

# NEWS

## MEAN GIRLS START IN PRESCHOOL

*New research finds that girls as young as four and five use social aggression to maintain dominance and their place in the social hierarchy*

A new study out of Brigham Young University shows that relational aggression – harming others through purposeful manipulation and damage to relationships -- may be associated with social prominence as early as four and five years of age.

Reported in a special issue on relational aggression during early childhood in the most recent issue of the journal *Early Education and Development*, the study is the first to examine the correlation between relational aggression and peer social status. Previous studies involved children older than eight years and have typically focused on physical aggression as it relates to peer status.

Exclusionary behaviors and threatening to withdrawal friendship are two prime examples of relational aggression. Research indicates that this behavior is the preferred type of aggression among girls.

“We are all aware of girls who secure their social hierarchy through relationship manipulation during adolescence; but, it is striking that these aggressive strategies are already apparent and related to increased social centrality in preschool,” said David

Nelson, senior author and assistant professor of marriage, family and human development at Brigham Young University. “Preschoolers appear to be more sophisticated in their knowledge of social behaviors than credit is typically given them.”

Who are these preschool “Queen Bees?” According to the study, they are the controversial children, those who received a substantial number of both “like” and “dislike” nominations from their peers. Accordingly, they are the children with a strong social impact. They are the children who are perceived by their peers as more sociable as well as more aggressive than the average child. They are the children who demonstrate an active mix of positive and negative behavior.

“The controversial child is socially savvy,” said Craig Hart, co-author and BYU professor of marriage, family and human development. “They are good resource controllers, socially skilled, popular, conscientious, socially integrated, and yet among the most



aggressive, dominant and arrogant children in the peer group. It is this bi-strategic mix of positive and negative behavior that allows them to maintain their standing in the social hierarchy.”

In this study, relational and physical aggression as well as sociable behavior of preschool-age children were assessed using peer reports and teacher reports. Peer nominations of acceptance and rejection (like and dislike nominations) were also collected and used to form sociometric status groups.

Study participants selected three children in their class they liked to play with and three they did not like to play with from a picture board. The children were also asked in

individual interviews to identify the peers in their class that exhibited certain sociable behaviors, physically aggressive behaviors and relationally aggressive behaviors. Results were standardized and used to compute a social impact score and a social preference score for each child.

A few of the relational aggressive tactics used by preschoolers include:

- Not allowing a specific child to play with the group.
- Demanding other children not play with a specific child.
- Threatening not to play with a child unless certain needs/demands are met.
- Refusing to listen to someone they are mad at (the aggressive child may even cover their ears).

As stated in the research, preschoolers are capable of more sophisticated strategies as well, such as spreading malicious rumors or telling secrets.

“It is pertinent and somewhat disturbing to note that by the age of four a substantial number of children have apparently figured out from their environment that using relational aggressive strategies can be used to their advantage and is rewarded with social status,” said Clyde Robinson, co-author and BYU professor of marriage, family, and human development. *mf*

– Tonya Fischio

## BYU RESEARCH GIVES GUIDANCE TO FAMILIES STRUGGLING WITH CANCER

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A new study by family therapists at Brigham Young University found steps family members of cancer patients can take to better cope with the impact of the disease on their lives.

Building on previous research that has shown family support is key to improving patients' lives, the researchers worked with families throughout the therapy process to identify trends in the ways families react to a disease that afflicts more than 10 million Americans.

The study is published in the latest issue of "Families, Systems & Health," a journal of the American Psychological Association. The researchers' recommendations for families, health care providers and therapists follow:

- Acknowledge cancer's effect on the entire family

"By and large our nation's model of healthcare is still a Western biomedical approach and our primary focus in care is on the treatment of the body," says Jason S. Carroll, assistant professor of marriage, family and human development at BYU and study coauthor. "We're starting to realize the need to pay attention to the emotional and relational issues that are very much a part of the reality of physical illness."

This idea is especially important since it "seemed foreign to [study] participants because illness has been portrayed as an outside entity that is solely controlled by the medical profession," says the paper's lead author W. David Robinson, who conducted the research while a graduate student at BYU. "Families need to continue to learn the role they play in the illness experience without forgetting the role the illness plays in their family."

- Share in differences and be open about contradictory feelings

Patients and family members struggle to find the balance between acknowledging the reality of cancer in their lives and the extreme of allowing the disease to dominate their lives. One ill mother in the study purposely avoided playing with her 2-year-old daughter so the little girl wouldn't be "used to having that type of interaction" and miss it if the mother died.

"One of the most significant findings was the degree of protection leading to isolation that occurred in the families," says Robinson, who is now associate director of behavioral medicine at the University of Nebraska Medical Center. "These families cared about each other so much that they did not want to burden each other with their struggles. We found that this led to isolation and

individual suffering. Not only did the process of sharing their personal experiences not add to the burden of other family members, but it contributed to greater connection and decreased suffering."

The researchers, who also included Wendy Watson, BYU professor of marriage and family therapy, found many opposites among affected families, where some members felt the illness was pushing them together while others felt isolated. Another common reaction was seeking meaning or purpose in the struggle with the disease at the same time other members of the family avoided the subject because of the pain it brings.

- Preserve routines as much as possible

Some study participants struggled with feelings that cancer had taken over their entire lives and dictated drastic disruption, even during gaps in treatment. Although understandable, Robinson says, that is a distraction families should resist.

"Illness often takes away the feeling of normalcy and can disrupt the day-to-day routines that help families function properly," he says. "Finding ways to keep as many family rituals and routines -- such as family dinners or Friday night dates -- will aid the family in coping with the illness. It is imperative that the illness not deprive them of the activities that make them a family."

- Advocate for treatment and seek help from therapists

The study found that families should not hesitate to communicate clearly with healthcare professionals about treatment.

"Too often, family members suffer needlessly because they do not fully understand a disease, treatment and/or prognosis," says Robinson. "They feel that the medical professionals are too busy to answer their questions or they feel like they do not want to look ignorant so they do not ask their questions. These families must learn to advocate for themselves and obtain all of the necessary answers to their questions so they can make informed decisions on the management of their disease."

"Rather than just targeting the biological aspects of cancer, there's a real need to address how the illness is impacting family members' relationships and emotional well-being," Carroll says. "The study showed that seeking therapeutic help should be an option families consider in conjunction with their medical treatment."

The research article is copyrighted by the journal "Families, Systems & Health." Those interested may seek a copy at a university library or visit this site to purchase a reprint: <http://content.apa.org/journals/fsh/23/2/131.html>. *mf*