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ABSTRACT

This study examined techniques which facilitate children's separation from their mothers and their move into a novel situation. Subjects were 32 male and 32 female 40- to 48-month-old children. Some children were visited in their homes the night before the experiment. Subjects remained with their mothers in a waiting room for 10 minutes. A stranger then entered the room and interacted with the child for 10, 1, or 0 minutes. Half of the children were greeted abruptly by the stranger, while the rest were approached gradually. Mothers then left the children and strangers, and after 5 minutes, the door was opened, allowing children to leave if they were so inclined. Results showed that the children who were visited the night before, and who were approached abruptly by the stranger, remained in the room with the stranger longest. Those children who were visited the night before and were approached gradually, left the room with the stranger quickest. Of the remaining children who were approached abruptly by the stranger, those who had longer prior interactions with the stranger remained in the room longest. With the gradual approach, less preparatory time with the stranger resulted in children's remaining longer in the room. A "matter-of-fact" approach to children combined with rapport-building interactions may be the best facilitator of children remaining in strange situations. Contains seven references. (JW)

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Strangers' Spending Time With Children Affects

Adaptation to Maternal Separation

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Strangers' Spending Time With Children Affects
Adaptation to Maternal Separation

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Abstract

Clinicians often deal with children apart from their mothers. What techniques can be used to facilitate adjustment to maternal separation? In their mother's presence, 64 3.5-year olds were approached either gradually or abruptly by a stranger who played with them for either 0, 1, 10 or 20 minutes. (The 20 minutes included a 10-minute home visit a day earlier.) When the children were approached abruptly by the stranger, the more preparatory interactive play with the stranger that the children had received, the longer the children elected to remain alone with the stranger. However, with the gradual approach, shorter interactive preparations resulted in the children spending more time with the stranger apart from the mother. In contrast to the matter-of-fact abrupt approach, the excessive gradual approach may have served to signal the children that aversive events were imminent. An unfamiliar clinician who prepares children by spending time with them before separating them from their caretaker can help the children adapt to novel situations; however, overdoing this preparation may have deleterious effects.

It is often necessary for professionals who attend to young children (e.g., psychologists, pediatricians, dentists) to interact alone with an unfamiliar child while the caretaker is absent (Sattler, 1988; Wright, Starkey, & Gardner, 1987). However, a child's wariness of strangers frequently interferes with rapport that an adult may be attempting to establish, especially if a parent is not nearby (Adams & Passman, 1981). Without a parent, distress or uncooperativeness is likely, and the difficulty of the professional's task is exacerbated. Allowing the parent to accompany a fearful child may appear advantageous, but it is not always feasible (Wright et al., 1987). Moreover, the parent's presence may interfere or distract, inhibit spontaneity, and detract from rapport (Passman & Lautmann, 1982; Sattler, 1988).

One situation where practitioners' establishing rapport with children is critical occurs when dental care is being administered to a preschool child. (Similar challenges exist for psychologists; Passman & Lautmann, 1982; Sattler, 1988). Most dentists separate children from parents before they enter the dental operatory; Wright et al. (1987) argued for this course of action because it may be confusing for children to receive directives from both the practitioner and the caretaker. In addition, with a parent present, dentists may find it difficult to administer care to their child patient because they must divide attention between the child and

the caretaker. The problem for dentists, then, is that they need to establish rapport with their patients to secure cooperation with dental procedures--often without the parent being present (Milgrom, Weinstein, Kleinknecht, & Getz, in press); however, in such novel situations, children may become fearful and may evidence distress at being separated from their caretaker (Adams & Passman, 1981). Psychologists, too, need to create a therapeutic alliance with their child clients without the possible interfering effects of having the parent present (Passman & Lautmann, 1982).

Although several techniques have been suggested to facilitate children's separation from their parents and to promote adaptation to novel situations, often the recommendations seem contradictory. Spock (1974), for example, advised parents to separate gradually from their child but also to avoid a lingering or hesitant departure. Sattler (1988) counseled psychometricians to establish rapport gradually but cautioned against overwhelming the child. Wright et al. (1987) recommended that the dental practitioner be direct, quick, and sometimes even forceful in separating the child and parent. Actual experimental research has demonstrated that the type of verbal preparation mothers give prior to leaving their child alone with a stranger greatly affects subsequent adjustment (Adams & Passman, 1981). Brief instructions providing

information that the mother will return soon and suggesting appropriate behaviors in her absence resulted in more adaptive responding than did a lengthy, repetitious preparation. Interestingly, an early preparation at home for the upcoming separation detrimentally affected the child's adjustment to the stranger (Adams & Passman, 1981).

Unfortunately, professionals have little regulation over the procedures parents use at home to prepare their child for the practitioners' services (Weinstein, Getz, & Milgrom, 1991). Even in their own waiting rooms, professionals cannot exert precise control over the techniques parents use when they separate from their children. Parents may indeed verbalize appropriate statements, but subtle factors in readying the child can dramatically alter the effectiveness of such preparations (Adams & Passman, 1981). Nonverbal communication and hesitant, prolonged preparations were found to affect later adjustment negatively. In a dental setting, Weinstein et al. (1991) asserted that anxious mothers tended to have noncooperative, negativistic, fearful children, perhaps because of the communication of fear to their children. Are there interventions for professionals to use to help children overcome such impediments?

Statement of the Problem

Prescriptions to parents (e.g., Spock, 1974) and clinicians (Milgrom,

in press; Sattler, 1988; Weinstein et al., 1991; Wright et al. 1987) offer an abundance of global and speculative ameliorative procedures. Nevertheless, little research exists to support the efficacy of these suggested techniques. Spending time with the child before the parent departs is a frequently suggested panacea. But, how much time is sufficient, and how should the stranger first approach the child? Spock (1974) suggested a gradual familiarization of about two weeks, mainly in the child's home, if the child is to be left with a sitter for an extended period; however, no advice was proffered regarding briefer separations, especially where child distress is likely--as in a clinician's office. In practice, professionals generally can spare only a few minutes to get acquainted: The precise duration depends on the specific needs of the child as judged by the practitioner (Sattler, 1988; Weinstein et al., 1991). In one of the few empirical studies in this area, Adams and Passman (1981) found that mothers' brief, direct preparations are most efficacious. If their results can be extrapolated to the ministrations of strangers, the practice of gradually approaching a child may be an expensive and inefficient means to establish rapport.

Method

In the present study, different techniques were examined for helping professionals facilitate children's separations from their mother

and their adaptation to being in a novel situation with a stranger. All 32 male and 32 female 40- to 48-month-olds remained with their mother in a waiting room for a total of 10 minutes. During this time, after either 0, 9, or 10 minutes had elapsed, an unfamiliar female adult entered and interacted with the child for the remaining 10, 1, or 0 minutes. (The stranger spoke to the child from a prepared script.) A fourth group had a 10-minute visit in the child's home on the eve of the session in addition to 10 minutes in the waiting room (for a total of 20 minutes of interaction). Moreover, half of the children were greeted abruptly by the stranger: Holding a toy, the stranger walked directly to the child. The other children were approached in a gradual manner: The stranger, with a toy in hand, approached the child slowly and progressively (one step closer to the child each 10 seconds) over a one-minute span. Girls and boys were equally and randomly assigned to these eight preparatory groups.

The stranger then escorted each mother-child dyad to a playroom where the mother was directed to depart after encouraging her child to play under the stranger's surveillance. The stranger remained in the room but did not interact with the child. During a subsequent 5-minute observation period, the playroom door was left open to permit the child to leave the stranger and return to the mother. (Children who left were encouraged by the mother to return.) The amount of time the child spent

the playroom, duration of play, frequency of toy contact, amount of exploration, and distance that the child remained from the stranger were recorded.

Results

A multivariate analysis of variance revealed a marginally significant interaction of type of approach (gradual or abrupt) by the amount of time spent with the child (0, 1, 10 or 20 minutes), $F(15, 52) = 1.60, p < .10$. Subsequent analyses of variance revealed that this interaction was reliable only for the child's latency to leave the playroom, $F(3, 56) = 3.54, p < .025$. (The other measures yielded marginal or nonsignificant univariate effects.) Children remained longest when they had previously experienced the 10-minute home visit and were approached abruptly by the stranger (Figure 1). They left quickest when they had a 10-minute home visit but were approached gradually. With the abrupt approach, the more time spent in prior interaction with the stranger, the longer they remained in the room. With the gradual approach, however, less preparatory time with the stranger resulted in children's remaining longer in the room.

Discussion

These results support practical advice from clinicians (e.g., Milgrom, in press; Sattler, 1988; Spock, 1974; Weinstein et al., 1991) that spending time with children will help them adapt to new situations. However,

overdoing the preparation (e.g., combining the gradual approach with the home visit) may have an opposite, disadvantageous effect. The data are consistent with Adams and Passman's (1981) findings with a sample of younger children that extended preparations are less effective than brief preparations. Too much preparation can be detrimental. It may overwhelm the children (Sattler, 1988). Children may have previously learned to associate excessive preparation with aversive events (such as injections from their pediatrician). The stranger's gradual approach in this study, when coupled with a home visit, may have thus alerted the children that an aversive event was about to occur. Conversely, the abrupt approach may have mitigated the child's perception of the preparation as being excessive; a matter-of-fact approach coupled with rapport-building interactions appeared to facilitate a child's remaining in new situations. Professionals working with 3- to 4-year old children need to be circumspect about employing excessive preparations because of the likelihood of exacerbating arousal and disrupting rapport.

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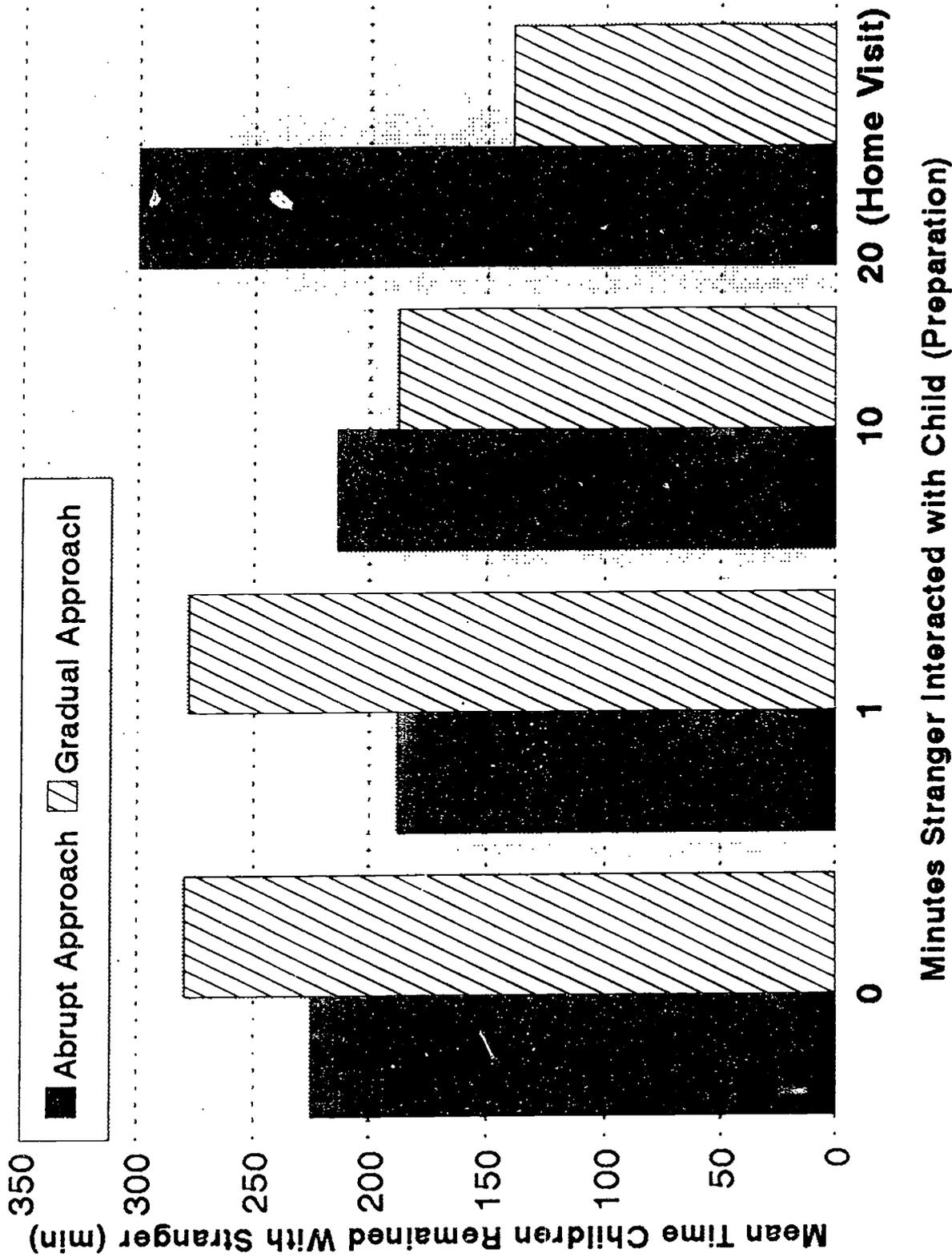


Figure 1 Effects of the stranger's preparatory techniques on the mean time children remained alone with the stranger