13 Social and Emotional Development in Middle Childhood

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. **T** ☐ **F** ☐ Programs that build students' self-esteem not only improve their grades but also help reduce delinquency, drug use, and adolescent pregnancy.
2. **T** ☐ **F** ☐ Throughout childhood, girls are more likely to suffer from depression than boys.
3. **T** ☐ **F** ☐ The least hostile and aggressive children who play violent video games get into more fights than the most hostile and aggressive children who don't.
4. **T** ☐ **F** ☐ Children who grow up without siblings tend to be more self-centered, maladjusted, lonely, and neurotic than children who have siblings.
5. **T** ☐ **F** ☐ 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.
6. **T** ☐ **F** ☐ On average, there are only small differences between children of divorce and children from intact families.
7. **T** ☐ **F** ☐ Children who are adopted by gay or lesbian parents are more likely to have cross-sex gender identification than those with heterosexual parents.
8. **T** ☐ **F** ☐ Fewer than 2% of children who have been in foster care go on to college.
9. **T** ☐ **F** ☐ The long-term effects of bullying by peers are less harmful than the effects of maltreatment by parents.
10. **T** ☐ **F** ☐ Children who are able to rise above great adversity like poverty or child abuse have unusual abilities that have allowed them to succeed.

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

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Learning Questions

13.1 How does the sense of self develop in middle childhood?

13.2 How does typical emotional development proceed during middle childhood and what problems do children have when they cannot manage or control their emotions?

13.3 What do we know about family relationships during middle childhood?

13.4 How does growing up in different family structures affect children's development?

13.5 What affects the quality of a child's peer relationships?

13.6 What supports children's resilience in the face of adversity?

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As children move into middle childhood, they begin to see themselves in more complex ways. Changes in gender identity and ethnic identity occur, and self-esteem becomes more realistic than it was in early childhood. Children are better able to express and control their emotions, but in this chapter we also describe several disorders rooted in emotional development, including depression, anxiety, and behavioral disorders. When children enter school, their social world becomes much larger. Although parents and siblings remain important, peers begin to play a larger role in children's lives. Friendships begin to develop at a deeper level, and whether a child is accepted by peers has consequences for his or her future emotional development. Before we end the chapter, we discuss children who manage to thrive in the face of great adversity and describe the factors that contribute to resiliency in children.

The Self and Identity in School-Age Children

>> LQ 13.1 How does the sense of self develop in middle childhood?

When people talk about the self, they often use the terms *self-concept* and *self-esteem* interchangeably, but in Chapter 10 you learned that they are not the same thing. When you are asked to describe yourself, your description is your self-concept. The way you feel about those characteristics, whether you like them or not, contributes to your self-esteem. To clarify that distinction, you can complete **Active Learning: Self-Concept and Self-Esteem.**

ACTIVE LEARNING

Self-Concept and Self-Esteem

In the column labeled "Self-Concept" on the next page, make a list of 8 to 10 characteristics that describe you. They can include physical characteristics (such as your height, weight, or body build), skills and abilities, or personality characteristics. After you complete your list, go back and circle a number for each characteristic to indicate how much you like or dislike this characteristic in yourself.

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(Continued)

SELF-CONCEPT	SELF-EVALUATION											
	Like	10	9	8	7	6	5	4	3	2	1	Dislike
	Like	10	9	8	7	6	5	4	3	2	1	Dislike
	Like	10	9	8	7	6	5	4	3	2	1	Dislike
	Like	10	9	8	7	6	5	4	3	2	1	Dislike
	Like	10	9	8	7	6	5	4	3	2	1	Dislike
	Like	10	9	8	7	6	5	4	3	2	1	Dislike
	Like	10	9	8	7	6	5	4	3	2	1	Dislike
	Like	10	9	8	7	6	5	4	3	2	1	Dislike
	Like	10	9	8	7	6	5	4	3	2	1	Dislike
	Like	10	9	8	7	6	5	4	3	2	1	Dislike

The overall pattern of responses you gave for how you feel about the characteristics in your self-concept begins to tap into your self-evaluation or self-esteem. Most people have quite a few things that they like about themselves, but also some things that they dislike. Almost no one will have uniformly high esteem on every characteristic. Someone else with the same list of characteristics could end up with a different level of self-esteem because they feel differently about having those same characteristics as part of their self-concept. For instance, you may describe yourself as a very tall person, but you could love or hate that about yourself. Or you may see yourself as a very trusting person, but you could like that you always think the best of everyone or hate that you are so trusting that people frequently take advantage of you. Remember that self-evaluations occur in a cultural context. Is there anything you like on your list of characteristics that might *not* be seen as positively in another culture?

Self-Concept

As children enter middle childhood, they are able to think about themselves in more complex ways. While younger children describe themselves in very concrete terms ("I have red hair. I live in a big house and have a kitty"), children in middle childhood now include psychological terms, emotions, and attitudes in their self-descriptions ("I am a good friend. I like new things"). While children in early childhood tend to see themselves in an all-or-nothing way ("I'm never scared! I'm always happy"), children between 8 and 11 are refining their self-concepts to include shades of gray; for example, "I get sad *if* there is no one to do things with" (Harter, 2006b, p. 527). They can also experience more than one feeling at a time; for example, "I was happy that I got a present but mad that it wasn't what I wanted" (Harter, 2006b, p. 527).

Industry versus inferiority: The time in middle childhood during which Erikson says that children begin to learn what it takes to become an adult in their society.

Social comparison: Comparing one's own performance or characteristics to those of other people.

Erik Erikson (1963) described middle childhood as a conflict of **industry versus inferiority**, when children need to set aside childhood fantasies and begin the work needed to learn the "industry" of their society. In most modern societies, this means going to school to prepare for adult life. When children enter school they get a great deal of feedback telling them how they are doing, and they begin to compare themselves to others (Harter, 2006b). In carrying out this **social comparison**, they might think, "I am better than Joe at arithmetic but not as good as Arina at reading." These comparisons may form the basis for a child's self-concept ("I am an athlete") and can also affect the child's self-esteem, as we discuss later in this section.

Children also are developing the ability to see from others' perspective, and this includes being able to see *themselves* from another's point of view (Harter, 2012a). This new perspective leads to a greater self-awareness in their interactions with other people. For example, if a child uses a booming voice when approaching a peer and sees that the other child looks frightened, she may think, "I am scaring her. I better lower my

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voice," or she might think, "I am a loud and lively person. I better find someone else to play with." In either case, the child is reflecting on who she is based on her awareness of the other child's response.

Children's self-concept consists of many different elements. We next discuss the role of gender identity and ethnic and racial identity in children's concept of self.

Gender Identity

One important aspect of the sense of self is gender identity, and by the time children enter middle childhood, their gender identity is well developed (Charlesworth, Wood, & Viggiani, 2011). They also understand what their culture defines as feminine and masculine roles, attitudes, and behaviors. Children who are content with their gender role report a higher sense of global self-worth. Those who are not content report greater distress in their relationships with peers, and peers tend to see these children as being depressed, anxious, and self-deprecating (Carver, Yunger, & Perry, 2003).

As described in Chapter 10, *androgyny* represents a mixture of traits that are traditionally considered masculine and feminine. While boys' identification with traditional male role models increases during middle childhood, girls tend to be more androgynous. For example, when boys spend time with other boys, they devote most of that time to sex-stereotyped masculine activities. By comparison, when girls are with their peers, they spend similar amounts of time in masculine and feminine activities (McHale, Kim, Whiteman, & Crouter, 2004). It is not uncommon for girls to even take on an identity as a tomboy (Charlesworth et al., 2011; Halim, Ruble, & Amodio, 2011). This probably reflects the fact that society is more accepting of girls taking on some qualities traditionally described as masculine (such as being more independent or assertive) than it is of males taking on qualities described as feminine (such as being more nurturing or expressive).

As girls in middle childhood face increasing pressure to conform to gender stereotypes, they may abandon masculine activities and behaviors in favor of more traditionally feminine ones. Because masculine behaviors and traits such as assertiveness or risk-taking are the ones more highly valued by society, conforming to traditional feminine activities can in this way lower a girl's self-esteem (Saewyc, 2017).

Ethnic and Racial Identity

Developing a gender identity is a basic task all children must deal with, but children also need to develop a sense of their ethnic identity that consists of all "the attitudes toward and feelings of belonging to an ethnic group" (Marks, Szalacha, Lamarre, Boyd, & Coll, 2007, p. 501). Although there is some overlap between the terms *ethnicity* and *race*, ethnicity generally refers to a group of people that have a nationality or culture in common, while race tends to refer to physical characteristics that differ between

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Gender identity. Unlike boys who spend most of their time in masculine activities, girls in middle childhood take part in activities considered to be feminine and masculine. There is generally more acceptance for a girl like this one playing baseball than for this boy studying ballet.

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Ethnic identity. School-age children begin to understand and identify with their ethnic group. These girls learn about their heritage as they model traditional beaded native costumes in the 2017 Santa Fe Indian Market Fashion Show.

Ethnic and racial identity: A person's attitudes toward the ethnic or racial group to which they feel they belong.

Ethnic and racial constancy: The understanding that race or ethnicity remains the same across time and in different settings.

groups of people, such as skin color. These concepts overlap, so we examine **ethnic and racial identity** together here.

By the time they enter middle childhood, children have the cognitive capacity to begin to form a coherent ethnic and racial identity. Although children are aware of differences in people's appearance, they do not generally identify people by race until age 4 or 5. Children can label the ethnic group they belong to by ages 6 to 8; understand that differences are based on biological features, as well as social features such as speech patterns and lifestyle, by age 7 to 8; and develop **ethnic and racial constancy**, or the understanding that race and ethnicity remain the same across time and in different settings, between ages 8 to 10 (Byrd, 2012).

The way children respond to the question "What does it mean to be [ethnicity]?" differs by ethnic and racial group (Rogers et al., 2012, p. 101). Immigrant children are more likely to refer to their language, heredity, or birthplace, whereas White and Black children are more likely to refer to physical characteristics such as skin color or to perceived differences between groups in the social hierarchy.

Children who understand and identify positively with their ethnic and racial group also have other positive characteristics. In a meta-analysis of studies that examined children and teens from a variety of ethnic and racial backgrounds, children who felt more positively about their own ethnicity and race had higher self-esteem and academic achievement and better psychological well-being and health (Rivas-Drake et al., 2014). Those findings were based on correlational studies, so the direction of effects is not entirely clear. Does feeling positively about your ethnic or racial identity lead to good adjustment, or does being well adjusted lead to feeling good about your ethnic or racial identity? In an experimental study, African American children who attended a 10-week program designed to promote racial identity and pride had higher self-esteem at the end of the program than children who had not attended the program, indicating that ethnic and racial pride can result in higher self-esteem (Okeke-Adeyanju et al., 2014). The development of an ethnic identity continues during adolescence, so we return to this subject in Chapter 16.

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Feedback and self-concept. How will her teacher's response to her efforts affect this girl's concept of herself? In middle childhood, feedback from teachers and others leads children to develop a more realistic self-concept.

Self-Esteem

As we said earlier, self-concept is not the same as self-esteem. We have seen that children's self-concept becomes more complex as they move from early childhood into middle childhood. However, at this same age children's self-esteem often declines. Several factors contribute to this change. First, as we described earlier, children increasingly compare themselves to their peers, and as a result their self-evaluations become more realistic and drop from the inflated levels of early childhood. Second, the constant feedback children in elementary school receive from their teachers helps them develop a more accurate appraisal of their abilities (Harter, 2012a). When

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younger children receive feedback on their success or failure at a particular task, that information has little effect on their expectations for future success. In contrast, children in middle childhood take in this information and use it to change their predictions for their future behavior. This means that over time children's conceptions of self become more realistic (Davis-Kean, Jager, & Collins, 2009). Third, at this age children often participate in a variety of organized activities in which they are evaluated. They may be taking music lessons or gymnastics classes, playing sports, or participating in competitive activities such as the chess club at school. In all these situations, they can clearly see when someone else can do more or less than they can.

When we talk about how we feel about our own general self-worth, we are talking about what is called **global self-esteem**. As you saw when you did the **Active Learning** exercise above, there usually are some characteristics that we like about ourselves and some that we don't particularly like. Susan Harter (2012a) has developed a model of self-esteem that identifies five separate dimensions that are relevant to the way children feel about themselves. They are:

1. Scholastic competence—feeling you are doing well at school
2. Social competence—feeling you are popular or well liked
3. Behavioral conduct—feeling you act the way you are supposed to act
4. Athletic competence—feeling you are good at sports
5. Physical appearance—liking the way you look

Taken together, these dimensions form a profile across the developmental domains. Research has found that as children get older, they are better able to integrate these five dimensions into one overall assessment of global self-esteem (Harter, 2012a).

High self-esteem has been associated with a number of positive developmental outcomes, and low self-esteem with a number of negative ones. For instance, students who have higher self-esteem tend to do better in school than students with lower self-esteem (Baumeister, Campbell, Krueger, & Vohs, 2003; Cvencek, Fryberg, Covarrubias, & Meltzoff, 2017). Based on this observed relationship, school systems developed a number of programs designed to boost students' self-esteem, with the goal of eventually improving their academic performance. Collectively these efforts are referred to as the **self-esteem movement**. To learn how successful or unsuccessful these programs have been, read **Journey of Research: The Self-Esteem Movement**.

Global self-esteem: The feelings you have about your own general self-worth.

Self-esteem movement: School-based programs designed to boost students' self-esteem, with the goal of eventually improving their academic performance.

TRUE/FALSE VIDEO

T/F #1

Programs that build students' self-esteem not only improve their grades but also help reduce delinquency, drug use, and adolescent pregnancy.

False

JOURNEY OF RESEARCH

The Self-Esteem Movement

The self-esteem movement had its roots in a 1986 California Task Force that reviewed the existing research on self-esteem and concluded that it was the primary factor in determining how well an individual functions in society (Mecca, Smelser, & Vasconcellos, 1989). Social problems as wide-ranging as alcohol and drug abuse, crime, and child abuse were linked to low self-esteem.

Based on this conclusion, a number of school-based programs designed to boost students' self-esteem were created. However, over the years, critics charged that these were largely "feel good" programs that had little or no impact on actual school performance. While such programs emphasized the uniqueness and value of the individual, the praise they offered was not tied to achievement or accomplishments (and was specifically *not* tied to academic performance). Despite spending millions of dollars on these programs, subsequent research failed to find any significant positive outcomes that could be tied back to them (Baumeister et al., 2003; Twenge, 2006). High self-esteem also has not been found to "prevent children from smoking, drinking, taking drugs, or engaging in early sex" (Baumeister et al., 2003, p. 1). Some have even blamed this type of program for the rise in narcissism, or a feeling of being superior to others, in this generation, although other researchers have not found the same association with narcissism (Trzesniewski, Donnellan, & Robins, 2008). Children with high self-esteem may feel satisfied with themselves, but they do not necessarily feel superior to others as narcissists tend to do (Brummelman & Thomaes, 2017).

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Courtesy of Joyce Munsch

Building self-esteem. Winning this trophy at her first rodeo gave this young equestrian a reason to feel proud of herself. It was a recognition of the hours of hard work and practice that went into her achievement.

These programs may have failed because we got it backward (Baumeister et al., 2003). Self-esteem and positive outcomes may be correlated, but remember that we can't determine the direction of an effect from a correlation. Children who are good students often feel good about themselves (that is, they have high self-esteem), but the question is whether feeling good about yourself makes you a good student. Although in theory the direction of the effect can move either way, most evidence supports the idea that high self-esteem is primarily an outcome that results from performing well rather than being the cause of good performance (Baumeister et al., 2003). Imagine for a moment what would happen if you felt *great* about yourself but were required to take a test on matrix algebra when you had never studied matrix algebra. High self-esteem is not going to ensure a good grade on this test.

The failure of self-esteem enhancement programs to produce the hoped-for outcomes does not mean we shouldn't promote high self-esteem among children. Praise has long been associated with building up a person's self-esteem, but the type of praise that children receive makes a difference. Person-based praise ("You are so smart!") or inflated praise ("You are amazing!") turns out to be detrimental to self-esteem in the long run. With these types of praise, as soon as the child faces a task she finds extremely difficult, she begins to question her intelligence and self-esteem declines. On the other hand, giving children process-based praise ("You worked really hard on that!") can promote higher self-esteem. When these children encounter a task that is difficult, they understand that working hard is important and that failure does not mean something negative about them as a person. On the contrary, failure and mistakes spur them on to try even harder. They are more likely to continue to work hard and when they are successful they feel good about themselves and about their ability to learn and grow.

Unfortunately, adults tend to try to help children with low self-esteem by giving them person-based and inflated praise, and this begins a vicious cycle as the children's self-esteem falls even further when they encounter difficult tasks (Brummelman, Crocker, & Bushman, 2016; Brummelman, Thomaes, Orobio de Castro, Overbeek, & Bushman, 2014; Dweck, 2007). Self-esteem may be raised more when parents make children feel loved, show respect for and involvement with their interests, and help them think about things they have experienced and clarify their feelings about those events than by any kind of praise (Harris et al., 2017).

Culture, Self-Concept, and Self-Esteem

Cultural values provide models that influence how children think about and value themselves. There has been a large amount of research comparing people in Western countries, which tend to value individual achievement, with people in Asian countries, which tend to value individuals in relation to their group. Children in these different cultures may see themselves as individuals separate from other people or as individuals in context of their relationship to other people. A child who is applauded for independent thinking when challenging a teacher may have a very different concept of self than a child who is appreciated for accepting without question instructions from an elder or supporting his peer group. A child who addresses most adults as Auntie and Uncle may have a different sense of self in connection to others than one who addresses adults with their title and last name (for example, Mr. Smith). Although there is some evidence that people in these two cultures value the separate self and the connected self differently, this distinction may be too simplistic, especially in a time of social change and globalization (Park, Joo, Quiroz, & Greenfield, 2015).

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For example, Korean mothers in rural and urban areas of South Korea and Korean- and European-American mothers in Los Angeles responded to scenarios involving interpersonal dilemmas that reflected independent versus interdependent values in the home (for example, two sisters fighting over one shirt) and in school (for example, two students who want to work together on a project that requires individual submissions). Korean mothers were more collectivistic in their orientation in the home than European Americans, but they were just as individualistic in the context of school. However, these cultural differences disappeared when personal and household characteristics were taken into account. Mothers with higher education levels had more individualistic values and families with three generations living together had more collectivistic values regardless of ethnic origin (Park et al., 2015).

Cultural differences and similarities within the United States may also be complex. In one study of American parents from different cultural backgrounds (Chinese, African, Mexican, and European), all parents valued self-reliance, self-fulfillment, resilience, thinking for oneself, and determination over more interdependent values, but minority parents were more likely to subscribe to interdependence goals such as respect for elders. The conclusion that emerges from this research is that parents from diverse cultural backgrounds value both independence and interdependence as goals for their children (Suizzo, 2007).

Media, Self-Concept, and Self-Esteem

As social comparison becomes an increasingly important element in building children's self-concept and self-esteem, images they see on television and in movies, in advertising, and online present another standard against which they can compare themselves. The domain of physical appearance makes an important contribution to global self-esteem during middle childhood and the unrealistic images offered in the media can lead children to feel dissatisfied with their body (Barker & Bornstein, 2010; Martins & Harrison, 2012; Wonderlich, Ackard, & Henderson, 2005). Women and girls are almost universally portrayed as unrealistically thin, and being repeatedly exposed to this **thin ideal** can be damaging to girls' self-esteem. In Chapter 8 we said that girls as young as 5 years of age express their desire to be thinner and restricting their diet is linked to the amount of media exposure they have (Damiano, Paxton, Wertheim, McLean, & Gregg, 2015). Boys also are influenced by what has been called the **muscular ideal** because images of super heroes and super athletes are no more realistic for them than the images of women that girls see. For boys, these images can lead to body dissatisfaction tied to a desire to be bigger, stronger, and more muscular (Diedrichs, 2012).

Thin ideal: The idea promoted by media images that it is best for girls and women to be thin.

Muscular ideal: The idea promoted by media images that it is best for boys and men to be muscular.

Women are frequently portrayed in movies, video games, ads, and television shows as dependent on men and secondary to them, while male characters are shown as independent and in charge of the situation. Minority characters are frequently portrayed as criminals, sex objects, and people of lower status (Martins & Harrison, 2012). In one study of 7- to 12-year-olds, television viewing was negatively related to self-esteem for White and Black girls and Black boys, but not for White boys (Martins & Harrison, 2012). One explanation for this finding is that exposure to the negative portrayal of women in general and Black men in particular lowers the self-esteem of these groups, while the positive portrayal of White men boosts the self-esteem of White boys.

The typical U.S. child between ages 8 and 18 spends an average of 7 hours a day with entertainment media (Rideout, Foehr, & Roberts, 2010). Simply the amount of time spent with entertainment media would make it a powerful influence on a child's self-concept, but another reason media exposure is such a strong influence is that the more time spent with media, the less time the child has to engage in other positive, productive activities that contribute to self-esteem (Martins & Harrison, 2012). Encouraging children to take part in activities they enjoy and in which they can develop skills helps those in middle childhood build a positive self-concept based on diverse aspects of the self, not just on physical appearance. These activities might include sports, cultural or artistic activities, or hobbies. You will learn more about how diverse identifications contribute to self-esteem in Chapter 16.

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CHECK YOUR UNDERSTANDING

Knowledge Questions

1. How does gender identity change during middle childhood?
2. Describe children's understanding of ethnic and racial identity in middle childhood.
3. What outcomes did the self-esteem movement have?
4. How does media exposure affect children's self-esteem?

Critical Thinking

Give an example of person-based praise you've received or heard given to others. Can you think of process-based alternatives? Explain why they would be more effective.

>> LQ 13.2 How does typical emotional development proceed during middle childhood and what problems do children have when they cannot manage or control their emotions?

Emotional Development and Emotional Problems

Children's ability to successfully manage their emotions plays a critical role in their ability to form and maintain social relationships. In this section we describe the typical patterns of development of emotions such as fear, sadness, and anger during middle childhood and then describe the difficulties some children experience when they are unable to regulate their emotional responses.

Learning to express emotions in ways that are expected and sanctioned by your culture is crucial to healthy social and emotional development (Chaplin & Aldao, 2013) and by middle childhood most children understand and behave in ways that reflect those expectations. There are some consistent differences in the ways boys and girls express their emotions. For example, in the United States and many European countries, girls are expected to be more emotionally expressive than boys. Although gender differences are small, girls typically show higher levels of happiness, sadness, fear, anxiety, shame, guilt, empathy, and sympathy while boys show more anger and aggression (Brody & Hall, 2008; Chaplin & Aldao, 2013).

As children move through middle childhood, they become better at regulating the expression of their emotions (Chaplin & Aldao, 2013). However, as described in Chapter 10, some children direct negative emotions toward themselves, called *internalizing behavior*, and others direct negative emotions at others, called *externalizing behavior*. These types of behaviors may result from the kinds of adverse childhood experiences (ACEs) you read about in Chapter 11, such as child abuse or the death of a parent (Hunt, Slack, & Berger, 2017).

Fear and Anxiety

Anxiety: A vague fear about events that may or may not occur.

The difference between fear and anxiety is not always clear, but fear is generally thought of as a response to a real event, whereas **anxiety** involves the anticipation of events that may or may not occur. While younger children are primarily afraid of things in the physical world, these fears are replaced in middle childhood by social anxieties and anxiety about school performance (Ollendick, Grills, & Alexander, 2014). However, there is some continuity in fearfulness and anxiety because young children who are highly fearful are more likely to become highly anxious during middle childhood (Trzaskowski, Zavos, Haworth, Plomin, & Eley, 2012).

As we have already noted, girls tend to be more fearful than boys (Cummings, Caporino, & Kendall, 2014). What children fear can also depend on their cultural background. For example, although African American and European American children are quite similar in the nature of their fears, African American children have more fears that are concrete and grounded in reality (for instance, getting a shock from electricity or mean-looking dogs) compared to European American children who have more fears tied to performance (for instance, getting poor grades) or death and dead

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people. African American children also have a greater number of fears than European American children, which has been associated with a more negative self-concept (Ollendick et al., 2014).

Excessive amounts of anxiety can also become problematic. When anxiety is so great that it interferes with everyday activities and creates a great deal of distress, it is considered an **anxiety disorder** (American Psychiatric Association [APA], 2013), one of the most commonly diagnosed mental health problems affecting between 15% and 20% of children (Beesdo, Knappe, & Pine, 2009). While the exact cause of anxiety disorders is not known, heredity, temperament, stressful experiences, and/or biochemical factors all play a role. Individuals with generalized anxiety disorder report feeling their emotions more intensely than others, are more emotionally reactive to negative events that they experience, and feel less in control of their emotions (Newman, Llera, Erickson, Przeworski, & Castonguay, 2013). Functional magnetic resonance imagining (fMRI) has shown that the amygdala (the portion of the limbic system that plays an important role in the processing of emotions, especially fear) is hyperreactive in people with anxiety disorders and this hyperreactivity makes it more difficult for individuals to control the experience of fear and anxiety. Although a vulnerability to anxiety may tend to run in families, the same genetic mix might or might not result in an anxiety disorder, depending on the individual's life experiences (Vann, 2016).

In Chapter 2 you learned about one type of anxiety disorder, *phobia*, which is a fear of something specific that has no rational basis and is so severe that it interferes with day-to-day functioning. Most children will experience some transitory fears, but about 5% of children experience a specific phobia, which must last for at least 6 months to be diagnosed as a disorder (APA, 2013). Common phobias during middle childhood include fear of spiders, snakes, heights, flying, and water.

The most common form of anxiety disorder in children is **separation anxiety disorder**, which is defined as a developmentally inappropriate and excessive amount of anxiety when the child is separated from a primary attachment figure (APA, 2013). As children become more involved with their peers, a **social anxiety disorder** can develop, in which children become anxious about social situations where they believe other people may judge them, such as when they meet someone new or have to give a speech. Both social and separation anxiety disorders can result in school refusal, when children's fears lead them to refuse to separate from parents to go to school. School refusal, of course, has negative consequences for both academic progress and social development. Intervening as early as possible is essential because the longer the child avoids school, the scarier returning to it seems (Elsherbiny, 2017). Longitudinal studies of children with anxiety disorders have found that these conditions in childhood predict the development of emotional disorders in adolescence, so they should

Anxiety disorder: A level of anxiety that is severe, lasts a long time, and interferes with normal functioning.

Separation anxiety disorder: An anxiety disorder marked by a developmentally inappropriate and excessive amount of anxiety when the child is separated from a primary attachment figure.

Social anxiety disorder: An anxiety disorder marked by anxiety about social situations in which individuals believe other people may judge them.

Véronique Burger/Science Source

Separation anxiety disorder. 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.

TABLE 13.1

Common Anxiety Disorders in Children.

DIAGNOSIS	DESCRIPTION	SYMPTOMS
Specific phobia	An irrational fear of something specific that lasts at least 6 months and is so severe it interferes with day-to-day functioning	Crying, tantrums, clinging, and freezing up
Separation anxiety disorder	Fear and anxiety when away from a parent or other caregiver to whom the child is attached; inability to tolerate separations that are appropriate for the child's age	Can begin in early childhood and often involves avoidance of school in older children
Social anxiety disorder	Unusual or excessive fear of being scrutinized and evaluated in social situations with peers	Social situations are avoided or endured with great fear or anxiety. May be expressed by crying, tantrums, freezing up, clinging, or failing to speak in social situations

Sources: APA (2013); Anxiety and Depression Association of America (2014).

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not be ignored with the assumption they will simply disappear as children get older (Beesdo et al., 2009; Bittner et al., 2007). Table 13.1 summarizes information about the three common types of anxiety disorder that occur in middle childhood.

Sadness and Depression

Sadness is a normal reaction to experiences such as loss and disappointment, but a child's temperament can predispose some children to react more often with sadness than others do. In one study, 3-year-old children's temperament was evaluated. When the children in this study then experienced the stress of Hurricane Sandy about 7 years later, those whose temperament was marked by sadness at age 3 were more likely to develop depressive symptoms at age 10 in response to this trauma (Kopala-Sibley et al., 2016).

Major depressive disorder: A condition marked by long-lasting and severe feelings of worthlessness and hopelessness, a lack of pleasure, sleep and appetite disturbances, and possibly suicidal thoughts.

A **major depressive disorder** is a sadness that is long lasting and severe enough to affect the individual physically, emotionally, cognitively, and socially. The person may have trouble sleeping or eating, feel worthless, be unable to concentrate, and may even think about suicide. Children with a major depressive disorder may appear to be more irritable than sad and their sadness or anxiety may be expressed as a physical symptom, such as a stomachache, rather than as an emotion (APA, 2013; Rao & Chen, 2009).

T/F #2
Throughout childhood, girls are more likely to suffer from depression than boys. ***False***

Depression in preadolescent children is relatively rare, affecting about 1% to 2% of children younger than 12 years old (Forti-Buratti, Saikia, Wilkinson, & Ramchandani, 2016), but it can be diagnosed in children as young as 3 (Luby, 2010). Although depression is more common in girls from adolescence on, in middle childhood, boys are at a greater risk of suffering from depression (Merikangas, Nakamura, & Kessler, 2009). It is likely that a major depressive disorder is the result of a complex interaction of biological, genetic, psychosocial, and family factors. Psychotherapy is generally used to help children with mild depression, but when the depression is more serious, medications are also recommended as a part of a comprehensive treatment plan (Clark, Jansen, & Cloy, 2012).

Anger and Aggression

The temper tantrums that are common in early childhood occur less frequently as children develop a greater ability to express and manage anger appropriately. Although anger may lead to aggression, the two are not necessarily linked, and children can learn how to experience angry emotion without doing harm to others as a result (Potegal & Stemmler, 2010). However, a relatively small percent of school-age children continue to show high levels of aggression (Campbell, Spieker, Burchinal, Poe, & NICHD Early Child Care Research Network, 2006; Côté, Vaillancourt, LeBlanc, Nagin, & Tremblay, 2006).

BSIP/Newscom

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

Anger is more strongly related to aggression for children who *ruminate*, or think over and over, about incidents that make them angry (Harmon, Stephens, Repper, Driscoll, & Kistner, 2017). When aggressive behavior persists until children enter school, it is associated with academic problems, relationship problems, peer rejection, and even later criminal behavior (Lemerise & Harper, 2010; Oberle et al., 2017). Finally, although boys and girls *experience* anger in the same way, by age 4 or 5 girls are more likely to have learned to mask their anger, to cry when angry, and to control physical aggression (Potegal & Stemmler, 2010).

Media and Aggression

We have known since Bandura's early research described in Chapter 2 that children will imitate the aggressive behavior they see in a film, yet aggressive behavior is very prevalent in children's media. In one survey of television programming, 60%

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of shows had some amount of physical violence; children's television, including cartoons, had the most violence; and all G-rated movies had some violence (Wilson, 2008). In 2009, the American Academy of Pediatrics (AAP) reaffirmed their policy statement that media violence "can contribute to aggressive behavior, desensitization to violence, nightmares, and fear of being harmed," and in 2016, the organization expanded their concern to virtual violence, recommending "first-person shooter games, in which killing others is the central theme, are not appropriate for any children" (AAP, 2016d).

A clear and consistent picture has emerged that watching violent TV or movies, or playing violent video games promotes aggressive behavior, aggressive thoughts, and aggressive emotions in young viewers, while it decreases empathy and prosocial behavior (Anderson et al., 2010; Kirsh, 2012). Results of longitudinal studies have shown that viewing violent television at ages 2 to 5 was linked with greater aggression at ages 7 to 10 (Christakis & Zimmerman, 2007) and involvement with violent media in third- through fifth-grade children was related to higher levels of physical, verbal, and relational aggression 5 months later (Gentile, Coyne, & Walsh, 2011).

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 violent 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).

Parents can limit the impact of violent media by talking with children about what they are watching, setting limits on how much and what the child watches, and watching TV or playing videogames together while also discussing the content with the child. When parents were taught to use these approaches, children watched less media, viewed fewer violent shows, and their level of aggression decreased (Gentile, Reimer, Nathanson, Walsh, & Eisenmann, 2014).

TRUE/FALSE VIDEO

T/F #3
The least hostile and aggressive children who play violent video games get into more fights than the most hostile and aggressive children who don't. ***True***

Disorders Related to Anger and Aggression

Children who do not develop the ability to regulate their anger and aggression may be diagnosed with oppositional defiant disorder (ODD), disruptive mood dysregulation disorder (DMDD), or conduct disorder, so we next look at these disorders in more detail.

Being oppositional or defiant from time to time is one way children assert a need to be autonomous. However, when confrontation, defiance, and argumentativeness become part of an ongoing pattern of behavior, the child may have a behavior disorder known as **oppositional defiant disorder** or **ODD.** ODD includes three types of symptoms: angry/irritable mood, argumentative/defiant behavior, and vindictiveness (APA, 2013). Because the symptoms include fairly common behaviors such as temper tantrums, arguing with adults, refusal to comply with adult requests, and aggressiveness toward peers, knowing when these behaviors have moved beyond the normal range to become disordered behavior is a challenge. Criteria include the presence of these behaviors at least once a week for children age 5 and older, and the behaviors must cause distress to the child or others around the child or affect the child's functioning in social or educational areas. The severity of the disorder is based on whether children behave in these ways in only one setting, for example, just at home, or in multiple settings (APA, 2013).

Oppositional defiant disorder: A pattern of behavior marked by defiant, disobedient, and hostile behavior toward authority figures.

It has been difficult to determine the exact cause of oppositional defiant disorder, but both the child's temperament and factors within the family environment play a role. Gerald Patterson and his colleagues have described a common pattern of interaction in families with defiant children that they call a **coercive family process** (Granic & Patterson, 2006). For example, when a child refuses to eat his vegetables, his mother encourages or commands him to eat them. He starts whining and after a time the mother gives up and removes the vegetables. The next time vegetables are served the child already knows he can win this confrontation, so he may escalate, pushing the plate at his mother. The mother yells, but again gives up and removes the plate. Over time this can escalate into the mother screaming

Coercive family process: 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.

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at the child and the child throwing the plate at his mother (Fabiano, 2016). The capitulation by the parent reinforces the child's refusal behavior because, in the child's mind, he has won this battle when the parent stops trying to make him do something he doesn't want to do. Likewise, when the parent gives up and the child stops whining or screaming, the peace and quiet reinforces the parent's ineffective parenting. This sets up a pattern of confrontation, followed by opposition, followed by defeat for the parent and success for the child, and the pattern repeats and escalates. When young children experience this coercive family process they are more likely to develop conduct problems in middle childhood (Smith, Dishion, et al., 2014). When families were observed over time, it was not the child's earlier difficult behavior that predicted the development of conduct problems, but rather the interaction with the parent around these behaviors.

Several intervention programs have been used to help families break this cycle, but the younger the child is when the intervention is started, the more likely it will be successful. Parent Management Training is a well-researched intervention for children with ODD that teaches parents to respond consistently and contingently to their children, using clear and direct commands, and paying attention to and reinforcing desirable rather than negative behaviors. Another approach that has been beneficial involves both parent and child working together to figure out better ways to solve problems (Ollendick et al., 2016).

Disruptive mood dysregulation disorder (DMDD) is first diagnosed in children between 6 and 10 years of age when they have "severe recurrent temper outbursts . . . that are grossly out of proportion in intensity or duration to the situation . . ." and occur three or more times per week (APA, 2013, p. 156). Children with DMDD are irritable and angry most of the time and in many different situations.

Disruptive mood dysregulation disorder (DMDD): Severe and frequent temper tantrums that are out of proportion with the situation.

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

Multisystemic treatment (MST): A treatment for conduct disorder based on intervention at many levels of influence, including family, peers, school, and community.

DMDD is a new diagnosis in the *DSM-5* and there has been controversy over whether it is a unique and independent diagnosis (Mayes et al., 2015). Although it is considered more severe than oppositional defiant disorder, its two primary symptoms—irritable/angry mood and temper outburst—are ones shared with a number of other disorders. In a recent study, researchers assessed DMDD symptoms in children 6 to 12 years of age and reassessed the children 8 years later. They found only 29% of children whose symptoms were a problem when first assessed still received this diagnosis at the end of the study (Mayes et al., 2015). This new diagnostic category will need to continue to be scrutinized for its validity and usefulness to clinicians.

David Grossman / Alamy Stock Photo

Conduct disorder. A conduct disorder involves aggression, a serious violation of another person's rights, or a major violation of societal rules. Age-inappropriate behavior such as drinking at this young age could be part of a pattern of behavior that indicates a potentially serious problem.

An even more serious diagnosis is **conduct disorder**, which the *DSM-5* describes as a "repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social norms or rules are violated" (APA, 2013, p. 469). The behaviors used to diagnose this condition include aggressiveness toward people and animals, property destruction, deceptiveness or theft, and serious rule violations that include frequently running away from home or being truant from school. Many children with a conduct disorder are also diagnosed with ADHD (APA, 2013).

Estimates of the rates of conduct disorder vary from less than 1% to 10% of the U.S. population and are much higher in boys than in girls (APA, 2013). Children with ODD are more likely to go on to develop a conduct disorder later in childhood (Husby & Wichstrøm, 2017). Reaction to traumatic experiences may also underlie the development of conduct disorders (Carliner, Gary, McLaughlin, & Keyes, 2017).

Conduct disorders are among the most difficult conditions to treat, but **multisystemic treatment (MST)** has shown promise for treating even the most serious cases (Henggeler & Sheidow, 2012). Based on Bronfenbrenner's ecological systems theory described in Chapter 2, this approach intervenes at the many levels of influence that may contribute to the disorder, including family, peers, school, and community. The therapist and family work together to build on strengths within the family and the community to overcome problems. Many studies have shown that MST substantially improves family relationships, decreases children's aggression toward peers and involvement with other conduct-disordered youth, and reduces the need for out-of-home placements (Henggeler & Sheidow, 2012).

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CHECK YOUR UNDERSTANDING

Knowledge Questions

1. What are some gender differences in how boys and girls express emotions?
2. What is the difference between fear and anxiety?
3. What is a major depressive disorder?
4. How does use of violent media affect children in middle childhood?
5. What are oppositional defiant disorder (ODD), disruptive mood dysregulation disorder (DMDD), and conduct disorder?

Critical Thinking

In what ways do children express and manage their emotions differently in middle childhood than they did at younger ages?

Family Relationships

>> LQ 13.3 What do we know about family relationships during middle childhood?

In this chapter we have examined children's development of the sense of self and emotions. We now move on to an examination of children's social world, beginning with their relationships with their families.

The Family as a System

Families are dynamic systems made up of the individuals within them and their relationships that develop and change over time. A system is always more than just the sum of its parts. Just as when you listen to a song, you can identify individual notes and instruments but the song itself is something more than those different pieces, a family system is more than the individuals within it. Families also are embedded in the larger context of society and a culture that shapes both their form and their function.

The family system is composed of the adult relationship, the parent-child relationship, and the sibling relationship. These relationships, or subsystems, all interact with each other. When we discuss a mother's relationship with her child we must keep in mind that this relationship is influenced by her relationship with her partner and with her other children, as well as by external factors such as parental employment, community characteristics, and external supports or stresses. When a family seeks professional help with a problem, the professional must consider all of these components. For example, a family therapist might see a family in which the presenting problem is the child's refusal to go to school. As the therapist gets to know the family better, she realizes that having this child at home is a way the parents can avoid being close to each other. The therapist then focuses on the parents' relationship as they support or sabotage the child's return to school. As problems in the marital subsystem are addressed, the parent-child subsystem is affected and the child's behavior can change as a result.

The Parent-Child Relationship

The relationship between parent and child is affected by the cultural context in which a family lives as well as the changes that occur as the child grows older. In this section we describe both of these aspects of children's relationships with their parents.

Parenting in Cultural 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 found in that context (Davidov, Grusec, & Wolfe, 2012). In Chapter 10 we described

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Familismo. Latino families share cultural values that include family loyalty, respect for social roles, and a strong moral sense. Each cultural group has its own traditions that emphasize the values that are important to it.

the four parenting styles identified by Diana Baumrind in Western cultures. However, what parenting styles look like and the impact they have on children may not be the same in all cultures because parenting style is influenced by cultural values and attitudes.

For example, research with Latino families has not identified a parenting style that consistently fits Baumrind's descriptions of parenting styles, perhaps because her descriptions do not characterize Latino parenting very well. Latino families are not a singular group, but whether their country of origin is Mexico, Cuba, Puerto Rico, or a country in Central or South America, there are shared cultural values that influence how they 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. 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 involves "training in responsibility, morality and interpersonal relationships" (Halgunseth et al., 2006, p. 1286). We see these cultural values reflected in several specific parenting behaviors. For instance, Latino parents engage in more physical guidance of young children, more parental direction and modeling for school-age children, and more rule setting and monitoring for adolescents. All of these behaviors have been associated with good outcomes for children in Latino cultures (Halgunseth et al., 2006), although they would not necessarily be as effective in a different one.

Another cultural difference in parenting styles is that Chinese parents tend to be more controlling than Euro-American parents. When children reach school age, Chinese mothers provide the drive for their children's efforts to succeed in school, but do this in the context of the warm, supportive, and physically close relationship that was established when the child was younger. Another important concept in Chinese culture is *guan*, which literally means "to govern" but can also mean "to care for" or even "to love" (Yi, 2013). The close monitoring and correcting of a child's behavior is seen by both parent and child as fulfilling parental responsibilities to the child and in the child's best interest. These same behaviors might be interpreted differently in another culture with different values or attitudes. All of these findings remind us to take cultural norms into consideration whenever we discuss parenting approaches. Good parenting does not look the same in all cultures.

Parental Control and Supervision

As children move into middle childhood they are capable of handling a greater degree of independence from parents. However, how much independence they should be allowed has been controversial. In the past children played outdoors without parental supervision and they walked by themselves to school and back. Today, after hearing news reports about children being abducted and other threats, many parents are fearful for their children's safety. In many cases these fears may be groundless because children are at least 40% less likely to be reported as missing now than in 1997 and almost all of the cases reported are of children who have voluntarily run away from home (Ingraham, 2015), but some states have charged parents with child neglect for letting their children walk home from school without parental supervision or walk to a park alone. In response, the state of Utah passed the "free range kids" bill in 2018 that specifies that it is not a crime to allow this type of independence for children who show good judgment and maturity (Mosbergen, 2018).

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As children get older, they are more likely to spend time in self-care after school when parents are working. Self-care is more likely for children who live in relatively safe neighborhoods (Casper & Smith, 2002). Although parental supervision is important for children who live in dangerous, high crime neighborhoods, it is not always possible for poorer families to provide the level of adult supervision that would be best for their children. In one study of economically disadvantaged families, 36% of children in Grades 1 through 3 experienced 4 or more hours of after-school self-care per week, and 13.5% experienced 10 or more hours. The children with these levels of self-care who lived in high crime areas were more likely to be highly aggressive. Those with the highest levels of self-care also had lower school achievement, but this relation was not found for children who were in self-care part of the time, but also attended after-school programs (Lord & Mahoney, 2007). Of course teens are becoming even more independent and their parents must negotiate this increasing autonomy, so we continue to discuss this topic in Chapter 16.

Growing Up With or Without Siblings

The longest-lasting relationships you will have in your life are likely to be with your siblings, on average lasting longer than parent-child relationships or marital relationships. About 80% of children in the United States live with at least one sibling (McHale, Updegraff, & Whiteman, 2012; Volling, 2017). Asian- and Euro-American children are likely to grow up with fewer siblings than African American and Latino children, and 10% of children grow up with stepsiblings or adopted siblings (McHale et al., 2012). How many siblings you have is not as important as who they are. Sister-sister relationships are different from brother-brother or sister-brother relationships, and siblings who are quite a few years apart in age have a different type of relationship than siblings who are born close together. Finally, many people have qualitatively different relationships with biological siblings, stepsiblings, half-siblings, and adoptive siblings.

Siblings occupy a special place in a child's social world. Some of the functions they fill overlap with those of parents and others overlap with those of peers, but the combination of roles they fill is unique. One unique characteristic is that sibling relationships can be marked *both* by warmth and by conflict (Buist & Vermande, 2014). It can contain levels of jealousy and rivalry not usually seen in more discretionary relationships, like those between peers, but to varying degrees it also contains a sense of obligation. There is an expectation that siblings will be there to provide support and resources to each other in times of need (Kramer, 2011). Although children do best when they have harmonious relationships with their siblings, they can do well when they experience both conflict and warmth. However, siblings who experience only conflict tend to have more difficulties, including school problems, bullying other children, substance use, and internalizing behaviors (Buist & Vermande, 2014; McHale et al., 2012).

Sibling relationships often reflect the quality of the relationship between parents and between parents and their children. For example, a warmer relationship with parents was related to more positive sibling relationships (McHale, Whiteman, Kim, & Crouter, 2007). Siblings also can sometimes compensate for difficulties in relationships with the parents. For instance, a warm sibling relationship can help children deal with stress in their lives, even when their relationship with their mother is not warm (Gass, Jenkins, & Dunn, 2007). The types of interactions that siblings have with each other can also contribute to cognitive and social skills, such as negotiating, problem solving, and understanding emotions (McHale, et al., 2012).

Marc Dufresne via Getty Images

She's my sister! There is much more to sibling relationships than sibling rivalry. Most relationships are warm and supportive, and siblings learn a great deal from each other.

Although siblings fill many positive roles for each other, they also can influence each other to engage in negative behavior. For example, when an older sibling uses alcohol,

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the younger sibling is more likely to use it as well (Whiteman, Jensen, & Maggs, 2013). Sibling influence can come from one sibling simply modeling a certain behavior that the other sibling imitates; however, the coercive family environment that we described earlier in regard to parent-child relationships can also apply to sibling relationships. When negative coercive behavior by one sibling leads to compliance by another sibling, that behavior is reinforced and may escalate. Some intervention programs focus on helping parents guide sibling relations more effectively or helping younger siblings avoid the negative influence of their older siblings (McHale et al., 2012).

Shared and Nonshared Environments

The assumption underlying much of the research on siblings is that siblings grow up in the same family so they share the same environment, but increasingly we have realized that each child growing up in the same family actually has many different experiences in that environment. This has led us to an interest in understanding the impact of the **nonshared environment** (Plomin, 2011).

Nonshared environment: The unique experiences individuals within a family have that differentiate them from others in the same family.

How important is the effect of nonshared influences? It appears that it is very important. Once we take the effects of genetics into account, siblings are no more similar to each other than almost any two other children chosen at random, despite the fact that they grow up in the same household. The fact that each child experiences a different environment both inside the family and outside of it is one explanation for this finding (Plomin & Daniels, 2011). If you have siblings, think for a minute about how different your experiences were from theirs. 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 might 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 either stronger or become more troubled between the time of your birth and the birth of your siblings. Your family may have moved to a better—or worse—neighborhood during this interval.

Any of these changes means you experienced a family environment in your childhood that was not necessarily the same as your siblings experienced later. And as children get older, they have increasing opportunities to select their own experiences outside the family. If you chose to play soccer, join the band, and hang out with the cool kids, did all 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 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. 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: • Affection • Control/strictness • Responsibility		
Academic success		

(Continued)

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(Continued)

EVENT/EXPERIENCE	YOU	YOUR FOCUS SIBLING
Social relationships • Number of close friends • Quality of friendships (supportive, conflictual) • Peer group you spent time with (jocks, brains, druggies, nerds)		
Participation in activities (list them) • At school • In the community • Lessons • Work (If "yes," at what age?)		
Major family life events (residential moves, major changes in finances, serious illness/injury of family members, parental separation or divorce). For each event, indicate your age and your sibling's age at the time.		

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

Birth Order

There have been several broad descriptions of differences between siblings by birth order, based on the idea that children have different experiences and play different roles in the family depending on whether they were born first, in the middle, or last. Personality research describes firstborn children as leaders and high achievers who behave responsibly, middle children as more socially skilled and popular, and youngest as the spoiled, rebellious, and artistic ones (Eckstein et al., 2010). However, the evidence for these differences is mixed, at best. One of the problems with this research is that birth order is confounded with family size, which is further confounded with other family characteristics such as ethnicity, education, and wealth (Hartshorne, 2009). The best we can say is that any effects of birth order on personal characteristics are extremely small.

Differential Parental Treatment

Parents are often quick to say that they treat all the children in their family the same way, but they may in fact adopt different parenting styles with different children within the same family. This really isn't surprising given that the children differ by age and gender, as well as a number of personality and temperament characteristics. In one situation, however, differential treatment between siblings is almost inevitable, and that is the case of stepsiblings (Baham, Weimer, Braver, & Fabricius, 2008). 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 nonresident biological parent who comes into the mix.

Although most children understand that parents will treat each child in the family somewhat differently, if they believe that the parent is showing favoritism toward one child they tend to have lower levels of adjustment and more conflicted sibling relationships (Jeannin & Van Leeuwen, 2015; Jensen & Whiteman, 2014; Siennick, 2013) and can even be at an increased risk of engaging in delinquent activities (Jensen & Whiteman, 2014; Scholte, Engels, de Kemp, Harakeh, & Overbeek, 2007). 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 (Saxena & Adamsons, 2013). For instance, when one of the siblings in a family has a developmental disability or other condition that necessitates special treatment by the parents, the healthy sibling usually recognizes and accepts the fact that parents treat them differently (Schuntermann, 2007).

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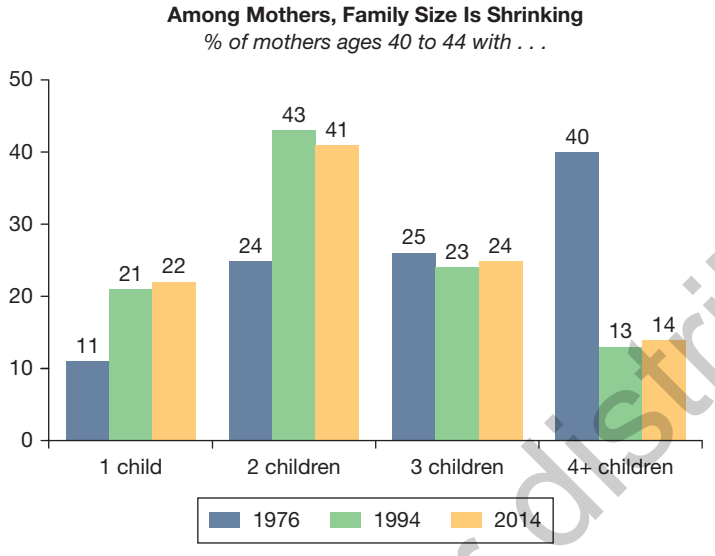
FIGURE 13.1

Family size.



In 1976, the majority of families had four children or more. By 1994, most had two children and the percentage of families with one child had almost doubled. This has not changed between 1994 and 2014. What do you think accounts for this change?

Source: Pew Research Center (2015b).

TRUE/FALSE VIDEO

T/F #4

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

Only Children

American families have gotten smaller in recent years for a number of reasons, including greater access to birth control, more women employed in the workforce, and the expense of raising a child (Gao, 2015). In 2017, there were almost 13 million one-child households in the United States (Statista, 2017); although, of course, many of these children might eventually have siblings. However, for families in which mothers are less likely to have another child because of their age, the percentage of single-child families has doubled since 1976 (Livingston, 2015), as shown in Figure 13.1.

There are a number of negative ideas about what only children are like. Many people assume that if only children have their parents' exclusive attention, they will be selfish or totally dependent on others when they grow up. They believe the lack of social interactions with siblings will lead to a lack of communication or social skills. The good news for only children is that research has generally failed to support these negative predictions. Rather, it has found that only children tend to show high achievement, good adjustment, strong character, and positive social relationships (Falbo, 2012).

CHECK YOUR UNDERSTANDING

Knowledge Questions

1. Briefly compare parenting styles in families from different cultural backgrounds.
2. How do shared and nonshared environments affect siblings differently?
3. In what ways can siblings affect each other?

Critical Thinking

Use what you've read in this section to reflect on the impact your siblings have had on you. How did your relationships change through your childhood? If you are an only child, how do you think that has affected your development?

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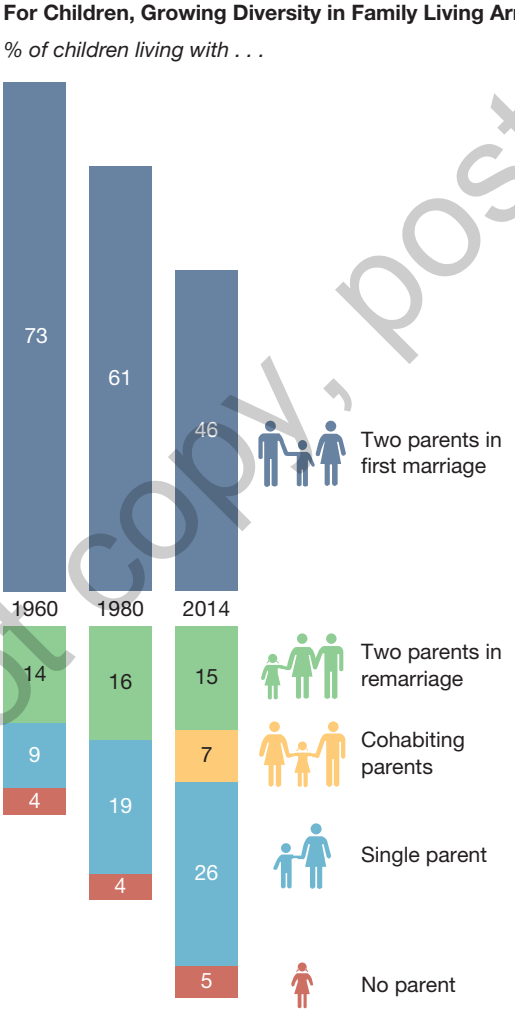
Diversity in Family Life

>> LQ 13.4 How does growing up in different family structures affect children's development?

Today, children grow up in a variety of family structures. Figure 13.2 shows the number of American children 17 years of age or younger that live in each of several different family forms. As the figure shows, in the 1960s, 73% of all children lived in a family with two married parents in their first marriage. By the 1980s, that percentage had fallen to 61% of all children, and today it is 46% (Pew Research Center, 2015b). Because each type of living arrangement has different consequences for children's growth and well-being, we discuss the different structures separately in the following sections. Before we do that, though, it is important to note that not only has the family structure in which children grow up changed, but so has the stability of their living arrangements. One recent study estimated that about one-third of children younger than age 6 would experience a major change in family structure over a 3-year period due to parental divorce, separation, marriage, cohabitation, or death (Laughlin, 2014). This means that any statistic about family structure reflects a particular point in time when the research was carried out. This is one reason why the percentage you see in this chapter

FIGURE 13.2

Children's household living arrangements.



This figure shows recent percentages of children living in different family arrangements in the United States. The percentage of children living with two married parents has fallen dramatically since the 1960s, while the percentage living with a single parent has increased substantially.

Source: Pew Research Center (2015b).

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for mothers who are single when they give birth and the percentage of children who live in single-parent families is different.

In Chapter 7 we introduced three types of family structures: divorced families, grandparents raising grandchildren, and adoptive families. In this section we continue our discussion of divorce to describe its effects on school-age children. We also describe how children grow up in single-parent families, stepfamilies, foster families, and with gay or lesbian parents.

Single-Parent Families

Today 40% of American children are born to single mothers (Martin, Hamilton, Osterman, Driscoll, & Mathews, 2017). Figure 13.3 shows the increase in recent years in the number of children born to unmarried mothers in the United States in different racial and ethnic groups. However, these numbers do not necessarily mean that the mother is the only adult in the household. In about 60% of the births to unmarried women aged 25 and older, the woman is cohabiting with a partner (Child Trends Data Bank, 2016a).

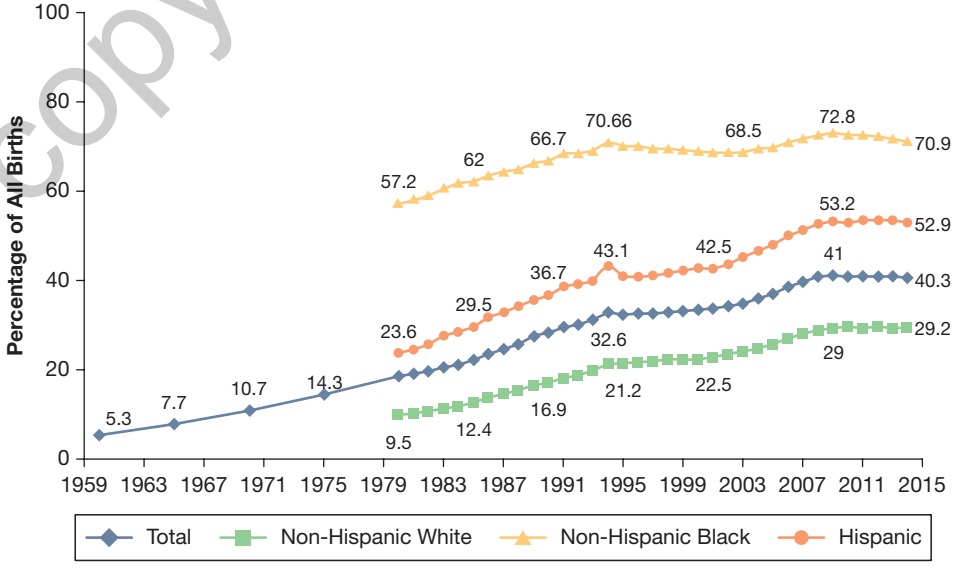
Because single mothers may marry, and married mothers may divorce or be widowed, the percent of children who are living in single-parent families will vary over time. Those who are cohabiting at the time of an infant's birth are more likely to marry eventually than those who are not (Child Trends Data Bank, 2016a). However, one large-scale study found that 1 year after the birth only 15% of single mothers had married the father and after 5 years, less than half of these couples had married. The divorce rate among these couples was no higher than for couples who had children after they married, but separation rates were much higher for couples who never married (Musick & Michelmore, 2015). In fact, two thirds of cohabiting parents who do not marry split up before their child reaches the age of 12 compared with one quarter of married parents. When the baby was the result of a planned pregnancy, marriage rates are higher and separation rates are lower (Reeves & Krause, 2017).

T/F #5
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.
False

Single parents come from all backgrounds and a wide variety of circumstances, but if you were asked to describe the typical single parent, what would your description

FIGURE 13.3

Statistics on the rise in number of unmarried mothers in the United States.



This figure shows the dramatic rise in the number of births to single mothers in the United States since 1959. Although more than 4 in every 10 births in the United States in 2015 were to an unmarried mother, the rate appears to have stabilized in recent years.

Source: Reprinted with permission from Child Trends Data Bank. (2016). *Births to unmarried women.*

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look like? According to the U.S. Census Bureau (2014), a single parent is more likely to be a mother than a father (84% female versus 16% male), was married at one point in time (only 34.2% of single mothers and 20.0% of single fathers were never married), is employed (79.5% of mothers and 90% of fathers are employed either full or part time) (Grall, 2011), and does not live in poverty (although 40% of single mothers and 22% of single fathers do). How accurate were your ideas of what the typical single parent is like?

Whether there are one or two parents in a household is important because of the living situation it creates for the child. Single-parent families are much more likely than two-parent families to fall below the poverty line. While 13% of children under the age of 6 with married parents live in low-income families, 46% of children residing with a single parent do (Jiang, Ekono, & Skinner, 2015). Poverty has both direct and indirect effects on children. A lack of adequate financial resources not only has been associated with a number of cognitive, social, and emotional problems in children, but it also increases parental stress and reduces parenting skill which, in turn, affects child well-being (Aber, Morris, & Raver, 2012; Ertel, Rich-Edwards, & Koenen, 2011; Orth, 2018). You can review the impacts of poverty on different aspects of children's development in Chapters 6, 9, and 10.

Whether a single-parent household is created when a single woman gives birth or by divorce or the death of a parent has different consequences for children. The death of a parent is extremely stressful for any child and is associated with short-term emotional difficulties. However, children whose parent has died tend to have better emotional adjustment in the long run than children whose parents are divorced (Otowa, York, Gardner, Kendler, & Hettema, 2014; Tebeka, Hoertel, Dubertret, & Le Strat, 2016). 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), but divorced mothers may or may not receive child support. On an emotional level, children are more likely to be able to hold on to positive thoughts about a parent who has died, while children of divorce are more likely to struggle with their feelings about both their parents.

Divorce

Every year over 1 million children in the United States experience the divorce of their parents (Cohen, Weitzman, & AAP Committee on Psychosocial Aspects of Child and Family Health, 2016), and in 2016, over one quarter of children in the United States lived with one parent while the other parent lived somewhere else (Grall, 2016). In Chapter 7 you learned about the effects divorce can have on infants and toddlers. In this section we look at the impact a parental divorce has during middle childhood.

Most psychologists today would agree that rather than asking whether divorce affects children we should try to understand how and under what circumstances (Amato, 2010) and identify ways we can help children cope with this experience. Divorce is a process that unfolds over time and each divorce has a unique path with factors that help children or put them at increased risk (Amato, 2010; Dowling & Elliott, 2012).

On average, children experience negative effects in psychosocial and academic functioning in response to parental divorce. Children from divorced and single-parent families, especially boys, tend to be more aggressive and have less self-control during childhood and later in life (Ehrenberg, Regev, Lazinski, Behrman, & Zimmerman, 2014). Parental divorce is also associated with internalizing behavior problems such as anxiety and depression and with a decline in academic achievement (Arkes, 2015; Ehrenberg et al., 2014; Franic, Middeldorp, Dolan, Ligthart, & Boomsma, 2010; Kim, 2011). However, average differences between children of divorce and children from intact families are small, and most children from divorced families score within the normal range of functioning on many measures. Also, average differences hide a great deal of variability in the response of individual children; some children function more poorly following a divorce, some improve functioning, and most do not show any measurable changes (Amato & Anthony, 2014; Ehrenberg et al., 2014).

T/F #6
On average, there are only small differences between children of divorce and children from intact families. ***True***

Conditions before a divorce will affect how children do during and after it happens. In families that had more resources prior to the divorce, both in terms of income and maternal sensitivity to the children, children have fewer behavioral problems after the

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Family conflict. What would it feel like to be this girl, listening to her parents fight?

divorce (Weaver & Schofield, 2015). Some common changes that may follow a divorce include residential moves, changes in financial resources, new caretakers, custody changes, parental dating relationships or cohabitation, stepparents, new siblings, and more. All these factors play a role in how well children fare following a divorce.

Several factors associated with parental divorce are related to worse outcomes for children. Behavior problems in the children tend to follow divorce when parents become more depressed and less supportive and stimulating, and when family income goes down (Weaver & Schofield, 2015). Also, when conflict between parents continues for years and the children are brought into it in many ways, divorce creates continuing anxiety in children. If a parent resorts to criticizing the other parent, it is particularly damaging to the child's self-esteem and emotional well-being (Baker & Ben-Ami, 2011). When the parent says, "Your other parent doesn't love you," the child may hear, "You are not worth loving."

When parents are able to resolve conflicts in a positive way while maintaining warm and consistent parenting for their children, children's cognitive and social development are less likely to be negatively affected in the long term (Bastaits & Mortelmans, 2016; Ehrenberg et al., 2014). In cases where high levels of family conflict and dysfunction are resolved by a divorce, children's functioning often improves (Strohschein, 2005; Yu, Pettit, Lansford, Dodge, & Bates, 2010).

Parents can help children cope with divorce by encouraging them to talk about how they are feeling, reassuring them that both parents still love them and that the divorce is not their fault, and helping them stay in contact with both parents. Keeping up with child support payments also helps reduce financial hardship, one of the greatest sources of stress during the divorce process (American Academy of Matrimonial Lawyers, 2009; Nemours Foundation, 2013).

PeopleImages via Getty Images

A child's view of divorce. When parents of school-age children divorce, it is important that parents help them understand that they are still loved by both parents and they will be cared for by them. Maintaining a relationship with both parents helps children cope with this change in their family life.

Decisions about where and with whom a child will live following a divorce are central to what that child's life will be like. Following a divorce, most children continue to reside with their mothers, but one in six resides with a custodial father (Grall, 2016), and joint physical custody is becoming increasingly common. A meta-analysis of studies that examined children's adjustment in joint custody compared to single parent custody with visiting found a small but significant positive effect of living part time with each parent (Baude, Pearson, & Drapeau, 2016).

When fathers do not reside in the same household as their children, the amount of contact children have with them varies greatly. In one 14-year-long study, following a divorce, 38% of fathers were consistently highly involved with their children, 32% had little contact, another 23% had a pattern of declining contact, and a smaller group of 8% increased contact over time (Cheadle, Amato, & King, 2010). Many children say they want more time with their fathers and that losing a relationship with him is one of the worst aspects of a parental divorce (Nielsen, 2013). Today, even if noncustodial parents live at a distance from the child, they are often able to use computer-based video-chat systems to interact with their children on a regular basis. When parents work together to make this kind of regular contact happen, there are fewer negative effects of the separation from the father on the child (Viry, 2014).

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There has been considerably less research on noncustodial mothers, but people often make negative assumptions about why a mother would not have custody of her children (Bemiller, 2010). They assume she is selfish, incompetent, or unfit, but it is more likely she has voluntarily relinquished custody to the children's father because she is unable to financially support the children, has physical or emotional problems, or the child has asked to reside with someone else (Bemiller, 2010). In many cases, mothers lose custody for reasons that are not voluntary, such as poor legal representation at custody hearings or escaping spousal abuse with the intention of returning for the child, only to find the father has received custody in her absence (Herrerías, 2008).

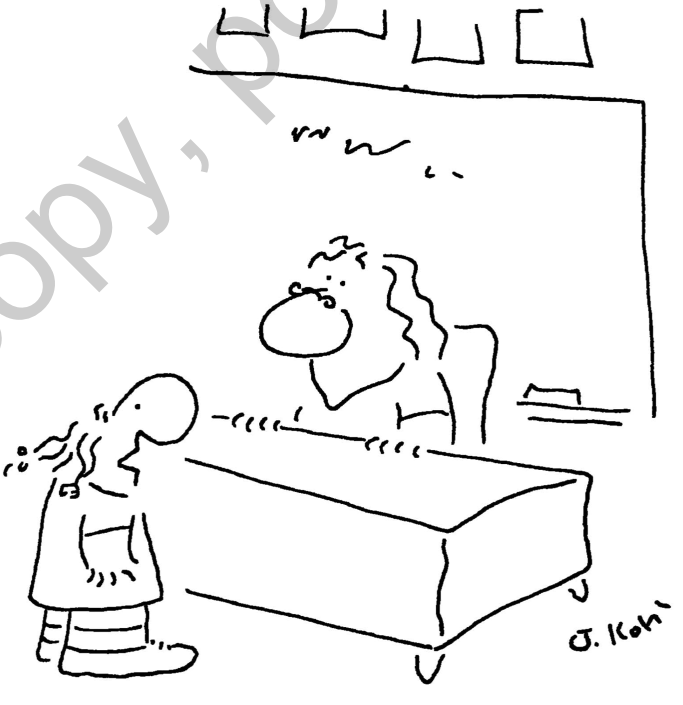
In fact there are several ways in which children's relationship with a noncustodial mother may be more positive than the relationship with noncustodial fathers. Noncustodial mothers are seen as maintaining greater emotional involvement in the lives of their children, even when they live apart, and as 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. There also is some evidence that the relationship with a noncustodial mother plays a bigger role in the child's postdivorce adjustment than the relationship with a noncustodial father (Gunnoe & Hetherington, 2004).

Stepfamilies

Three out of four divorced people eventually remarry, so many children who have experienced a parental divorce later face the challenge of entering a stepfamily. In fact, one out of every three American children will live in a stepfamily at some point during their childhood or adolescence (Braithwaite, Schrodt, & DiVerniero, 2009). A stepfamily consists of two adults who are married or cohabiting where at least one of

FIGURE 13.4

Complex 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?"

Joe Kohl/Cartoonstock.com

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

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the adults has children from a previous relationship and there also may be children from the current union. The new families that are formed 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)

The cartoon in Figure 13.4 shows confusion may arise in other situations as well.

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

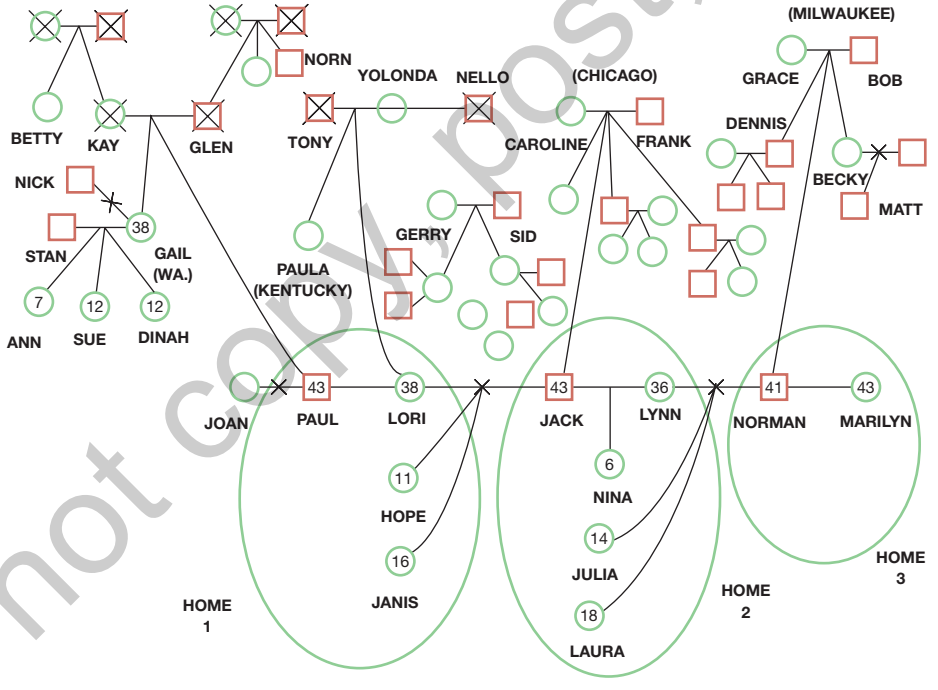
ACTIVE LEARNING

Diagram Your Family

A genogram is a mapping of your family; however, some families are more complex than others. See Figure 13.5 for an example.

FIGURE 13.5

Genogram for a multigenerational stepfamily.



Source: Based on Gerlach (2010).

There are a number of resources on the Web that will allow you to create your own family genogram. Search online for "create family genogram" to find a program that will help you do this. If you would rather do this activity by hand, follow the pattern shown in Figure 13.5 to create your own genogram.

Put yourself in the middle of the page and draw your family relationships around you. Use circles for females and squares for males, horizontal solid lines for marriages, and dashed lines for cohabiting relationships, and a horizontal line with a ----//---- for a divorce or separation. Use solid lines for biological children and dashed lines for adoptions, stepchildren, or other nonbiological parent–child relationships (adapted from Gerlach, 2010).

Does your family look like a traditional nuclear family or more like the multigenerational stepfamily shown in Figure 13.5?

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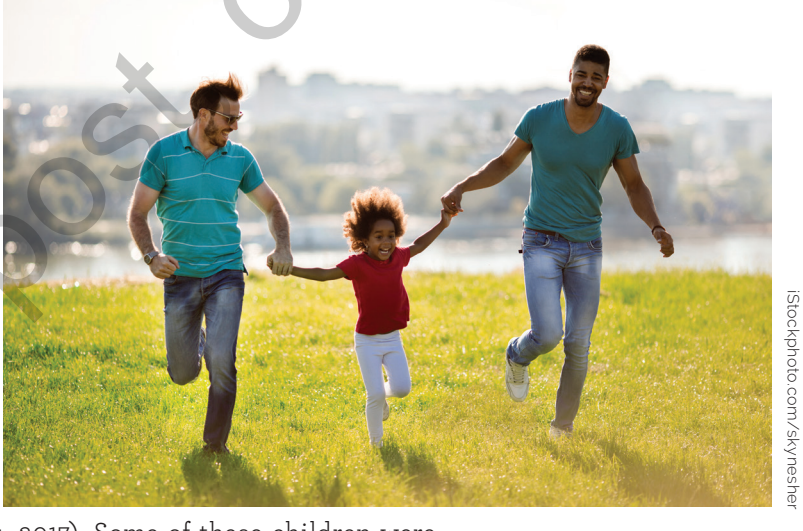
A family undergoes transformations as it goes through a divorce and a new stepfamily emerges. Within a stepfamily, boundary ambiguity, or lack of clarity regarding who is in and who is out of the family system, can become an issue (Stewart, 2005). People may need to redefine or clarify their roles and relationships within the stepfamily. In this process it is not uncommon for children to dislike or show challenging behavior to a new stepparent (Ganong, Coleman, & Jamison, 2011). They may feel they are being disloyal to their biological parent if they like their new stepparent, may continue to harbor the fantasy that their parents will get back together, or may simply resent the attention their parent now pays to the new partner (Hetherington & Kelly, 2002). Strained relationships between stepparent and stepchild undoubtedly contribute to the fact that 60% to 67% of remarried couples experience a second divorce (Divorce Statistics, 2012). However, if a parent's second marriage is better than the first, it provides the child with a new model of what a loving relationship can be.

There are three basic tasks that stepfamilies have to negotiate. First, they must find ways to honor the past lives of each family member, understanding that each one had a different life before they all came together. Second, they must find ways to work together, while acknowledging the differences between them. Third, everyday interactions over time must promote a sense of cohesiveness in which parents and children begin to feel like parts of a family unit (Pylyser, Buysse, & Loeys, 2017). As an example, holidays can be stressful for new stepfamilies because family members may have celebrated them in different ways in the past. This is an opportunity to create a new family tradition that binds together the new family unit. Parents and others need to be open to listening to children's thoughts and feelings about their complicated family lives. Frequently engaging in everyday conversation is associated with stepparents' and stepchildren's satisfaction with each other (Jensen & Pace, 2016; Schrodt, 2016) and both the marriage and the children are likely to benefit (Bryant, Futris, Hicks, Lee, & Oshri, 2016).



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Growing up with two dads. Children who grow up with gay parents are likely to be as happy and well-adjusted as children of heterosexual parents. It is the quality of the parent-child relationship rather than the parents' sexual orientation that is important to the child.

Gay and Lesbian Parents

According to the 2015 U.S Census, there are over 858,000 same-sex couples living in the United States, and an estimated 17% of same-sex couple households include children under the age of 18 (U.S. Census Bureau, 2017). Some of these children were born when one of the parents was in a heterosexual marriage, but gay and lesbian couples increasingly are having children through pregnancy or adoption (Elliott & Umberson, 2004).

The American Psychological Association released a comprehensive review of the research literature on gay and lesbian parenting and its effects on children in 2005 and reaffirmed its findings in 2012. The authors of the report concluded "lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children" (para. 1).

Recent research has shown that parents in lesbian households report more parenting stress than parents in heterosexual households, but there are no differences in children's general health, emotional difficulties, coping behavior, and learning behavior (Bos, Knox, van Rijn-van Gelderen, & Gartrell, 2016). Although children adopted into sexual minority families report that they feel different and are sometimes subjected to subtle, everyday slights or indignities by their peers, they see their families in a positive light and have developed coping strategies that give them resilience in the face of these challenges (Farr, Crain, Oakley, Cashen, & Garber, 2016). Finally, children adopted by gay or lesbian parents conform just as much to gender stereotyped play, interests, and gender identification as children with heterosexual parents (Farr, Bruun, Doss, & Patterson, 2018).

T/F #7

Children who are adopted by gay or lesbian parents are more likely to have cross-sex gender identification than those with heterosexual parents.

False

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Children in Foster Care

There are more than 400,000 children in foster care in the United States (U.S. Department of Health and Human Services [USDHHS], 2014c). Children must be removed from their homes for their own well-being if they have been abused or neglected; if their parents are unable to care for them because of mental or physical illness, incarceration, substance abuse; or if a parent dies (American Academy of Child and Adolescent Psychiatry [AACAP], 2013a). When there are no alternative caregivers within the family, these children are likely to be placed in the foster care system with a family that receives financial support from the state. One of the ways in which foster care is different from the other living arrangements we have discussed is that it is never intended to be a permanent situation for the child. In fact, two out of three children in foster care will return to their family of origin within 2 years. In most states the child's birth parents are provided with services, such as adequate housing or drug or alcohol treatment, so they become able to take better care of their children (AACAP, 2013a).

Children go into care not only with all the stress that brought them there in the first place, but also with the anxiety of living with a family that they don't know, possibly needing to change schools and losing contact with friends, and having unanswered questions about when or whether they will have to move again, either to return to their own family, to be moved to another foster home, or even to be adopted. Despite efforts to provide a safe, supportive, and nurturing environment for these children, they remain at elevated risk of later developmental problems. A study conducted in Sweden compared youth who left long-term foster care after age 17 to youth who had not been in foster care (Berlin, Vinnerljung, & Hjern, 2011). Those who had been in foster care had a 6 to 11 times greater risk of suicide attempts, substance abuse, serious criminality, and public welfare dependency. These researchers determined that half the risk for psychosocial problems could be attributed to the poor school performance of the foster youth. Being in the foster care system can have a negative effect on the educational process because the child often has to change schools and school records can be lost, days are missed, and the new school setting may be uncomfortable for the child. These disruptions are reflected in the fact that only 50% of American children who have been in foster care either graduate high school or pass the General Educational Development (GED) test and fewer than 2% go on to college (Bruskas, 2008).

T/F #8
Fewer than 2% of children who have been in foster care go on to college. ***True***

Despite the challenges, at least some of the children recognize that a new placement could mean new opportunities. In Chapter 16 we take a close look at recent legislative attempts to implement programs that help former foster children make the transition to productive independent living as a young adult.

CHECK YOUR UNDERSTANDING

Knowledge Questions

1. What are different ways in which single-parent families are created?
2. What are some ways to reduce the negative effects of divorce on children?
3. What are some of the stresses that children with gay or lesbian parents experience?

Critical Thinking

Describe how a child growing up in different family structures (for example, two-parent, single-parent, divorced) might cope with a difficult situation. What resources and relationships could that child draw on?

>> LQ 13.5 What affects the quality of a child's peer relationships?

Peer Relationships

Peers become increasingly important during middle childhood. Children's relationships both with friends and with the larger peer group will affect their well-being. In this section we look at the nature and impact of friendships and peer status and acceptance. We also look at a negative aspect of peer interactions: bullying.

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Friendships and Social Status

Children between the ages of 6 and 12 begin to value having a best friend, and this friendship is likely to be marked by a commitment to each other based on trust. Friends spend time together, like to do the same kinds of things, and increasingly offer each other emotional support. However, friendships will vary in the amount of loyalty and commitment, self-disclosure, and conflict they contain.

Another important aspect of peer relationships is **social status**, or the general acceptance or rejection of a child within the peer group. Researchers have used a technique called **sociometry** to study peer acceptance. In this technique, researchers ask children to nominate the children they like most or like least (Cillessen, 2011). The choices of all the children are then combined to determine the overall level of social acceptance or rejection of each of the children in that group. One classic way by which peer acceptance and peer rejection have been combined to describe different social statuses of individual children is shown in Figure 13.6. Children who receive a lot of nominations from the peer group for "like most" and few for "like least" are classified as **popular children**. Those who receive a lot of nominations for "like least" and few for "like most" are classified as **rejected**. Children who receive a number of nominations close to the median for the group are classified as **average**, and those who receive relatively few nominations in either category are classified as **neglected**. Finally, some children receive both a large number of nominations for "like most" from some peers and a large number of nominations for "like least" from other peers. They are classified as **controversial children** (Coie, Dodge, & Coppotelli, 1982).

More recently, researchers have recognized that there are two different ways children describe others who are "popular" within the peer group. The first group of children is *preferred* because they are cooperative, helpful, and understand others' feelings and point of view. The second group is seen as popular by their peers, but they may achieve their goals through aggression or manipulation of others and therefore they are not necessarily liked (van den Berg, Deutz, Smeekens, & Cillessen, 2017).

In a similar way, we now distinguish between two groups of rejected children: **rejected-aggressive children** and **rejected-withdrawn children**. Some children are rejected by the peer group because they are aggressive, annoying, or socially unskilled

Social status: The level of peer acceptance or peer rejection of an individual in the peer group.

Sociometry: A research technique used to assess a child's social status within the peer group.

Popular children: Children who receive a lot of nominations as "like most" and few as "like least" on a sociometric measure.

Rejected children: Children who receive a lot of nominations as "like least" and few as "like most" on a sociometric measure.

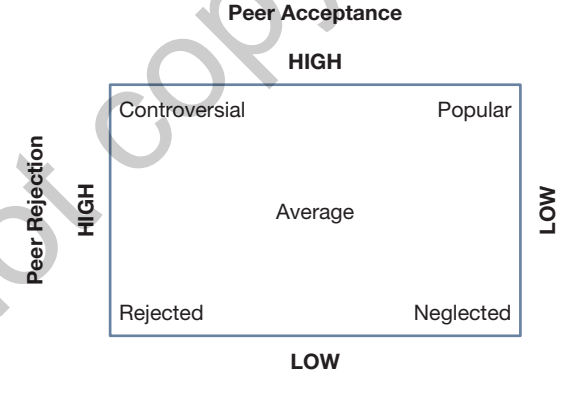
Average children: Children who receive a number of nominations for "like most" and "like least" that is close to the median in the peer group on a sociometric measure.

Neglected children: Children who receive relatively few nominations either as "like most" or as "like least" on a sociometric measure.

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.

FIGURE 13.6

Determining sociometric status.



Popular children = High on peer acceptance, low on peer rejection
Rejected children = High on peer rejection, low on peer acceptance
Controversial children = High on peer acceptance, high on peer rejection
Neglected children = Low on peer acceptance, low on peer rejection
Average children = Average level of peer acceptance and peer rejection

After asking peers who they like the best (peer acceptance) and who they like the least (peer rejection), this information can be combined to produce these five sociometric status groups used in sociometric research.

Source: Coie, J.D., Dodge, K.A., & Coppotelli, H. Dimensions and types of social status: A cross-age perspective. *Developmental Psychology, 18*(4), 556–570.. © 1982 American Psychological Association.

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Rejected-aggressive children: Children who are rejected by peers because they are aggressive, annoying, or socially unskilled.

Rejected-withdrawn children: Children who are rejected by peers because they are socially withdrawn and anxious.

Hostile attribution bias: The tendency to interpret the innocent behaviors of others as hostile rather than benign.

(Sandstrom & Zakriski, 2004). For instance, they may try to enter a game other children are already playing by disrupting it and annoying their peers or they may tend to interpret the innocent behaviors of others as hostile rather than benign. For instance, if someone walks past you in the cafeteria and some milk from his or her tray gets splashed on you, is it simply an accident or did that person want to humiliate and embarrass you? A tendency to interpret innocent behavior as aggressive is called a **hostile attribution bias**. An attribution is the explanation or cause we give for behavior. Children who have a hostile attribution bias respond negatively even to neutral events and are seen as more aggressive by their peers (Nelson & Perry, 2015). The second group of rejected children is rejected because they are socially withdrawn and anxious (Juvonen, 2013). When children who are very shy, nervous, or depressed withdraw from contact with peers, they are not very appealing playmates for other children.

Research on popularity and peer rejection has been focused largely on the personal characteristics of the individual child; however, there is evidence that the context of peer relationships also influences who will be popular and who will be rejected. The characteristics that are seen as desirable can vary from one peer group to another. For example, although rejected children tend to be either aggressive or withdrawn, withdrawn children are more likely to be rejected in groups that are more aggressive, and aggressive children are more likely to be rejected in groups that are more withdrawn (Mikami, Lerner, & Lun, 2010). Children, like adults, also tend to accept and form friendships with others they perceive to be similar to themselves. Therefore, African American children are more likely to be rejected when the majority of their classmates are White, and White children are more likely to be rejected when their classmates are African American (Mikami et al., 2010).

Some children who are not popular with the larger group of their peers may still have friendships that buffer the negative effects of rejection or neglect by the peer

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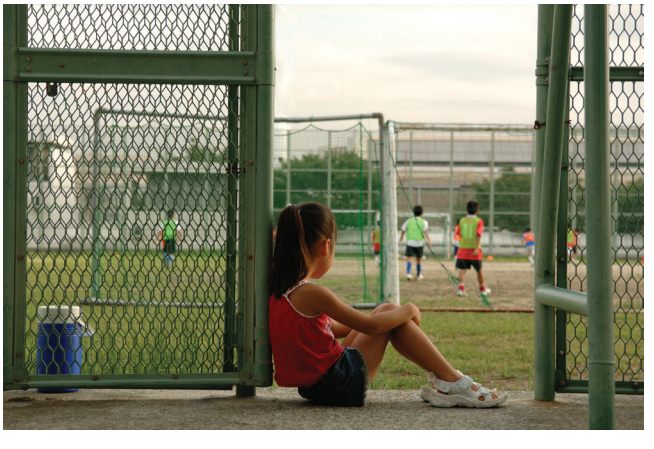

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You gotta have friends! Popular children are liked by many of their peers, while rejected and neglected children are not. However, individual friendships are as important as social status for children's well-being.

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group. Having one good friend can be enough to save a child from loneliness and to buffer the child from the physiological effects of stress experienced by rejected children who do not have a close friend (Peters, Riksen-Walraven, Cillessen, & de Weerth, 2011). On the other hand, some children who are widely accepted by the group as a whole do not have a close friend and describe themselves as lonely (Dunn, 2004).

Both peer rejection and lack of friends are related to difficulties in adulthood, while peer acceptance and having a good friend are related to better outcomes. In one study, preadolescents who had friends were more likely to have a high sense of self-worth when they became adults. Preadolescents rejected by their peer group were more likely to have trouble with the law later in life, probably because rejected children are more likely to seek out and form friendships with deviant peers who in turn are more likely to be engaged in criminal behavior (Juvonen, 2013).

Finally, the effects of peer rejection may be mediated by how sensitive the child is to rejection. All children experience rejection at some time in their lives, but some children respond more strongly than others. **Active Learning: Rejection Sensitivity** gives you an opportunity to better understand how this affects a child's peer relationships.

ACTIVE LEARNING

Rejection Sensitivity

In the Children's Rejection Sensitivity Questionnaire (Downey, Lebolt, Rincón, & Freitas, 1998), children are given several scenarios and asked to imagine how they would feel if these things happened to them. Begin by reading these two examples from the questionnaire.

1. Imagine you are the last to leave your classroom for lunch one day. As you're running down the stairs to get to the cafeteria, you hear some kids whispering on the stairs below you. You wonder if they are talking about you.

   How NERVOUS would you feel, RIGHT THEN, about whether or not those kids were badmouthing you?

   Not nervous 1 2 3 4 5 6 Very, very nervous

   How MAD would you feel, RIGHT THEN, about whether or not those kids were badmouthing you?

   Not mad 1 2 3 4 5 6 Very, very mad

   Do you think they were saying bad things about you?

   Yes!!! 1 2 3 4 5 6 No!!!

2. Imagine you're back in your classroom, and everyone is splitting up into groups to work on a special project together. You sit there and watch lots of other kids getting picked. As you wait, you wonder if the kids will want you for their group.

   How NERVOUS would you feel, RIGHT THEN, about whether or not they will choose you?

   Not nervous 1 2 3 4 5 6 Very, very nervous

   How MAD would you feel, RIGHT THEN, about whether or not they will choose you?

   Not mad 1 2 3 4 5 6 Very, very mad

   Do you think the kids in your class will choose you for their group?

   Yes!!! 1 2 3 4 5 6 No!!!

Source: Downey, Lebolt, Rincón, & Freitas (2013).

Questions:

1. Why did these researchers ask children both about how nervous they would be in each situation and whether or not they would be mad about what happened?
2. How does being nervous versus getting mad affect a child's relationship with peers?
3. What might be the consequence over time of a child expecting to be rejected by peers?
4. Think about a time when you wanted to get together with someone and he or she said no. How did you interpret this response? What did you do? How did this affect your relationship with that person?

You will find answers to these questions as you continue reading.

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People who are particularly sensitive to rejection are more likely to interpret others' responses to them as hostile and a sign that the person doesn't like or respect them. They become either angry or anxious. When social rejection makes a child feel anxious, it can lead to social anxiety and a withdrawal from future social situations. When the response is anger, however, it can lead to aggression directed toward others (London, Downey, Bonica, & Paltin, 2007).

Rejection sensitivity: The extent to which a child is affected by peer rejection.

Rejection sensitivity is associated with experiences of rejection from parents. When children experience rejection from either parents or peers they begin to expect they will be rejected and may start to see it even when it is not there (London et al., 2007; Rudolph & Zimmer-Gembeck, 2014). This can create a vicious cycle that perpetuates a child's rejection by potential friends. In one study children who became more accepted by their peers reduced their rejection sensitivity over time (London et al., 2007). Finally, rejection-sensitive children who were able to control the expression of their emotions had better long-term outcomes in adulthood (Ayduk et al., 2000). It appears that children who act aggressively or in a highly anxious and withdrawn manner may drive peers further away, but a child who can control these responses is less likely to do so.

The Role of Gender in Social Relationships

Gender segregation: A preference for playing with other children of the same gender.

Gender segregation, the tendency of children to become friends and interact with other children of the same gender, begins in preschool and becomes even stronger in middle childhood, especially for boys (Martin & Fabes, 2001; Munroe & Romney, 2006). Although plenty of play involves both boys and girls, the preference for same-sex play interaction has been found in many cultures and even among nonhuman primates (Fouts, Hallam, & Purandare, 2013; Golombok & Hines, 2002; Maccoby, 2002).

Boys and girls tend to have different styles of social interaction. In both Western and non-Western cultures boys tend to play in larger groups and farther from home than girls and engage in more physical play (Gosso & Carvalho, 2013; Munroe & Romney, 2006). Girls are more likely to interact in pairs or small groups. This difference in group size means that boys and girls are also engaging in different types of interactions. Large groups require cooperation, competition, conflict, and coordination, while small groups allow for intimate connection, with attention to the individual needs and feelings of the participants, so girls and boys tend to learn different skills when they play (Ayres & Leve, 2006).

Bullying

Bullying: Repeated exposure to negative actions on the part of one or more other people; includes physical, verbal, and emotional bullying.

Although peers usually are positive influences and an important source of support and companionship during childhood, a darker side of peer relationships includes bullying, harassment, intimidation, and violence. **Bullying** involves "aggressive behavior in which someone intentionally and repeatedly causes another person injury or discomfort" (American Psychological Association, 2017a, para. 1). A wide range of behaviors are considered bullying, including physical bullying such as hitting, pinching, or punching; verbal bullying such as name-calling or teasing; and emotional bullying such as threatening or intimidating someone. Cyberbullying, in which the bullying takes place online, is now common especially among teenagers so we discuss this form in Chapter 16.

Some children are more likely to be bullied than others. Bullies often select other children who are not accepted by their same-gender classmates as their targets so the victims will not have others who stand by them (Veenstra, Lindenberg, Munniksma, & Dijkstra, 2010). Bullies are especially likely to select children described as "anxious-solitary," whose vulnerabilities and fears are apparent to others rather than children who are simply unsociable (Ladd, Kochenderfer-Ladd, Eggum, Kochel, & McConnell, 2011). However, you may be surprised to learn that bullies also target popular children. Because bullying can be used to move up the social ladder, bullies may target social rivals to gain greater status. The consequences for these popular children may be just as negative as they are for the isolated children who are targeted, but this type of bullying is often passed off as "drama" by adults and other children, thereby minimizing the pain that the popular children experience in the minds of observers and denying them the sympathy and support they need (Faris & Felmlee, 2014).

International research on bullying has found large differences in self-reported rates of victimization, from 9% of students in Norway and Sweden, to 22% of students in Japan, to 42% of students in Italy. In the United States, 13% of children reported being bullied in 2014 (Finkelhor, Turner, Shattuck, & Hamby, 2015). The number of

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children who self-identify as bullies also varies from 7% in Scandinavia, to 28% of Italian primary school students, to 52% of Japanese elementary school students (Borntrager, Davis, Bernstein, & Gorman, 2009). In the United States, 15% of children said they usually or sometimes bullied or were cruel to other children (National Survey of Children's Health, 2007). Even taking into account these disparities, it appears that in many settings and across a number of cultures, the threat of being victimized by a bully is a significant concern for many school-age children.

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Bullying. Bullying can take different forms, including physical, verbal, and psychological abuse. All have negative effects on the victim's well-being.

Although both boys and girls can be bullies as well as victims, more bullies are male than female and more victims are female (Faris & Felmlee, 2014). Boys who bully others tend to use physical intimidation, and girls who bully tend to use emotional and psychological intimidation. The incidence of bullying peaks in the middle school years (Grades 6–8) and then decreases through adolescence. At all ages, there is far more emotional and psychological bullying than physical bullying (Harris, 2004; Olweus, 2003; Wang, Iannotti, & Nansel, 2009).

Bullies often engage in deviant behaviors, such as smoking, drinking, carrying a weapon, stealing, or damaging property (Nansel et al., 2001). They also are at greater risk of developing externalizing disorders and engaging in criminal behavior, particularly violent crime and use of illegal drugs (Klomek, Sourander, & Elonheimo, 2015; Valdebenito, Ttofi, & Eisner, 2015). They tend to have difficulty with school adjustment and bonding to the school environment, but they do usually have as many friends as children who are not bullies (Meland, Rydning, Lobben, Breidablik, & Ekeland, 2010). Family characteristics of bullies include an insecure attachment to parents (Eliot & Cornell, 2009), a lack of parental supervision, punitive discipline, and family violence that models aggression as a way to resolve disputes (MacNeil & Newell, 2004).

Being a victim of bullying has serious emotional, psychological, and physical consequences for a child and even on into adulthood. Victims are at greater risk for internalizing disorders such as depression and anxiety and often have a poor self-concept (Klomek et al., 2015). Because victims may feel as though they have no friends, this sense of loneliness and powerlessness can contribute to thoughts of suicide or even a suicide attempt (Sassu, Elinoff, Bray, & Kehle, 2004). Being the victim of bullying also affects children's ability to be successful in school because victimization is associated with absenteeism, a lack of participation in extracurricular events, and their ability to learn (Harris, 2004; MacNeil & Newell, 2004).

The more frequently children are involved either as victim or bully, the more likely they are to have negative outcomes in adulthood (Klomek et al., 2015). In one study in the United States and the United Kingdom, peer bullying in childhood had even more detrimental effects on mental health than maltreatment by parents (Lereya, Copeland, Costello, & Wolke, 2015).

T/F #9
The long-term effects of bullying by peers are less harmful than the effects of maltreatment by parents. ***False***

More than half of children who say they have been bullied also say they have not told a teacher (Fekkes, Pijpers, & Verloove-Vanhorick, 2005; Holfeld & Grabe, 2012; Li, 2007). Many students think that administrators or teachers may not believe them, are not interested in stopping bullying, or that reporting it will make the situation worse rather than better (Cortes & Kochenderfer-Ladd, 2014; deLara, 2012). However, when adults within a school are seen as being supportive, children are more likely to say they would seek help if they were the victim of a bully (Eliot, Cornell, Gregory, & Fan, 2010). And, finally, some victims claim that being bullied simply didn't bother them (Harris, 2004).

Bullying is more than the interaction between a bully and a victim. To fully understand what happens—and why it happens—we need to look at the social context in which it occurs. Dan Olweus (2003) has provided such a description with the *bullying circle* shown in Figure 13.7. As you can see, in addition to victim and bully, there are passive or possible supporters of what is happening and defenders or possible defenders of the victim, as well as curious onlookers. One goal of anti-bullying programs is to empower students so they can become someone who effectively acts as a defender in the face of bullying.

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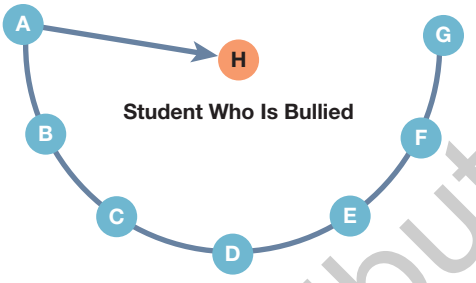
FIGURE 13.7

The bullying circle.



A. Students Who Bully
These students want to bully, start the bullying, and play a leader role.

B. Followers or Henchmen
These students are positive toward the bullying and take an active part, but don't usually initiate it and do not play a lead role.

C. Supporters or Passive Bullies
These students actively and openly support the bullying, for example, through laughter or calling attention to the situation, but they don't join in.

D. Passive Supporters or Possible Bullies
These students like the bullying but do not show outward signs of support.

E. Disengaged Onlookers
These students do not get involved and do not take a stand, nor do they participate actively in either direction. (They might think or say: "It's none of my business," or "Let's watch and see what happens.")

F. Possible Defenders
These students dislike the bullying and think they should help the student who is being bullied but do nothing.

G. Defenders
They dislike the bullying and help or try to help the student who is being bullied.

The bullying circle shows that bullying involves more than just a bully and a victim. A number of others are involved to a greater or lesser extent.

Source: Olweus (2003). © 2001 by Guilford Publications, Inc. Reproduced with permission of Guilford Publications, Inc., via the Copyright Clearance Center.

Public concern about bullying has increased and all 50 states now have anti-bullying legislation, although there is no national legislation that treats bullying as a problem shared by all parts of the country (USDHHS, 2015b). A review of anti-bullying programs found that on average they decreased bullying by about 20% (Ttofi & Farrington, 2011). More effective programs are longer and more intensive, involve parents, and include more playground supervision. However, zero-tolerance programs in which any student who is found to be bullying another is automatically suspended or expelled from school have not been found to decrease the incidence of bullying (Borgwald & Theixos, 2013). Perhaps surprisingly, peer-based interventions such as peer mediation, peer mentors, and bystander intervention programs actually increased victimization. However, when schools offer clear rules that are enforced and support to students, levels of bullying decline (Gregory et al., 2010).

CHECK YOUR UNDERSTANDING

Knowledge Questions

1. How are the effects of group status similar to and different from the effects of friendships on children's well-being?
2. What are two different sets of characteristics associated with rejection by the peer group?
3. How does gender segregation affect children's interactions?
4. How does the Olweus Bullying Prevention Program try to reduce bullying?

Critical Thinking

How did your elementary or middle school deal with bullying? What did they do that worked well, what did not work well, and why?

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Stress, Coping, and Resilience

>> LQ 13.6 What supports children's resilience in the face of adversity?

Stress is an inevitable part of growing up. For most children, the stress they experience is within a range they can manage. However, as we have said in earlier chapters, facing adversity while growing up can produce stress responses that undermine the developing brain, cardiovascular system, immune system, and metabolic control system (Center on the Developing Child at Harvard University, 2016). In this section, we focus specifically on how children who have extraordinary stress in their lives can manage to thrive.

You may think it would be amazing if children who experience great adversity, from physical threats such as child abuse or chronic health conditions to emotional disorders to societal challenges such as poverty and discrimination, could not only survive these challenges but also thrive and grow up to be what Emmy Werner (2005) has described as "competent, confident, and caring adults" (p. 98), but this is exactly what her research has shown they can do. This ability to bounce back from adversity or thrive despite negative life circumstances is called **resilience**. **Journey of Research: Resilience: Trait or Process?** describes how our understanding of children's ability to cope with stress and trauma has changed over the years.

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

JOURNEY OF RESEARCH

Resilience: Trait or Process?

Until the 1970s, psychologists and psychiatrists had primarily focused on understanding circumstances that threatened or disrupted the developmental process, using what is known as a *deficit model* or *risk perspective*. They wanted to understand what placed a child at risk for less than optimal development so they could intervene by preventing problems or correcting ones that already existed. Although much research continues to focus on the negative effects of stress and trauma, a new perspective emerged in the 1970s and 1980s when several researchers caught people's attention with stories of children who had overcome great adversity and gone on to become extraordinary individuals in the process.

Emmy Werner had undergone terrible trauma during and after World War II in Europe when she experienced famine. She attributed her survival to food aid provided by the United Nations Children's Fund so she made it her life's work to understand how children survive catastrophic experiences and go on to thrive. She carried out a longitudinal study of almost 700 children on the Hawaiian island of Kauai from 1 year of age until they turned 40 (Aldwin, Cunningham, & Taylor, 2010). Almost one third of the children were initially considered to be at high risk because they had difficult births, lived in poverty, had parents impaired by alcoholism or mental illness, or experienced parental divorce or discord. Many of the children had multiple risk factors, but as Werner and Smith (1985) tracked these high-risk children over time, they found that one third of the at-risk children had very good outcomes by the time they entered adulthood. With the advent of this type of resilience 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? Werner's research focused largely on traits of individual children that contribute to resilience. Protective factors included an active, outgoing personality that engages other people; good communication and problem-solving skills; a talent or ability that attracts other people; faith in your own ability to make good things happen; and emotional stability (Werner, 2005).

Another important protective factor that emerged from longitudinal research was the ability to make good use of whatever resources were available, and to form warm emotional bonds with alternative caregivers when the child's own parents were not available to provide support. Resilient individuals also take advantage of major life transitions as opportunities to redirect their life (Werner, 2005). Entering a supportive marriage, returning to school, and joining military service are all opportunities for a second chance, and resilient individuals seize those opportunities. Werner (2005) summarized the process by saying 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" (emphasis in original, p. 99).

However, this research was largely based on a trait approach, or the idea that certain individuals were resilient while others were not because they possessed certain traits or characteristics. Since that time research has shifted to a view of resilience as a process rather than a fixed trait that children either have or don't have. The *positive youth development* perspective, which is discussed in Chapter 15, promotes participation in positive community-based activities as a way to build strengths in children. These protective factors work in *any* circumstance for *any* child, whether there is risk or not, to maximize the child's positive potential for growth.

Evidence for the process approach comes from the finding that many different types of psychotherapy have effectively helped children to increase their resilience, which has then lowered trauma-related symptoms (Gillies, Taylor, Gray, O'Brien, & D'Abrew, 2013). If children can be helped to increase their resilience, then resilience is not a static trait, but rather a process of coping and adapting within the environment. The current view is that most children can become resilient with support and effective help.

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T/F #10
Children who are able to rise above great adversity like poverty or child abuse have unusual abilities that have allowed them to succeed. ***False***

When research on resilience first entered the literature, its portrayal of resilient children suggested 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, 2014). As you learned in the **Journey of Research**, this way of thinking about resilience portrays it as a trait that resides within the child, but as the research has matured, the picture that emerges is quite different from that of a superhero overcoming impossible odds. Anne Masten (2014) describes resilience as the product of what she calls "ordinary magic." The magic she refers to is not any rare or unusual qualities, such as invincibility, but is composed of the basic human adaptational systems, including attachment, effective parenting, self-esteem, self-regulation, and a drive to master the environment. When we talk about "adaptational systems," we are talking about the *process* by which we use whatever resources are available to us. Every child is capable of learning how to use these resources to the maximum, but adaptational systems need to be nurtured so they are available to children when they are needed.

Characteristics of the child's family and their wider social environment play an important role in this process. The child may have the capacity to reach out to others and engage them, but supportive individuals need to be available in the child's environment and be willing to respond. Neither individual characteristics nor the social environment alone can ensure positive outcomes for children who experience prolonged periods of toxic stress.

Finally, another approach to understanding resilience is to look for the adaptive strategies that children have found to deal with the stress or trauma they experience. Most research has focused on the negative impact that stress and trauma have on cognitive and social skills, but a new approach examines the hidden talents that children in these circumstances develop to cope successfully with the life situations in which they grow up. This approach asks the questions "What do children and youth from high-risk environments do well?" and "How can we work with, rather than against, these strengths to promote better intervention outcomes?" (Ellis, Bianchi, Griskevicius, & Frankenhuis, 2017, p. 578). Often these strategies are helpful in the stressful or traumatic situation but are maladaptive in safe environments. For example, abused children may become hypervigilant, watching all the time for abuse that might be directed at them. While this may help them in their original abusive situation, it also may make them suspicious and untrusting even in situations that are safe. This behavior, in turn, makes other people not want to engage with them. When we understand the reason for the behavior we see in "stress-adapted" children, we can help them learn to use their high alertness to the environment as a skill that can promote achievement in and outside of school (Ellis et al., 2017).

Active Learning: Resilience gives you a chance to think about where and when you have seen "ordinary magic" happen in your own experiences.

ACTIVE LEARNING

Resilience

Children 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 on 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 boy was part of a tough, inner-city gang and 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. 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 individual, such as a lively intelligence or social skills; or, most likely, they may come from a combination of the two. What adaptational strategies can you identify that contributed to the resilience of this individual?

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What research on resilience shows us is that recovery is possible, even if it is not inevitable. We continue to try to identify and understand the complex interactions between children and their environment that help them reach their full and unique potential whatever their life circumstances happen to be.

CHECK YOUR UNDERSTANDING

Knowledge Questions

1. What is "ordinary magic"?
2. List some protective factors that help children cope with adversity.
3. Compare the trait approach and the process approach to understanding resilience.

Critical Thinking

Think about a child who has lived through a hurricane and lost her home. There are clear negative effects this is likely to have for the child, but what will help her recover and be resilient in the face of these difficulties?

Conclusion

During middle childhood, children's concept of self becomes more complex and self-evaluation becomes more realistic as they engage in social comparison with their peers. Children are better able to express and control their emotions, but those who have difficulty with this may develop emotional disorders, such as anxiety or oppositional defiant disorder. Families are still central to the well-being of children at this age whether the parents are married, single, divorced, or remarried. Peers become an increasingly important part of children's lives and both friendships and acceptance by the peer group are important influences on their development. Although stress is an inevitable part of growing up, with help and support many children show great resilience even if they go through very difficult circumstances. Children's new emotional and social abilities help prepare them for the exciting and dramatic changes that occur during adolescence.

CHAPTER SUMMARY

13.1 How does the sense of self develop in middle childhood?

The self is composed of both the self-concept (how you see yourself) and self-esteem (how you feel about yourself). As school-age children get feedback on their performance and begin to make social comparisons between themselves and others, their self-evaluation becomes more realistic and self-esteem usually declines. School-age children are dealing with the conflict of **industry versus inferiority**. Programs designed to build self-esteem have not been effective because self-esteem comes from accomplishments, not from meaningless praise. Media can damage self-esteem of children because of the unrealistic models it offers, such as the **thin ideal** or the **muscular ideal**. Both gender identity and ethnic and racial identity continue to develop in children at this age.

13.2 How does typical emotional development proceed during middle childhood and what problems do children have when they cannot manage or control their emotions?

By middle childhood, most children have learned how to express and manage their emotions in accordance with the expectations of their culture. Sometimes children's emotions become unmanageable and develop into internalizing disorders such as **anxiety disorders**, *phobias*, **major depressive disorder**, or externalizing disorders such as **oppositional defiant disorder**, **disruptive mood dysregulation disorder**, or a **conduct disorder**. Violent media contributes to higher rates of aggression.

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13.3 What do we know about family relationships during middle childhood?

Families are systems that consist of interactions between all the different relationships among the people within them. These family systems also exist within a certain context, including cultural expectations. Siblings' relationships are affected by the gender configuration and age spacing of the children as well as the nature of the parents' relationship to each other and to each child. Siblings are not as similar as we might think because of the significant impact of their **nonshared environment**. Children who have no siblings are as likely as those with siblings to be well adjusted and happy.

13.4 How does growing up in different family structures affect children's development?

Different family structures affect children's development. Single parent households are more likely to fall below the poverty line. On average, children from divorced families are not very different from children in two-parent families and children with gay or lesbian parents do not differ from those with heterosexual parents. When remarriage occurs, most children eventually form positive relationships with stepparents. Noncustodial parents can be important in children's lives if they remain in contact. Children in foster care face special challenges because their living situation is not meant to be permanent.

13.5 What affects the quality of a child's peer relationships?

Children's social status with peers can be **popular**, **rejected**, **neglected**, **controversial**, or **average**. Those without friends or who are rejected by peers can have adjustment problems, but even a single good friend is enough to keep a child from being lonely. Girls and boys have different styles of play so we often see **gender segregation** at this age. **Bullying** creates psychological stress that can have long-term consequences.

13.6 What supports children's resilience in the face of adversity?

Resilient children thrive despite adversity because of "ordinary magic": a warm connection to a caring adult, self-control, good self-esteem, and a drive to master the environment. **Resilience** is a process, not a trait, so it can be promoted with help and support from adults in a child's environment.

KEY TERMS

Anxiety 440
Anxiety disorder 441
Average children 459
Bullying 462
Coercive family process 443
Conduct disorder 444
Controversial children 459
Disruptive mood dysregulation disorder (DMDD) 444
Ethnic and racial constancy 436
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PART VI

Adolescence

CHAPTER 14
Physical Development in Adolescence

CHAPTER 15
Cognitive Development in Adolescence

CHAPTER 16
Social and Emotional Development in Adolescence

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