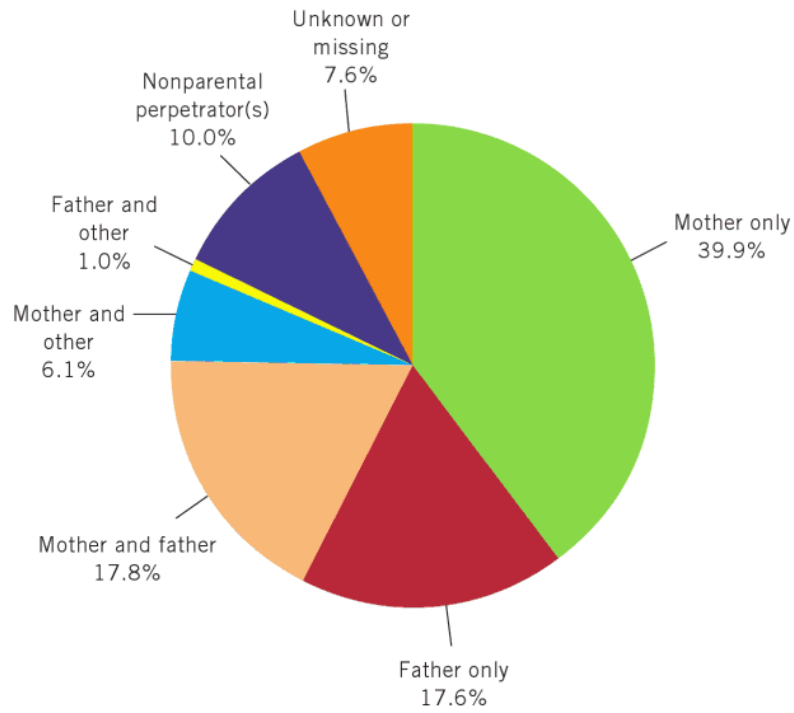


Figure 15.7

**Perpetrators of child maltreatment.** Almost 64% of reported incidents of abuse were perpetrated by a child's mother, alone or with others, while 36% involved the father.



(especially younger children) than any other caregiver, and in addition to directly committing the abuse, mothers can be charged with maltreatment if they fail to protect their children from harm by others.

Child abuse and neglect certainly can occur at any socioeconomic level in society, but low-income families are at greater risk of being reported. It is also likely that maltreatment actually occurs more frequently in poorer families. As we have seen, there are a number of circumstances associated with being poor that contribute to this increased risk. Poorer families, in general, are exposed to more life stressors, and increased stress makes it more likely that parents could lose control and strike out at their children. And, of course, fewer financial resources can result in living conditions that represent neglect. When the economy takes a downturn, reports of both abuse and neglect typically increase (Freisthler, Merritt, & LaScala, 2006; Steinberg, Catalano, & Dooley, 1981). Parents who have substance abuse problems are both more likely to be living in marginal conditions and more likely to be abusing or neglecting the children in their households. Finally, it is much more likely that low-income families will be in contact with agencies such as welfare agencies, probation services, or public health clinics that are mandatory reporters of suspected abuse or neglect.

## Sexual Abuse

Although we know that many cases of child maltreatment are never detected or reported to authorities, the problem of underreporting is even greater for cases of sexual abuse (Flinn, 1995). Sexual abuse that is committed by someone who is not a member of the child's family or responsible for caring for the child is typically handled by the criminal justice system,

rather than Child Protective Services, so these cases do not become part of the national child abuse reporting statistics. However, most children who are sexually abused are victimized by someone they know (Finkelhor et al., 2005), and they often have been threatened with harm to themselves or their family if they disclose what has happened. This lowers the chance of the child telling someone about the abuse. Boys who are sexually abused are even less likely to disclose what has happened to them than girls are (Finkelhor, Hotaling, Lewis, & Smith, 1990; Ullman & Filipas, 2005).

Although both boys and girls might fear that they won't be believed or that they won't receive help in response to their disclosure, males have some additional issues tied to our cultural expectations for males. In a recent article that reports the results of interviews with male survivors of childhood sexual abuse, the authors describe the societal demands for acceptable masculine behavior as "strength, silence, and stoicism" (Sorsoli, Kia-Keating, & Grossman, 2008, p. 342). Males are raised to believe that they shouldn't be weak and shouldn't allow themselves to be victims and, if they have been victimized, that they should keep it to themselves. Such attitudes work against the chance that a boy will disclose to a trusted adult that sexual abuse has happened, but disclosure is the necessary first step in protecting the child from further abuse and to get the child access to therapeutic services. Sexual abuse continues on average for 4 years (Flinn, 1995), so early disclosure is a critical step in stopping the abuse as soon as possible.

Although most children do not voluntarily report their abuse, they are likely to admit it if a caring adult introduces the topic and asks them about it (Bruck & Ceci, 2004; London, Bruck, Wright, & Ceci, 2008). Because so many adults have gone years and years without admitting the abuse that happened to them, we came to believe that it would be difficult to get children to admit the abuse, but it turns out that children are not in denial about the reality of their abuse, nor do they need specific suggestions about what happened to get them to talk about it. Lamb et al. (2003) found that 83% of 4- to 8-year-old children willingly answered open-ended questions about their abuse, and 66% were willing to name the perpetrator when questioned by specially trained police.

An analysis of reports of suspected sexual abuse found that reports involving female victims were more likely to be substantiated than reports involving male victims (Dersch & Munsch, 1999). It is possible that male victims are not as cooperative or forthcoming during the investigation as female victims, but in this research the difference was attributed to the fact that more reports involving female victims came from mandatory reporters. Because mandatory reporters have a better understanding of what is necessary for Child Protective Services to substantiate a report, their reports tend to be substantiated at a higher rate than reports from members of the general public. The recommendation from this research was to better educate mandatory reporters about the incidence and indications of sexual abuse in boys so that they could recognize and make reports of cases involving male victims that require investigation, just as they do in the case of suspected sexual abuse involving female victims.

Children are at greatest risk of being a victim of sexual abuse between the ages of 8 and 12 years, although in over 20% of the cases, the abuse begins before the age of 8 (Flinn, 1995). Some of the other factors that place a child at risk of being sexually abused (especially for older children and adolescents) include having few friends, having parents who are absent or unavailable, drug or alcohol abuse in the family, having a household with transient adults living in it, or having a parent who was physically or sexually abused as a child (Flinn, 1995). Sexual abuse occurs in families from all ethnic and racial backgrounds and at all socioeconomic levels. It occurs in countries around the world, in many different cultures, with rates that average below 10% for boys and between 10% and 20% for girls. However, rates as high as 50% to 60% have been found in studies in the United States and South Africa (Pereda, Guilera, Forns, & Gómez-Benito, 2009).

Of great concern worldwide is the sexual exploitation of young people for prostitution and pornography. Sex trafficking involves the forcible removal of children from their families for the purposes of prostitution. Estimates are that 200,000 girls from Nepal are currently working in

8. When asked, children who have been sexually abused are likely to deny their abuse.



TRUE/FALSE

**False.** Although many adults have never revealed the abuse that occurred when they were children, it is likely that no one ever asked them about it. The evidence shows that most children will reveal abuse when asked about it directly.

(Continued)

the American Society for the Prevention of Cruelty to Animals (ASPCA) for help, arguing that Mary Ellen, as a member of the animal kingdom, deserved at least the same protection that would be offered to a mule that was being mistreated. With the help of the ASPCA, Mary Ellen was removed from her abusive home and placed in foster care (Miller-Perrin & Perrin, 1999). The following year, in 1874, the Society for Prevention of Cruelty to Children was formed with the mission of protecting children from abuse and maltreatment (Miller-Perrin & Perrin, 1999). The case of Mary Ellen is considered the first child abuse case in North America, but it did not lead directly to broadly based efforts to protect children.

That had to wait for almost another 100 years. In the 1960s, Dr. Henry Kempe, a pediatrician in Denver, Colorado, found evidence in the X-rays of some children he treated of broken bones and fractures in different stages of healing, indicating that whatever had caused them had happened repeatedly over a period of time. It was Dr. Kempe and some of his colleagues

who published the groundbreaking article “The Battered Child Syndrome” in 1962 and began a campaign to raise awareness not only among doctors but also among the general public of a situation that had remained hidden behind the closed doors of private homes before this (Leventhal, 2003).

Even with the growing acknowledgement that child abuse existed and might be widespread, it took more than another decade before the United States passed comprehensive legislation intended to protect children from abuse. In 1974, Public Law 93–247 (the Child Abuse Prevention and Treatment Act—CAPTA) was enacted by Congress. This legislation established a mechanism for reporting cases of suspected abuse or neglect to child protection agencies and for tracking the disposition of those cases. The act has been amended several times, most recently in 2003, but it remains the foundation for our efforts to identify and protect children who are being mistreated, and to provide support to families so that children can safely remain in their homes with their parents.

## Racial Stereotyping, Prejudice, and Discrimination

**Racism** A pervasive system of advantage and disadvantage based on race.

### **Stereotypes**

Conclusions made about someone based solely on the group with which he or she is identified.

**Prejudices** Negative attitudes toward individuals based on their race, ethnicity, religion, or other factors.

### **Discrimination**

Negative behavior directed at people on the basis of their race, ethnicity, religion, or other factors.

A group of teenagers presented a skit in which an African American teen enters a store and is harassed by the store owner, who clearly assumes that the teen is going to steal something. When the students watching this skit were asked to write their responses to it, the White students indicated that they thought this was ridiculous and inaccurate, but the African American students in the class wrote that “this happens all the time.” Although there are many who believe that racism is no longer an issue in the United States, those who experience it have a very different perception. In a variety of studies, between 49% and 90% of African American adolescents report having had experiences of racial discrimination involving harassment, poor treatment in public settings, or assumptions of lower ability or more violent behavior (Cooper, McLoyd, Wood, & Hardaway, 2008).

**Racism** has been defined as “a pervasive system of advantage based on race” (Tatum, 1997, p. 92). There are three aspects: **stereotypes**, which are fixed beliefs about a particular racial group; **prejudices**, which are negative attitudes about that group; and **discrimination**, which is negative behavior directed at that group (Cooper et al., 2008). Racism can be overt, meaning it is openly accepted and acted upon, or it can be covert. When it is covert, it is not acknowledged, and the individual who carries the racist attitudes may not even be aware of them but continues to be affected by them. Racism is found in individuals, but it can also be found in the way that institutions are created and operate. For example, in a large study carried out in Baltimore, it was found that African American youth applied more often for jobs but had lower rates of employment, even when they had the same socioeconomic status and academic

achievement as their White peers (Entwisle, Alexander, & Olson, 2000). This may result when employers do not recruit in inner-city high schools, but do so in suburban schools (Cooper et al., 2008). The result of this institutional racism is to provide fewer opportunities for African American youth, which then has an impact on later achievement and economic well-being.

For adolescents, the perception that they are being treated unfairly because of their race is linked with a number of negative outcomes: lower levels of self-esteem and higher levels of depression, anxiety, and conduct disorders. In one study, 10- to 12-year-olds reported on whether they had had experiences such as the following:

- “Someone said something insulting to you because you are African American.”
- “A store owner or sales person working at a business treated you in a disrespectful way because you are African American.”
- “Someone yelled a racial insult at you because you are African American.”
- “You encountered Whites who didn’t expect you to do well because you are African American.” (Brody et al., 2006, p. 1176)

When these children were studied 5 years later, those who reported experiencing more racial discrimination were more likely to have conduct disorders and depression. Discrimination experienced in school can interfere with students’ willingness to engage in academic pursuits, and substance abuse or violence may become a way to avoid or fight against feelings of a lack of control over their lives (Cooper et al., 2008).

There are two issues with racism. One is how those who suffer racism can overcome its effects. The other is how society can prevent racism. We will address these two questions separately.

Some teens who experience discrimination develop an attitude of “no one is going to stand in the way of my success” and take enormous pride in their ability to overcome adversity. Several factors contribute to the ability to take this approach. First, parental warmth and support as well as positive social support from others in their lives plays a role in helping minority teens maintain their self-esteem in the face of negative events. Second, through a process called **racial socialization**, minority parents teach their children about discrimination that they may experience and prepare them with ideas and tactics that can help them deal with these experiences. In addition, they emphasize the pride that their children should have in their ethnic and racial heritage to promote positive racial identification. Both parental support and racial socialization have been found to improve the outcomes for children who have experienced racial discrimination (Brody et al., 2006; Cooper et al., 2008; Sellers, Copeland-Linder, Martin, & Lewis, 2006).

The central issue in regard to racial discrimination is how we can reduce or eliminate it so that minority youth do not have to undergo these experiences that can affect them so negatively. Researchers have focused on children in an attempt to influence racial attitudes before they harden into prejudice and discrimination. It was long assumed that racial discrimination was learned from the attitudes of adults and that children do not naturally develop these attitudes. However, recent research has shown that a variety of factors, including the cognitive limitations of young children, contribute to a natural tendency to differentiate among people on the basis of observable characteristics such as skin color. Children’s ideas about groups of people become increasingly stereotypical and prejudiced up to age 4 or 5, after which time this bias decreases. This corresponds to the idea found in Piaget’s cognitive theory that young children have difficulty sorting objects in more than one way. They might categorize blocks by color, but they are not able to simultaneously categorize them by shape. In the same way, they may categorize people by color, ignoring other factors that make people similar or dissimilar to each other. As children develop the ability to classify objects in multiple ways, they become more able to classify people in multiple ways; that is, they can see that people may belong to a

#### Racial socialization

Efforts by minority parents to teach their children about discrimination, prepare them to deal with these experiences, and teach them to take pride in their heritage.

certain ethnic or racial group and yet have characteristics that are not stereotypically associated with that group. Racial stereotyping declines when the multiple classification ability increases (Bigler & Liben, 1993). Role-taking ability and empathy develop as children move beyond the preschool years, and these abilities also contribute to less stereotyping and prejudice.

Several types of intervention that have been evaluated in schools include multicultural education, cooperative learning experiences, and antibias social cognitive skills training (Pfeifer, Brown, & Juvonen, 2007). In multicultural education, children are introduced to positive ideas about children from racial or ethnic groups other than their own. These programs are often carried out in schools in which there is little diversity in the student body. The results have been disappointing because there is little change found in students' racial attitudes (Pfeifer et al., 2007). A different approach encourages interaction among children of different races and backgrounds through cooperative learning experiences. In these programs, multiracial groups of students must work together on a learning project in school to ensure that everyone in the group masters the material. Groups compete with one another, and rewards are given for group, not individual, performance. These programs have been more successful than multicultural education in promoting cross-race friendships that seem to last beyond the particular group project in which the students are involved. These programs, as well as extracurricular activities such as sports and theater, may correspond to Gordon Allport's (1954) classical writing describing four requirements for positive intergroup contact: equal status of all members, common goals for the group, no competition within the group, and the support of authorities.



**Breaking down discrimination.** Racial discrimination is reduced when multiracial groups work together toward a common goal. That is exactly what happens on a sports team. Have you been involved in activities that helped break down barriers between children from different backgrounds?

A third approach to reducing racism and discrimination teaches children specifically about prejudice and discrimination and their effects. These antibias programs are often combined with education designed to promote role-taking skills and empathy. Many of these programs have been found to be successful in changing children's prejudiced attitudes, especially when the children were in integrated schools where they had the opportunity to interact with children from different backgrounds (Pfeifer et al., 2007).

## Mental Health and Mental Disorders

In any one year, 20% of children and adolescents experience mental health problems (Mash & Hunsley, 2007). In this book we have already discussed several types of psychopathology found in childhood and adolescence as they were relevant to the topics of each chapter. You can use the following list to review those topics:

- Motor coordination disorders such as cerebral palsy: Chapter 6
- Eating disorders: Chapter 6
- Autism: Chapters 6 and 9
- Mental retardation/intellectual disability: Chapter 8
- Attention deficit hyperactivity disorder: Chapter 8
- Learning disabilities: Chapters 8 and 9
- Communication disorders: Chapter 9
- Reactive attachment disorder: Chapter 10
- Depression: Chapter 10
- Anxiety disorders: Chapter 10
- Conduct disorder and oppositional defiant disorder: Chapter 11

In this chapter we will examine several other types of disorders that can occur in adolescence and childhood: the mood disorder known as bipolar disorder, several types of anxiety disorders, the tic disorders including Tourette's disorder, and the psychotic disorder of schizophrenia.

There are some common factors to all of these disorders. Most often the symptoms are not unlike behavior that many people exhibit from time to time. The difference in diagnosing these disorders is that the behaviors, thoughts, and feelings are more extreme and of longer duration than most people experience. Also, they cause significant distress and/or disruption to the lives of the children and adolescents who experience them. For many of these disorders, early onset in childhood has a worse prognosis for later well-being. However, children can be flexible and resilient, and the drive to develop may help them have a better chance for recovery. Treatment for these disorders often includes both psychiatric medicines and psychosocial interventions with the child and the family.

## Mood Disorders

We all have times when we are sad and times when we are elated; our moods reflect our circumstances, thoughts, and experiences. Generally we are able to regulate our moods so that they don't interfere with our daily existence. However, for some people, their ability to regulate their moods decreases, and depression or bipolar disorder may result. We described depression in Chapter 10 when we discussed emotional development, so we will just briefly summarize that information here.

Depression is characterized by sadness and/or irritability, a loss of interest and pleasure in activities that were formerly enjoyed, changes in appetite and sleep, feelings of guilt or worthlessness, difficulty concentrating, and suicidal ideas (American Psychiatric Association [APA], 2000). Bipolar disorder is characterized by both depression and the other extreme of excitation and elation called mania. Rather than simply feeling happy, people who are experiencing a manic episode feel grandiose and like they can do anything, with no limits. They sleep little, talk fast, and jump from one idea to another (APA, 2000). They may do what is pleasurable regardless of the consequences, like charging thousands of dollars to their credit cards when they know they can't pay for these purchases. When someone stands in the way of their often unrealistic plans, they become irritable. These symptoms may reach the level of delusions, meaning that the person has lost contact with reality and believes ideas that could not be true, such as having a close, personal friendship with the pope.

Until the mid-1990s, **bipolar disorder** was not a diagnosis given to children and adolescents, but in recent years there has been an explosion in its prevalence. Although older adolescents are now seen as having symptoms that look much like those of adults, diagnosis in children is still somewhat controversial (Quinn, 2007). In a review of seven studies, children and adolescents were found to have the same symptoms as adults. During manic phases, they sleep little, talk fast and in a pressured way, and do risky things because they believe they are capable of much more than they really are (Kowatch, Youngstrom, Danielyan, & Findling, 2005). During depressive phases, they may sleep either too much or too little, eat too much or too little, withdraw from activities and social contacts, and think about suicide (National Institute of Mental Health, 2009a). However, children are also diagnosed with bipolar disorder when they do not show discrete episodes of depression and mania. Instead, they show general dysregulation of mood, including irritability, extreme temper storms or rages, and hyperactivity as a general characteristic (Smith, 2007). In addition, there is more likely to be a mixing of symptoms of depression and mania at the same time, such as hopelessness combined with racing thoughts, which may contribute to the risk of suicide (Youngstrom, 2007). Much more research is needed to see whether children with these behaviors become adults with the characteristics of adult bipolar disorder, or whether this pattern of behaviors will be linked to

**Bipolar disorder** A psychiatric disorder characterized by both depression and mania.

different outcomes (Smith, 2007). There already is some indication that bipolar disorder is continuous from childhood to adolescence (Chang, 2007).

Bipolar disorder appears to have a strong genetic component, but genetics alone do not account for the development of the disorder. Children who have a parent who is bipolar are 4 times as likely as children whose parents do not have any mental disorder to develop a mood disorder themselves (Lapalme, Hodgins, & LaRoche, 1997), but the experience of child abuse also appears to be related to early development of bipolar disorder. In one study, about 50%

of 100 people diagnosed with bipolar disorder reported having experienced severe abuse when they were children (Garno, Goldberg, Ramirez, & Ritzler, 2005).

Bipolar disorder is chronic, and therefore treatment is focused on improvement rather than cure. Periods of both recovery and relapse are likely to continue (Youngstrom, 2007). Medications used to treat this disorder include mood stabilizers and antipsychotic medication, plus psychoeducational treatment for the child and family. This treatment is designed to help both the child and the family understand the disorder, to promote social skills and self-control in the child, and to promote improved communication within the family (Roberts, Bishop, & Rooney, 2008).



**Separation anxiety.** Young children normally are distressed when they are separated from their caregivers. However, when a child reaches school age and the fear of separation is still overwhelming, it becomes a concern that may require professional help.

**Generalized anxiety disorder** General, ongoing worried feelings that limit a person's ability to function well.

**Panic anxiety** Sudden fear, rapid heartbeat, sweating, difficulty breathing, chest pain, and other physical symptoms that are not linked to a physical cause such as a heart attack.

## Anxiety Disorders

Some children are more prone to anxiety than others, and there are circumstances that promote greater anxiety. However, when individuals experience an abnormal level of fear or worry, they are likely suffering from an anxiety disorder. These disorders include separation anxiety disorder, panic anxiety, phobias, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), and generalized anxiety disorder (APA, 2000). Each type of anxiety disorder is likely to begin at a different age. At age 7, children may suffer from separation anxiety and specific phobias for things like animals and monsters. At age 9 or 10, generalized anxiety and OCD may begin, and at about age 15, panic disorder may begin. Obviously PTSD can occur whenever trauma is experienced.

In Chapter 10, you learned that separation anxiety is seen as normal behavior through age 6, but it is treated as a disorder when it continues at high levels beyond that age. It consists of heightened or extreme fear of being away from parents or other caregivers. Often children refuse to go to school because of their fears of being without those to whom they are emotionally attached.

Phobias are unreasonable fears, such as a fear of going outside, known as agoraphobia. One of the most common fears is of public speaking, and when this fear becomes incapacitating it is known as social phobia. Social phobia may also include fear of other social situations. Other common phobias include spiders, snakes, air travel, elevators, and bridges. See Chapter 10 for a discussion of school phobias.

**Generalized anxiety disorder** is marked by general, ongoing worried feelings. It is less common in younger children, who may worry about their physical well-being, and more common in older children, who worry disproportionately about living up to standards academically, socially, or in other ways (Southam-Gerow & Chorpita, 2007). Children may express their fears through their body, experiencing stomachaches or headaches.

Many people who suffer **panic anxiety** or panic attacks believe that they are having a heart attack, because the symptoms include sudden fear, rapid heartbeat, sweating, difficulty

behavior, and sudden rages before developing the symptoms of the disorder (APA, 2000). Symptoms include those listed above for early-onset schizophrenia, but adolescents may also experience delusions, which are strong beliefs in something that does not fit reality. For example, a paranoid delusion might be that the FBI is plotting against you. The mental disorganization of schizophrenia results in difficulty with social, academic, and occupational functioning (APA, 2000).

Schizophrenia, like bipolar disorder, has a very large genetic component. If one identical twin is schizophrenic, there is a 40% to 60% chance that the other will be as well, while non-identical twins are only 5% to 15% as likely to share this condition with their twin (McDonnell & McClellan, 2007). Prenatal environment may also play a role. Brain development may be disrupted prenatally by factors such as the mother's experience of starvation and influenza, and these factors have been related to a greater possibility of developing schizophrenia in these mothers' children (Brown & Susser, 2008; Limosin, Rouillon, Payan, Cohen, & Strub, 2003).

Also like bipolar disorder, schizophrenia is a chronic disorder, with acute and less acute phases, but with little likelihood of a cure. Treatment must include work with the child's family to promote understanding of the disorder, as well as psychiatric medications for the child to help control the symptoms, and a comprehensive educational program for the child to promote the most positive outcome possible (Volkmar & Tsatsanis, 2002).

Throughout this chapter we have described a number of experiences that challenge the growth and development of children and adolescents, from physical threats to emotional disorders to poverty. At this point you may be thinking that it is amazing that children who experience such great adversity can thrive and grow up to be what Emmy Werner (2005) has described as "competent, confident, and caring adults" (p. 98). Throughout this discussion of threats to children's well-being, we have tried to point out the essential **resilience** or self-righting tendency that children have. It is always our hope that children are spared these types of challenges, but children do have the ability to face challenges, cope with them and learn from the experiences, and then use what they have learned in the future. **Journey of Research: Invincible, Invulnerable, and Resilient** describes how our understanding of children's ability to cope with developmental challenges has changed over the years.

## Resilience

**Resilience** The ability to bounce back from adversity or to thrive despite negative life circumstances.

## Invincible, Invulnerable, and Resilient

**A**n important and interesting shift occurred in the field of child development in the 1970s. Prior to that time, psychologists and psychiatrists had primarily been focused on understanding circumstances that threatened or disrupted the developmental process, using what is known as a deficit model or risk perspective. We wanted to understand the factors (for example, environmental

circumstances or individual characteristics) that placed a child at risk for less-than-optimal development. With that understanding, we hoped to be able to intervene in ways that would prevent problems or correct ones that already existed.

A change in perspective emerged in the 1970s and 1980s when several researchers caught people's attention with stories of children who had overcome



## JOURNEY of RESEARCH

(Continued)

(Continued)

great adversity and went on to become extraordinary individuals in the process. In one of the most widely known studies, Emmy Werner (1992) followed a cohort of almost 700 children on the island of Kauai from birth until they were in their 30s. Almost one third of the children were initially considered to be at high risk because of their life circumstances. These children had difficult births, lived in poverty, had parents who were impaired by alcoholism or mental illness, or experienced parental divorce or discord, and many of them had multiple risk factors. But as Werner and Smith (1985) tracked these high-risk children over time, they found that one third of them had very good outcomes by the time they entered adulthood. With the advent of this type of resiliency research, the focus in the field began to shift from what could go wrong in development to what could go right. What helps a child recover or bounce back from adversity?

Protective factors that have been identified in resiliency research include having an active, outgoing personality that engages other people (both adults and peers); having good communication and problem-solving skills; having a talent or an ability that attracts other people; and having faith in one's own ability to make good things happen (Werner, 2005). These children also are emotionally stable and not easily upset. Often they make good use of whatever resources are available to them, and they form affectional bonds with alternative caregivers when their own parents are unavailable to provide support.

Another important protective factor that has emerged from longitudinal research has been the ability to take advantage of major life transitions as opportunities to redirect one's life (Werner, 2005). Entering into a supportive

marriage, returning to school, and deciding to enter military service are all opportunities for a second chance, and resilient individuals seize those opportunities. Emmy Werner (2005) summarized the process by saying that the resilient children in her study "had relied on sources of support within the family and community that *increased* their competence and efficacy, *decreased* the number of stressful life events they subsequently encountered, and *opened up* new opportunity for them" (author's emphasis, p. 99).

The next shift in perspective came with the advent of the *positive youth development* perspective. This approach was discussed in Chapter 13, when we looked at the impact of participation in positive community-based activities as a way to build strengths in children and adolescents. It seeks to understand circumstances that promote optimal development, rather than just to identify circumstances that place a child at risk or protect a child from harm. We could think of protective factors as those factors that are at work when a child is already at risk for some negative developmental outcome, but the developmental assets framework adopted by the positive youth development perspective presumes that assets work in *any* circumstance for *any* child, whether there is risk or not, to maximize the child's positive potential for growth. From this perspective, the goal is not surviving in the face of adversity or protecting children from risk, but rather finding ways to help all children thrive regardless of their life situation. Sesma, Mannes, and Scales (2005) sum up this approach by saying, "The concept of thriving encompasses not only the relative absence of pathology, but also more explicit indicators of healthy and even optimal development" (p. 288).



10. Children who are able to rise above great adversity like poverty or child abuse have a number of unique abilities.

**False.** The strengths that resilient children draw upon to overcome adversity are the same abilities that are beneficial to any child. Although the abilities themselves are not unique (because they are ones that many successful people share), what is extraordinary is the ability of these children to draw upon those strengths even when they are living in such challenging situations.

## Characteristics of Resilient Children

When research on resiliency first entered the literature (and later entered the mind of the public), the portrayal of resilient children suggested that they were remarkable—even heroic—in some way. Words like *invulnerable* and *invincible* were used to describe them, as though nothing could harm them (Masten, 2001). But as research on these children has matured, the picture that emerges is quite different from that of a superhero overcoming impossible odds. Anne Masten (2001), a researcher who has worked for many years with colleagues studying resiliency, has concluded that resiliency is the product of what she calls "ordinary magic" (p. 227). She says, "The greatest surprise of resilience research is the ordinariness of the phenomena. Resilience appears to be a common phenomenon that results in most cases from the operation of basic human adaptational systems" (Masten, 2001, p. 227). Those systems include "connection to competent and caring adults in the family and community, cognitive and self-regulation skills, positive views of self, and motivation to be effective in the environment" (Masten, 2001, p. 234).

We have discussed each of these characteristics at some point in this book. Recall what you have learned about the role of attachment, effective parenting, self-esteem, self-regulation, intrinsic motivation, and a drive to master the environment on the course of development. These are aspects of development that we get right most of the time, and aspects that try to reassert themselves when things go wrong. Thinking about the “power of the ordinary” leads us to the conclusion that “resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities” (Masten, 2001, p. 235), but these adaptational systems need to be nurtured so they are available to children when they are needed. **Active Learning: Resilience** gives you a chance to think about where and when you have seen this “ordinary magic” happen in your own experiences.

## Resilience

Children and adolescents may experience many types of traumatic events or life circumstances, such as poverty, a natural disaster, child abuse, or a difficult parental divorce. Think about someone you know who appears to be doing well despite difficult life experiences that could have put that person at risk for emotional disturbance, criminal behavior, or other negative outcomes. If there have been potentially traumatic events or circumstances in your life, you can reflect upon your own experiences.

Then think about what factors in that person’s life may have contributed to his or her apparent resilience. For example, one young teenager was part of a tough, inner-city gang and was headed for trouble. Instead he ended up going to college. He attributes his change in direction and resilience to the guidance of his stepfather, who got him into football, where he found a different way to succeed, a positive group of peers, and a reason to do well in school. His resilience came from the interest of a caring adult, plus his own talents. The factors you see for the individual you describe may come from the outside, such as loving support from one individual; they may come from the child, such as a lively intelligence or social skills; or, most likely, they may come from a combination of the two.

## ACTIVE LEARNING

One of the greatest challenges to our understanding of the concept of resiliency is the great variability that we see in child outcomes. For example, many Romanian orphans who are adopted by well-functioning families show an incredible amount of recovery when their life circumstances change (Masten, 2001), but some continue to show serious pathologies despite their improved living conditions. Most children who experience abuse while growing up do not perpetuate that pattern with their own children (Kaufman & Zigler, 1993; Leifer & Smith, 1990), but some do. Children of mothers who are clinically depressed have a high incidence of psychiatric disorders themselves, but a sizeable proportion are able to function adequately in their own lives (Goldstein & Brooks, 2005). Although children growing up in poverty are likely to have psychological and academic difficulties that could limit their achievements, the list of children who have been able to overcome their early experiences of poverty includes people who have been successful in all fields of endeavor, and includes several presidents of the United States.

What resiliency research shows us is that recovery is possible, even if it is not inevitable. However, the range of circumstances that can challenge or threaten healthy development is vast, and the mechanisms that can protect children are numerous. As of now, we have not identified all the critical factors, and the course of development is so complex that it is unlikely that we will ever be able to devise a formula for resiliency that can correct every possible negative trajectory. What is important, however, is that work continues within the field to identify and understand the complex interactions between the individual and his or her environment that help children reach their full and unique potential whatever their life circumstances happen to be.

## Conclusion

As children grow, they face a multitude of risk factors, but also encounter many factors that help protect them from risk. In this chapter we have discussed some of the experiences that may challenge children, including physical and mental illness, poverty, racial discrimination, and child abuse. Any child who experiences these problems will be affected by them, and usually the greater the number of risk factors children experience, the less likely it is that they will emerge with the physical, cognitive, social, and emotional skills they need for a successful life. However, some children are able to cope well and show remarkable resilience. As a society and as individuals, we owe it to all our children to do whatever we can to improve their chances.

As you finish this course in child development, you are now armed with some tools that will help you make a difference, whether you work with an individual child, have your own children, teach in a classroom, develop programs for families or neighborhoods, advocate for children in the courts or the government, or carry out research to continue to add to our body of knowledge about children and their development. We hope that what you have learned will become the basis for your work (and play) with children in the future and that we have given you a solid foundation of knowledge that you can build upon in the future.

## CHAPTER SUMMARY

### 1. What is stress, and how do we cope with it?

**Stress** is anything that places excessive demands on our ability to cope. Children may experience **normative stress** that most children go through, or they may experience **non-normative stress** when they experience unusual distressing events. The more stress children experience, the more likely they are to develop mental health disorders or other behavioral and emotional problems. Children can use **problem-focused strategies** or **emotion-focused strategies** to cope with the stress.

### 2. What types of health threats can children and their families face?

Children may experience common, short-term illnesses or long-term, chronic illnesses. Environmental toxins may contribute to the development of some illnesses. Rates of injury and death from accidents in childhood have been rising. In adolescence, smoking, alcohol, and drugs have negative effects on health. Violence is another threat that can result in disabling conditions, both physically and emotionally.

### 3. What impact does poverty have on children's development?

Poverty is related to higher levels of mental retardation and developmental delay, learning disabilities and failure in school, health problems, and behavior problems. The longer and the earlier that a child lives in poverty, the worse the outcomes tend to be. However, when income increases for low-income families, child outcomes often improve.

### 4. What are child abuse and neglect, and what effects do they have?

Child abuse includes physical, sexual, and emotional abuse, while child neglect includes the failure to provide for the physical, emotional, and educational needs of children. **Mandatory reporters** are required to report suspected abuse and neglect to child welfare agencies. Children whose abuse is reported may receive services to help their family, or they may be removed from the family. Parents and other relatives are responsible for almost all abuse of children. Although child abuse is more common in low-income families, child sexual abuse is equally common among all income levels. Sexual exploitation of children, including sex trafficking, is a major concern around the world. Sexual abuse is more clearly linked to negative outcomes, such as depression, anxiety disorders, antisocial behavior, substance abuse, and attempted suicides, than are physical abuse and neglect. Mental health professionals work to prevent child maltreatment and treat the outcomes of it.

### 5. What effects does racism have on children?

**Racism** includes **stereotypes**, **prejudices**, and **discrimination** against people of a certain race. For African Americans, the experience of racism is linked with lower self-esteem, more depression, and more anxiety and conduct disorders. Schools have instituted multicultural education, cooperative learning experiences, and antibias social cognitive skills training to reduce racism and other forms of discrimination.

6. What types of mental health disorders can children experience?

Mood disorders include depression and **bipolar disorder**. Anxiety disorders include separation anxiety disorder, **panic anxiety**, phobias, **obsessive-compulsive disorder (OCD)**, **posttraumatic stress disorder (PTSD)**, and **generalized anxiety disorder**. **Schizophrenia** is a psychotic disorder that is very rare in children, but more likely to be diagnosed in late adolescence.

7. What makes some children resilient in the face of adversity?

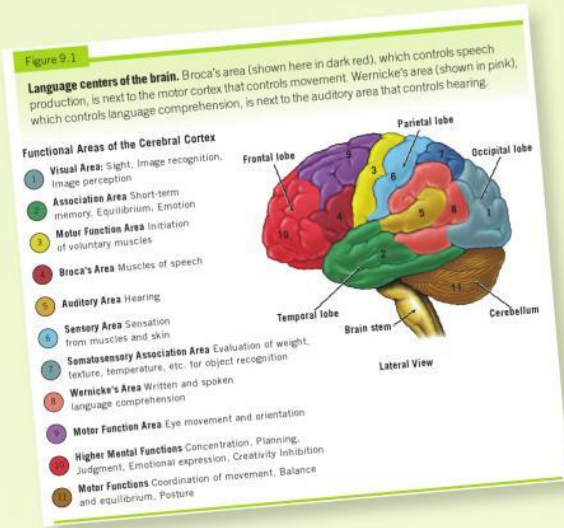
Resilient children, who thrive despite adversity, often have an engaging, emotionally stable personality, good communication and problem-solving skills, and a talent or an ability that attracts other people, and they have faith in their ability to make good things happen. These children are able to take advantage of major life transitions as opportunities to change the direction of their life.



Go to [www.sagepub.com/levine](http://www.sagepub.com/levine) for additional exercises and video resources. Select **Chapter 15, Health, Well-Being, and Resilience**, for chapter-specific activities.

Students gain a solid basis in both foundational and current child development topics to help them succeed in their course—and beyond.

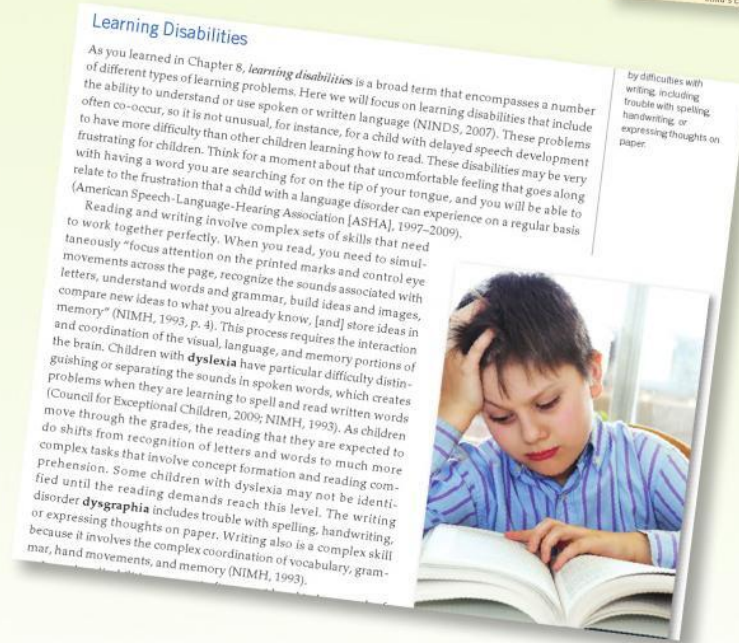
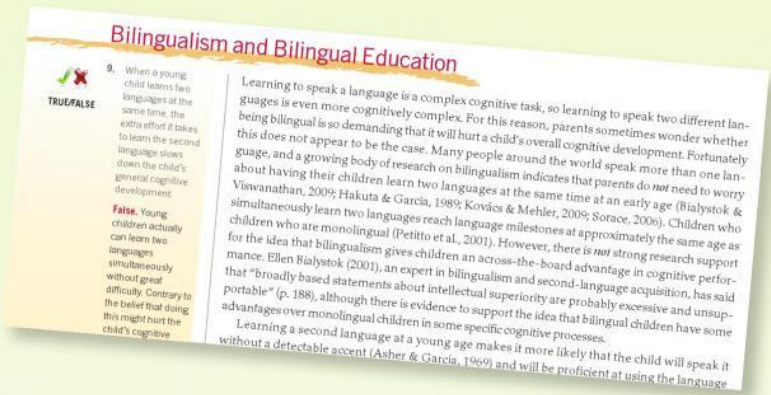
Reflecting the increasing importance of the study of **neuroscience** in child development, the authors have devoted a separate section in the book to brain development and behavior. They have also incorporated such information where relevant throughout the book in an accessible manner appropriate for students with a limited background in biology.



“The focus on neuroscience and culture ensures the textbook teaches the students about the most current findings and thinking in the field, and the focus on psychopathology provides students with information that is useful for practitioners and others who care for and work with children.”

—Jessica Dennis, *California State University, Los Angeles*

The authors introduce issues of **diversity and culture** at the beginning of the book and then integrate these concepts into each topical area to give the broader picture of how the many different circumstances of children’s lives around the world influence each aspect of development.



The integrated coverage of **psychopathology** and developmental differences provides students with a better understanding of the wide spectrum of human behavior.

# Classroom-tested pedagogy encourages critical thinking and makes learning about child development a meaningful experience.

**Test Your Knowledge** true/false prereading assessments compel students to consider their beliefs about child development—especially in terms of what they may think is “right.” This plants a seed that is reinforced as they read about each topic in a given chapter.

“The advantages and points of distinction are the Active Learning features, the Journey of Research features, the web links, the great pictures, and the wonderful examples the authors have provided. All of these features illustrate the course material and make it easier for students to understand.”

—Amanda R. Lipko,  
The College at Brockport, State University of New York

**Test Your Knowledge**  
Test your knowledge of child development by deciding whether each of the following statements is true or false, and then check your answers as you read the chapter.

- True/False:** Infants are born with a preference for listening to their native language.
- True/False:** A sensitive parent should be able to tell the difference between a baby who is crying because he is hungry and one who is crying because he is in pain or is lonely.
- True/False:** It is perfectly fine to use baby talk with infants.
- True/False:** Teaching babies to use sign language will delay development of spoken language.
- True/False:** If a young child says, “I goed outside,” the child’s parent will be most likely to say, “No, you meant to say, ‘I went outside.’”
- True/False:** Using flash cards, repetition, and word drills is a good way to ensure that a child develops early literacy skills.
- True/False:** By the time they reach eighth grade, fewer than one third of students in the United States are reading at or above their grade level.
- True/False:** When young children use spelling that they have “invented” (rather than conventional spelling), it slows down their ability to learn how to spell correctly.
- True/False:** When a young child learns two languages at the same time, the extra effort it takes to learn the second language slows down the child’s general cognitive development.
- True/False:** Most children who are learning disabled have average or above-average intelligence.

Correct answers: (1) True, (2) False, (3) True, (4) False, (5) True, (6) False, (7) True, (8) False, (9) False, (10) True

## Observing Conversation Skills

### ACTIVE LEARNING

You may not have thought about how many social skills we use when we engage in a conversation. All of these skills work together to give meaning to what we are saying and to ensure that we are actually communicating by exchanging information when we talk to each other.

Find some place where you can watch people who know each other engage in conversation. A cafeteria on your campus or a student study lounge would be a good place to do this. If you do this activity in class, you can have some students be partners for this exercise by engaging in a conversation while other students conduct the observations. To reduce some of the awkwardness, give the students a topic for their conversation. It can be something as simple as discussing the weather last week, something that has happened on your campus recently, or their opinion about whether we should ask for paper or plastic when we shop for our groceries (the topic doesn’t matter very much, as long as it is not too controversial because we want to observe a conversation, not an argument).

As they talk, for 3 to 5 minutes try to carefully observe all the things that they do to sustain that conversation and to communicate effectively. When you have a list, compare it to the description of conversational clues that follow in the text. How many of them did you notice and include in your notes?

The authors have designed each distinctive **Active Learning** activity to solidify students’ knowledge by connecting their personal experiences to the materials presented in the book. Individual and small-group activities range from students reflecting on and sharing their own experiences while growing up to seeking out additional information through the use of library resources or the Internet.

“I really like the Active Learning exercises. I think this is one of the major ways the text is superior to other texts I have used.”

—Claire Novosad,  
Southern Connecticut State University

**Bilingual Education—Sink or Swim?**

**JOURNEY OF RESEARCH**

Research on bilingual education is embedded in political, philosophical, and social contexts. At times our educational system has accommodated bilingualism, at times there has been opposition to it, and at still other times it has been largely ignored (Crawford, 1995). This laissez-faire attitude resulted at least in part from the assumption that non-English speakers would want to be assimilated into the great American “melting pot” and would strive on their own to quickly learn English so that the educational system wouldn’t need to do anything special to facilitate this.

In the 18th and 19th centuries, immigrants often lived in their own communities and ran their own schools in which instruction was given in their native language (Public Broadcasting Service [PBS], 2001). At this time, several states had laws that allowed children to be taught in schools in the language of their parents at the parents’ request. However, by the end of the 1800s, the tide had

2001). This trend was amplified when entry into World War I raised concerns in the United States about the loyalty of non-English speakers and provoked hostility against non-English speakers (PBS, 2001). Eventually this hostility became hostility against the use of any minority language in schools. By the mid-1920s, virtually all bilingual education in public schools had been eliminated (PBS, 2001).


The tide changed again in the 1960s against a backdrop of desegregation in public schools and the civil rights movement (Crawford, 1995). Another important factor in this shift in attitude toward bilingualism was the sharp increase in the number of immigrants arriving in the country. By the mid-1960s, immigrant populations comprised a substantial part of the school-age population in some parts of the country. These immigrant populations—Chinese families in San Francisco, Cuban families in Miami, and Chicano families

The **Journey of Research** features provide students with the historical context for important topics in development. This helps students understand that our ideas in developmental science change as our knowledge grows.

## This book also . . .

- **Focuses on what constitutes evidence:** In keeping with current best practices throughout the social and behavioral sciences, the authors explain and then reinforce the importance of convincing evidence within an agreed-upon framework.
- **Encourages critical thinking and analysis:** Along with the pedagogy integrated throughout to make students think deeply about the material, this text encourages students to become good consumers of information on development (as seen in Chapter 1; in Chapter 3 the authors specifically address how to evaluate information found on the web).
- **Emphasizes how to learn:** The authors ensure that learning and engagement continue far beyond the classroom. They include guidelines, tools, and resources throughout the book and online (such as the use of databases including PsycINFO and Medline as well as the Internet) to inspire students to delve further into studying and understanding child development.

Comprehensive online resources at [www.sagepub.com/levine](http://www.sagepub.com/levine) support and enhance instructors' and students' experiences.




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## Child Development

### An Active Learning Approach

Laura E. Levine and Joyce Munsch

Home
Instructor resources
Student resources



Authors: Laura E. Levine and Joyce Munsch  
Pub Date: September 2010  
Pages: 656  
[Learn more about this book](#)

### About the Book

Within each chapter of this innovative topical text, the authors engage students by demonstrating the wide range of real-world applications of psychological research connected to child development. In particular, the distinctive Active Learning features incorporated throughout the book foster a dynamic and personal learning process for students. The authors cover the latest topics shaping the field of child development—including a focus on neuroscience, diversity, and culture—without losing the interest of undergraduate students. The pedagogical features in this text and the accompanying ancillaries package help students discover the excitement of studying child development, enhance their learning, and equip them with tools they can use long after the class ends.

### Instructor Resources

**This site is password protected**

*Please read the information to your right. To access the site, click on the sign in button on the right hand side below.*

This site is designed to help create a significant learning opportunity for your students by encouraging active participation, experience and reflection.

### Student Resources

This open-access website is intended to enhance your use of *Child Development: An Active Learning Approach* by Laura E. Levine and Joyce Munsch with a variety of study materials and additional resources.

### First-time Users

Many of the materials on the instructor site, are only available to Faculty and Administrative Staff at Higher Education Institutions who have been approved to request Review Copies by SAGE.

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- Instructors benefit from access to the password-protected Instructor Teaching Site, which includes a test bank; PowerPoint slides; video resources; chapter lecture notes and teaching tips; long- and short-term course projects; classroom activities and discussion questions; tables, figures, and illustrative materials from the text; and sample course syllabi for quarter and semester programs.
- Students maximize their understanding of child development through the free, open-access Student Study Site. Valuable resources such as eFlashcards; self-quizzes, including multiple-choice and true/false questions; Internet exercises; video resources correlated to each chapter; and full-text SAGE journal articles help promote critical thinking and active learning.



# child development

AN ACTIVE LEARNING APPROACH

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*Central Connecticut State University*

Joyce Munsch

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# About the Authors



**Laura E. Levine** received her PhD in developmental and clinical psychology from the University of Michigan. After working with children and families at the Children's Psychiatric Hospital and in private practice in Ann Arbor for 10 years, she moved to Connecticut and was a stay-at-home mother of her two children for 6 years. She returned to academia in 1994 and has been teaching child psychology and life span human development for over 15 years at Central Connecticut State University, where she is currently a professor in the Department of Psychology. She has received two teaching awards, and

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Dr. Levine has been very active in promoting excellence in college teaching. She was involved in the creation of the Center for Teaching Excellence and Leadership Development at Central Connecticut State University and served on the board of the Connecticut Consortium to Enhance Learning and Teaching. She created numerous programs for faculty both at her university and at regional and national conferences. Her work on the scholarship of teaching and learning can be found in *New Directions for Teaching and Learning*, *College Teaching*, and the *International Journal for the Scholarship of Teaching and Learning*.



**Joyce Munsch** received her PhD in human development and family studies from Cornell University. She was a faculty member in human development and family studies at Texas Tech University for 14 years, where she also served as associate dean for research in the College of Human Sciences for 2 years. In 2002, Dr. Munsch came to California State University at Northridge as the founding chair and professor in the Department of Child and Adolescent Development.

Dr. Munsch's research has focused on adolescent stress and coping and social network research. Her

# Preface

The inspiration for this book grew out of an experience that I, Laura Levine, had several years ago on my campus at Central Connecticut State University. I led a faculty discussion group that focused on a book by Dee Fink called *Creating Significant Learning Experiences*. That discussion inspired me and the other participants to revise our courses in ways that would create long-lasting experiences for our students. I chose to change my child development course using ideas from that discussion. As I used these ideas with my students, I realized that my new approach could be incorporated into a textbook that would make learning about children and adolescents a more active and personal process for students. Fortunately, SAGE shared my excitement and introduced me to Joyce Munsch, at California State University at Northridge, whose expertise in adolescent development and passion for teaching were a perfect match. Both of us are strongly committed to enhancing student learning in our courses by creating significant learning experiences.

*Child Development: An Active Learning Approach* is the result of our efforts to make this happen. In this book, we take a *topical approach* to child development that allows students to clearly see the continuities and discontinuities in development without the necessity of reintroducing each topical area with each new age group studied. Throughout the book, we encourage students to take part in activities that will help them connect to the content in a relevant way so that they are engaged in an active journey to discover the principles and understand the findings from the field of child development. The topical coverage and pedagogical features in this book have been conceived and carefully executed to help students discover the excitement of studying child development and to equip them with tools they can use long after they take this class.

## Philosophical Approach

### Challenging Misconceptions

One of the challenges in teaching this course is to help students give up some of the intuitive ideas or simplistic thinking that they have about child development. Many students enter courses on child and adolescent development confident that they already know most of what they need to know about development and that this is “all just common sense,” but experienced instructors know that some of the most important information in their courses is, in fact, counterintuitive. Unfortunately, students’ original ideas are often quite difficult to change, and many students complete courses in child development with their misconceptions intact. We ask students to begin each

chapter by testing their knowledge of child development. Unexpected or surprising answers to these questions draw the students into the chapter to find information related to their misconceptions. In addition, the activities throughout the book encourage students to seek out further information and to learn to evaluate that information rather than accepting what they hear without question. Finally, we provide opportunities throughout the book for students to better understand how our understanding of child development has evolved through the scientific process to reach our current state of knowledge.

## Active Learning

This book actively engages students to provide them with a solid foundation in theories, research, and the application of information related to child and adolescent development. Features that engage students are often included in textbooks as “add-ons,” but our active learning philosophy is at the heart of all of the pedagogy provided throughout this book. As educators, we know that students must *act* on the material presented in a course to make it their own. We all try to do this in a number of ways in our classrooms, but for the student, reading a textbook is a solitary and often passive process. To combat this tendency, we use the key pedagogical features described below to capture students’ interest and turn reading into an active process.

## Focus on What Constitutes Evidence

We help students realize that although there is a place for “what I think” and for individual examples, the strength of social science rests on marshaling convincing evidence within an agreed-upon framework. Basic concepts about research are introduced in a separate chapter, but these ideas are also reinforced and developed throughout the book.

## Emphasis on Learning How to Learn

Long after they leave the classroom, students who interact with children and adolescents will need to find information to answer questions that arise. We want to encourage students’ independent pursuit of knowledge about child development, so we provide them with tools that will help them do that. They are introduced to the use of databases including PsycINFO and Medline, as well as the Internet, as research tools, and activities in the text and in the Online Instructor’s Manual suggest ways in which they can conduct their own research and find information on topics that interest them.

## Critical Thinking Skills

When students look for information on their own, they need to critically evaluate the content of the information they find. In Chapter 1 we talk about how to be a good consumer of information on development, and in Chapter 3 we talk about how to evaluate information found on the web. In addition, the true/false questions continuously challenge students to thoughtfully consider what they believe about child development and to evaluate the sources of those beliefs. The Online Instructor’s Manual and student webpage provide access to research articles that students can explore independently to add to their understanding of topics. The ability to evaluate ideas about children and their development will be beneficial to students who plan to go on for graduate study, those who will work directly with children and families in professional careers, and those who will use these ideas when caring for their own children.

## Key Topics

### Neuroscience

To reflect the burgeoning interest in the field of neuroscience and its implications for child development, we have devoted a separate section in the book to brain development and behavior. In addition, we have included information on brain function where it is relevant throughout the book. This information is presented in clear language that makes it appropriate for the student of child development who may not have a strong background in biology.

### Diversity and Culture

Issues of diversity and culture are introduced at the beginning of the text, but these concepts are then integrated into each topic area in order to give the broader picture of how each aspect of development is influenced by the many different circumstances that constitute children's lives around the world.

### Psychopathology

Coverage of topics related to psychopathology or developmental differences gives students a better understanding of the continuum of human behavior. Rather than confine information on psychopathology to a single chapter, we have integrated these topics where they give students a deeper understanding of how they relate to the development of all children.

## Key Features

### Active Learning

A variety of active learning activities in the text complement and enhance the ideas presented in each chapter. Activities might involve asking students (a) to reflect on their own experiences while growing up (and perhaps compare those experiences to the experiences of classmates), (b) to immediately test their understanding of a concept, (c) to conduct an observation or interview related to text material, (d) to carry out a simple activity and reflect on what they've learned, or (e) to seek out information that goes beyond the text through the use of library resources or the Internet. Each of these activities is designed to consolidate student learning through personal experiences that illustrate the ideas presented in the book.

### Test Your Knowledge

To challenge misconceptions that students often bring with them to a course in child development, each chapter begins with a true/false quiz that contains interesting and provocative questions related to the material in that chapter. The quizzes are designed to tap into commonly held beliefs or ideas that have a strong intuitive sense of what should be "right." Students can immediately check whether their answers are correct. When they get a question wrong, they can satisfy their own curiosity about the topic by finding that question with a brief answer in the margins of the relevant section in the text. Their interest is piqued when their assumptions are challenged. This plants a seed that is reinforced when they again read about the topic in the context of the chapter.

## Journey of Research

It is not unusual for students of child and adolescent development to expect that by the end of the semester, they will have simple answers to a number of very complex questions. Of course we can seldom provide these simple answers. Instead we need to help students understand that the science of child development is an ongoing endeavor and that we continue to build and add to our understanding each day. Although it is important that students learn about our current best knowledge, this information is more meaningful when students understand it in the context of our evolving ideas about development. To help students better understand this material, we keep the focus of the text on the current state of knowledge and use the Journey of Research feature to provide the historical contextual information on the topic. This helps students understand that what they learn today in their class may be information that changes—sometimes substantially—in the future as our body of knowledge grows. This is, after all, how the scientific process works.

## Ancillaries

### For the Instructor

The password-protected Instructor Site at [www.sagepub.com/levine](http://www.sagepub.com/levine) gives instructors access to an Online Instructor's Manual with a full complement of resources to support and enhance their child development course. The following assets are available on the teaching site:

- A **test bank** with more than 1,500 author-created multiple-choice, true/false, short-answer, and essay questions. The test bank is provided on the site in Word format as well as in our Diploma computerized testing software. Diploma is a question authoring and management tool that enables instructors to edit the existing test bank questions, add their own questions, and create customizable quizzes and exams. After tests have been created, they can be printed, exported into Word, or exported into popular course management systems such as Blackboard or WebCT.
- **PowerPoint slides** for each chapter, for use in lecture and review. Slides are integrated with the book's distinctive features and incorporate key tables, figures, and photos.
- **Video resources** that enhance the information in each chapter. Video icons are strategically placed within the textbook to indicate where a video resource is available on both the Instructor and Student Sites. The Instructor Teaching Site also has an expanded set of additional video links.
- **Chapter lecture notes** that summarize content and provide key teaching points.
- **Chapter teaching tips** that offer strategies to promote active learning in the classroom.
- Long- and short-term **course projects, classroom activities, and discussion questions** to stimulate creative and interactive approaches to the material.
- **Tables, figures, and illustrative materials** in PDF form for use in PowerPoint slides or online teaching demonstration.
- Sample **course syllabi** for quarter and semester systems.

### For the Student

To maximize students' understanding of child development and promote critical thinking and active learning, we have provided the following chapter-specific student resources on the open-access portion of [www.sagepub.com/levine](http://www.sagepub.com/levine):

# Glossary

**A-not-B task** A test for object permanence in which an object is hidden under cloth A and then moved under cloth B.

**Ability tests** Standardized measures of intellectual ability.

**Accelerated program** A type of program that allows gifted students to move through the standard curriculum but more quickly than is typical.

**Acceptance/responsiveness** A dimension of parenting that measures the amount of warmth and affection in the parent-child relationship.

**Accommodation** Changing your mental schemas so they fit new experiences.

**Achievement tests** Standardized measures of learning connected with academic subjects.

**Active gene-environment interaction** When one's genetic endowment becomes a driving force for children to seek out experiences that fit their genetic endowments.

**Active labor** The second phase in the first stage of labor in which contractions become longer, stronger, and more frequent and a woman may require pain medication; begins when the cervix has dilated to 4 centimeters and lasts on average 3 to 8 hours.

**Active niche picking** A process in which people express their genetic tendencies by finding environments that match and enhance those tendencies.

**Adaptive functioning** A person's ability to function independently.

**Adolescent growth spurt** The period of rapid increase in height and weight that occurs in early adolescence.

**Amniocentesis** A test to look for genetic abnormalities prenatally, in which a physician uses a long, thin needle to extract amniotic fluid, which is then tested.

**Amnion** The inner fetal membrane that surrounds the fetus and is filled with amniotic fluid.

**Anal stage** Freud's second stage of development during which toddlers' sexual energy is focused on the anus. Toilet training and control are major issues.

**Analytical intelligence** The type of intelligence that is the one closest to "g" or general intelligence and the one prized highly in most schools.

**Androgyny** The idea that both sexes can have the characteristics that are traditionally reserved for one sex.

**Animism** Giving human characteristics, such as thought and intention, to inanimate or natural things.

**Anorexia nervosa** A condition in which individuals become obsessed with their weight and intentionally restrict food intake to a point that it may become life threatening.

**Antisocial popular boys** Boys who are seen as aggressive but also as physically competent, disruptive, and "cool" and who are very well known within the peer group.

**Anxiety** A vague sense of fear or a feeling of dread.

**Anxiety disorder** A level of anxiety that interferes with normal functioning; includes separation anxiety disorder in older children or adolescents, generalized anxiety disorder, and social phobias.

**Anxious ambivalent/resistant attachment** An attachment classification in which the infant is reluctant

**Bidirectional effect** Mutual influence between two individuals.

**Bipolar disorder** A psychiatric disorder characterized by both depression and mania.

**Blastocyst** A hollow ball of cells that consists of the inner cell mass (which becomes the embryo) and an outer ring of cells (which becomes the placenta and chorion).

**Broca's area** The part of the brain that is involved in the physical production of speech.

**Bulimia** An eating disorder characterized by eating binges, followed by purging (for example, self-induced vomiting or the excessive use of laxatives) to get rid of the food.

**Bullying** Being exposed repeatedly and over time to negative actions on the part of peers, including physical bullying, verbal bullying, and/or emotional bullying.

**Canalization** The degree to which the expression of a gene is influenced by the environment.

**Cathexis** In psychoanalytic theory, the direction of someone's emotional energy to a particular person or object.

**Centration** Focusing on only one aspect of a situation.

**Cephalocaudal development** A principle whereby development proceeds from the head region down through the body.

**Cerebral palsy** A chronic condition that appears early in development and primarily involves problems with body movement and muscle coordination.

**Child effects model** A model of parenting effects that assumes that it is the characteristics of the child that determine the parenting style that the parents use.

**Child life specialists** Experts in child development who promote optimal development in children in medical settings.

**Child-directed speech** Speech that is tailored to fit the sensory and cognitive capabilities of infants and children so that it holds their attention; includes speaking in a higher pitch with exaggerated intonation and a singsong rhythm and using a simplified vocabulary.

**Chorion** The outer fetal membrane that surrounds the fetus and gives rise to the placenta.

**Chorionic villus sampling (CVS)** A test to look for genetic abnormalities prenatally, in which a small tube is inserted either through the vagina and cervix or through a needle inserted in the abdomen, and a sample of cells from the chorion is retrieved for testing.

**Chromosome disorders** Disorders that result when too many or too few chromosomes are formed or when there is a change in the structure of the chromosome caused by breakage.

**Chromosomes** The strands of genes that constitute the human genetic endowment.

**Chronosystem** The dimension of time, including one's age and the time in history in which one lives.

**Circular reaction** An infant's repetition of a reflexive action that results in a pleasurable experience.

**Classical conditioning** The process by which a stimulus (the unconditioned stimulus) that naturally evokes a certain response (the unconditioned response) is paired repeatedly with a neutral stimulus. Eventually the neutral stimulus becomes the conditioned stimulus and evokes the same response, now called the conditioned response.

**Classification** The ability to organize objects into hierarchical conceptual categories.

**Clear-cut attachment** The stage from 6–8 months to 18 months–2 years, when an infant develops separation anxiety when a person he is attached to leaves him.

**Clinical depression** A condition marked by feelings of worthlessness and hopelessness, a lack of pleasure, sleep and appetite disturbances, and possibly suicidal thoughts.

**Clinical interview** An interview strategy in which the interviewer can deviate from a standard set of questions to gather additional information.

**Cliques** Small groups of friends who spend time together and develop close relationships.

**Coercive family environment** A pattern of family interaction in which parents and children mutually train each other so that the child becomes increasingly aggressive and the parents become less effective in controlling the child's behavior.

**Cognitive development** The study of the changes that occur in how we think and learn as we grow.

**Cognitive flexibility** The ability to switch focus as needed in order to complete a task.

**Cognitive processing theory** The theory that learning language is a process of "data crunching," in which the

actual process of learning words and their meanings relies on the computational ability of the human brain.

**Cohort effect** Differences between groups in a cross section or cross-sequential study that are attributable to the fact that the participants have had different life experiences.

**Collectivism** The cultural value that emphasizes obligations to others within your group.

**Command strategy** A parenting technique in which the parent does not make any overt threats of punishment, but the child responds to the legitimate authority that the parent has to make a request of the child.

**Concordance rate** The degree to which a trait or an ability of one individual is similar to that of another; used to examine similarities between twins and among adopted children and their biological and adoptive parents.

**Concrete operations** The third stage in Piaget's theory in which children between 6 and 12 years of age develop logical thinking that is still not abstract.

**Conduct disorder** A persistent pattern of behavior marked by violation of the basic rights of others or of major age-appropriate social norms or rules.

**Congruence model** The idea that having a match between your gender and your gender role orientation would be most beneficial to your psychological well-being.

**Connectionist/network model** In this model of memory, the process is envisioned as a neural network that consists of concept nodes that are interconnected by links.

**Conservation** The understanding that a basic quantity of something (amount, volume, mass) remains the same regardless of changes in appearance.

**Constraints** Assumptions that language learners make that limit the alternative meanings that they attribute to new words.

**Constructive conflict** Family conflict that is resolved in a positive way using affection, problem solving, and emotional support.

**Constructive play** Building or making something for the purposes of play.

**Constructivism** The idea that humans actively construct their understanding of the world, rather than passively receiving knowledge.

**Control group** The group in an experiment that does not get the special treatment and provides a baseline against which the experimental group can be compared.

**Controversial children** Children who receive both a large number of nominations for "like most" and a large number of nominations for "like least" from peers on a sociometric measure.

**Conventional moral judgment** Moral reasoning that moves beyond self-interest to take into account the good of others.

**Convergent thinking** Finding one correct solution for a problem.

**Cooperative learning** An educational strategy that allows groups of students who are at different ability levels to work together on a common goal, such as a project or an assignment.

**Cooperative play** Play with peers that has a common goal.

**Coping** Efforts made to master, tolerate, or reduce stress.

**Corpus callosum** The band of fibers that connects the two hemispheres of the brain.

**Correlations** A measure of the strength and direction of the relationship between two variables.

**Couvade** A sympathetic pregnancy in which a man experiences a variety of symptoms associated with pregnancy or childbirth while his partner is pregnant.

**Creative intelligence** The ability to generate ideas and to deal successfully with novelty (sometimes referred to as divergent thinking).

**Creativity** Thinking that is novel and that produces ideas that are of value.

**Critical period** A period of time during which development is occurring rapidly and the organism is especially sensitive to damage, which often is severe and irreversible.

**Cross-sectional design** A research design that uses multiple groups of participants who represent the age span of interest to the researcher.

**Cross-sequential design** A research design that uses multiple groups of participants and follows them over a period of time, with the beginning age of each group being the ending age of another group.

**Crowds** Large, reputation-based groups that are based upon a shared stereotype but whose members do not necessarily spend time together.

**Crystallized intelligence** What we already know and can draw upon to solve problems.

**Culture** Culture is the system of behaviors, norms, beliefs, and traditions that form in order to promote the survival of a group that lives in a particular environmental niche. It is a way of describing similarities within one group of people and differences between groups of people.

**Cyberbullying** The use of electronic technologies, including e-mails, text messages, digital images, webpages (including social network sites), blogs, or chat rooms, to socially harm others.

**Decentration** The ability to think about more than one aspect of a situation at a time.

**Deficit model of youth development** The assumption that problems are caused by something lacking in the child or teen that needs to be fixed.

**Delay of gratification** The ability to wait until later in order to get something desirable.

**Demandingness/control** A dimension of parenting that measures the amount of restrictiveness and structure that parents place on their children.

**Dendrites** The portions of a neuron that receive impulses from other neurons.

**Dependent variable** The outcome of interest to the researcher that is measured at the end of an experiment.

**Developmental assets** Common sense positive experiences and qualities that help young people become caring, responsible adults.

**Developmental bilingual program** A program for English language learners in which students initially receive instruction in core subjects in their native language and receive instruction in art, physical education, and music in English until they have the language skills to be instructed in the core subjects in English.

**Developmental psychopathology** An approach to understanding mental and behavioral problems based on the idea that biological, psychological, and social influences affect development to produce adaptive or maladaptive outcomes.

**Deviation IQ** A measure of intelligence that is based upon the individual's deviation from the norms for a given test.

**Dialogic reading** A technique used to facilitate early literacy, which involves an adult and a child looking at a book together while the adult asks questions and

encourages a dialogue, followed by switching roles so the child asks questions of the adult.

**Differentiated self** The understanding that one can show different characteristics in different situations but that these differences are all part of a unitary whole.

**Difficult temperament** A child's general responsiveness marked by more negative mood, frustration and intense responses, slow adaptation to change, and irregular patterns of eating, sleeping, and elimination.

**Discrimination** Negative behavior directed at people on the basis of their race, ethnicity, religion, or other factors.

**Disequilibrium** A state of confusion in which your schemas do not fit your experiences.

**Disorganized/disoriented attachment** An attachment classification in which behavior is unpredictable and odd and shows no coherent way of dealing with attachment issues, often linked with parental abuse or neglect.

**Divergent thinking** The ability to find as many possible solutions to a problem as possible, rather than the one "correct" solution.

**Dizygotic (DZ) twins** Formed when a woman produces two ova or eggs, which are fertilized by two sperm; genetically DZ twins are as similar as any siblings.

**Doula** A trained, knowledgeable companion who is present at a birth to support the woman through her labor and delivery.

**Drive reduction** The idea that human behavior is determined by the motivation to satisfy or reduce the discomfort caused by biological needs or drives.

**Dual language program** Programs in which children who are native speakers of English and children who are not work together in a classroom where both English and the children's other native languages are used.

**Dynamic systems theory** Esther Thelen's theory that biological maturation is not independent of the environmental influences that surround the developing child.

**Dysgraphia** A learning disability characterized by difficulties with writing, including trouble with spelling, handwriting, or expressing thoughts on paper.

**Dyslexia** A learning disability in which individuals have difficulty distinguishing or separating the sounds in spoken words, creating problems with spelling and reading.

**Early labor** The first phase in the first stage of labor in which contractions are usually not painful but the cervix begins to thin out and dilate.

**Easy temperament** A child's general responsiveness marked by positive mood, easy adaptation to change, and regularity and predictability in patterns of eating, sleeping, and elimination.

**Echolalia** A condition often seen in autistic children in which they repeat what has been said to them instead of responding appropriately.

**Ectoderm** The outermost layer of the inner cell mass that later becomes the skin, sense organs, brain, and spinal cord.

**Effortful control** The ability to consciously control one's behavior.

**Ego** The part of the personality that contends with the reality of the world and controls the basic drives.

**Egocentric speech** A limitation of young children's communication due to their inability to take the perspective of other people into account.

**Egocentrism** The inability to see or understand things from someone else's perspective.

**Elaboration** A memory strategy that involves creating extra connections, like images or sentences, that can tie information together.

**Electra complex** According to Freud, the desire of the young girl to marry her father and kill her mother.

**Embryo** The developing organism from conception to the beginning of the third month of a pregnancy.

**Embryonic stage** The prenatal stage that lasts from 2 weeks to 2 months postconception.

**Emergent literacy** The set of skills that develop before children begin formal reading instruction, which provide the foundation for later academic skills.

**Emotion** The body's physiological reaction to a situation, the cognitive interpretation of the situation, communication to another person, and actions.

**Emotion schemas** All the associations and interpretations that an individual connects to a certain emotion.

**Emotion-focused strategies** Coping that is designed to reduce or manage emotional distress.

**Emotional intelligence** The ability to understand and control one's emotions, to understand the emotions of others, and to use this understanding in human interactions.

**Emotional parentification** A situation in which children become more concerned about their parent's emotional needs than their own.

**Empathy** Sharing the feelings of other people.

**Encoding processes** The transformation processes through which new information is stored in long-term memory.

**Endoderm** The innermost layer of the inner cell mass that later becomes the respiratory system, digestive system, liver, and pancreas.

**Enrichment approach** An educational approach for gifted children in which the curriculum is covered but in greater depth, breadth, or complexity than is done in a typical classroom.

**Epigenetics** A system by which genes are activated or silenced in response to events or circumstances in the individual's environment.

**Equifinality** Different developmental pathways may result in the same outcome.

**Equilibration** An attempt to resolve uncertainty to return to a comfortable cognitive state.

**Ethnic identity** The attitudes toward an ethnic group to which you feel you belong.

**Ethology** The study of animal and human behavior in the natural environment.

**Eugenics** The concept that desirable traits can be bred into human beings, while undesirable ones can be bred out.

**Event sample** A data collection technique in which a researcher records information about all occurrences of a coherent set of behaviors being investigated.

**Evocative gene-environment interaction** When children's genetic endowment causes them to act in a way that draws out or "evokes" certain responses from those around them.

**Executive function** The aspect of brain organization that coordinates attention and memory and controls behavioral responses for the purpose of attaining a certain goal.

**Exercise play** Play in young children that involves large muscle movement, such as running or jumping.

**Friendship** A mutual relationship marked by companionship, closeness, and affection.

**Games with rules** Making up rules for a game or playing games with preestablished rules.

**Gender constancy** The understanding that one's gender remains constant even with external changes.

**Gender identity** Stage when children's concept of gender relies on external appearance.

**Gender intensification** The idea that gender differences in behavior, attitudes, and psychological characteristics become greater in early adolescence than they were in childhood.

**Gender stability** Stage when children understand that their gender is constant over time but don't understand that gender doesn't change even if they do activities usually performed by the other gender.

**Gene** The basic unit of inheritance, genes are made of DNA and they give the messages to the body to create proteins that are the basis for the body's development and functioning.

**Gene therapy** Treatment of genetic disorders through implanting or disabling specific genes.

**Generalize** To draw inferences from the findings of research on a specific sample about a larger group or population.

**Generalized anxiety disorder** General, ongoing worried feelings that limit a person's ability to function well.

**Genetic-epistemology** Piaget's theory that development of knowledge is based on both genetics (from biology) and epistemology (a philosophical understanding of the nature of knowledge).

**Genital stage** Freud's fifth and final stage in which people 12 and older develop adult sexuality.

**Genotype or genome** All of a person's genes, including those that are active and those that are silent.

**Germinal stage** The prenatal stage that lasts from conception to 2 weeks postconception.

**Gestational age** The length of time since the conception of a developing organism.

**Gifted (or talented) children** Children and youth who exhibit high performance capability in intellectual, creative, and/or artistic areas; possess an unusual leadership capacity; or excel in specific academic fields.

**Goal-corrected partnership** The stage of development of attachment from 18 months on, when toddlers create reciprocal relationships with their mothers.

**Goodness of fit** How well a child's temperamental characteristics match with the demands of the environment.

**Gross motor skills** Skills that involve the large muscle groups of the body—for example, the legs and arms.

**Guilt** Feelings children have when they think about the negative aspects of something they have done, particularly moral failures.

**Habituation** The reduction in the response to a stimulus that is repeated.

**Hemispheres** The two halves of the cerebellum.

**Heteronomous morality** Moral judgments based on the dictates of authority.

**Hostile attributional bias** A tendency to interpret others' behaviors to be hostile and intentional rather than benign.

**Hypothesis** A prediction, often based upon theoretical ideas or observations, that is tested by the scientific method.

**Hypothetico-deductive reasoning** The ability to form hypotheses about how the world works and to reason logically about these hypotheses.

**Id** According to psychoanalytic theory, the basic drives, such as sex and hunger.

**Ideal self** The characteristics one aspires to in the future.

**Identity achievement** The choice of an identity following exploration of the possibilities.

**Identity diffusion** A lack of interest in developing an identity.

**Imaginary audience** The belief that one is the center of other people's attention much of the time.

**Immanent justice** The belief that unrelated events are automatic punishment for misdeeds.

**Immersion programs** A program for English language learners in which the students are taught academic subjects in English, with teachers tailoring the language they use to the current language level of their students.

**Love withdrawal** A parenting technique in which parents threaten to withhold their love until a child conforms to the parents' expectations for his behavior.

**Low birth weight** A full-term infant who weighs less than 5 pounds, 4 ounces.

**Macrosystem** Cultural norms that guide the nature of the organizations and places that make up one's everyday life.

**Maltreatment** Physical abuse, sexual abuse, emotional abuse, or neglect.

**Mandatory reporters** Individuals who work with children who are required by law to report suspicions of child maltreatment to authorities.

**Masculinity model** The idea that having masculine traits (regardless of your biological gender) would be associated with high self-esteem and well-being because it is masculine traits that are valued the most by Western society.

**Media literacy** Providing children with the skills to understand the underlying purposes and messages of media.

**Memes** Units of culture that are handed down from one generation to the next.

**Menarche** A girl's first menstrual period.

**Mental age** In early intelligence tests, the ability of a child to successfully pass measures designed to assess intelligence at particular ages.

**Mentally retarded (or intellectually disabled)** A degree of intellectual impairment that includes a low score on a standardized test of intelligence (usually 70 to 75 or lower) and impaired adaptive functioning.

**Mentor** A formal relationship in which a nonparental adult provides a range of functions to a younger person, or a naturally occurring relationship that provides the same functions.

**Mesoderm** The middle layer of the inner cell mass that later becomes the muscles, bones, blood, heart, kidney, and gonads.

**Mesosystem** The interaction among the various settings in the microsystem, such as a child's school and home.

**Meta-analysis** A statistical procedure that combines data from different studies to determine whether there is a consistent pattern of findings across studies.

**Metacognition** The ability to think about and monitor one's own thoughts and cognitive activities.

**Metalinguistic abilities** The ability to think about and talk about language.

**Metamemory** The understanding of memory, how it works, and how to use it effectively.

**Microsystem** In ecological theory, the interaction of the person in her immediate settings, such as home, school, or friendship groups.

**Mindblindness** The inability to understand and theorize about other people's thoughts; a basic characteristic of people who suffer from autism.

**Mirror neurons** Neurons that fire both when an individual acts and when the individual observes the same action performed by another.

**Miscarriage** The natural loss of a pregnancy before the fetus reaches a gestational age of 20 weeks.

**Molecular genetics** Research focused on the identification of particular genes to identify how these genes work within the cell.

**Monozygotic (MZ) twins** Formed when a woman produces one egg that is fertilized by one sperm and then splits to form two individuals with the same genes.

**Moral judgment** The way people reason about moral issues.

**Moral knowledge** Understanding of right and wrong.

**Moratorium** A time of exploration in search of identity, with no commitment made yet.

**Morpheme** The smallest unit in a language that has meaning.

**Motor schema** Infants' understanding of the world through their action on it.

**Multifactorial inheritance disorders** Disorders result from the interaction of many genes and also environmental influences.

**Multifinality** The same pathways may lead to different developmental outcomes.

**Multitasking** Doing several different activities at the same time, often involving several forms of media.

**Mutations** Changes in the formation of genes that occur as cells divide.

**Mutual exclusivity constraint** An assumption made by language learners that there is one (and only one) name for an object.

**Myelination** The process of laying down a fatty sheath of myelin on the neurons.

**Nativism** A theory of language development that hypothesizes that human brains are innately wired to learn language and that hearing spoken language triggers the activation of a universal grammar.

**Natural or “quasi” experiment** Research in which the members of the groups are selected because they represent different “treatment” conditions.

**Nature** The influence of genetic inheritance on children’s development.

**Negative correlation** A correlation in which increases in one variable are associated with decreases in another variable.

**Negative identity** An identity that is in direct opposition to an identity that parents or other adults would support.

**Negative reinforcement** In operant conditioning, the removal of an unpleasant stimulus makes a behavior more likely to happen again.

**Neglected children** Children who receive relatively few nominations either as “like most” or as “like least” on a sociometric measure.

**Neurons** The cells that make up the nervous system of the body.

**Neuropsychological tests** Tests used to assess brain function.

**Neuropsychology** The study of the interaction of the brain and behavior.

**Neurotransmitters** Chemicals that transmit nerve impulses across a synapse from one nerve cell to another.

**Niche-picking** Individuals choose the part of their environment (the “niche”) in which they feel comfortable, based on their genetic predispositions.

**Non-normative stress** The experience of unusual and unexpected distressing events.

**Nonshared environment** The environmental experiences that are different for each child in a family, including the differential impact of family events that occur at different ages for siblings.

**Normative stress** Stresses that are predictable and that most children go through.

**Norms** The average or typical performance of an individual of a given age on a test.

**Nuclear family** A family consisting of a husband, a wife, and their biological and/or adopted children.

**Null hypothesis** The hypothesis tested by an experiment that there will be no difference in the outcome for the groups in an experiment.

**Nurture** The influence of learning and the environment on children’s development.

**Obesity** Being 20% or more over an individual’s ideal body weight.

**Object permanence** The understanding that objects still exist when an infant does not see them.

**Observer bias** The tendency for an observer to notice and report events that he is expecting to see.

**Obsessive-compulsive disorder (OCD)** A disorder marked by obsessions or intrusive thoughts and repeated behaviors that people feel compelled to do to control the obsessive thoughts.

**Oedipus complex** In Freudian theory, young boys want to marry their mothers and kill their fathers. They fear castration at the hands of their fathers in retaliation for their wish to possess their mother.

**Onlooker behavior** Watching others play.

**Open adoptions** Adoptions in which the children and their biological and adoptive families have access to each other.

**Operant conditioning** The process that happens when the response that follows a behavior causes that behavior to happen more.

**Operationalize** To define a concept in a way that allows it to be measured.

**Operations** Mental actions that follow systematic, logical rules.

**Oppositional defiant disorder** A persisting pattern of behavior marked by defiant, disobedient, and hostile behavior toward authority figures.

**Oral stage** Freud’s first stage in which the sexual drive is located in the mouth for infants.

**Organogenesis** The process in prenatal development by which all of the major organ systems of the body are laid down.

**Orienting response** The tendency to pay attention automatically to novel, moving, meaningful, or surprising stimuli.

**Other-oriented induction** A parenting technique in which the child thinks about consequences of the child's behavior for someone else.

**Overregularization** A type of grammatical error in which children apply a language rule to words that don't follow that rule or pattern (for example, adding an *s* to make the plural of a word like *foot*).

**Ovulation** The release of a mature egg from an ovary.

**Ovum** An unfertilized egg.

**Panic anxiety** Sudden fear, rapid heartbeat, sweating, difficulty breathing, chest pain, and other physical symptoms that are not linked to a physical cause such as a heart attack.

**Parallel play** Playing next to a peer with the same type of materials, but not interacting with the other child.

**Parent effects model** A model of parenting effects that assumes that parents cause the characteristics that we see in their children.

**Parenting styles** Fairly regular and consistent patterns of interacting with children.

**Passive gene-environment interaction** When a child's family shares his own genetically determined abilities and interests.

**Pediatric psychologists** Child psychologists who provide therapeutic interventions for children with medical disorders.

**Peer pressure** Influence exerted by peers to get others to comply with their wishes or expectations.

**Peer review** A process by which professional peers review research results prior to their publication or dissemination.

**Perception** The process of interpreting and attaching meaning to sensory information.

**Perceptual bias** The tendency to see and understand something in the way you expected.

**Perceptual role-taking** The ability to see things from someone else's perspective.

**Perinatal** At the time of birth.

**Permissive parents** A parenting style that provides a great deal of warmth and acceptance but few, if any, rules or restrictions.

**Personal fable** The belief (often held by teenagers) that you are in some way unique and different from all other people.

**Personality tests** Tests that evaluate the thoughts, emotions, attitudes, and behavioral traits that comprise personality.

**Phallic stage** Freud's third stage, involving children 3–6 years of age, in which boys experience the Oedipus complex and girls experience the Electra complex.

**Phenotype** The genetically based characteristics that are actually shown in one's body.

**Phobia** An irrational fear of something specific that is so severe that it interferes with day-to-day functioning.

**Phoneme** The smallest distinct sound in a particular language that signals differences between words.

**Phonics (or basic skills) approach** An approach to teaching reading that starts with basic elements like letters and phonemes and teaches children that phonemes can be combined into words before moving on to reading as a whole.

**Phonological awareness** Learning to recognize the letters of the alphabet and the sounds associated with them.

**Phonological disorder** A language disorder in which the child has difficulty with producing sounds or using sounds correctly.

**Phonology** The study of the sounds of a language.

**Physical activity play** The type of play that involves large muscle activity.

**Physical development** Biological changes that occur in the body and brain, including changes in size and strength, integration of sensory and motor activities, and development of fine and gross motor skills.

**Placenta** The organ that supports a pregnancy by bringing oxygen and nutrients to the embryo from the mother through the umbilical cord and carrying away fetal waste products.

**Plasticity** The ability of an immature brain to change in form and function.

**Play disruption** An inability to play because the child's emotions are preventing the kind of free expression linked with the fun of play.

**Play therapy** A way to help children work through difficult feelings with the help of an adult who is trained to understand play as a type of communication.

**Pleasure principle** The idea that the id seeks immediate gratification for all of its urges to feel pleasure.

**Pleiotropic effects** Any single gene may have many different influences.

**Polygenic inheritance** Numerous genes may interact together to promote any particular trait or behavior.

**Popular children** Children who receive a lot of nominations as "like most" and few as "like least" on a sociometric measure.

**Population** A set that includes everyone in a category of individuals that we are interested in studying (for example, all toddlers, all teenagers with learning disabilities).

**Positive correlation** A correlation in which increases in one variable are associated with increases in another variable.

**Positive youth development** An approach to finding ways to help all young people reach their full potential.

**Postconventional moral judgment** Independently formed moral judgments that are based on universal principles that apply to all people.

**Postformal or dialectical thinking** The ability to analyze and bring together contradictory thoughts and emotions.

**Postpartum depression** A severe depression anytime in the first year after childbirth that lasts for more than 2 weeks; symptoms are severe enough that they interfere with the woman's ability to function.

**Posttraumatic stress disorder (PTSD)** An anxiety disorder that follows exposure to an event marked by great harm or the threat of harm to oneself or others.

**Power assertion** A disciplinary technique that emphasizes control of the child's behavior through physical and nonphysical punishment.

**Practical intelligence** The ability to solve everyday problems by changing yourself or your behavior to fit the environment better, changing the environment, or

moving to a different environment in which you can be more successful.

**Practice play** Performing a certain behavior repetitively for the mere pleasure of it.

**Pragmatics** The rules that guide how we use language in social situations.

**Preattachment** The stage of development of attachment from birth to 6 weeks, in which infant sensory preferences bring infants into close connection with parents.

**Precocious puberty** A condition in which pubertal changes begin at an extraordinarily early age (as young as 6 or 7 years of age).

**Preconventional moral judgment** Moral reasoning that is marked by self-interest and motivation based on rewards and punishments.

**Prejudices** Negative attitudes toward individuals based on their race, ethnicity, religion, or other factors.

**Prematurity** A birth that occurs before a gestational age of 37 weeks.

**Preoperational stage** Piaget's second stage of development, in which children ages 2–7 do not yet have logical thought, instead thinking magically and egocentrically.

**Primary sex characteristics** Changes that occur in the organs necessary for reproduction.

**Private speech** Talking to oneself, often out loud, in order to guide one's own actions.

**Problem-focused strategies** Coping that focuses on solving a stressful problem.

**Processing capacity** The amount of information that you can think about at one time.

**Processing efficiency** The speed and accuracy with which one can process information.

**Projective tests** Assessments based on an individual's projections of aspects of his or her personality onto ambiguous external stimuli, such as an inkblot.

**Prosocial-popular boys** Boys who are perceived by teachers and peers as having many of the positive characteristics associated with popular children.

**Protective factors** Aspects of life that increase the health and well-being of children and families.

**Proximodistal** Development that proceeds from the central axis of the body toward the extremities.

a fixed or variable number of responses or fixed or variable lengths of time.

**Schema** A cognitive framework that places concepts, objects, or experiences into categories or groups of associations.

**Schizophrenia** A psychotic disorder marked by disorganized thinking, hallucinations, and delusions.

**Scientific method** The process of formulating and testing hypotheses in a rigorous and objective manner.

**Scripts** Memory for the way a common occurrence in one's life, such as grocery shopping, takes place.

**Secondary sex characteristics** Characteristics that are associated with gender but do not directly involve the sex organs.

**Secular trend** The downward movement of the age at which girls experience menarche in industrialized countries since the mid-1800s.

**Secure attachment** A strong, positive emotional bond with a person who provides comfort and a sense of security.

**Secure base for exploration** The use of a parent to provide the security that an infant can rely on as she explores the environment.

**Secure base script** The expectation that a child develops that distress will or will not be met with care, concern, and support.

**Selective attention** Tuning in to certain things while tuning out others.

**Self-complexity** The number of different ways in which an individual defines herself.

**Self-conscious emotions** Emotions that depend on awareness of oneself, such as pride, guilt, and shame.

**Self-efficacy** Bandura's concept of a belief in our power to influence our own functioning and life circumstances.

**Self-esteem** How people feel about characteristics they associate with themselves.

**Self-esteem movement** School-based programs designed to boost students' self-esteem, with the goal of eventually improving their academic performance.

**Self-fulfilling prophecy** The process by which expectations or beliefs lead to behaviors that help ensure that you fulfill the initial prophecy or expectation.

**Self-oriented induction** A parenting technique in which the child is asked to think about the consequences that the child might experience as a result of his behavior.

**Semantic bootstrapping** The use of conceptual categories to create grammatical categories.

**Semantics** The study of the meanings of words.

**Sensations** The information from the environment that is picked up by our sense organs.

**Sensorimotor stage** Piaget's first stage in which infants learn through their senses and their actions upon the world.

**Sensory memory** The capacity for information that comes in through our senses to be retained for a very brief period of time in its raw form.

**Separation anxiety** Distress felt when separated from parent.

**Sexual orientation** Preference for a sexual partner of the same or the opposite sex.

**Sexually transmitted infection (STI)** A disease or infection that is transmitted by direct sexual contact.

**Shame** A feeling that occurs as a result of personal failure or when children attribute their bad behavior to an aspect of themselves that they believe they cannot change.

**Single gene disorders** Genetic disorders caused by recessive genes or mutations.

**Slow-to-warm temperament** A general responsiveness marked by a slow adaptation to new experiences and moderate irregularity in eating, sleeping, and elimination.

**Social cognition** How we think about and understand interactions between people.

**Social cognitive theory** The theory that individuals learn by observing others and imitating their behavior.

**Social comparison** The process of comparing oneself to others.

**Social policy** Government or private policies for dealing with social issues.

**Social promotion** Promoting a child who has not mastered grade-level material to keep the child in a class with same-age peers.

**Social referencing** Using the reaction of others to determine how to react in ambiguous situations.

**Social status** The level of peer acceptance or peer rejection of an individual in the peer group.

**Social-emotional development** The ways we connect to other individuals and understand emotions.

**Transactional effect** A bidirectional effect in which there are changes over time as a result of the ongoing interaction between the individuals.

**Transactional model** A model of parenting effects that assumes that influence moves from parent to child but also from child to parent in a reciprocal process.

**Transductive reasoning** Thought that connects one particular observation to another by creating causal links where none exist.

**Transition** The third phase in the first stage of labor in which contractions come in rapid succession and last up to 90 seconds each, with little or no pause between them; lasts on average between 15 minutes and 3 hours and ends when cervix has dilated 10 centimeters.

**Transitional bilingual education programs** Programs for English language learners in which students receive some instruction in their native language while they also receive concentrated instruction in learning English.

**Triarchic theory** Sternberg's idea that intelligence represents a balance of analytical, creative, and practical abilities.

**Trophoblast** The outer ring of cells in the blastocyst that later develops into the support system for the pregnancy.

**Unconscious mind** The thoughts and feelings about which we are unaware.

**Undernutrition** A deficiency of calories or of one or more essential nutrients.

**Unidirectional effect** Influence that runs in only one direction (for example, from a parent to his or her child).

**Uninvolved or neglectful parents** A parenting style that is low both on the dimension of warmth and on the dimension of control; parents may be disinterested in parenting or actively reject their children.

**Universal grammar** A hypothesized set of grammatical rules and constraints proposed by Chomsky that is thought to underlie all languages and that is hardwired in the human brain.

**Unoccupied behavior** Looking around at whatever occurs, but engaging in no activity.

**Validity** A measure that accurately measures what it purports to measure.

**Variable** A characteristic that can be measured and that can have different values.

**Violation of expectation** Research based on the finding that babies look longer at unexpected or surprising events.

**Virginity pledge** A promise made by children or adolescents to abstain from becoming sexually active before marriage.

**Visual acuity** The ability to see things in sharp detail.

**Vocabulary burst** The rapid growth of a child's vocabulary that often occurs in the second year.

**Wernicke's area** The part of the brain that has to do with understanding the meaning in speech.

**Whole language instruction** A way to teach reading that emphasizes understanding the meaning of words from the context in which they appear.

**Whole word bias** An assumption made by language learners that a word describes an entire object, rather than just some portion of it.

**Working (or short-term) memory** Memory capacity that is limited to only a brief time but that also allows the mind to process information in order to move it into long-term memory.

**Wraparound program** A comprehensive set of services offered to families to strengthen them or reunite them.

**Zone of proximal development** According to Vygotsky, this is what a child cannot do on her own but can do with a little help from someone more skilled or knowledgeable.

**Zygote** The fertilized egg that begins to divide into the cells that will develop into the embryo.



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