Emotional Stresses Of Childhood And Adolescence As A Basis For Future Coping Efficacy

Mary Trankel
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EMOTIONAL STRESSES OF
CHILDHOOD AND ADOLESCENCE
AS A BASIS FOR
FUTURE COPING EFFICACY

A Thesis Submitted
in partial fulfillment of the requirements
for graduation with honors
to the
DEPARTMENT OF SOCIOLOGY

BY
MARY ANNE TRANKEL

HELENA, MONTANA
MARCH 31, 1980

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Dated: March 31, 1980
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INTRODUCTION

The major focus of this paper is to discuss the emotional stresses faced by children and adolescents. It is not my assumption that all emotions and all problems faced by children are necessarily harmful and detrimental to the developing personality. Rather, I feel the day-to-day process of living and growing constantly presents the child with new and varied problems, (i.e., conditions which do not meet the child's criteria for satisfaction, and which thus cause the child to feel "unhappy." The child reacts to this condition emotionally, and it is this emotion which provides the necessary motivation to implement some type of coping mechanism in attempting to return the individual to a homeostatic condition--happiness!

The abnormality of any particular emotion/behavior sequence exists to the extent that effective reaction is blocked, or the individual consistently employs ineffective or self-defeating coping methods is dealing with existing problems. Each person has the choice of several possible reactions to any new situation. Most of the time these choices are unconscious, particularly in children, since they have not yet developed the ability to consciously reason out problems and solutions.

For example, the newborn infant may not know that her basic needs are for comfort, security, and nourishment, yet she does know instinctively that she is unhappy, and reactions emotionally, (i.e., by crying out her anger and frustration). Even though she knows nothing
conditioned reinforcement or behavior modification techniques, she quickly learns that the crying mechanism is effective if it brings about the desired response. If happiness is not restored quickly enough to suit her, she may employ other methods of coping such as sucking her fist or flailing her arms and legs about in frustration. The particular coping strategy she uses may or may not be effective in a given instance, but as we shall see later, the responses she receives from her environment will affect her future choices of coping strategies.

Coping strategy by definition does not mean it must be effective, (i.e., produce the desired result). There are countless numbers of adults who are capable of resolving their problems yet who continually let emotional reactions determine their behavior rather than logically reasoning through alternatives, even if these impulsive coping mechanisms continue to be ineffective--at least from a healthy perspective.

However, there are many cases in which a coping mechanism would "appear" to be ineffective for an individual, when in fact it is producing that individual's desired result. If such an effect were not considered a healthy one (from a professional viewpoint), we would say this person's coping choices were either self defeating or destructive to another--in either case a maladaptive situation.

Part V of this thesis on Stress and Coping is the real foundation upon which this entire paper was based. It contains a general overview of the biological, psychological and social forces which constantly interact in the process of each individual's attempt to cope with the emotional stresses of life. The reason for including the first four sections dealing with the process of normal child develop-
ment is an effort to enumerate crucial development patterns of childhood coping strategies. In this way, we can examine the multiple causal factors which combine to preclude the science of human behavior from pinpointing a simple cause/effect answer to the question of why human beings differ so uniquely in their behavior patterns.

The environment is composed of many factors, each of which influence a child's development. Even so, the child also possesses a unique personality which allows him to make decisions and actively interact with his environment rather than merely remaining a passive recipient of external events. It is apparent, for instance, that some infants have a greater tolerance level for frustration than others; they cry less often and less volubly; prefer to eat and sleep on a schedule, etc. It is reasonable to assume a parent would feel different emotions toward, and react differently to an infant with this type of personality than to one with a difficult set of behaviors. Elkind and Weiner indicate that:

"The influence parents have on their children's personality development is determined in part by inborn differences among children that affect how their parents treat them. Children differ from birth in several aspects of their behavior, including their level of activity, eating and sleeping habits, and sensitivity to stimulation. . . . Thus, parents may become cold and rejecting in response to their infant's apparent coldness and rejection, and not because they are basically cold and rejecting people."

. . . . .

"In an extensive series of studies with infants and older children, Thomas, Chess, and Birch described three temperamental styles that begin early in life: the easy child, the difficult child, and the slow-to-warm-up child (130-133). The largest group is the
easy children; they eat and sleep regularly, adapt readily to change, approach new situations comfortably, and display moods that are generally positive in tone and mild to moderate in intensity. . . . A smaller group, the difficult children, show just the opposite characteristics . . . and are often in a bad mood, crying and throwing tantrums even when they are only mildly frustrated. . . . Slow-to-warm-up children also find it difficult to adapt to new people and situations, but they express themselves quietly rather than loudly. They fuss mildly about new things or offer passive resistance, as by letting a new good dribble out of their mouths rather than spitting it out violently as a difficult child would do." (Elkind and Weiner, 1978, pp. 132-133) (emphasis added)

Many child research studies have attempted to determine that certain events in a person's childhood are positively correlated with a particular detrimental effect on the individual's psycho-social development. For instance, when researchers investigated the backgrounds of delinquents, mental patients, and psychiatric referrals from military service, they found many came from "broken" or troubled homes, had overpossessive, domineering, or rejecting mothers, or had inadequate or violent fathers. They concluded these circumstances were the causes of the subsequent maladjustment of the child's personality and abnormal behavior.

I feel there is a serious methodological flaw in this reasoning. Instead of studying development through time, these studies started with adult problems and traced them back to possible causes. Subsequent studies sampling "normal" or "superior" persons have found these same pathological conditions existing in similar or greater proportions within those populations. This would seem to indicate that their simple cause/effect conclusion was a little premature.
Research psychologist Arlene Skolnick points out:

"Even when studies do find connections between the behavior of the parents and the child, cause and effect are by no means clear. Psychologist Richard Bell argues that many studies claiming to show the effects of parents on children can just as well be interpreted as showing children's effects on parents. For instance, a study finding a correlation between severe punishment and children's aggressiveness is often taken to show that harsh discipline produces aggressive children; yet it could show instead that aggressive children evoke harsh child-rearing methods in their parents." (Skolnick, 1978)

This is not to assume parental influence on children is non-existent. Rather it should indicate that many factors have a bearing on the development of human beings, and attempts should be made to consciously determine all of the complex elements if a true picture is to emerge from which to base hypotheses and draw conclusions.

The following monograph is broken into five parts. The first four parts are delineated by age groups in the categories of: Infancy (ages 0 to 2); Preschool Childhood (ages 2 to 4); Middle Childhood (ages 4 to 10); and Adolescence (ages 11-18). The fifth section on Stress and Coping attempts to correlate human growth and development with the successive incorporation and revision of past and present coping skills development.

At the beginning of each section appears a chart which depicts for each age group the Psychological Perspective, the Sociological Perspective, and an Abnormal Perspective. The purpose is to demonstrate that at each stage of development a child is focusing on specific new tasks of growth, and is therefore subject to certain vulnerabilities which are particularly relevant to the satisfaction of those "present"
needs. In order to understand "problematic" behavior, we must have some conception of what would be considered "normal" behavior under the same circumstances—thus avoiding hasty, unwarranted or erroneous conclusions.
PART I: INFANCY (Ages 0-2)

A. EMOTIONS

It is commonly recognized that infants in the first year of life display emotions of anxiety, rage, fear and satisfaction. More recently it has been found that infants are also capable of feeling depression. From Spitz's work comparing the infants in a foundling home with infants raised in a nursery, we learned that infants separated from the emotional interchange with a significant, loving person during the first year of life often exhibited the following symptoms of depression and anxiety: apprehension, sadness, weeping, lack of contact, rejection of the environment, and withdrawal. The infant's development in some cases was retarded with a delayed reaction to stimuli, slowness of movement, dejection and stupor, with an accompanying loss of appetite, refusal to eat, loss of weight, and insomnia. (Despert, 1970, p. 160)

We have little available evidence about the latent effects of such early deprivation on later emotional development. Perhaps one relevant factor is the degree and length of the deprivation. When Spitz did his follow-up study of the foundling children, he reported their mental and physical development to be retarded, their resistance to disease low; and although the original lack of mothering was later corrected, the damage had not been undone.

However, the length of deprivation in the case of those children had been a matter of years, and Spitz did not offer much in
# Chart II

**Profile of Preschool Childhood** (Ages 2-4)

"Autonomy vs. Shame and Doubt" Stage

<table>
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<th>Psychological Perspective</th>
<th>Sociological Perspective</th>
<th>Problematic Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fascination with own body</td>
<td>Achievement motivation—striving for success</td>
<td>Minimal Brain Dysfunction (MBD), which is the hyperactive child syndrome; 3-4 times more common among boys than girls</td>
</tr>
<tr>
<td>Exaggerated fear of physical injury</td>
<td>Role—models significantly affect child's social behavior</td>
<td>Childhood Schizophrenia—ritualistic behaviors, intolerance for change, aloofness from people and environment may develop delusions and hallucinations (symptoms similar to infantile autism, but appear after a seemingly normal period of development)</td>
</tr>
<tr>
<td>Self-esteem development—the value they place on themselves and the extent to which they anticipate success in what they do.</td>
<td>Sex differences become apparent—boys being expected by society to achieve primarily through mastery strivings; girls being expected to strive for social approval</td>
<td></td>
</tr>
<tr>
<td>Play is important</td>
<td>Ability to see differences in parents' attitudes and personalities (tendency to play off one against the other)</td>
<td></td>
</tr>
<tr>
<td>Begin to develop a conscience—which subjects them to feelings of guilt for behaving in ways they should not; and feelings of shame when they fall short of doing what they think they should.</td>
<td>Relationships with siblings alternate between companionship and rivalry</td>
<td></td>
</tr>
<tr>
<td>Three aspects of personality develop:</td>
<td>Spending more time with playmates and playthings than adults</td>
<td></td>
</tr>
<tr>
<td>aggression—either hostile (directed at other persons); or instrumental (aimed at achieving or retrieving some object, territory or privilege)</td>
<td>Identification (rather than mere imitation)—responding to feelings, attitudes, and actions of others by adopting them as their own.</td>
<td></td>
</tr>
<tr>
<td>altruism—behavior that is kind, considerate, generous, and helpful to others; involves the capability of appreciating the feelings of others and recognizing their needs for help.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sexual identification—form a concept of themselves as male or female (through similarity and reinforcement)</td>
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the way of statistical data from which any meaningful evaluations could be made.

B. PROBLEMATIC COPING MECHANISMS OF INFANCY

1. Social Isolation Syndrome

The manifestations of this syndrome are the same as the evidences of depression in Spitz's descriptions above. The cause is thought to be "arrested development" due to lack of environmental stimulation. However, it appears that infants tend to recover rather quickly if their environment is enriched soon enough. A baby found today with the above symptoms would be diagnosed by the term "failure to thrive," and such a condition would constitute legal grounds for the government to take at least temporary custody of the child pending further investigation into the nature of and reasons for the neglect.

2. Infantile Autism

This is a very serious disorder of mental and social development which begins at or soon after birth. Autistic children are strikingly unresponsive to other people, and tend to hold their bodies rigid when picked up rather than cuddling like normal babies. They show no signs of social interest such as gazing, smiling, or making eye contact, and fail to develop normal attachments. Self-stimulation is characteristic, usually taking the form of head banging, spinning, rocking, or other repetitive movements; and they are obsessed with the preservation of "sameness" in their environment. Speech may be absent altogether, or it may manifest itself in peculiari-
ties such as: echolalia (automatically repeating words spoken to them); pronomial reversal (using "you" for "I"); or part-whole confusion (completely confusing the meaning of words).

Yet these children eat well and exhibit normal physical growth and development. Infantile autism is often confused with childhood schizophrenia since the symptoms are very nearly the same and differential diagnosis is often not possible. Childhood schizophrenia will be discussed further in Part II, C, 2.

No brain pathology has been identified in autism and causes of the condition are unclear. Present treatment methods of autism have not proven to be especially successful. Some favorable results have been reported utilizing parents trained in behavior therapy techniques to eliminate the self-injurious behavior of their child. Long-range outcome in the treatment of autism does not appear favorable. In general, less than one-fourth of autistic children appear to attain even marginal adjustment in later life.

3. **Phobias and Rituals**

These are the most common disturbances of this age group. The child has an exaggerated need for control of his environment through perpetuation of sameness; and exhibits fear of unknown events (phobias). Rituals are repetitive, non-productive behaviors such as head banging, rocking, etc. These relationships between anxiety and self-punishment seem to be a way of releasing tension.
Anxiety is a psychobiological necessity for the individual as well as for the human species. With each new stage of development, an anxiety-generating state appears. There is a threat of danger in the unknown quality of the new situation, but by the same token it is the anxiety itself which spurs the child on to mastery of the situation.
PART II: PRESCHOOL CHILDHOOD (Ages 2-4)

By this time the child has developed some basic skills with which to interact with her world and relate to other humans. This is when her ego forms, along with corresponding feelings of her self-esteem or self-worth.

A. EGO DEVELOPMENT

As the child begins to realize she is a separate entity and not just an extension of her parents, she begins to practice independence skills. At this point, the development of her psychological needs for healthy human functioning (set forth in Chart II) are highly affected by the socialization techniques she is subjected to from a wide variety of sources. According to Erikson's psycho-social stages of development, this is the age where the child can learn autonomy, shame and/or doubt. The main reason for this is the emphasis on development of the "ego." Elkind and Weiner explain it this way:

"Children respond to their parents' influence by forming two complementary sets of internalized standards. First, as they incorporate prohibitions and taboos imposed by their parents, they begin to develop an ego-ideal, which is an inner sense of aspiration and of what they ought to do. The emergence of conscience subjects children to feelings of guilt for behaving in ways they should not; their developing ego-ideal causes feelings of shame when they fall short of doing what they think they should." (Elkind and Weiner, 1978, p. 271)

1. Self-Concept

Stanley Coopersmith has extensively studied the development of self-esteem in individuals from childhood through adulthood. He reports that children with high self-esteem are closer to their
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<th>Sociological Perspective</th>
<th>Problematic Perspective</th>
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<tbody>
<tr>
<td><strong>YEAR ONE:</strong></td>
<td></td>
<td><strong>YEARS ONE AND TWO:</strong></td>
</tr>
<tr>
<td>Develop <strong>trust</strong> if the basic physiological needs are met: nourishment physical contact (for warmth and security)</td>
<td>Develop social skills such as: gazing smiling imitation</td>
<td>Social Isolation Syndrome—arrested development due to lack of environmental stimulation; includes a physical wasting away and general &quot;failure to thrive.&quot;</td>
</tr>
<tr>
<td>Otherwise develop <strong>mistrust</strong> of world around them</td>
<td>Begin developing attachments—at first only with primary caretaker; then integrate attachments to others</td>
<td><strong>Infantile Autism</strong>—strikingly unresponsive to other people (a type of interpersonal isolation).</td>
</tr>
<tr>
<td>Expressive emotions include: crying babbling cooing gurgling</td>
<td>&quot;Stranger anxiety&quot; normal between 5 and 8 months</td>
<td><strong>Rituals</strong>—manifestations include:</td>
</tr>
<tr>
<td><strong>YEAR TWO:</strong></td>
<td></td>
<td>1. Exaggerated need for control of environment through perpetuation of sameness</td>
</tr>
<tr>
<td>Begin an attitude of freedom from dependence on parents; assertion of independent identity</td>
<td>&quot;Separation anxiety&quot; normal from 13 to 18 months (follows completion of stranger anxiety phase)</td>
<td>2. Exaggerated expressions of normal concerns</td>
</tr>
<tr>
<td>Attempt <strong>individuation</strong>—try to integrate all parts of the environment into a coherent whole (which the child perceives as revolving around his/her egocentric self)</td>
<td>Begin to realize they can affect how their parents feel</td>
<td>3. Repetitive, non-productive behaviors during waking hours (banging head, rocking, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Phobias</strong>—unrealistic, disruptive fears of relatively harmless situations.</td>
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parents than are the more rejected individuals with low self-esteem. In addition, he found children with high self-esteem operated within a firm and demanding set of rules, which effectively compelled contact and compliance. Children with low self-esteem had more expanded limits (within the family structure) which left them continually subject to external jurisdiction and authority. Furthermore, parents of the low self-esteem group were given more to harsh punishment which was administered under uncertain circumstances. (Coopersmith, 1967, p. 219)

Coleman has identified a core of psychological needs which seem to be related to successful maintenance and actualization, and which characterize all of us as human beings. They are as follows:

a. curiosity: understanding, order predictability—Human beings are inherently curious and strive to understand and achieve a meaningful picture of their world. Such a frame of reference is essential for evaluating new situations and guiding adjustive actions. When new information contradicts existing assumptions, it is experienced as "cognitive dissonance"—an unpleasant state of tension—and the person is uncomfortable until the discrepancy can be reconciled.

b. adequacy, competence, security—each of us needs to feel capable of dealing with life's problems. Feelings of adequacy are heavily dependent on the development of intellectual, social, and other competencies for dealing with adjustive demands. Several investigators have pointed out that the early playful and investigatory behavior of children involves a process of "reality testing" which fosters the development of learning, reasoning, and other coping abilities. Pervasive and chronic feelings of insecurity typically lead to fearfulness, apprehension, and failure to participate fully in one's world.

c. love, belonging, approval—these are crucial to healthy personality development and adjustment. For the child who feels loved and accepted, many conditions that might otherwise impair development (physical handicap, poverty, loss of loved one) may be largely neutralized.

d. self-esteem, worth, and identity—need to feel good about oneself and worthy of respect of others. Self-esteem has its foundation on parental affirmation of worth; receives continual
nourishment from the development of new competencies; and eventually becomes to depend heavily on the values and standards of significant others.

e. values, meaning, hope—humans need values as a guide in making decisions and achieving a meaningful way of life. In this way, our goals and plans serve as a focus for both our strivings and our hopes. When we feel uncertain and anxious about our future, personal adjustment and effectiveness are likely to be impaired. (Coleman, 1976, pp. 101-104)

Although all of the above can be discussed as separate entities, I think they could all be combined under the fourth category—self-esteem, worth, and identity—because self-esteem is actually the integration of all a person's psychological needs, strengths and weaknesses all combined into the whole of "personality." I further believe a child cannot develop a healthy self-esteem without practice in coping with the stresses of life which are appropriate to his age. This is where the parent should provide the child with a sense of security in knowing he will be there to protect his son from harm, while at the same time allowing him to explore his world and test his abilities. Coopersmith noted:

"One of the more striking expressions of dependency-inducing behavior is the mother's protectiveness of her child... An actively protective attitude limits the child in his exploration of new areas of experience and new levels of accomplishment. It effectively curtails enterprise and initiative and restricts the range and level of activity to those the parent deems safe, realistic and appropriate... A manifestation of training in independence is the parent's willingness to permit independent and exploratory behavior. Parents who encourage such behavior apparently help their children to do things without them and to venture into new, previously unexplored activities." (Coopersmith, 1967, pp. 223-225)

Coopersmith concluded that "The most general statement about the antecedents of self-esteem can be given in terms of three conditions:
total or nearly total acceptance of the children by their parents, clearly defined and enforced limits; and the respect and latitude for individual action that exist within the defined limits."

(Coopersmith, 1967, p. 236)

All this may seem fairly obvious and there may be a tendency to overlook the seriousness of what this means. Even though parents may feel they are encouraging independence and initiative in their children, studies have found parents exhibit very different socialization patterns with respect to their male children than their female offspring. This will be discussed further under socialization in this section. (i.e., II, B)

2. Fears

Fears are a significantly normal part of a child's development and several studies have been done to determine the "normal" numbers, types, sex differences, and stability of fears of children. These results should provide some basis for determining the extent of abnormality in fears manifested as phobias or other neurotic tendencies. Eme and Schmidt report the following three categories of fears to be the most common among children of this age group:

a. bodily harm, threat of injury apart from falling, or a pain event;
b. robbers, kidnappers, or death; and
c. animals. (Eme and Schmidt, 1978)

No significant sex differences in the types of fears were found. However, in the determination of stability of fears and numbers of fears, two studies done a year apart reveal some differences. In the first interview, males reported a total of 75 fears which remained the same at the time of the second interview. Females initially reported
54 fears, and these were reduced to 46 fears at the time of the second interview. Eme and Schmidt stated these differences were not significant, but that the "stability" of fears over the one-year period was significant. According to those same authors, "The finding that the fears are highly stable over a one-year period is provocative and belies the assumption of some that this duration would be peculiar to a clinic population." (Eme & Schmidt, 1978)

3. Anxiety

As stated earlier, anxiety is a necessary emotion for human functioning. However, it can become abnormal anxiety if it is carried to extreme; and such behavior would then be termed "neurotic." The difference between normal anxiety and neurotic anxiety is not only a question of the magnitude; but also of the nature of the anxiety and the way in which it manifests itself. The following are examples of mechanisms humans use in dealing with anxiety:

a. abreaction—the discharge of tension by reliving in words, feelings and actions a traumatic experience (as when a young child acts out gruesome stories in which he is either devoured by or devours animals; talks about ghosts and robbers, etc.

b. regression—a returning to earlier stages of development as when a child who has been toilet-trained returns to wetting his pants.

c. displacement—the transference of an affect or emotional attachment from its proper object to a substitute (as when a child acts out its dislike for a sibling by mistreating a doll); or the substitution of one response for another when the first is blocked (as in displaced aggression when the person attacks someone other than the original source of his frustration).
d. **projection**—the process of attributing one's own traits, attitudes, faults, etc. to another. Children often project through play and storytelling, unconsciously exhibiting feelings that are helpful to the therapist in making a diagnosis.

e. **introjection**—the process of incorporating parental attitudes and ethics as the child's own.

f. **identification**—a stage in the emotional development of a child which functions to relieve the anxiety that proceeds from the child's feelings of weakness and helplessness (as when a girl imitates her mother's authority and mannerisms).

g. **repression**—is the basic mechanism used in dealing with anxiety. It is the forceful ejection from consciousness of impulses, memories or experiences that are painful or shameful and therefore generate a high degree of anxiety.

"The story of emotional disturbances in children is a story of anxiety and how it is dealt with by the individual child, under the usual or unusual stresses of his life circumstances." (Despert, 1970)

Drs. Ackerman and Kappelman have set forth some of the more common expressions of "distress signals" exhibited by children. These distress signals are manifestations of some emotional stress the child is unable to cope with; thus the meaning of the message hidden behind the outward signal is of the greatest importance. To illustrate, a child throwing a temper tantrum is attempting to force his parent to bend to his wishes by the most outrageous behavior he can think of. The signal is one of frustration at the lack of control over his environment. Attention to
such a display only encourages repetition of this inadequate coping mechanism.

4. Behavioral Treatment Strategies

Extinction is the term used by behaviorists to describe the selective ignoring behavior a parent should employ in order to discourage a child from developing an habitual pattern of self-defeating coping behaviors. Selective, positive attention to a more acceptable manner of acting out, talking out, or otherwise dealing with the frustration in a healthy manner would constitute reinforcement for subsequent development of effective coping repertoires.

Bedwetting is another behavior which can become abnormal if it continues beyond the successful completion of toilet training. There could be several reasons for continued bedwetting. One possibility not to be discounted is that of a physical malfunction. In some cases, the child has simply not developed sufficient control of his nervous system to permit retention of urine while he is asleep. The most common psychologically-related reason is that the child has regressed to an earlier stage of development because he has become fearful of losing his parents' love (perhaps at the time a new sibling is added to the family).

There are countless other distress signals children may deliver, and the possibilities for underlying causes are just as numerous. Other distress signals may include: excessive shyness, running away from home, refusal to eat, sleeplessness, frequent
physical complaints, and refusal to go to school. (Ackerman and Kappelman, 1979). In any event, the important thing to remember is that, if the signal is the result of an inability to cope with some inner anxiety, the signal itself should not be the major concern. Rather, the parent (or professional) should: first, rule out possible physical causes; then determine any underlying psycho/social causes. If this procedure is attempted soon enough, the probability of future pathological consequences may be greatly diminished.

On the other hand, behaviorists feel that treating the "behavior" is sufficient since all our actions are the result of conditioned reinforcement (i.e., repetition of a response because it has produced desired results in the past). I agree that behavior modification techniques have become so well refined and understood by professionals in the field that they have proven very successful in eliminating "problem" behaviors. Since children are not able to adequately and willingly describe their own feelings, behavioral observations are particularly useful in discovering causes of problems. In addition, children appear to disguise expression of their feelings less effectively than adults. (Glennon and Weisz, 1978)

However, it is just as possible that an entirely new and different problem behavior may appear if the underlying causes are not identified, and dealt with by the child herself with the aid of understanding adults.
Some professionals have found anxiety to be associated more with behaviors characteristic of children with internalization of conflict. "Locus of conflict" refers to "the predominant modulation exhibited by an individual."

"In internalization of conflict, the main conflict is between impulses and their inhibition; impulses are rigidly controlled, and the child consequently experiences subjective discomfort. In externalization of conflict, the conflict is between the child's actions and the reactions they bring about in others; impulses are freely discharged into the surrounding environment and society consequently suffers." (Nelson, et. al., 1977)

Much study has been done of "delinquent" children who act anti-socially in dealing with their anxieties and frustrations, and most persons would feel more comfortable if they would act more acceptably, thereby repressing their feelings and needs. Naturally it would not do to have persons acting any way they feel like when the consequences include hurting innocent people. Ways of dealing with the underlying anxiety and frustration should be found if such children are to be helped effectively.

It is becoming a well-known fact that children who are "easy to deal with" are not necessarily healthy, well-adjusted individuals. They may be repressing dangerous emotions which erupt as they enter puberty or adulthood, sometimes in a lethal manner. As Psychiatrist Rita Ullrich puts it:

"I'd hate to tell you how many nice, well-behaved children I've seen turn out to be desperate, mortally ill adults. The child who was easy to raise is often the hardest to save." (Koch, 1973)
Not surprisingly, it has been found that this kind of repressive timidity takes a heavy toll in mental anguish and psychosomatic symptoms, including stomach ulcers, loss of appetite, alcohol and drug dependence, stuttering, high blood pressure and sexual impotence in adults. Although it has been assumed for a long time that children do not suffer such physical symptoms, it is now becoming apparent they can and do develop stomach ulcers and other physical symptoms as a result of continued exposure to anxiety-inducing experiences with which they are unable to cope.

B. EARLY SOCIALIZATION

There are a number of forces which act on a child during the early years of development, and some of the most consequential are shown in Chart IIa.

1. Effects of Modeling and Reinforcement

The first and most powerful role models a child has are her parents. Four factors have been found to contribute to the strength of parental role-modeling provided to their children. They are:

a. Modeling is especially likely to be fostered by warmth and power. Children appear to identify more with parents who make them feel loved and accepted. As for parental power, parents who exhibit competent problem-solving in their daily behavior foster stronger identification than parents who seem unable to cope.

b. Identification occurs more readily when there are perceived similarities between children and their parents; which is why boys identify more with their fathers and girls with their mothers.

c. It is easier for children to identify with parental models when they can perceive clearly what these models are. Children have much difficulty identifying with parents who do not give them much opportunity to learn what they are like as persons;
How the child perceives the self is determined in part by a complex myriad of environmental influences including each of the following:

- Parental attitudes and expectations
- Community attitudes and opinions of mass media
- School demands
- "M E" child
- "M E" school opportunities
- Family economic problems
- Physical state
- Extended family attitudes
- Biological maturation
- Family personal problems
- Religious affiliation
and who keep their thoughts, opinions, hobbies, experiences, and the nature of their work to themselves.

d. Identification is reinforced by parents who show pleasure and approval whenever their children act like them or say they want to be like them. (Elkind and Weiner, 1978)

In addition, Coopersmith has found that parents, as role models, can have a significant effect on the development of self-esteem in their children. Specifically:

"... Parents of children with high self-esteem are themselves active, poised, and relatively self-assured individuals who recognize the significance of child-rearing and believe they can cope with the increased duties and responsibilities that it entails." Additionally, he states that "both the mothers and fathers in his study lead active lives outside the family and apparently did not rely upon their family as the sole or necessarily major source of gratification and esteem." (Coopersmith, 1967, p. 237)

2. Sex Differences in Socialization

As mentioned earlier, it has been shown that parents socialize their children differently according to their sex. This is especially apparent in the area of helping children develop independence and initiative skills. Some of the overt, observable behaviors reported by Wladis include the following:

"Mothers and fathers play more roughly and vigorously with infant boys. One might say that this is because baby boys are sturdier, but they are not. Indeed, female neonates are actually more physiologically mature and more resistant to disease and injury."

... . . .

"Fagot found that parents of toddlers were more likely to encourage daughters and discourage sons from following them around the house." (emphasis added)
When fathers were put in a teaching situation with their children, it was found that 'the fathers of boys were more concerned with the child's achievement... while the fathers of girls appeared to be more attuned to the interpersonal aspects of the situation and were less concerned with performance.'" (Wladis, 1977)

In another study, Noller observed parents and their children in a preschool departure situation to determine the differences in interaction patterns among the following four sex groupings: mother/son; mother/daughter; father/daughter; father/son. The following types of comparisons were made: (a) fathers were compared with mothers in the two-parent sample; and (b) mothers in the two-parent sample were compared with single mothers. No significant effects were found for social class comparisons; and the following observations were made:

"When the mother was the parent, no affection difference attributable to sex of child was found. However, significantly more affectionate behavior was manifested by father-daughter pairs than by father-son pairs."

In addition, there were "... markedly more frequent interactions for the single mother and her child than for the two-parent mother and her child, ..." but "... whereas two-parent mothers interacted more with daughters than sons, single mothers interacted with both daughters and sons at a high rate." (Noller, 1978)

The authors drew the following conclusions regarding their observations in this study:
"The results suggest some clear differences between boys and girls with regard to the pattern of parent-child interaction in the two-parent family. In particular, three findings suggest that boys are socialized to less expressivity: (1) a boy experiences less interaction with both parents than a girl does; (b) a boy sees his father express less affection than his mother; and (c) a boy experiences less affection from his father than a girl does. It would seem that a boy experiences and observes that males are less expressive than females." (Noller, 1978) (emphasis added)

We noted earlier under self-concept development that children need love and approval for development of a healthy personality. Feelings of self-esteem, worth, identity, adequacy, and competency are also essential. Let's take a closer look at some of the attitudes and assumptions with which children are raised.

One particular study regarding the value parents place on what sex child they prefer concluded the following:

"The male enters the world, even today in the U.S., as the preferred sex, and the basis for the value of each sex is different. . . . The most common reasons women gave for wanting boys were to please their husbands, to carry on the family name (the husband's family name, of course), and to be a companion to the husband. The most common reasons for wanting a girl were to have a companion and that it would be 'fun to dress her and fuss with her hair.' Other answers included that the child would be more like the mother, that girls are easier to raise and . . . could help with and learn about housework and caring for other children, and that girls stay closer to their parents than boys, and that girls are cuter, softer, or not as mean." (WLadis, 1977)
We have seen that females are valued by our society for their *passivity* and *dependence*, while boys are valued for *mastery strivings*. These attitudes have a direct bearing on the strength each sex is afforded from the environment in developing a healthy self-esteem. Coopersmith has found:

"Children with low self-esteem are more likely to claim that their parents emphasize and prize accommodation . . . such characteristics as obedience, helpfulness, adjustment to others, kindness, good grooming, and cordial relationships with one's peers (values that make them acceptable and pleasing to others) . . . rather than *self*-competence for their feelings of success."

(Coopersmith, 1967, pp. 99-100) (emphasis added)

I think there are many times when we actively train females to be dependent and passive. But WLadis takes a little more conservative attitude in this respect:

"I do not think the daughter is *trained* in dependency so much as she is *deprived* of the training in independence that her brother receives . . . . The boy's experience in . . . independent explorations, which girls lack, very likely has considerable import in the development of *independent* coping styles, a sense of *competence*, and even specific skills."

(WLadis, 1977) (emphasis added)

The words "independence" and "competence" in the above description of coping styles are of considerable significance, as we shall see in Part V on coping efficacy. The major import of the independence component of personality is described by Coopersmith as follows:

"The independent person is relatively detached from outside forces of appraisal and relies heavily on herself in making
judgments and appraisals. She will undoubtedly receive information from outside forces, but she can reject and disregard them readily and without distress. The dependent person is much more at the mercy of the judgments of those in her effective interpersonal environment." (Coopersmith, 1967, p. 217) (female pronouns substituted for emphasis)

In discussing the effects of role modeling as they relate to the sex-appropriate responses parents expect from their children, Severy, Brigham and Schlenker propose that it is harder to socialize girls into accepting their ascribed (assigned by society) status, because feminine traits are not valued by our culture. Thus, the efforts of many more individuals must be combined to appropriately socialize females than are necessary to convince males to accept their ascribed status. Particularly, they propose:

"Maleness is valued highly in our culture, and therefore is something the boys wants anyway. On the other hand, the acquisition of 'feminine' traits by young girls is not so simply determined. . . . A positive mother-daughter relationship is of paramount importance. . . . However, in addition to this factor, it appears that parents' personalities are very important. Both parents must be highly self-confident, and the mother must display behavior that indicates she likes herself."

... . . .

"Further, the father's personality and behavior are very important in the daughter's development. The more his interests and behavior are masculine in nature, and the more he encourages his daughter's participation in feminine-typed activities, the more likely she is to develop 'appropriate' sex-role preferences. . . . In effect, young males need one model (a father),
or "bad" behavior; and she considers only the consequences of her behavior—not her intentions—in determining the "badness" of her actions. Hill and Hill state that,

"... Before a child can learn the more mature concept, he or she must disregard or 'unlearn' the earlier one." (Hill and Hill, 1977)

This may be a difficult task for children who have tended to become passive recipients of their environment, since being "good" originally means to be doing something which does not deviate from parental expectations. Eventually, the child's concept of good undergoes a course of development which integrates a decreasing association with notions of obedience, as well as increasing orientation toward prosocial behavior. This perception includes consideration for the recipient's adverse feelings or welfare, as well as the intention behind the child's behavior.

Recall that "internalization" is basically the process of developing a conscience. An internalized value is one that has been fully accepted, emotionally as well as intellectually. At first, children only imitate their parents; then they begin to assimilate these characteristics into their own personality. Lobsenz explains some of the findings regarding parental effect on the child's development of values:

"One group of researchers found that when parents exert their influence by using power—by offering rewards or threatening punishment, for example, or by giving or withholding approval—children are likely to comply outwardly but not to internalize the desired values. On the other hand, when parents use logical reasoning to
make their expectations clear and to describe the consequences of various kinds of behavior, the results are better."

... ...

"Values are least likely to be internalized when a father tries to force them on a son, or a mother on her daughter. Coercion by the same-sex parent seems to produce more reluctant obedience and less real acceptance of parental values." (Lobsenz, 1979)

This last aside is rather interesting, especially when we remember that Elkind and Weiner stated modeling is more effective when the child perceives similarities between herself and her parent, and she is able to perceive clearly what her role model is. This points out the important distinction between role modeling vs. dictation of values and beliefs by a parent to a child in an authoritarian manner. Specifically, Lobsenz offers the following guidelines parents should follow in attempting to help their children internalize values:

a. Reinforce the values you want your child to have;
b. Be the kind of person you want your child to be;
c. Take advantage of everyday opportunities to involve youngsters in discussions that relate to value choices;
d. Talk to children about values at a level they can understand;
e. Help young children gain a sense of important values from stories that expose them to behavior outside their own experiences;
f. Encourage older children to take increasing responsibility for establishing their own values;
g. Get to know the values of your children's friends so you'll be better able to cope when they conflict with your own;
h. Spouses should try to agree on basic values so children aren't confused by conflicting views;
i. Take a close look at the values you are passing on; some may not be helpful in the long run. (Lobsenz, 1979) (emphasis added)
C. PROBLEMATIC COPING MECHANISMS

1. Minimal Brain Dysfunction (MBD)

MBD is commonly referred to as the "hyperactive child syndrome," and it is by far the most common behavioral disorder among young people. From 30 to 50 percent of children referred to child-guidance clinics are found to have some form of this disorder. MBD is usually present from birth or soon afterward, but like mental retardation it is not often identified until middle childhood.

More than anything else, MBD children have problems controlling their motor activity. They tend to be conspicuously distractible, impulsive, and excitable, with a limited span of attention and limited ability to concentrate. They also have a low tolerance for frustration and little self-control; they overreact to stimulation and show rapid, unpredictable changes in mood.

The criticism and rejection MBD youngsters encounter typically result in their feeling depressed and inadequate. Two other maladaptive consequences of MBD may occur: first, these youngsters may become so frustrated at their inability to do what others expect of them that they give up trying to control their behavior; second, in an effort to gain some feelings of worth and importance, they may engage in a variety of silly, wild, reckless, provocative and inconsiderate acts that are intended to draw attention to themselves. They typically get into social and interpersonal difficulties, as their quick
tempers and aggressive ways win them few friends. Therefore, even though MBD is thought to be a physiologically-based problem, it has significant effects on the personality development of the individual as well.

For reasons not fully understood, stimulant drugs have proven helpful in reducing the hyperactivity of MBD children—in particular dextroamphetamine (Dexedrine) and methylphenidate (Ritalin); although not all children react the same way to these drugs. There is now reason to believe that the observed overactivity of MBD results from an underactive or underaroused level of nervous-system functioning. Just as children who are over-tired often grow restless or irritable, it may be that less than optimal activity of the nervous system leads to the distractibility, emotionality, and impulsivity of MBD. (Elkind and Weiner, 1978, pp. 340-346)

Needless to say, a child who is suspected of hyperactivity should be carefully diagnosed by a competent professional before stimulant drugs are administered. Giving stimulants to an overly-aggressive, easily frustrated child who does not have an understimulated nervous system could seriously compound the problem. Although physiological causes should be investigated and treated, a child may also need professional help in dealing with his inadequate coping mechanisms (such as aggressive, attention-seeking behaviors).

2. **Childhood Schizophrenia**

Schizophrenia is primarily a disorder of adolescence and adulthood, found in no more than 4 to 5 per 10,000 preschool
and elementary-school children. However, schizophrenia is such a serious national problem (occurring in one percent of the population) that early detection and treatment is advisable. Also, there is the possibility that schizophrenia is more prevalent among children than we know at this point. The many problems associated with effective diagnosis and treatment of childhood disorders are described in Part III, D.

Some of the behaviors characteristic of childhood schizophrenia include: ritualistic, repetitive actions and an intolerance for change in the environment; excessive, diminished, or unpredictable responses to sensory stimulation; a poor grasp of their identity as a distinct person; overactivity or bodily rigidity and strange posturing; aloofness from people and a tendency to treat people as if they were inanimate objects; and periods of unaccountably severe anxiety and violent temper tantrums. During the elementary school years they commonly develop delusions and hallucinations that heighten their detachment from reality, and disrupt further their interpersonal relationships.

"Interestingly, however, there is a clear sex difference in the incidence of schizophrenia among children and adults. Schizophrenia occurs with equal frequency among adult men and women, but it is diagnosed more than twice as often among boys as among girls. . . . This sex difference is part of a general trend for boys to be more susceptible than girls to psychological disorders of all kinds, and for girls gradually to become more susceptible as they approach maturity . . ." (Elkind and Weiner, 1978, p. 348)

As mentioned earlier, infantile autism is frequently mistaken for childhood schizophrenia, since the symptoms are nearly identi-
cal. But the onset of schizophrenic symptoms occurs after the age of two, following a period of normal development; while autism is present from the moment of birth. Autistic children hardly ever grow up to become schizophrenic adolescents or adults. Those who do not recover either continue to exhibit the symptoms of autism, or develop the primary symptoms of mental retardation, epilepsy, or aphasia (an organically caused impairment of the ability to understand or express verbal concepts). On the other hand, approximately 90% of schizophrenic children subsequently show evidence of adult schizophrenia. (Elkind and Weiner, 1978, pp. 347-354).

Regarding prognosis and treatment, the chances for recovery are greatest when children are older before coming schizophrenic, and professional help is obtained very soon thereafter. The most promising type of treatment is a therapeutic milieu—what Goldfarb calls "corrective socialization," and it includes:

"...providing schizophrenic children with social experiences that will improve their self-awareness, self-control, accurate perception of reality, and ability to get along with other people (144, 145)." (Elkind and Weiner, 1978, p. 354)

3. Unsocialized Aggressive Reaction

In many ways this is similar to the psychopathic personality pattern for adolescents and adults; with the reaction being much more common among boys than girls. Generally, unsocialized aggressive children manifest such characteristics as:

"...Overt or covert hostility, disobedience, physical and verbal aggressiveness, quarrelsome ness, vengefulness, and
destructiveness. Lying, solitary stealing, and temper tantrums are common. Such children tend to be sexually uninhibited and inclined toward sexual aggressiveness. A minority may engage in fire-setting, solitary vandalism, and even homicidal acts."
(Coleman, 1976, p. 539)

Naturally, the more severe forms of aggression (such as fire-setting and vandalism) surface in the later years. However, it is common for children of preschool age to overreact aggressively. There appears to be general agreement among investigators that:

"... The family setting of the unsocialized aggressive child is typically characterized by rejection, harsh and inconsistent discipline, and general frustration. Frequently the parents are unstable in their marital relationships, are emotionally disturbed or sociopathic, and provide the child with little in the way of consistent guidance." (Coleman, 1976, p. 539)

The overly aggressive child is much more likely to receive treatment than one who copes by withdrawing (as an overly shy or borderline schizophrenic child). Treatment is likely to be ineffective unless some means can be found for modifying the child's life setting. Unfortunately, when the child is taken from the home, he often interprets this as further rejection. In cases such as these, it has been found that the most effective approach is to involve the entire family in some type of individual and group therapy. Some degree of success has been realized in using parents to act as behavior therapists for their children, but extensive training must be done for this approach to be successful. Besides, some parents may be too immature to learn such techniques effectively, especially when they themselves are lacking in self-discipline.
On a related subject, an extensive study of battered women has been undertaken by Lenore Walker. Her findings indicate violence may be transmitted, at least in part, through role modeling by parents. Specifically, she states that:

"Although battered women typically do **not** come from violent homes, batterers **frequently** do. Many of the batterers saw their fathers beat their mothers; others were themselves beaten. In those homes where overt violence was not reported, a general lack of respect for women and children was evident. These men often experienced emotional deprivation."

(Walker, 1979, p. 38) (emphasis added)
PART III. MIDDLE CHILDHOOD (Ages 4-10)

As children enter the middle years, school and peers become increasingly important. School gives them opportunities to prove their competencies and gain an enduring sense of self-respect. Erikson calls the 4-6 year period the initiative vs. guilt stage; while the 7-10 year period is termed the industry vs. inferiority stage. If children encounter more success than failure at home and at school, they will have a greater sense of industry than of inferiority.

Most of us agree that all children need to succeed, but do we mean the same thing? What is success for a child? In the words of Holt:

"Success implies overcoming an obstacle, including, perhaps, the thought in our minds that we might not succeed. It is turning, 'I can't' into 'I can, and I did.'" (Holt, 1970)

But he also stressed something which I think is very important—that "Life holds many more defeats than victories for all of us. Shouldn't we get used to this early?" How is a child to learn coping skills if we constantly protect her from the challenges of the world? Unlimited love will not help a person fight her own battles and overcome her particular obstacles.

"You are your own best friend and/or worst enemy. A positive self-concept has power over your behavior that can bring you out 'on top' in most situations—a 'winner'. A negative self-concept can thrust you down into the mud of despair and self-defeat—a 'loser.'" (James and Jongeward, 1971)

Children need the benefit of encouragement and praise for their
### Chart III
PROFILE OF MIDDLE CHILDHOOD (Ages 4-10)

*Initiative vs. guilt* (Ages 4-6)
*Industry vs. inferiority* (Ages 7-10)

<table>
<thead>
<tr>
<th>Psychological Perspective</th>
<th>Sociological Perspective</th>
<th>Problematic Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUR TO SIX YEARS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings of importance and maturity at going to school</td>
<td>Enter school and face turmoil of adaptation</td>
<td>Social Skills Deficits--may result in certain inadequate personality types:</td>
</tr>
<tr>
<td>Positive experiences and successes produce feelings of industriousness</td>
<td>Less dependence on parents</td>
<td>bully</td>
</tr>
<tr>
<td>Need patience and admiration of parents and teachers</td>
<td>Interaction with peers</td>
<td>buffoon</td>
</tr>
<tr>
<td>Concept of self is <em>ability-oriented</em>; need to be at the center of things; are free with opinions and advice but own ego is very sensitive to criticism</td>
<td>Identify with parents' feelings about school and education</td>
<td>bootlicker</td>
</tr>
</tbody>
</table>

| **SEVEN TO TEN YEARS** |                          |                         |
| Shame is a common emotion centered around the body | Social class effects now being felt by child who makes social comparisons between self and others | pseudo-adult |
| Assimilate evaluations of self by those around them | Pygmalion effect--tendency to become what is expected of them | Problematic Coping Mechanisms include: |
| Enormous curiosity and delight in discovery | Sense of *belonging vs. a sense of alienation* | habit disturbances |
| New inner-directed quality of behavior: by age 10 show much less interest in evaluating self and seem to accept self without worrying too much about strengths and weaknesses | Thrive on rules and games | school phobia |
|                          | Relationships tend to be competitive and don't like to lose | overanxious and withdrawal reactions |
|                          | Chumships form--a shift from general friendships to special relationships between two boys or girls | conversion and hypochondriasis |
|                          | Integration of new abilities and knowledge of world around them |                         |
|                          | Academic achievement is of considerable importance |                         |
|                          | Form clubs and groups which gather around shared interests and planned events |                         |
|                          | Girls and boys tend to form separate play groups |                         |
efforts to begin forming their own self-initiative. But that's all a parent can do. A father cannot do the job for his son if he expects the child to gain anything by his experience. A parent can try to help soften the blow of inevitable failure so an experience of that type will also be of value to him. Again in Holt's words:

"Of course we should protect a child, if we can, from a diet of unborken failure. More to the point, perhaps, we should see that failure is honorable and constructive, rather than humiliating. Perhaps we need a semantic distinction here, between nonsuccess and failure." (Holt, 1970)

Although it is not easy to predict who will be a "winner" and who a "loser," or even what goes into the making of a winner; yet James and Jongeward have spent a great deal of energy writing a book about the subject. They offer some descriptions of winners and try to point out the distinctions which separate them from the losers.

"A loser 'does not dedicate his life to a concept of what he imagines he should be; rather he is himself and as such does not use his energy putting on a performance, maintaining pretense, and manipulating others into his games.'" . . .

"Although people are born to win, they are also born helpless and totally dependent on their environment. Winners successfully make the transition from total helplessness to independence, and then to interdependence. Losers do not. Somewhere along the line they begin to avoid becoming self-responsible." (James and Jongeward, 1971)

So again we see the importance of socialization of children toward independence and self-confidence. Let's take a closer look at how children see themselves at this point in their development.
A. SELF-CONCEPT

1. Measurement

During the early school years, children see things very concretely and still have not fully developed the cognitive ability to view things in the abstract. This can be seen very clearly in their development of "person perception." Based upon this cognitive-structural perspective, young children primarily conceive of and describe themselves in terms of such concrete characteristics as their physical appearance and possessions. It is not until adolescence that they are able to conceive of and describe themselves in more abstract psychological and interpersonal terms.

Young children also describe themselves in terms of territoriality: citizenship; possessions; resources; and physical self (body image). (Montemeyer and Eisen, 1977) This is perhaps why their prowess in games and physical feats is so important to their self-image. Keller and Associates state that in most studies of self-concept in children, body image has been given a central role; perhaps because person perception in children before age 7 seems to be based on physical appearance in describing others. They propose that perceived action competencies may be a major feature of the young child's self-concept also. They did a study of self-concept of preschoolers in which they focused upon open-ended self-descriptions by the children interviewed. They found:

"For both boys and girls in each age group, the greatest percentage of responding consistently fell within the action category while response frequencies in the remaining categories were comparatively small and variable both between
age and sex groups. . . . In addition to the action category, possessions appeared to be an important dimension."

. . . .

They also discovered: "When prompted, young children can produce a substantial number of body-image descriptions, but the frequency of such references is rather low in the children's more spontaneous self-descriptions."

. . . .

They conclude that . . . "Activity is indeed the most salient dimension of the self-concepts of preschool children. Further, low frequencies of responding and lack of stability of response for categories other than activity suggest that no other dimension of self-awareness accounts for a substantial portion of the structure of the young child's self-concept . . ." (Keller, et. al., 1978)

2. Stability

Another important finding from research studies is that the self-esteem of a child, once established, is remarkably stable over time. Coopersmith wrote:

. . . "At some time preceding middle childhood the individual arrives at a general appraisal of his worth, which remains relatively stable and enduring over a period of several years. This appraisal can presumably be affected by specific incidents and environmental changes, but apparently it reverts to its customary level when conditions resume their 'normal' and typical course." (Coopersmith, 1967, p. 5)

Drummond, et. al. studied a broad age-grade range of students to reassess the presence or absence of sex differences and to investigate the stability of self-esteem over a five-month period. Their findings confirmed there were no significant sex differences in self-esteem of children in the middle years and stability over time
did not differ significantly. The implication here is that children who initially develop a good sense of self-worth are likely to withstand the pressures of the world; yet the prognosis for those who start out low in self-esteem is not a happy one.

B. SOCIAL SKILLS

Children must be able to interact with others their own age before they can really learn to understand the world of people around them. They can relate to their parents as social beings, certainly, but that's quite a different thing from learning to meet new people and relate effectively with strangers and develop the interpersonal relationship skills necessary to maintain a social world outside the home. Hopefully children are provided with opportunities to meet and play with other children long before they enter school, but this is not always possible. When children have limited experience in this area, I feel kindergarten is an essential step in their development. They must have ample time to learn how to interact effectively with their peers and feel comfortable in such situations before they can settle into the serious business of performing their educational tasks. One very important way children learn these skills is through play.

1. Social Development Through Play

During middle childhood, social comparison becomes an important factor in determining what value children place on themselves. Feelings of competence and adequacy at this time depend heavily on their perceptions of themselves as more or less able than their
peers as well as how good they are at activities which are valued by their peers. We must also be careful to recognize there is a substantial interaction between what children are like and how popular they are. Here again is that undifferentiated line between a child's inherent personality traits and the socialization experiences she has had. In the quotes of Elkind and Weiner:

"Not only do children's personality characteristics influence their popularity; their social status among their age-mates in turn affects how friendly, relaxed, considerate, and active they are in social situations. In other words, high social status can be the cause as well as the result of socially adaptive behavior. It is much easier for children to be relaxed and sociable when they feel accepted and well-liked in their peer group than when they feel that rejection may be just around the corner."

(Elkind and Weiner, 1978, p. 428)

Much study has been done regarding mental and cognitive development through childhood, but little has been done to chart the parallel development of interpersonal skills needed as the child moves from the egocentric orientation of the family to the community of children found in the school. Although Piaget has shown how children develop moral values while they play rule-bound games, until recently very little attention has been directed to the world of play and games in the study of the child's social development. Increasing emphasis is being given to the fact that play and games are situations in which important informal learning takes place; with specific attention being given to the social skills that emerge as a consequence of a particular style of play. In the works of Mead and Piaget, emphasis on examining the socialization vehicle of play have focused
almost entirely around the game of baseball and the boys who play it.

Both Lever and Tauber have done separate studies on children's play. They emphasize significant differences exist in the types of games played by each sex which influence the social development of boys and girls to a large degree. It should be acknowledged:

"The play of babies is not clearly sex typed (Maccoby & Jacklin 1974, p. 280), but by the time children are in nursery school, the play behavior of girls and boys is clearly differentiated both by games played and by location, with boys preferring outdoor play in the sand pit; girls indoor play at the art table." (Tauber, 1979)

With this important distinction in mind, I will complete my discussion of the importance of play in a child's development by making observations of the differences in play between the sexes.

2. **Sex-Role Identity**

During the elementary school years, children internalize in a very enduring manner their psychological identity as a member of one sex or the other. The origins of sex-role identity are complex and not yet fully understood. Elkind and Weiner have identified three factors that play a role in this development process:

a. **first**, Maccoby and Jacklin have concluded there are some in-born differences between males and females (for example, males tend to be more aggressive than females). Constitutional differences affecting personality development exist primarily among individuals rather than between sexes; so even though average aggressiveness may be greater among males than females, the variation in aggressiveness within both sexes is so great there is considerable overlap between them.

b. **second**, differences in how boys and girls are socialized by their parents may produce certain psychological differences between them.
c. third, some aspects of sex-role identity tend to be acquired by means of the imitation and identification discussed earlier.

It has been recognized that even when parents are very careful not to stereotype the behavior they expect from their children because of sex, children very often still hold to their rigid ideas of proper behaviors and expectations despite contrary evidence from the models in their own family.

As have been noted by Kohlberg and others, "it would therefore appear children develop their sex-role identities partly from their own over-simplified and exaggerated notions of what males and females can and should be like."

"The immature judgment children display in holding such notions is consistent with the immaturity of their cognitive skills (93, 94)." (Elkind and Weiner, 1978, p. 436)

Another reason for this may be the fact that at this stage of development, children very much enjoy games with complex "rules." Peer pressure takes on the powerful form of continually defining the "correct" behaviors in all situations.

Lever's study on differences in children's play alluded to a dimension of children's play hitherto disregarded: the complexity of the learning experience. Her theory is that the play activities of boys are more complex than those of girls, resulting in sex differences in the development of social skills potentially useful in childhood and later life. She contends there is general agreement the following six attributes constitute greater "complexity":

"division of labor based on specialization of roles" (here activities are considered low in
role differentiation if the same behavior is required or expected of all players, who are equipped in the same manner);

interdependence between individual members (where the performance of one player immediately and significantly affects the performance of their players);

size of play group (a simple count of the number of players engaged in each activity)

explicitness of the group goals ("play" is a cooperative interaction that has no stated goal, no end point, and no winners; formal "games", in contrast, are competitive interactions, aimed at achieving a recognized goal)

number and specificity of impersonal rules (where rules are defined as being known to all players before the game begins; are constant from one game situation to the next; and carry sanctions for their violation).

action of members as a unified collective (where there is a team, or group, of players working collectively toward a common goal—as opposed to those games where teammates play relatively undifferentiated roles). (Lever, 1978)

In examining the content of games played by girls to determine the extent to which they contain elements listed in the above categories, Lever states that only a minority of girls' activities were competitive; and that they were mostly engaged at recess in the traditional girls' games like hopscotch, tag, spud, and Mother May I. Very little interdependence was required of those girls engaged in single role play; coaction rather than interaction was required of the participants. When girls did play interdependently, then tended to do so in a cooperative context. Perhaps more importantly, girls' play occurred in small groups—usually with just one best friend, or with no more than four at a time.
In contrast, she observed very different conditions in the play of boys. Boys were more likely to compete as individuals and be engaged in direct, face-to-face confrontations. Boys interviewed expressed finding gratification in acting as representatives of a collectivity. They often competed as members of teams where they had to simultaneously coordinate their actions with those of their teammates while taking into account the action and strategies of their opponents.' Lever's conclusions:

"Boys' games provide a valuable learning environment. It is reasonable to expect the following social skills will be cultivated on the playground: the ability to deal with diversity in memberships where each person is performing a special task; the ability to coordinate actions and maintain cohesiveness among group members; the ability to cope with a set of impersonal rules; and the ability to work for collective as well as personal goals." (Lever, 1978)

Lever continued, "In Meadian terms, the differences in children's play by sexes may result in boys developing the ability to take the role of the "generalized other"; while girls develop empathy skills to take the role of the "particular other." (Lever, 1978)

It would seem to me it would be beneficial for both girls and boys to learn both types of abilities if the healthy development of the human personality is to exist side by side with the maintenance of a worthwhile social order. The answer should not be in a simple eradication of traditional girls' games with the sole emphasis on socialization of all children through games which promote the values of our modern industrial society; but rather emphasis on exposing
each of the sexes to the learning of both types of skills. This brings us to the question of how parents can and do influence their children's choices of play. Tauber points to special controls which parents apply for the purpose of restricting appropriate play behaviors:

... "Restricting girls to play areas in their own homes or the homes of friends while allowing boys to roam freely across long distances; dressing girls in such a way that certain play behaviors are effectively ruled out; and providing sex-coded toys for children to play with (Hoffman 1977)." (Tauber, 1979)

Tauber did a study to test the validity of four hypotheses regarding the effect of parental socialization techniques on sex differences in children's play. The first hypothesis was "both girls and boys who have a close relationship to a strong father will prefer masculine games and tasks." (Tauber, 1979). This hypothesis was based on the assumption that perhaps the perceived power of the father as head of the family would outweigh the traditional assertion that children identify with the like-sex parent; and therefore the children of both sexes would identify with the father model. The evidence provided by this research study did not support the first hypothesis. Instead, it was found that girls who engaged in cross-sex play (masculine games) had fathers who were undifferentiated rather than masculine; while boys who engaged in only masculine games had fathers who were androgynous. These categories (androgynous and undifferentiated) have been used in several research studies regarding self-concept of both men and women as they relate to different variables. A definition of the terms is in order here.
The most commonly used measure of sex-role identity traits is the Bem Sex-Role Inventory, which consists of independent masculinity and femininity scales, each consisting of 20 personality traits traditionally considered "desirable" for each sex. According to how well the person feels each trait describes herself or himself, each is classified as one of the following:

- androgynous—high masculine/high feminine
- feminine—high feminine/low masculine
- masculine—high masculine/low feminine
- undifferentiated—low masculine/low feminine

Two other hypotheses were "tentatively" supported (in relation to boys only) by the Tauber study. They are: first, the closer and warmer the mother, the more the boy will have to differentiate himself from her by playing masculine games and avoiding feminine ones; and, second, children will engage in less sex-stereotyped play when playing with an opposite-sex parent than they will when playing with a parent of the same sex or by themselves. The evidence in this study was not enough to warrant the causal factors implied in the former hypothesis. Girls did not change the time spent playing with girls' toys when in the presence of their fathers. This would seem to indicate they did not feel the father would disapprove of such play.

The final hypothesis was confirmed more clearly than any of the others, and for both sexes. It states that "children from single-sex families will enjoy playing cross-sex games, and this effect will be stronger for girls than for boys." Tauber suggests six-role diversification in single-sex families would be more accepted and encouraged.
since . . ."This would facilitate the smooth functioning of the unit and therefore be rewarded: a girl who mows the lawn or a boy who cooks dinner makes an important contribution to family economics." (Tauber, 1979)

3. Social Skills Deficits

a. Inadequate Personality Styles

For those children who are not adequately prepared either by nature or appropriate learning experiences to cope effectively with peer relationships, this period in their life is the time when certain inflexible, or self-defeating, interpersonal behavior styles may begin to appear. According to Elkind and Weiner:

"These styles develop as children try to compensate for anticipated peer rejection by sticking rigidly to some maladaptive social role, even when it results in self-defeating behavior. Four such maladaptive interpersonal styles are the bully, the buffoon, the bootlicker, and the pseudo-adult." (Elkind and Weiner, 1978, pp. 430-431)

1) **Bullies** seek out younger or smaller children whom they can dominate and browbeat, thereby relieving their own feelings of inadequacy. . . .

2) **Buffoons** become clownish and play the fool in order to gain attention from their peers, whom they believe might otherwise ignore them completely.

3) **Bootlickers** use flattery, servility, and outrageous bribes to try to buy "friendship" that they do not think they could obtain in any other way.

4) **Pseudo-adults** spurn all of these techniques, seeking their comforts and rewards from grownups because of their inability to interact with peers. (Elkind and Weiner, 1978, pp. 430-431)

b. Unassertiveness

Still other children completely withdraw from peer interactions and seem content to sit on the sidelines
watching life pass them by. These are the "good," "easy to raise," "a joy to have around" type of kids who never cause any trouble and usually do what they're told without resistance. In many cases this spells trouble for their psychological development. At the very least, such children lack the assertiveness necessary to cope effectively with their needs, as well as the emotions which accompany the onsets of stressful events. The repression of such emotions can be very damaging to a person's physical health as well. A comprehensive discussion of stress and coping appears in Part V of this paper.

Bornstein, et. al. state:

"Lack of social skill appears to generate social failure. Poor competency as a child may set the stage for inappropriate interpersonal functioning as an adult, accentuating the potential for psychiatric disorder. Social skills deficits of children are primarily described in a manner similar to assertiveness deficits."

The term "assertiveness" refers to a subcategory of social skills in which the emphasis is on the "... ability to express both positive and negative feelings in the interpersonal context without suffering consequent loss of social reinforcement." (Bornstein, Bellack and Hersen, 1977)

Some research has been done into the effectiveness of role-playing to teach children, as well as adults, to become more assertive. The emphasis is on the difference between asserting one's own rights, as opposed to being aggressive for the sake of it or treading on the rights of
others. The danger is that if children fall into a pattern of passively withdrawing from stressful situations, any number of pathogenic personality disturbances may result because of the "fund of rage" or anger they repress and with which they cannot deal effectively.

**c. Learned Helplessness**

This is another pattern of behavior which is maladaptive, and contributes to depression. It is generally felt that a person "learns" this behavior pattern through observation of others in her environment. Presumably the individual perceives no way of coping with the stress, so she eventually stops fighting and gives up. According to Brown and Inouye:

"Studies of learned helplessness in humans have demonstrated that a variety of experiences involving aversive consequences for failure can undermine subsequent performance."

"Maier and Seligman (1976) have proposed that the various effects which characterize learned helplessness are mediated by subjects' expectations of controllability. As a result of being subjected to uncontrollable events, persons come to expect that they cannot affect outcomes through their actions in other situations as well. This expectation, in turn, is believed to debilitate subsequent performance through motivational, cognitive and emotional effects." (Brown, Jr., and Inouye, 1978)

From a social learning perspective, it is thought that lowered performance expectations can result not only from direct experiences, but from vicarious experience (learning through sympathetic participation in the experience of
another) and verbal persuasion as well. Results of the Brown/Inouye research project supported this "vicarious learning helplessness" hypothesis that self-perceptions and motivation can be undermined by exposure to modeled failure; and this effect is further mediated by perceived similarity in competence. The authors state their results provide strong evidence that:

"... It is the cognition of 'uncontrollability' rather than the experience of uncontrollability itself, that is critical for producing helplessness effects." (Brown and Inouye, 1978)

In other words, a person need not be helpless at all; but if she identifies with her mother, who constantly copes by sitting at the sidelines while other dictate the actions they expect of her, and displaying an "I can't" attitude, the daughter will certainly get a much different message than the son will from his more "powerful" role model. It has already been noted earlier in this paper that parents who exhibit competent problem-solving in their daily behavior foster stronger identification than parents who seem unable to cope; and this in turn fosters a more healthy self-concept in children.

C. PROBLEMATIC COPING MECHANISMS

The following is a listing and explanation of some of the more abnormal coping mechanisms which can result from a child's inability to handle effectively the stresses of living and growing in his world.
1. Habit Disturbances

These are neurotic traits that represent immature ways of behaving, but do not necessarily originate in psychological conflict, even though they can and often do serve psychological needs. They arise simply as a learned habit. Examples of habit disturbances include enuresis (bed-wetting), thumb-sucking, somnambulism (sleepwalking), nail-biting, and tics.

2. Conduct Disorders

Socially unacceptable ways of expressing emotions through "acting out" some feeling or concern that the child cannot talk about or otherwise resolve. All such types of neurotic conflicts tend to include a feeling of inadequacy or loss. Long-term studies indicate that neurotic behavior in children is generally not predictive of psychological disturbance in adulthood; but that serious antisocial behaviors (delinquent acts of vandalism, fire-setting, etc.) are likely to eventuate in a cycle of adjustment difficulties which is hard to break.

3. School Phobia

A type of childhood neurosis. Among children who suffer from this handicap, the basic cause of the intense anxiety is usually concern about being separated from the mother. It is interesting that girls equal or exceed boys in the incidence of school phobia, while they are generally less susceptible to other psychological problems. It is not difficult to see how repetitive and prolonged school phobia can interfere with normal personality development. Sheltered at home, school-phobic
children lag behind their peers in learning self-reliance and interpersonal relationship skills (which must be accomplished to a healthy degree before the child can even begin focusing on educational tasks). Elkind and Weiner note the importance of early detection and treatment of this phenomenon:

"... Persistent school phobia that goes unrecognized and untreated may have many unfortunate consequences. It is in fact more predictive of psychological problems in adulthood than are other youth-ful neurotic disturbances. ... Chronic school phobia often leads to poor adjustment in all work-related situations that demand a measure of independence and self-reliance." (Elkind and Weiner, 1978, p. 501)

The formation of a neurosis is a complex process which requires the higher level of personality organization and differentiation now present at the middle childhood level of cognitive development. The emergence of a neurotic reaction comprises the following two-step sequence:

"... First, there is unbearable anxiety; and second, there are efforts to cope with the anxiety that diminish or disguise it, but in the process produce a maladaptive behavior pattern. ... The major indications of psychological tension in young children include irritability, constant crying, a refusal to eat or an inability to keep food down, difficulty in going to sleep, frequent nightmares, and the kinds of transient phobias and rituals described earlier." (Elkind and Weiner, 1978, p. 502)

4. Overanxious and Withdrawal Reactions

These categories of childhood neuroses include the following:

oversensitivity;
unrealistic fears
shyness and timidity
pervasive feelings of inadequacy
sleep disturbances
fear of school
"In short, the overanxious child typically attempts to cope with his fears by becoming overdependent on others for help and support." (Coleman, 1976, p. 541)

The most common example of an overanxious reaction is the school phobia discussed previously. Withdrawal reactions are similar, but here the child attempts to minimize his anxiety by turning inward—in effect detaching himself from a seemingly dangerous and hostile world. (Coleman, 1976, p. 542) Children exhibiting the withdrawal reaction tend toward seclusiveness, timidity, and inability to form close interpersonal relationships. Often they appear listless, apathetic, and are prone to daydreaming and unrealistic fantasies; all of which are closely related to depression, and could very well lead to childhood schizophrenia if left untreated and the child does not grow out of it.

On the other hand, the above are quite common reactions for both children and adults when attempting to internalize the meaning of a great loss of some kind (such as the death of a loved one). The normality of these reactions are discussed in depth in Part V, D, on Loss and the Grief Process.

Moyal has done some research regarding the variables in children that have been found to correlate with depression in adults. These variables are: self-esteem; locus of control; stimulus appraisal; and depressive symptoms. (Moyal, 1977) In other words, a child who consistently displays the characteristics of depressive symptoms described above, who is very
low on self-esteem, and who feels a pervasive helplessness to change his situation is very likely to grow up and become a depressed, neurotic, inadequate adult.

Depression in children can also surface in a variety of "masked" forms. Such manifestations include some form of aggressive, delinquent, or antisocial behavior in which the child’s bad conduct is motivated by a need to compensate for a sense of loss.

5. Conversion and Hypochondriasis

These are two closely related forms of neurotic behavior in which anxiety is "converted" into somatic symptoms or excessive concern about bodily functions. Common manifestations of conversion symptoms include tics—repetitive, involuntary muscle movements, usually of the face, head, and neck. Typical ticking movements include blinking the eyes, clearing the throat, yawning, stretching the neck, and shaking the head.

"In most cases, these childhood tics disappear of their own accord by the time youngsters reach adolescence... but tics are observed in approximately 12 percent of all children of 6 to 12 years of age, most of whom manifest other signs of being tense and anxious." (Elkind and Weiner, 1978, p. 504)

D. DIAGNOSIS AND TREATMENT OF CHILDHOOD DISORDERS

There are a wide range of treatment procedures that may be used in dealing with children, as well as marked differences in expected outcomes. Traditional, long-term psychotherapy has meet with limited success, but it has been found that short-term psychotherapy is often particularly helpful for children during crisis periods.
There is, of course, the additional problem of alleviating any pathogenic family and/or sociocultural conditions that may be causing or maintaining the child's behavior problem. Some increasing successes have been reported in the use of Behavior Therapy, and in teaching parents such behavioral management procedures.

However, there are certain problems unique to the diagnosis and treatment of children that do not exist in the treatment of adults. These include:

1. **The child's inability to seek assistance.** The great majority of emotionally disturbed children who need assistance are not in a position to ask for it themselves, or to transport themselves to and from child guidance clinics.

2. **The high incidence of pathogenic family patterns.** Since the care of the child is traditionally the responsibility of the parents, the local and state agencies intervene only in extreme cases. Therefore a child may be further handicapped by a parent who does not perceive her need for help and who does not actively seek assistance from a treatment program.

3. **Treatment of the parents as well as the child is often necessary.** Many of the behavior disorders specific to childhood appear to grow out of pathogenic family patterns. Thus, even removal of the child from the situation for treatment will not have long-term effects if the child is then returned to the same environment and the same problems.

4. **The use of parents as change agents is increasingly being attempted in order to provide the comprehensive change needed for the child.** In this way, parents are involved in the overall treatment program from the beginning, and are trained in techniques that enable them to help their child and truly understand the nature of the child's problems.

5. **The problem of placing the child outside the family hinges on the availability of treatment facilities for children.** In addition, it has become increasingly apparent that all possible measures should be tried before such a drastic step is taken in the care of pre-adolescents, since they need more nurturing and individual attention than the teenagers who are attempting to practice independence skills. (Coleman, 1976, pp. 550-552)
PART IV: ADOLESCENCE (Ages 11-18)

The onset of adolescence and puberty signals some very drastic and unsettling life changes for the pseudo-adult, both at the physical and psychological levels. Since this is such a complex stage of development, no attempt will be made in this thesis to cover the adolescent period as extensively as the last two. Chart V gives a fairly good synopsis of the psychological and sociological tasks relevant to early, mid, and late adolescence.

A. CHANGES IN SELF-CONCEPT

The adolescent now has the cognitive abilities to form abstract concepts. At this stage, he has pretty definite ideas about how things "ought to be" and expresses these opinions quite freely and tends to enjoy arguing his point of view at every available opportunity.

1. The Adolescent's Assessment of Self

Self-conceptions of childhood have gradually become less concrete (physical characteristics and abilities) and are now based on abstract perceptions of inner abilities, motives and personality styles. Some of these self-conceptions include: occupational role; existential or individuating characteristics; ideological and belief references; the sense of self-determination and of unity; and interpersonal style.

The Montemeyer/Eisen study of self-conception development from childhood to adolescence revealed the following additional information:
<table>
<thead>
<tr>
<th>Psychological Perspective</th>
<th>Sociological Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EARLY ADOLESCENCE: (11-13 YEARS)</strong></td>
<td>Effects of earlier parental discipline are noticeable</td>
</tr>
<tr>
<td>World is very personal</td>
<td>Increased attention to peer group belongingness</td>
</tr>
<tr>
<td>Highly sensitive and deeply hurt, but bounce back quickly</td>
<td>Increasing stability of friendships</td>
</tr>
<tr>
<td>Preoccupation with bodily changes</td>
<td>Heterosexual interests (intimacy and security in relationships are becoming increasingly important)</td>
</tr>
<tr>
<td>Fantasies about future and being at &quot;center of stage&quot;</td>
<td>Growing attachments outside the family cause guilt feelings about hurting parents; thus they are prompted to rationalize guilt by finding things wrong with their parents' behavior</td>
</tr>
<tr>
<td>MID-ADOLESCENCE: (13-15 YEARS)</td>
<td>A new press of activity; combined with a carelessness which can bring about adult criticism</td>
</tr>
<tr>
<td>Three major psychological tasks:</td>
<td></td>
</tr>
<tr>
<td>1. sexual maturity;</td>
<td></td>
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<tr>
<td>2. independence;</td>
<td></td>
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<td>3. identity</td>
<td></td>
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<tr>
<td>New phase of growth brings new conflicts</td>
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<tr>
<td>Argumentative and emotional</td>
<td></td>
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<tr>
<td>Fluctuate between revolt and conformity</td>
<td></td>
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<tr>
<td>Mood swings of extremity</td>
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<tr>
<td>Increasingly volatile</td>
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<tr>
<td>Lack of impulse control</td>
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<tr>
<td>LATE ADOLESCENCE: (15-18 YEARS)</td>
<td></td>
</tr>
<tr>
<td>Integration of true self-identity and practical view of world</td>
<td></td>
</tr>
<tr>
<td>Coming to terms with limits</td>
<td></td>
</tr>
<tr>
<td>Can accept another point of view</td>
<td></td>
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</tbody>
</table>
"The concrete-abstract change is not a simple linear one, however, since additional findings suggest that curvilinear changes occur in the use of categories that could be considered either concrete or abstract. These changes primarily involve the use of concrete description by adolescents rather than the use of abstract descriptions by children. For example, many adolescents referred to concrete characteristics such as their sex and name when describing themselves, suggesting that this type of information has an important phenomenological meaning even to individuals who characteristically define themselves in more abstract terms. (Montemayor and Eisen, 1977) (emphasis added)

It's worth reiterating that our society does not value "femineness" even though it expects sex-appropriate behavior. Society also expects a female to surrender her name to the male she marries. Thus, the two most important concrete variables upon which adolescents base their self-concept are, from this point on, moot (deprived of significance) for women. These two concrete concepts are what place men in a "superior," more powerful position than women.

I would like to pursue the phenomenon of changing identity and self-concept during the adolescent period, but there is not time to explore such a controversial complex subject. Let is suffice for the present to reflect it is during this time period that females revert from normal, healthy development to an even plane with males in terms of psychological disturbance. Before this time, remember, males are by and large more prone to both psychological and behavioral disorders than females. This is the reason such emphasis has been stressed in this thesis on sex-role implications on development.
B. SEX-ROLE IMPLICATIONS SUMMARIZED

"One way to characterize behavior generally is to discuss psychological health, or freedom from behavioral disturbance. Recent information suggests that although there appears to be little difference in the psychological health of male and female youngsters, things change with age (92). For a number of reasons, women seem more likely to have problems than men, and these problems tend to be of a self-destructive nature . . . most female neuroses 'are a result of societal or sex role demands and discrimination rather than the individuals' supposed mental illness. Chesler suggests that most husbands and therapists encourage a woman to accept blame for this unhappiness and be 'cured.' Further, she suggests, 'the therapist-patient relationship reinforces a system of beliefs and attitudes that is psychologically damaging to the patient, and psychologically rewarding to the doctor.'" (Severy, Brigham and Schlenker, 1976, pp. 165-166)

Justice and Associates compared sex differences in psychological distress and social functioning and report that the following differences were significant: Females measured higher on anxiety, depression, hysteria, and intrapsychic distress; while males scored higher on productivity, legal difficulties, and social adjustment.

It was acknowledged that males scored higher on the lie scale which infers males are more likely to deny their psychic distress.

Severy and Associates offer a tentative explanation for this apparently rather sudden change in psychological health of females:

"During the elementary years, success and excellence in school are rewarded with love and approval by parents, teachers, and peers. . . . The elementary school gives an opportunity to compete and excel while remaining consistent with the feminine orientation."
However, changes occur at higher levels of education, particularly in college and professional pursuits." (1976, p. 148)

Combining everything we have learned about differences in socialization of males and females, we can also understand the conclusion drawn by Scarf:

"An independent sense of self, with a resulting sense of self-esteem can only evolve when the individual, alone, sets out to attain goals and, with reasonable frequency, achieves them! . . . This independent sense of self is rarely achieved among females. More often, the young girl learns to appraise her worth as a function of the appraisals of others, to value herself insofar as she is valued. Being female means (frequently) never being encouraged to become a self-sufficient individual." (emphasis added) (Scarf, 1979)

Let's proceed to the final section of this paper which provides a comprehensive review of life stresses in relation to individual coping efficacy. The major underlying cause of most problematic states is the inability to cope effectively with stress.
A. STRESS AND ANXIETY

Although there have been almost as many definitions of stress as there have been researchers, there is a common theme in them. Stress is generally conceptualized as the altered state of an organism produced by agents in the psychological, social, cultural, and/or physical environments. It is assumed that this altered state, when unmitigated, produces deleterious effects on the physical and/or mental well-being of affected individuals. (Warheit, 1979)

Dr. Warheit feels that the study of stressful life events, coping and illness has traditionally been conceptualized as static and occurring within a closed system. As a result, most of the stress-illness models do not take into account the systematic relationships inherent in the real world as organisms affect and are affected by their psychological, social, ecological, and cultural milieus. The more sophisticated study of stress now considers the relationships between life events, coping resources and depressive symptomatology. Events are now seen as arising from the following three sources: "the individual's psychological and biological constitution, the culture, and the social environment." (Warheit, 1979) Thus, life events, stress, coping behaviors, and illness are most usefully studied as a process, something like the following:

"Characteristically, when a crisis event occurs, we hypothesize that the individual's first line of defense is his or her psychological, physical, and genetic makeup. If the individual is unable to deal with the demands occasioned by the event, he or she then customarily seeks to extend his or her
sources of support, most commonly calling for assistance from spouse, children, parents, or other family members." (Warheit, 1979)

Other environmental resources a person may call upon include interpersonal networks such as friends, culturally provided beliefs, values and symbols, or assistance from professional persons or agencies. More will be said about these coping resources in the following section on coping.

1. Physiological Ramifications of Stress

Dr. Hans Selye draws a further distinction between "stress" and "distress." He feels that people are almost constantly affected by life events, both pleasant and unpleasant, which act as stressors, in that they place a demand upon the body to readjust. The harmfulness of the stress lies in its becoming more akin to distress -- a result of continual exposure to "bad" stress (a pending divorce) as opposed to "good" stresses (getting married, being honored for a special achievement, etc.). Distress is "continual stress that causes you to constantly readjust or adapt ... If this distress lasts long enough, it can result in fatigue, exhaustion, and even physical or mental breakdown." (NIMH, 1979)

In 1956, Dr. Selye formulated the General Adaptation Syndrome (G.A.S.) to describe how people respond to distress:

"Distress is responsible for mobilizing G.A.S. to meet the increased physiological and emotional demands on the body. The syndrome is a nonspecific reaction to changes in the homeostasis, or steady state, of an organism. G.A.S. consists of three phases: (1) an alarm reaction in response to the demands of a stress-
producing agent, or stressor; (2) resistance
or adaptation to the demands of the stressor;
and (3) exhaustion or depletion of adaptation
energy from continued exposure to the stressor."
(Vattano, 1978)

Anxiety is an emotion which has long been known to accom-
pany stress. However, it would seem from my research that the
most harmful effects of anxiety most often accompany the
"inability" to cope effectively with the stress. Anxiety is

"generally described as a syndrome consisting of
uncomfortable feelings of apprehension, tension,
and dread. These feelings are also associated
with the increased activity of the autonomic
nervous system that is characteristic of the
G.A.S. alarm reaction. Limited amounts of
anxiety may be necessary and helpful in certain
situations -- for example, when taking an
examination or engaging in competitive sports.
However, when anxiety is chronic or overwhelm-
ing, it can be maladaptive and incapacitating,
and it is this dysfunctional type that is of
concern." (Vattano, 1978)

The physiological reactions of the body to stress include
the following stimulations to the autonomic nervous system:
increased heart rate, blood pressure, respiration, skin temper-
ature, sweat gland and gastrointestinal activity, pupillary
changes and muscle tension. It is not surprising, then, that
after prolonged exposure to stress and G.A.S., individuals
develop hypertension, ulcers, heart disease, or chronic
emotional upset.

Although stress can evolve from two basic sources --
physical activity and mental/emotional activity, it has been
found that stress from emotional frustration is more likely to
produce disease than stress from physical work or exercise.
Therefore, although not discounting the ramifications of
physical stress on the person, and the fact that physical and emotional factors are inextricably intertwined, this paper will focus almost entirely on those stressors which affect a person primarily at the mental/emotional level.

2. Stressful Life Events

a. change as a stressor -- one important unresolved question regarding the impact of stress on a particular individual is whether the nature of the event itself is the key; or whether the person's available repertoire of coping strategies determines effectiveness in dealing with stress. Two separate and distinct views on this matter have emerged in the literature.

The first view holds that it is the change or readjustment required by the life events that is the critical factor in their linkage to psychiatric disorder. Holmes and Rahe emphasize this dimension, and they have developed a "Life Events Checklist" in which they assign a certain number of life crisis units to each stressful event which could occur in a person's life. These L.C.U.'s were assigned according to the intensity and length of time necessary to accommodate to each life event, regardless of the social desirability of this event.

Chart V delineates the "Social Readjustment Rating Scale" devised by Holmes and Rahe (1967:213). Note that they feel a total score of up to 150 L.C.U.'s in a two-year period should provide no significant problems for most
## Chart V
Social Readjustment Rating Scale

<table>
<thead>
<tr>
<th>Rank</th>
<th>Life Event</th>
<th>Life Crisis Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Death of spouse</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Divorce</td>
<td>73</td>
</tr>
<tr>
<td>3</td>
<td>Marital separation</td>
<td>65</td>
</tr>
<tr>
<td>4</td>
<td>Jail term</td>
<td>63</td>
</tr>
<tr>
<td>5</td>
<td>Death of close family member</td>
<td>63</td>
</tr>
<tr>
<td>6</td>
<td>Personal injury or illness</td>
<td>53</td>
</tr>
<tr>
<td>7</td>
<td>Marriage</td>
<td>50</td>
</tr>
<tr>
<td>8</td>
<td>Fired at work</td>
<td>47</td>
</tr>
<tr>
<td>9</td>
<td>Marital reconciliation</td>
<td>45</td>
</tr>
<tr>
<td>10</td>
<td>Retirement</td>
<td>45</td>
</tr>
<tr>
<td>11</td>
<td>Change in health of family member</td>
<td>44</td>
</tr>
<tr>
<td>12</td>
<td>Pregnancy</td>
<td>40</td>
</tr>
<tr>
<td>13</td>
<td>Sex difficulties</td>
<td>39</td>
</tr>
<tr>
<td>14</td>
<td>Gain of new family member</td>
<td>39</td>
</tr>
<tr>
<td>15</td>
<td>Business readjustment</td>
<td>39</td>
</tr>
<tr>
<td>16</td>
<td>Change in financial state</td>
<td>38</td>
</tr>
<tr>
<td>17</td>
<td>Death of a close friend</td>
<td>37</td>
</tr>
<tr>
<td>18</td>
<td>Change to different line of work</td>
<td>36</td>
</tr>
<tr>
<td>19</td>
<td>Change in number of arguments with spouse</td>
<td>35</td>
</tr>
<tr>
<td>20</td>
<td>Mortgage over $10,000</td>
<td>31</td>
</tr>
<tr>
<td>21</td>
<td>Foreclosure of mortgage or loan</td>
<td>30</td>
</tr>
<tr>
<td>22</td>
<td>Change in responsibilities at work</td>
<td>29</td>
</tr>
<tr>
<td>23</td>
<td>Son or daughter leaving home</td>
<td>29</td>
</tr>
<tr>
<td>24</td>
<td>Trouble with in-laws</td>
<td>29</td>
</tr>
<tr>
<td>25</td>
<td>Outstanding personal achievement</td>
<td>28</td>
</tr>
<tr>
<td>26</td>
<td>Wife begins or stops work</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Begin or end school</td>
<td>26</td>
</tr>
<tr>
<td>28</td>
<td>Change in living conditions</td>
<td>25</td>
</tr>
<tr>
<td>29</td>
<td>Revision of personal habits</td>
<td>24</td>
</tr>
<tr>
<td>30</td>
<td>Trouble with boss</td>
<td>23</td>
</tr>
<tr>
<td>31</td>
<td>Change in work hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>32</td>
<td>Change in residence</td>
<td>20</td>
</tr>
<tr>
<td>33</td>
<td>Change in school</td>
<td>20</td>
</tr>
<tr>
<td>34</td>
<td>Change in recreation</td>
<td>19</td>
</tr>
<tr>
<td>35</td>
<td>Change in church activities</td>
<td>19</td>
</tr>
<tr>
<td>36</td>
<td>Change in social activities</td>
<td>18</td>
</tr>
<tr>
<td>37</td>
<td>Mortgage or loan less than $10,000</td>
<td>17</td>
</tr>
<tr>
<td>38</td>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>39</td>
<td>Change in number of family get-togethers</td>
<td>15</td>
</tr>
<tr>
<td>40</td>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>41</td>
<td>Vacation</td>
<td>13</td>
</tr>
<tr>
<td>42</td>
<td>Christmas</td>
<td>12</td>
</tr>
<tr>
<td>43</td>
<td>Minor violations of the law</td>
<td>11</td>
</tr>
</tbody>
</table>


**How To Use:** Add up value of Life Crisis Units for Life Events experienced in two-year period.

- 0 to 150—No significant problems
- 150 to 199—Mild life crisis (33 percent chance of illness)
- 200 to 299—Moderate life crisis (50 percent chance of illness)
- 300 or over—Major life crisis (80 percent chance of illness)
persons; while a score of 300 or more L.C.U.'s in a two-year period should render the individual an 80% chance of illness as a result of this continued exposure to anxiety and stress.

Note further that these figures are based on an average "norm" of both the intensity and readjustment necessary to a particular event; as well as the "norm" of how much stress individual persons can tolerate successfully. Nobody really knows yet how much strength comes from a particular genetic endowment, how much from a favorable environment, and how much from a child's experiences during the early years.

Yet E. James Anthony, Director of the Harry Edison Child Development Research Center at Washington University, St. Louis, has for 12 years been studying the relationships between disturbed behavior in parents and the behavior of their children to gain some insight into this question.

Anthony has followed the development of four groups of children: the offspring of schizophrenic, manic-depressive, physically ill, and normal parents. In this process, he has tried to form a detailed analysis of the risks children from unhealthy environments may have to face, and the result is what he terms a "Risk Profile." In this way, he demonstrates that even different siblings in the same family may be exposed to very different kinds and degrees of risks. They may include any of the following:

"genetic (based on the amount of psychosis in siblings, parents, and grandparents), reproductive
(involving maternal ill health before or during a pregnancy, difficulties in labor or delivery, fetal distress, postnatal or neonatal difficulties), "constitutional" (such as hearing, visual, or motor handicaps in infancy), developmental (physical or psychological problems at various stages of growth from infancy to high school age), medical (acute and chronic illness), environmental (poor living conditions, separation from parents, frequent residential changes, experience in institutions, mental or physical disorders in the parents), or traumatic (based on the history of medical, physical, sexual, or emotional trauma of various kinds)." (Pines, 1979)

Anthony assigned a range of from 0 to 6 for each risk listed in his "Risk Profile." After combining the total risk points relevant to a particular child, an assessment can be made regarding where on the continuum that child would fall in relation to the norm. A child with a total risk score between 28 and 42 should be considered at "high risk"; while one in the 0 to 13 range would be considered at "low risk."

b. Undesirability of Change as Stressor

Recall that the competing view of the relationship between life events and stress emphasizes their "undesirable or threatening character" as the key to degree of emotional distress experienced by the individual attempting to cope. Mueller, Edwards and Yarvis feel that the major inadequacy of the Holmes and Rahe scale is that it ignores this desirability/undesirability dimension. In their comprehensive review of studies addressing the change vs. desirability issue, Mueller et. al. report that subjects' perceptions regarding desirability of experienced events is also a salient
factor in the amount of stress the person faces in attempting to adapt to new situations. This has frequently been referred to as the person's individual locus of control. More will be said about locus of control in the "coping" section (Part V) of this paper which follows.

Mueller, et. al. also report that the findings of the various studies they reviewed were inconsistent. For instance, Dohrenwend (1973b) found that change was more highly correlated than undesirability; while Gersten, et. al. (1974: 168) concluded that undesirability, especially the balance between undesirability and desirability, was the critical dimension of life events. Vinokur and Selzer found that only undesirable events were consistently, significantly, and substantially correlated with a variety of stress-related measures. Mueller, et. al. did, however, make the following conclusions in their comparisons of the totality of the literature they researched:

"From the evidence accumulated in four separate studies addressing the change versus undesirability issue, a number of conclusions are possible despite diverse samples and different measurement instruments for the independent and dependent variables. . . . With few exceptions, the life events measure related most strongly to psychological status was undesirable events. Desirable events, on the other hand, were either unrelated or very weakly related to psychological impairment, except perhaps in the case of the dependent variable, anxiety; but even for anxiety, correlations with desirable events were weak and usually considerably lower than those for undesirable events." (Mueller, Edwards and Yarvis, 1977)
B. COPING

Coping refers to behavior that protects people from being psychologically harmed by problematic social experience, a behavior that importantly mediates the impact that societies have on their members. ... In short, any response to external life strains that serves to prevent, avoid, or control emotional distress. (Pearlin and Schooler, 1978)

We know very little about the nature and substance of people's coping methods, and the relative effectiveness of each. Pearlin and Schooler provided the most comprehensive analysis I could find. They indicate that the reason we know so little about coping is due to the fact that science has largely confined itself to the study of conditions that are "harmful", and has thus ignored ways of avoiding harm. This has resulted in a tendency to regard coping as a highly individualized defense against threats aroused in highly individualized situations; when, in fact, Pearlin and Schooler believe that enduring and widely experienced life strains emerge from social roles. Moreover, they believe that coping modes are shared by people who also share key social characteristics. Therefore, their study concentrated on normative coping methods to normative life-problems.

1. Coping Resources

In an attempt to discover more about the structure of coping with stress, Pearlin and Schooler studied people between the ages of 18 and 65 in urban areas of Chicago, by means of a structured interview, to determine how they dealt with such persistent life-strains as parenting, job holding, and fulfilling the roles of husbands and wives.
At the outset, they found that a fundamental distinction needed
to be made between certain dimensions of coping efficacy. They are
as follows:

a. social resources—these are represented by the inter-
   personal networks of which people are a part, and which are a
   potential source of crucial supports: family, friends, fellow
   workers, neighbors, and voluntary organizations. Social resources
   refer not to what people do, but to what is available to them in
developing their coping repertoires.

b. psychological responses—these can be either effective
   or ineffective, depending on the individual and the situation.
   They include the following: measures of denial, tendencies
   toward escapism, and dispositions to move away from or toward
   people when troubled. These responses represent some of the
   things people are, independent of the particular roles they
   play. Other psychological aspects which will be considered
   in detail below are: self-esteem, self-denigration, and
mastery.

c. specific coping responses—these represent some of the
   things people do, their concrete efforts to deal with the life-
strains they encounter in their different roles.

Since the scope of this paper is necessarily limited, I will
choose not to dwell further on the social resources available to
persons, but rather explore further the other two dimensions of
coping efficacy. The literature seems to indicate these two are,
in fact, the most essential in determining the psycho-sociological
health of human beings faced with highly stressful situations.
Regarding the "psychological" component specifically, Pearlin and
Schooler explain:

"These resources, residing within the self, can
be formidable barriers to the stressful conse-
quences of social strain. Three have been incor-
porated into this analysis: self-esteem, self-
denigration, and mastery. Self-esteem refers to
the positiveness of one's attitude toward oneself
... Self-denigration, an independent factor, indi-
cates that extent to which one holds negative
attitudes toward oneself. Mastery, finally, ...
concerns the extent to which one regards one's
life-chances as being under one's own control, in contrast to being fatalistically ruled." (Pearlin and Schooler, 1978)

With regard to the relative importance of these three resources, Pearlin and Schooler report that there was a clear order that could be discerned from their research results; and they attributed this to the fact that there was considerable stability in the relative efficacy of the different resources used by persons reacting from one role to another. In all the role areas they studied (parenthood, job holding, being husbands and wives), stress depended more on self-denigration than on any other personality dimension. Mastery was a close second in importance, and positive self-esteem was third. They summed up their findings as follows:

"There is, then, a fairly clear order in the efficacy of people's psychological resources in vitiating stress: freedom from negative attitudes toward self, the possession of a sense that one is in control of the forces impinging on one, and the presence of favorable attitudes toward one's self." (Pearlin and Schooler, 1978)

Assuming that there is indeed a distinction between the importance of these variables, I would tend to think that all three are at least necessary to some degree for the mental health of all individuals, as well as their overall ability to deal with stress.

2. Locus of Control

As mentioned earlier, locus of control refers to the individual's "perception" of life events, as well as her perception of her own control over these events as they affect her
personally. Among the diversity of individuals and the ways in which they choose to cope, two main categories of personality types can be recognized. These are internals and externals, and they are described by Rotter as follows:

"Internal control refers to individuals who believe that reinforcements are contingent upon their own behavior, capacities or attributes. External control refers to individuals who believe that reinforcements are not under their personal control, but rather are under the control of powerful others, luck, chance, fate, etc." (Anderson, 1977)

In a study of 102 small businesses in a Pennsylvania community during a 3½-year period following the flooding of Hurricane Agnes, Anderson (1977) reports the differences between internals and externals as related to the ability of the business owner-managers to return to their original level of achievement in their business in as short a time as possible. It was his finding that internals were more likely to exhibit more task-oriented coping behaviors and less defensive kinds of coping behaviors. In contrast, externals were more likely to perceive high levels of stress, and exhibited greater levels of defensive coping.

This conclusion is consistent with that of Hiroto (1974) who found that cognitive externals were more prone to helplessness than internals (Breen, et. al., 1979). The rationale for this relationship usually follows the argument that:

"...individuals who attribute responsibility for their performance to themselves (internals) tend to assume that they can cause certain changes in their environment (they apply specific decision patterns), which in turn leads to an increase in their motivation." (Anderson, 1977)
The results of Anderson's study on locus of control showed that internals perceived less stress, employed more task-oriented coping behaviors, and fewer emotion-centered coping behaviors than externals. Anderson states that these results might be interpreted as showing "a dynamic and reciprocal relationship such that locus of control orientation influences performance (primarily through the choice of task vs. emotional coping behaviors ...) and that performance in turn operates as a feedback mechanism and influences future locus of control orientation." (Anderson, 1977) This conclusion was based, in part, on the observation that successful internals were found to become more internal, whereas unsuccessful externals became even more external.

Perhaps the following description of coping strategy by Daniel C. Mosley will provide an even more concrete example of what an "internal locus of control orientation" involves:

"In order to cope with problems and minimize pressures I must develop a system, a strategy; I must attack life or surely it will attack me. To master adversity I must establish an objective, define it, then concentrate all my energies in order to achieve it. I know success does not result from chance, but from a succession of successful days. A day-by-day game plan is what I need, based on precision and discipline, to maximize the potential I possess. I have the power; all it needs is direction, positive direction. ... I must never fear failure. The belief that I cannot do a thing is merely a rationalization for my unwillingness to take a risk." (Mosley, 1976)

Of course a person can get carried away in the positive direction as well, and an overpowering "drive to succeed at everything" can surely produce a neurosis as quickly as an
apathetic orientation of the person who expects failure at every turn. But you can see pretty clearly in Mosley's description the elements of: freedom from negative attitudes toward self (not fearing failure); a sense of inner control (success does not result from chance, and I can form the necessary game plan) which indicates a sense of mastery and self-respect.

3. Specific Coping Responses

In their comprehensive study, Pearlin and Schooler also identified three major coping functions used by their subjects. These were:

a. responses that modify the situation out of which strainful experience arises -- these represent the most direct way to cope with life-strains, for they are aimed at altering or eliminating the very source of strains. The authors were surprised that these types of responses were not frequently mentioned by the people they interviewed. Examples of these types of responses included: negotiating in marriage; the use of punitive discipline in parenting; an optimistic action factor in occupation; and the seeking of advice from others.

b. responses that function to control the meaning of the strainful experience after it occurs, but before the emergence of stress -- the way an experience is recognized and the meaning that is attached to it determine the perceived threat of the event. By cognitively neutralizing the threats that we experience in life-situations, it is possible to avoid stresses that might otherwise result. Examples include: positive comparisons; selective ignoring; differentiation of values (as in the devaluation of money and substitution of rewards in the area of occupation).

c. responses which function more for the control of stress itself after it has emerged -- Cited examples here included: trying not to worry; accepting hardships because it is meant to be; and avoiding confrontation. Pearlin and Schooler point out that:

"Clearly, this strategy brings together a number of orientations to life problems: denial, passive acceptance, withdrawal, an element of 'magical thinking' and belief that the avoidance of worry and tension is
the same as problem-solving. ... Despite their variety, coping mechanisms of this type have in common their attempt to minimize the discomforts engendered by problems, but are not directed to the problems themselves." (Pearlin and Schooler, 1978)

In summary, then, we have seen that "coping" is not a unidimensional behavior; that it functions at a number of levels and is attained by a variety of different behaviors, cognitions and perceptions; and, moreover, that coping responses must be distinguished from social and psychological resources.

4. Effectiveness of Coping Repertoires

The following conclusions are based on the results of the comprehensive Pearlin and Schooler study because, as I stated earlier, there is very little other literature available on the subject at this time.

With respect to the efficacy of coping repertoires, it appears that there is no consistent pattern of behavior correlated with effectiveness of coping with different situations. For example, attaching a differential importance to money in order to be happy at a job one enjoys, rather than wishing for an unattainable lifestyle, is an effective coping mechanism in the area of occupation. This strategy does not work well in marriage, since one cannot so easily devaluate the importance of one's spouse. It appears that problems arising in the close interpersonal relationships of family are least likely to result in stress when people remain committed to and involved in these relationships. The opposite is true in matters of money and work; here stress is less likely to result when
people disengage themselves from involvement. According to Pearlin and Schooler:

"The effectiveness of a coping behavior, therefore, cannot be judged solely on how well it purges problems and hardships from our lives. Instead, it must be judged on how well it prevents these hardships from resulting in emotional stress. Indeed, our criterion for weighting efficacy is simply the extent to which a coping response attenuates the relationship between the life-strains people experience and the emotional stress they feel. It is because of variations in coping efficacy that people exposed to similar life-strains may harbor quite different levels of stress." (Pearlin and Schooler, 1978)

In general, the more one employs a particular response, the more stress decreases, except in cases of selective ignoring which, especially in the marital and parental areas, actually exacerbates stress. In addition, a somewhat surprising result is that "self-reliance is more effective in reducing stress than the seeking of help and advice from others in the area of marriage and parenthood." (Pearlin and Schooler, 1978). It must be remembered, though, that persons who are able to effectively rely on themselves as resources must also have a healthy self-esteem and sense of worth and competence; while at the same time not feeling threatened by the need to understand and respect the feelings and rights of others. The authors suggested that perhaps the most effective copers may be those who have the capacity to gather support from others without having to actively solicit it. In light of these findings, it is apparent that the question is not, "Which is the more effective in coping -- response or resource -- but rather where is one or the other likely to be more effective?"
Evidence strongly supports the conclusion that:

"It is the psychological characteristics that are the more helpful in sustaining people facing strains arising out of conditions over which they may have little direct control -- finances and job. But where one is dealing with problems residing in close interpersonal relations, it is the things one does that make the most difference." (Pearlin and Schooler, 1978)

C. CHILDREN AND COPING

I found that there are two pioneers researching coping mechanisms through observation and longitudinal study of high-risk children. These two researchers are E. James Anthony and Norman Garmezy. Their findings seem to bring together in a nutshell what I have stated earlier about the development of young children and the resulting repertoires of psychological coping resources and specific coping responses.

Anthony and Garmezy have each been studying separate populations of extraordinary children from backgrounds of schizophrenic parents who apparently come through the experience of childhood with amazing strength and perseverance. These "invulnerables," as they have been popularly termed, appear to have the following shared characteristics in their development:

1. First of all, prospective superkids must have a good relationship with at least one adult, particularly during the first few years of life.

2. They know how to attract and use the support of adults. These kids approach, rather than avoid, adults; and they don't smother you as overdependent kids will, but act in socially appropriate ways.

3. Despite their difficulties, they actively try to master their environment and have a sense of their own power.

4. They think for themselves and develop a high degree of autonomy early in life.
5. They are an achieving group and generally do well at most of the things they undertake. Even at an early age, such children develop intense interests in certain subjects. (Pines, 1979)

   So what, then, distinguishes these superkids, personality-wise from those who are unsuccessful at coping? All the invulnerable children studied to date by both Anthony and Garmezy share the following social/psychological traits:

   Socially, they seem exceptionally at ease; and they make other people feel comfortable, too;

   Second, children may need challenge in order to become invulnerable. Superkids have not been overprotected, but rather have been faced with situations with which they have had to cope;

   Third, there is a limit to the number and severity of stresses that can be imposed on a child at any one time, for each stress multiplies the effect of the others. (Pines, 1979)

   Maya Pines indicates that the implication of her study, in conjunction with the findings of Anthony and Garmezy, might be that it could be quite useful to eliminate just one stress in a child's life, even if other stresses remain, for this could provide her with the change to develop enough strength to master the rest of her adversities.

D. LOSS AND THE GRIEF PROCESS

   A lot of attention has been given in the last few years to the effects of divorce on children. Most professional journals provide an unbiased discussion of the coping problems faced by these children. Many of the reports contained in publications read by the general public include very sensational-type stories about what a traumatic experience divorce is for a child. It's worth mentioning here that I have read two very brief items in Psychology magazine
where researchers reported they were unable to get the results of their surveys published because their findings did not support evidence that children of divorce are any more disturbed than the normal child population.

I have chosen to examine divorce at this point because it is a stressful situation which many children today must face. That is why I have placed so much emphasis in this paper on the different coping methods available and the relative efficacy of each. The most important idea to remember about the way a child views divorce is that he feels very helpless to control the situation; and as we learned earlier, a sense of mastery over our own fate is an important ingredient in ability to cope.

In addition, a child who has not had previous opportunities to cope with situations she has found manageable, will have two strikes against her when facing such an important loss and feeling there is not much she can do about it. The most effective thing we can do to help a child cope with such a situation is to try to see that her primary needs are being met during this stressful time. These primary needs are described by Woody as follows:

"the need for ongoing accurate and age-appropriate information about the parents' divorce; the need for a stable environment and predictable family routines; the need to mourn the loss of the parental pair; the need to maintain emotional ties with both parents and develop a meaningful relationship with each individual parent as opposed to the parental pair; the need for emotional security and a sense of self-worth; and the need to express and deal with a variety of emotional reactions brought on by the divorce process (that is, sadness, denial, guilt, anger, and so on)." (Woody, 1978) (emphasis added)
The very real facts are, of course, that the parents are each going through their own grief processes at this time, and are not in the best emotional condition to provide these things to their children. It has been shown that children for the most part are able to successfully survive this period of time if: 1) they feel there is no danger of their losing the love of either parent; and 2) the situation has been explained to them in a manner they can understand, and which relieves them of any guilt feelings about being the "cause" of the parents' divorce. Part of the amazing resiliency most youngsters display is due to their present orientation and rapid changes in moods and interests.

When is also very helpful during a time of crisis which involves a loss of any kind (whether it be a divorce, the death of a loved one, the necessity to move from familiar surroundings to an unknown city, or even the loss of physical health) is the knowledge of what is "normal" in terms of feelings and actions. Whenever a person experiences such a loss, he or she must go through a very predictable stage of mourning. This grief process is fairly universal, and may affect even very young children or infants (as we saw in the case of the "social isolation syndrome").

1. Stages of the Grief Process

The stages of mourning are delineated and briefly explained below. For the most part, these stages occur in the order given; however, it is not unusual for a person to have progressed to one stage (such as despair), and regress back to the anger stage before going on to reach the final detachment stage.
Stages of Mourning

Stage 1: DENIAL (often referred to as SHOCK)

This stage may be characterized by cooperative, docile, conforming, robot behavior. What is happening is that the mind refuses to believe what is really occurring, because it is not yet ready to deal with it. The body is going through the motions, and at this stage children may try very hard to please other adults, or display a bravado (I don't care) attitude.

Stage 2: IRRATIONAL ANGER

This stage often erupts suddenly with anger which can be directed toward three possible targets:

(a) the lost person - it is not uncommon for children to blame the parent who has left the family (and this is most often the father);
(b) others (here the anger is displaced onto any available source, simply because that person is there);
(c) the self - this is most commonly the case in younger (preschool and early latency) children, since they are still egocentric and tend to think everything revolves around them. At the same time they feel guilty about the anger they may feel toward their parents, which results in a double whammy. If anger does not seem to be appearing at all, it is probably being repressed out of fear of reprisal or loss of love.

Also common at this stage is for children to act out their anger in aggressive, hostile ways; or they may cling to the lost person, which may result in the mother feeling she is being criticized as a failure for having driven away the child's loving father.

Stage 3: DESPAIR (or intense SORROW)

This stage is characterized by tears, depression, and a pulling into oneself (withdrawal). This is the point at which most children regress slightly in their development if they do regress at all. It has been reported that boys are more likely than girls to regress in their development and lose a lot of time in school as a result of being cognitively preoccupied with their grief work. Only so much psychic energy is available at any one time, and those tasks most important to us must be handled first, before our lives can continue in a normal manner.
Stage 4: DETACHMENT (Acceptance of Reality)

This is the stage at which most of the grief work has been accomplished, and the child no longer attempts to "bring back the past." The child accepts that her or his parents will not be getting back together, and thus they begin more effective, positive ways of coping with life the way it is now.

The important thing to remember about the Mourning Process is that it is not rational. For this reason, many persons who are not in the process of grieving a loss may look upon someone who is as being something less than "normal; which translates that they must be sick. We first ask those persons in the shock stage why they are not grieving the lost one; then we ask them not to be angry at their loved ones; and finally we ask them not to cry about it, because it is for the best. What we are really doing, then, is asking them to utilize such coping mechanisms as repression and selective ignoring of their feelings, as well as the events which have happened to them; and we have just learned that these are definitely not effective coping mechanisms in most cases involving important interpersonal relationships.

2. Emotional and Behavioral Problems Accompanying Loss

Recently Newsweek magazine published an article on "The Children of Divorce" in which they enumerated the emotional and behavioral problems which these children were displaying as a result of the trauma of their parents' divorces. In their own words: Broken marriages inflict trauma and a series of crises on 1 million children a year. (Francke, et. al., 1980)
Most of the emotional and behavior problems they mention fit somewhere into the stages of the mourning process. Even though this is a difficult coping experience for a child, I would be more concerned if the child was not working through the expected stages. Even if a child were to effectively suppress this grief work at the latency stage, there is a great deal of evidence that this necessary work will need to be done at a later stage of development -- most often during adolescence. Adolescents have so much growth work to accomplish at this stage of their life, that unfinished problems of the past will only compound their ability to emerge from this stage as mentally healthy adults.

The Newsweek article also pointed out that boys are the hardest hit, and that they are likely to begin a self-destructive cycle of bullying other children, thus alienating friends at a time when they need the most support. But Scarf points out that this type of aggressive behavior is typical among boys in general as a way of handling all types of problems. Specifically, she states that, after four years of studying the problem of depression in women, she has found:

"Each sex does, intriguingly, appear to take the lead in specific types of psychiatric disturbance. Men, as a group, show far higher rates of alcoholism, drug disorders, and behavior disorders of childhood and adolescence - in short, the more action-oriented, disruptive-to-others kinds of difficulty. ... Where women are concerned, there is one single category in which they hog the diagnostic stage to an almost preposterous degree. And that is, of course, depression." (Scarf, 1979)

So, although it is generally agreed to at the present time that boys have more difficulty adjusting to such life-strains
as divorce, there is no agreement or proof of why this is so. Some have hypothesized that the reason the boy has such a hard time is that he is usually in the custody of his mother, thus being separated from the role model he needs most -- his father. I tend to think that, even if this does have some validity, it certainly isn't a strong enough force to prevent a normal child from recovering from stress, and such a possibility seems rather simplistic to me.

Although my own particular experience does not constitute an empirical evidence of any kind, I know that my giving custody of my son to his father after our divorce did not seem to help him very much in his adjustment. He lost an entire year of schoolwork and cognitive development through his persistent thumbsucking and daydreaming while lessons were in progress. For this reason, I am more inclined to think that a lot more complex forces are acting upon children, both male and female, which determine how they will choose to cope with a given situation. As Psychologist E. Mavis Hetherington puts it:

"More is expected of boys, and they receive far less support from their parents, teachers and peers as a result. ... A little girl, on the other hand, vents her sadness by crying -- literally -- for attention. When she whines, she is usually helped." (Francke, 1980)

But then of course it is also more acceptable for a girl to cry, and she is probably able to proceed through the grief process unhindered by social pressures. Boys on the other hand must necessarily be tough, strong, individuals who are not bothered by such emotional excess baggage. In cases such as this, society's treatment of girls is more beneficial than
it is for boys — and fathers tend to be harder on their boys in terms of demanding that they display sex-appropriate behaviors. But one important finding that emerged from the Wallerstein/Kelly Children of Divorce Project is that the most beneficial environment for both female and male children is where they are able to continue a strong, loving relationship with each parent, regardless of whose custody they are placed in. The most debilitating circumstances occur where the parents remain bitter enemies, and use their children as pawns to carry angry messages back and forth.

Judith S. Wallerstein and Joan B. Kelly have conducted a longitudinal research project to study the effects of divorce on children. Their Children of Divorce Project began in 1971, and five years later they did a follow-up study of the same children to determine how many of them were now coping "effectively" with their present situations. Their findings were that:

"Thirty-four percent of the children and adolescents appeared to be doing especially well psychologically. ... There were no significant age or sex differences among these resilient youngsters ... and characteristic of these children was their sense of sufficiency."

... "Roughly twenty-nine percent of the children were in the middle range of psychological health. They were learning at grade level at school and showing reasonably appropriate social behaviors and judgment in their relationships with adults and other children."

... "A final third of the children and adolescents were 'consciously and intensely unhappy and dissatisfied with their life in the postdivorce family.' About half of the group showed moderate to severe depression at times." (Wallerstein and Kelly, 1980)
My first reaction when I read statistics of this type is to note that the study did not include a "control" group of normal children not facing a divorce situation in order to determine whether the same proportion of "successful" copies, "moderately successful" copers, and "unsuccessful" copers exists simultaneously in the normal population of youngsters. How do we know it was the "divorce" that actually caused these children to be unhappy, or whether they would be using some other excuse not to cope successfully with life problems? It seems to me a child who would still be in the "anger" stage of the mourning process after a five-year interval certainly needs some professional help to learn effective coping patterns.

Specifically, let's take a closer look at the third group of youngsters. Wallerstein and Kelly report:

"Anger played a significant role in the psychological life of 23 percent of the children and adolescents who were not coping well. Most of the anger was defensive and reflected the underlying fear, sorrow, and sense of powerlessness of these youngsters." (Wallerstein and Kelly, 1980)

The indications seemed to be that the parents of these children were not only not helping them successfully understand and cope with the situation; but many of them were even blocking the process of healthy mental growth. Paradoxically, many fathers continued to influence their children's thoughts and feelings by their absence." (Wallerstein and Kelly, 1980)

Children who were either completely ignored by the absent parent, or who were afforded only a very few visitations with that parent, or an erratic pattern of visitations, continued to be anguished by this
direct loss which they interpreted indirectly as a loss of love. The younger children tended to feel that they themselves must be "unworthy" of the absent parent's love. Almost one-fifth of the youngsters did not find the visitations pleasurable or gratifying because the parents were trying to use them to carry hostile messages back and forth. As one 13-year old succinctly put it, "My father has to understand that when he shoots arrows at my mother, they first have to go through our bodies before they reach her." (Wallerstein and Kelly, 1980)

I'm certainly not trying to say that divorce is always good and beneficial for children just because it might be for the parents. Neither do I think it is an option which should be hastily considered at the first sign of trouble in a marriage. But some significant surveys have been undertaken which confirm my suspicions that continual family conflict also provides adverse effects for children. For two persons to stay married for the "sake of the children" is not necessarily going to provide a healthy environment for the fulfillment of the child's needs, as some persons who bewail the increasing divorce rate would seem to be advocating.

Raschke and Raschke sampled 289 third, sixth and eighth graders concerning conflict in their families. Levels of conflict were measured according to the child's "perception" of it, and self-esteem of each child was measured by means of the Piers-Harris Children's Self-Concept Scale. They concurred there were:

"no significant differences in self-concept scores of children from intact, single-parent, reconstituted, or other types of families." . . . "Self-concept
scores were significantly lower for children who reported higher levels of family conflict." (Raschke and Raschke, 1979)

Another important discovery of the Raschke study was the positive correlation between perceived parental happiness and self-concept, which held for intact as well as single-parent and other family structures.

Perhaps the best summary of what we have learned about the interrelationships of life stresses, individual psycho-social traits, and coping efficacy can be explained in terms of two particular research studies: one by Ellen Schiff and Elizabeth J. Koopman; the other by Abigail J. Stewart. Both studies focused on the intrasex differences in women, but I feel their results could just as easily be generalized to males.
SUMMARY AND CONCLUSION

The Schiff/Koopman study focused on a self-esteem analysis of the four personality types defined on page 49 of this thesis, (i.e., androgynous; masculine; feminine; and undifferentiated). Results indicated that rigid sex-typing is problematic for women; and I personally feel it is just as problematic for men.

Androgynous women were found to be significantly higher in self-esteem than feminine or undifferentiated women; but there was no significant difference between the androgynous and masculine women on the self-esteem measures. On the other hand, while there was no significant difference in ego development between androgynous and either feminine or undifferentiated women, androgynous women were significantly higher in ego development than masculine women.

For this particular study, self-esteem was defined as a rather stable construct, basically unrelated to age and reflecting, to a large degree, the quality of one's relationships with significant others. Ego development was felt to be the product of an ongoing developmental process reflecting stages of maturation and growth over time.

In the words of Schiff and Koopman:

"The data strongly support the belief that a high degree of feminine traits contributes to increased personal satisfaction or self-esteem for women. On the other hand, when women's self-identity incorporates a low degree of both masculine and feminine attributes, this is reflected in a diminished sense of personal worth. . ." (Schiff and Koopman, 1978)
The most optimum overall personality type was found to be the androgynous category. This one incorporated a high degree of feminine traits in conjunction with a high degree of masculine traits. I would tend to think similar results could be found in the study of a male population, but I was unable to uncover any literature on this subject.

Finally, in Stewart's Study of Coping Styles of Self-Defining and Socially Defined women, it was found that these two personality types perceive and respond to life stresses in a very different manner. Self-defining women were described as being relatively indifferent to sex role norms; capable of emotional distance and objectivity; active and interested in broad social movements and issues; and capable of vigorous instrumental activity.

In contrast, socially defined women: behaved in accord with sex role norms; showed rather superficial emotional attachments to a large number of people; were deeply preoccupied with their own emotional and social lives; and showed a greater inclination toward expressive rather than instrumental activity.

In short, the self-defining women were by far the most effective copers, and the authors reason that the following were the determining factors of this resulting coping efficacy:

1. They were able to interpret their own personal problems as existing outside of themselves;
2. They were able to see the causes of these problems as multiple, and existing within a broad social context;
3. They were able to see the solutions of these problems as internal—thus they could reasonably plan and initiate action to solve the problems;
4. They were better able to clearly articulate the nature of their problems and the solutions; and

5. They were able to make instrumental (active) responses to these problems.
   (Stewart, 1978)
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