This is to certify that the
thesis entitled

TV NEWS & COPING: PARENTS' USE OF STRATEGIES
FOR REDUCING CHILDREN'S NEWS-INDUCED FEARS

presented by

EMILY MOYER

has been accepted towards fulfillment
of the requirements for the

M.A. degree in COMMUNICATION

Stacy L. Smith
Major Professor's Signature

11-22-03
Date

TV NEWS & COPING: PARENTS' USE OF STRATEGIES FOR REDUCING CHILDREN'S NEWS-INDUCED FEARS

By

Emily Moyer

A THESIS

Submitted to
Michigan State University
In partial fulfillment of the requirements
For the degree of

MASTER OF ARTS

Department of Communication

2003

ABSTRACT

TV NEWS & COPING: PARENTS' USE OF STRATEGIES FOR REDUCING CHILDREN'S NEWS-INDUCED FEARS

By

Emily Moyer

The purpose of the present study was to assess the coping strategies parents used to alleviate their child's TV news induced fears surrounding the recent war in Iraq. Using a developmental approach, the study investigated age-related differences in parents' use of cognitive versus non-cognitive coping strategies. Toward this end, a total of 161 parents were randomly sampled from Ingham County, Michigan. Caregivers were surveyed about their child's fear responses to the news coverage as well as the comforting strategies they used. Based on developmental differences in information processing and previous research, it was expected that parents of 5- to 8- year olds would report using more non-cognitive strategies whereas parents of 9- to 12- year olds would report using more cognitive strategies. Only partial support was found for these expectations, with parents of children of all ages relying heavily on cognitive coping strategies.

ACKNOWLEDGMENTS

I would like to thank Stacy Smith, Chuck Atkin, and Bradley Greenberg for their assistance and guidance in helping me to create and complete this thesis.

I would also like to thank my parents for their love and support throughout the years, and for their consistent support and advice throughout this process.

Finally, I would like to thank my husband Kevin for supporting my efforts with an open ear, constant encouragement, and some much needed comic relief.

TABLE OF CONTENTS

LIST OF TABLES

TV News & Coping: Parents' Use of

of Strategies for Reducing Children's News-Induced Fears

Television news is often filled with tragic stories (Kunkel, 1984; Johnson, 1996; Slattery & Hanaken, 1984). For example, Jon Benet's brutal murder, Laci Peterson and her unborn child's devastating deaths, and the loss of life surrounding the terrorist's attacks are but a few sensational stories that have inundated the airwaves in the recent past. Because of the atrocities shown on nightly news, many child advocates are concerned that young children may be adversely affected by exposure to such distressing topical events. As Rebecca Bondor (Scholastic News, 2003, ¶ 5) Editor in Chief of Scholastic Classroom Magazine recently explained, "Its very important that parents and teachers seek out news sources created with their children's ages and sensitivities in mind, and that they also find a balance between keeping kids informed about world events and having them be bombarded with minute by minute televised reports".

Although television news is geared toward adult viewers, many children watch it regularly. For instance, a national poll revealed that 65% of 11- to 16-year olds surveyed reported watching TV news the day before being interviewed (Children Now, 1994). Moreover, Stipp (1995) indicated that network news received a Nielsen rating of 1.3 among children 2- to 11-years of age in February of 1995. This translates to a viewing audience of nearly 500,000 children. Most recently, Smith (1999) found that 32% of the 135 Kindergarten through 6th graders she interviewed reported viewing TV news "some" or "most" days of the week.

Given that children are watching TV news and that much of the content seems to be graphic in nature, what impact does exposure have on young viewers' socio-emotional

development? Most of the research in this domain has focused on youngsters' reactions to catastrophic news events on the same scale as the Oklahoma Bombing or the Challenger Space Shuttle explosion (Siegel, 1965; Wright, Kunkel, Pinon, & Huston, 1989). In a survey of parents, Cantor, Mares, and Oliver (1993) found that nearly half (45%) of the caregivers interviewed reported that their child had experienced a negative emotional response to the television coverage of the Gulf War. More recently, 60% of parents of 5- to 17-year olds indicated that their child experienced fear or upset over exposure to the news coverage of the terrorist attacks (Smith, Moyer, Boyson, & Pieper, 2002). Besides coverage of catastrophic news events, research reveals that many children experience fear responses while viewing normative news programming as well (Cantor & Nathanson, 1996; Cantor & Sparks, 1984; Children Now, 1994; Smith & Wilson, 2002).

Despite what we know about the negative effects of viewing TV news, very little research exists on how to help children cope with these news-induced fright reactions (Smith, Moyer, Boyson, & Suding, 2003; Wilson, Hoffner, & Cantor, 1987). This is an important area of study because fear responses may be exacerbated or ameliorated by the various strategies children and families employ to cope with fear (Graziano, Mooney, Huber, & Ignasiak, 1979; Graziano & Mooney, 1980).

Recently, the war in Iraq offered an ideal context in which to assess such coping strategies. The war was an international conflict that dominated the news media for months prior to the event as well as during and after the war. The nature of the coverage was such that it was nearly unavoidable on both broadcast news as well as cable outlets (edigital research, 2003). The coverage was often graphic displaying vivid imagery of bombs exploding. Moreover, an innovative feature of news coverage was debuted with

"embedded" reporters. These sensation-seeking journalists provided up-to-the-minute news reports and allowed TV viewers to witness live coverage of the fighting taking place in the Middle East.

In the face of such pervasive war coverage, advice on how to help children cope with their fears abounded online. In a casual search, recommendations to parents, caregivers, and educators can be found on websites developed by the American Red Cross, the National Association of School Psychologists, the National Center for Post-Traumatic Stress Disorder, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry. While prescriptions to quell children's fears are informative, they are often overly vague or general in nature. To illustrate, the National Association of School Psychologists (2003, p. 2) instructs adults to "discuss events in age-appropriate terms...sharing only information that is appropriate for their age and developmental level" (National Association of School Psychologists, 2003).

Guidelines such as these may make it difficult for parents who lack the specific knowledge and understanding of how children develop to make determinations about what is appropriate for their child to see and hear on TV news. Beyond that, some parents may presume that their child is more cognitively advanced than they really are. Suggestions for parents need to be more detailed, providing specific information about age-related differences in children's interpretations of and fright responses to television. Getting to this point, however, requires an investigation of the types of tactics parents use to subdue their child's fear reactions to the news as well as the effectiveness of the strategies used.

The war in Iraq offers a unique opportunity to do just that. Given the stress on caregivers' use of age appropriate strategies in the popular press, this study will also examine developmental differences in the types of tactics parents employed to reduce their youngsters' safety concerns. The literature on children's coping strategies for dealing with anxiety and stress as well as the research on media-induced coping will provide a framework for the present inquiry.

Literature Review

Two areas of research have examined children's coping strategies for dealing with threatening situations. The first area deals with stressors such as going to the doctor, nighttime fears, interpersonal conflict, and academic difficulties (Altshuler & Ruble, 1989; Band & Weisz, 1988; Blanchard-Fields & Irion, 1987; Compas, Malcarne, & Fondacaro, 1988). The second area of research focuses on children's coping with media-induced fears. Theory and research within each of these domains will be reviewed below.

General Coping Literature. In the general literature on anxiety and coping with stress, there are several different typologies of coping strategies commonly applied. One popular scheme is the adult based "ways of coping model" (Folkman & Lazarus, 1980). This scheme divides coping strategies into two types: problem-focused versus emotion-focused. Problem-focused tactics involve trying to modify or manage the source of the problem. For example, a child may confront a bully in an effort to get the browbeater to leave him/her alone. On the other hand, emotion-focused strategies attempt to manage or reduce one's own emotional stress in response to the threat. To illustrate, this strategy would include verbal or nonverbal tactics that elicit comfort from a parent or adult.

Still another scheme divides coping strategies into primary and secondary control maneuvers (Rothbaum, Weisz, & Snyder, 1982). This is a similar categorization to the ways of coping model. Primary control deals with "coping aimed at influencing the objective conditions or events" responsible for the threat (Band & Weisz, 1988, p. 247). Secondary control involves "coping aimed at maximizing one's goodness of fit with the conditions as they are" (Band & Weisz, 1988, p. 247). An example given by Band and

Weisz (1988, p. 248) best illustrates these categories. Consider a child being yelled at by his mother. An example of primary control coping would be to yell back at her with the goal of trying to convince her to not be so mean to him. A secondary control response would be to understand that his mother was having a bad day with the goal of feeling less upset by her yelling. It can be seen that primary and secondary control distinctions deal specifically with the underlying goals of the behavior whereas the ways of coping model deals with the specific content of the strategy employed.

Studies using these two schemes have generally found that primary control and problem-focused strategies are less common in perceived uncontrollable situations such as taking part in a medical procedure (Band & Weisz, 1988; Folkman, 1984). Furthermore, the use of both secondary coping and emotion-focused coping tends to increase with age (Band & Weisz, 1988; Byrne, 2000; Compas, Malcarne, & Fondacaro, 1988). One reason for this is that because secondary control and emotion-focused coping involve restructuring the way that one looks at a threat, it is more cognitively complex and therefore more difficult for younger children to do (Band & Weisz, 1988).

There is a fair amount of overlap among these two widely used categories. They tend to divide coping into dealing with the threat directly or reinterpreting the threat. While this has been a useful categorization in the general coping literature, it is limited for the present investigation. When children's fears are media-induced and therefore not directly controllable or changeable by the child, problem-focused strategies are not usually a viable option. As a result, only the emotion-focused or secondary control strategy can be applied. These strategies have been developed in the context of stress, anxiety, and problem solving rather than media-induced fears. In this context, a unique

categorization is needed that considers the specific strategies that children select to reduce fear when the threat is not occurring in their immediate environment but rather vicariously on television.

Coping With TV-Induced Fears. Several studies have examined theory and research on how children react to media-induced fears. Research on coping with frightening depictions in the mass media has typically divided strategies into cognitive and non-cognitive responses. Cognitive strategies are those that require children to think about and mentally restructure the fear stimuli (Cantor & Wilson, 1988). Examples of cognitive strategies include focusing on the unreality of the threat (i.e., "tell yourself it's not real") or minimizing its perceived severity (i.e., "it is happening very far away"). Non-cognitive strategies on the other hand do not require the child to think about or process information about the fear stimulus (Cantor & Wilson, 1988). These may include distraction (i.e., turn off the TV and get a snack), physical activities (i.e., hug a teddy bear), or proximity to others (i.e., sit close to mom or dad).

Cognitive coping strategies are more conceptually demanding than non-cognitive strategies. That is, cognitive strategies require that children process verbal information as well as change their conceptualization of a fear stimulus. Because of the verbal and informational nature of cognitive strategies, a child must be able to first comprehend the message. Next, the child must be able to store the message in memory in order to apply it in the case of continued or subsequent exposure. Third, a child must be able to apply the cognitive strategy while attending to the frightening media event at the same time (Cantor & Wilson, 1988). Research suggests that all three of these skills may pose a problem for the younger children, which will be explained below.

In order to encode successfully a cognitive strategy, the child must be able to understand the nuances of the verbal message. For example, spoken messages focusing on the probability of threat may be very difficult for a younger child to understand (Wilson & Cantor, 1987). The reason for this is that young children often confuse the meanings of words such as *more*, *most*, or *some* (Gathercole, 1985; Grieve & Stanley, 1984; Townsend, 1974). As a result, the verbal explanations included in many cognitive coping strategies may be misinterpreted and therefore ineffective for a vast majority of younger children. Studies show that verbally-presented information about snakes (i.e. that *most* snakes are not poisonous) actually *increased* 5- to 7-year olds fear of snakes when compared to children who did not receive any verbal information about the source of danger (Wilson & Cantor, 1987).

Beyond comprehension of the verbal message, children also need to be able to draw inferences from the cognitive strategy and apply it to the current fear-inducing situation (Cantor & Wilson, 1988). For example, consider a parent that tells his/her child not to worry because the war in Iraq is occurring very far away. Even if the child identifies that Iraq is a country on the other side of the world, s/he must further be able to integrate that information into his/her own worldview and infer that the distance between Iraq and the US reduces his/her risk of personal harm. In fact, research reveals that there are striking developmental differences in children's ability to draw inferences from verbal information, even when the story content is age-appropriate (Schmidt, Schmidt, & Tomalis, 1984; Thompson & Myers, 1985). Therefore, younger children may have considerable difficulty not only comprehending, but inferring the threat of harm or lack thereof from different types of verbal content on the news.

After interpreting the cognitive strategy, the child must then commit the information to memory in order to retrieve and apply it as fear persists. However, studies have found that younger children are less adept than older children at storage and retrieval of information from memory (Brown, Bransford, Ferrara, & Campione, 1983; Dempster, 1978). More specifically, even if a young child comprehends the information, s/he is less likely to recall it in its entirety and apply it when faced with a similar fear-inducing stimulus.

The third challenge that a child faces in using a cognitive coping strategy is to think about and apply the cognitive strategy while simultaneously watching and/or thinking about the fear-inducing stimulus. This is likely to be difficult for younger children given their limited cognitive processing capacity, or difficulty attending to more than one piece of information at a time (Donaldson & Westerman, 1986; Manis, Keating, & Morrison, 1980; Schiff & Knopf, 1985). Evidence suggests that younger children have a hard time ignoring irrelevant but salient or frightening stimuli (Odom & Corbin, 1973; Pryor, Rholes, Ruble, & Kriss, 1984). Accordingly, when watching a scary program, young children are likely to focus more on the program than the coping strategy given television's striking formal features coupled with the young child's limited cognitive processing capacity.This limited cognitive capacity also provides theoretical reason to believe that non-cognitive strategies may be more effective at reducing fear for younger than for older children. Because younger children are less able to concentrate on multiple items at one time, they should be easier to distract using non-cognitive strategies such as distraction or comfort. Older children on the other hand may still be able to focus on

their fear while participating in such non-cognitive activities. As such, non-cognitive coping strategies may be especially effective for younger children.

Past literature has examined this idea more closely. In fact, Wilson, Hoffner, and Cantor (1987) assessed the perceived effectiveness of cognitive and non-cognitive strategies at reducing media-induced fear among 3- to 10- year olds. Results indicated that three of the five strategies tested followed the expected developmental trends. These results supported the idea that cognitive strategies increase in perceived fear-reducing efficacy with age while the effectiveness of non-cognitive approaches decreases with age. Similar results were found in a replication by another researcher (Spirek, 1993).

These findings are supportive of the cognitive vs. non-cognitive categorizations. However, a different scheme may be needed for coping with real, news-induced fears. Some of the strategies that are effective for fictional programming such as the cognitive strategy "tell yourself it's not real" are not workable strategies for coping with real-world dangers or threats. The purpose of the present study is to apply the cognitive/non-cognitive scheme to children's TV news-induced fears. The study will also expand these two coping categories to determine what specific strategies parents are using with younger as well as older children and adolescents. While past research has indicated that children's fear of news increases with age (Smith et al., 2002; Smith et al., 2003), no study to date has examined parents' use of coping strategies with adolescents. The present study will accomplish this by questioning parents of children from age 5- to 17-years old.

Present Study and Hypotheses

Based on the developmental differences described above, the following hypotheses were advanced. It is expected that parents of older and younger children will differentially employ cognitive and non-cognitive coping strategies to ease their children's fears induced by TV news coverage of the war in Iraq. Given older children's more sophisticated abilities at encoding, storing, and retrieving information, it was anticipated that their parents would be more willing to use "mature" or rational cognitive strategies for reducing their child's war induced fears. Therefore, in the first hypothesis it was expected that:

H_1: Parents of 9- to 12- year olds will report using cognitive strategies more frequently than will parents of 5- to 8- year olds.

On the other hand, it was anticipated that parents of younger children would rely on a different set of strategies. Understanding their information processing limitations and constraints, parents of younger children should be much more reticent to discuss aspects of the war and the likelihood of danger associated with international conflict. Thus it was expected that parents of younger children would rely on much simpler non-cognitive strategies for reducing fear. Thus, the second hypothesis advanced:

H_2: Parents of 5- to 8- year olds will report using non-cognitive strategies more frequently than will parents of 9- to 12- year olds.

Because previous research has examined very young children and upper elementary aged children, it is not terribly clear how cognitive and non-cognitive coping strategies will be related to fear for adolescents. Therefore, the following exploratory research question is advanced.

RQ_1: What type of coping strategies are parents of 13- to 17- year old adolescents using?

In addition to examining the types of strategies parents use, the differential effectiveness of those tactics will be considered as well. The present study seeks to examine whether the strategies parents are using to allay their children's TV news-induced fears are actually effective. Based on the developmental differences in children's comprehension and processing outlined above, the following hypotheses are advanced.

H_3: For 9- to 12-year olds only, the use of cognitive strategies will be inversely related to fear.

H_4: For 5- to 8-year olds only, the use of non-cognitive strategies will be inversely related to fear.

RQ_2: What is the relationship between fear and coping strategies for 13- to 17-year olds?

Method

Participants

A total of 161 parents (45 males and 116 females) of 5- to 17-year-old children (85 boys and 75 girls) participated in the present survey. The sample of parents was divided into three groups by their child's age. In all, 45 parents reported on a child between 5- and 8-years old (M=6.7, SD=1.1), (23 boys and 22 girls), 49 between 9- and 12-years old (M=10.6, SD=1.1), (23 boys, 26 girls), and 67 between 13- and 17-years old (M=14.7, SD=2.1), (40 boys, 27 girls). The age categories are designed to not only coincide with developmental differences in children's use of coping strategies, but also their cognitive processing of television news (Smith et al., 2002; Smith & Wilson, 2000). Of those parents that participated, 85.7% were white, 3.7% black, 5% Hispanic, and 5.6% other. The median reported household income was between $50,000 and $60,000.

Procedure

Participants were randomly selected from the most recent telephone directory (July, 2002) distributed in Ingham county, Michigan. Towards this end, a series of 72 page numbers from the listing were randomly generated. On each of these pages, every fourth phone number was selected. One of 16 trained interviewers called each number once between the hours of 3:00 and 9:00 p.m. If a parent resided at the home called but was not available, the phone number was dialed an additional time to request participation. Of those eligible parents, 41.5% completed the survey. There was no salient factor that stood out as a reason for declining to participate. Because this response rate is lower in comparison to previous parent phone surveys (Cantor et al., 1993,

response rate = 69%; Smith et al., 2002, response rate = 64%) several steps were taken in order to assess the representativeness of the present sample.

First, the sample was compared to data from the U.S. Census report (2000). This revealed a distribution of race in Ingham County that mirrored that of the present sample. For example, in 2000 the U.S. Census reported that of all Ingham County residents, 79.5% were white, 10.9% black, and 5.8% were Hispanic. Moreover, the U.S. Census report revealed that the median household income in Ingham County was approximately $41,000 as compared to between $50,000 and $60,000 in the present study. Clearly, the census statistics are strikingly similar to those in the present sample. This is despite the fact that the current investigation only sampled parents in Ingham County whereas the Census report represents the population of all residents.

The present sample was also compared to a previous phone survey of parents of 5- to 17- year olds in Ingham County in which the response rate was substantially higher (64%) (Smith, et al., 2002). The demographic variables in the present study closely matched those in the previous sample as well. More specifically, the distribution of race in the Smith et al. (2001) study was within 2% of that in the present study in each category and the median household income was the same. These similarities suggest that the sample is reasonably representative of the community as a whole.

Upon calling, the trained interviewers identified themselves as research assistants from Michigan State University. The interviewers explained the purpose of the survey and assured participants of the anonymous and voluntary nature of the questions. If the person was an eligible parent, interviewers requested permission to begin the 15-minute survey. Parents of more than one child within the specified age range were asked to

focus on the child that had the most recent birthday when answering all the survey questions.

Measures

The questions used in the present analysis were part of a larger parent survey that measured children's perceptions of the news coverage of the war in Iraq. More specifically, the study examined children's affective responses to the war coverage in terms of fear, sadness, and anger as well as parents' negative emotional responses to the international events. Only the relevant measures used in this study will be reported below.

Coping Strategies

In order to measure parents' coping strategies, two different types of questions were asked. First, parents were given a chance to spontaneously list the strategies they used with their child. Parents then responded to a series of scaled items about the degree to which they used specific coping strategies. Both of these types of measures will be detailed below.

Open-ended question Parents were first given an opportunity to spontaneously list the strategies they used with their child. Parents were asked specifically, "*How have you tried to comfort your child if s/he expressed concern about the war on Iraq*? *What did you do or say*?" Parents' spontaneous responses will be coded in two specific ways, which will be discussed below. First, and after all of the responses to this question are examined, an exhaustive coding scheme will be developed. The goal of this typology is to explore what strategies parents are using that may or may not fit neatly into the cognitive and non-cognitive categories used in previous research.

Second, parents' responses will be coded for the presence or absence of cognitive and non-cognitive coping strategies. Relying on Wilson et al.'s (1987) definitions, cognitive strategies are those that require that the child "understand a new interpretation of the fear stimulus as unreal or non-threatening and apply this new conceptualization" (Wilson et al., 1987, p. 40). Responses coded as cognitive include those such as "talking together about the war and looking at maps" or "explaining that the war is occurring very far away". Non-cognitive strategies are defined as those that do not require the child to think about or process information about the fear stimulus (Cantor & Wilson, 1988). Responses such as "avoiding the news coverage" and "being extra affectionate; hugging" are coded as non-cognitive. Two independent coders evaluated all of the responses and disagreements were resolved through discussion. Using Scott's pi (1955), intercoder reliability was 92% for cognitive coping and 97% for non-cognitive coping.

Closed-ended questions. In addition to the open-ended question, parents were also asked a series of scaled items A total of 8 measures assessed the extent to which respondents used specific cognitive and non-cognitive strategies (5 items and 3 items, respectively). These questions all used the same scaled format. To illustrate, the interviewer said, "How much did you try to verbally reassure your child of his/her safety? Did you try this *not at all* (0), *a little bit* (1), *some* (2), or *a lot* (3)?" The 4 other cognitive strategies queried included clarifying that Iraq is very far away, explaining that some things are out of our control, encouraging your child to discuss his/her concerns, and illustrating the unlikelihood of an attack on the US. In order to determine parents' overall use of cognitive coping, their responses to these five questions were summed to form an overall cognitive coping scale ($M = 8.63$, $SD = 4.12$, Range = 0-15, $\alpha = .75$).

Three scaled items assessed the frequency of parents using non-cognitive strategies. The items included restricting the child from viewing news coverage of the war, sitting near the child while watching the news, and the degree to which they tried to distract their child with other activities. The questions were again summed to form an overall non-cognitive coping score (M= 3.88, SD= 2.67, range = 0-9, α =.57).

Fear

To test hypotheses three and four, parents were asked to estimate their child's fear reactions to the news coverage of the war. Specifically, the parents were asked, "Regarding news coverage surrounding the war on Iraq, how concerned, frightened, or upset has your child been? Has s/he been *not at all* concerned (0), *a little bit* concerned (1), *pretty* concerned (2), *very* concerned (3), or *very, very* concerned (4)?" (M = 1.29, SD = 1.13, Range = 0-4).

Results

Analysis Plan

Interval level data were assessed using analysis of variance with age group (5- to 8-years old, 9- to 12-years old, and 13- to 17-years old) and gender (male, female) as factors. All post hoc tests utilized the Scheffé procedure to determine mean differences. Nominal level data were assessed using log-linear analyses. This method is analogous to analysis of variance for detecting significant effects when using dichotomous data (Marascuilo & Levin, 1983).

Open-ended Measures

Typology. As stated above, parents' open-ended responses were first examined with the goal of constructing an exhaustive list of the coping strategies they spontaneously reported using. Nine different categories were developed after examining all of the parents responses[1]: discussion (i.e., "talked about the war" and "answered questions as best we could"), justification (i.e., "explained why they are fighting" and "they're fighting to keep us safe"), distance (i.e., "we pulled out the globe, distance" and "its over there not here"), religious faith (i.e., "prayed about it" and "went to vigil services"), avoidance (i.e., "tried not to talk about it" and "turned off the TV"), vague safety reassurance (i.e., "everything will be okay" and "Mom and dad will keep you safe"), cognitive reasoning (i.e., "explaining how Michigan would follow safety procedure in the case of war"), impending danger ("explained the level of danger", and "talked as a family about our own emergency plan"), and physical comfort (i.e., "lots of hugs" and "hugging, holding the child").

Because parents could list more than one coping strategy, the presence or absence of each of the tactics was assessed by two independent coders. All discrepancies were resolved by discussion. Using Scott's π, the inter-coder reliability for the nine categories were as follows: discussion (.53), justification (.96), distance (.95), religious faith (1.00), avoidance (.99), vague safety reassurance (.94), cognitive reasoning (.93), preparing for danger (.96), and physical comfort (.99).

Slightly more than 86% of the parents named at least one coping strategy in response to the open-ended question. To see if the reporting of any type of strategy varied by age of the child, a log-linear analysis was conducted. No significant differences emerged.

As noted in Table 1, the most commonly reported comforting effort was discussion. A full 64% of parents surveyed spontaneously mentioned simply talking about the war as a strategy they used to reduce their child's fear reactions to the news coverage. Other common strategies were justification for the war (20%) and location (12%).

To assess whether each of the strategies in the typology varied by age group or gender, log-linear analyses were conducted. Only those parents who reported using at least one comforting strategy with their child were included in these analyses. No significant differences emerged for location, safety reassurance, faith, cognitive reasoning, preparing for danger, or avoidance (see Table 2).

However, a log-linear analysis did reveal a significant difference in the use of discussion by age group, $\underline{G}^2$ (2, 131) = 8.30, $p < .05$. As noted in Table 2, a higher

proportion of parents of 13- to 17-year olds (76% $_b$) reported relying on discussion as a coping strategy than did parents of 5- to 8-year olds (46% $_a$).

A significant difference was also observed for justification by age group, $\underline{G}^2$ (2, 131) = 6.80, $\underline{p}$<.05. As noted in Table 2, parents of 5- to 8-year olds (32% $_a$) used this coping strategy significantly more than did parents of 9- to 12-year olds (23% $_b$) or 13- to 17- year olds (11% $_b$).

Finally, a log-linear analysis revealed a significant effect in the use of physical comfort by age group, G^2 (2, 131) = 6.24, p< .05. Parents of 5- to 8- year olds reported using physical comforting strategies significantly more (11% $_a$) than did parents of 9- to 12- year olds (0% $_b$).

Cognitive Vs. Non-Cognitive Coding Parents' open-ended responses were also coded for the presence or absence of cognitive and non-cognitive strategies. This enabled a specific test of Hypothesis 1 and 2. As you may recall, Hypothesis 1 predicted that parents of 9- to 12-year old children would report using cognitive strategies more often than would parents of 5- to 8-year old children. In support of Hypothesis 1, a log-linear analysis revealed a significant effect for age group, $\underline{G}^2$ (1,76)= 9.16, $\underline{p}$<.01. Consistent with expectations, a higher proportion of parents of 9- to 12-year olds reported using a cognitive strategy (100%$_b$) than did parents of 5- to 8- year olds (84%$_a$).

Hypothesis 2, on the other hand, predicted that parents of 5- to 8- year olds would report using non-cognitive strategies more frequently than would parents of 9- to 12- year olds. In support of hypothesis 2, a log-linear analysis produced a significant main effect for age group, $\underline{G}^2$ (1, 76) = 4.64, $\underline{p}$< .05. As expected, a higher proportion of parents of

5- to 8-year olds reported using a non-cognitive strategy ($30\%_a$) than did parents of 9- to 12-year olds ($10\%_b$).

Scaled Response Measures

Cognitive-items. As indicated earlier, a cognitive coping index was created by summing parents' responses to five scaled items. An analysis of variance on this summed score revealed no significant differences by age group, or gender. Parents of 5- to 8- year olds reported using cognitive strategies (M = 9.49) to the same extent as did parents of 9- to 12- year olds (M=9.51). Thus, hypothesis 1 was not supported by the scaled item index. Table 4 features an analysis of variance on each of the items by age group and gender.

Non cognitive items. A series of scaled items also assessed the use of non-cognitive coping strategies. Again, these measures were summed to create an overall non-cognitive scale. An analysis of variance on this summed score revealed a significant main effect for age group, F (2, 154) = 25.037, $p < .01$. Consistent with Hypothesis 2, parents of 5- to 8- year olds reported using significantly more non-cognitive strategies ($M = 5.46_a$) than did parents of 9- to 12- year old children ($M = 4.35_b$). Due to the low reliability of this created variable, the results should be interpreted with caution. See Table 5 for the item by item analysis of each of the measures in the index.

To address research question 1, the scaled item responses of parents of 13- to 17-year old children were examined. As was found in the open ended measures, the most commonly used strategy reported by parents of 13- to 17- year olds across these scaled item measures was discussion (M = 2.31). Discussion was followed by sitting close to the child while watching television (M=1.72) and explaining that sometimes things

happen that we have no control over (M = 1.71). It should be noted that two of these most common strategies among parents of adolescents are cognitive, while one, sitting close to the child while viewing is non-cognitive.

Relationship between Fear and Coping

Hypotheses 3 and 4 made predictions about the relationship between fear and coping style at different age levels. These relationships were tested by examining the correlation between parents' summed score on both cognitive and non-cognitive scaled response items and the single item fear measure..

As you may recall, it was expected in hypothesis 3 that the use of cognitive coping strategies would be inversely related to fear among 9- to 12-year olds. This hypothesis was not supported by the data (Table 6). Instead, a positive relationship between fear and cognitive coping emerged. Because directionality is impossible to ascertain, the finding suggests that 1) the use of cognitive coping strategies may facilitate fear among children in this age group, or 2) children with high levels of fear are more likely to have parents who use cognitive coping strategies to alleviate their safety concerns.

After noting the direction of the relationship between fear and cognitive coping, the strength of the correlation was considered. While fear was positively correlated with cognitive strategy use for both younger and older children, an examination of the magnitude of these correlations reveals that for younger children, the correlation between cognitive strategies and fear is much greater (r = .56) than that for children age 9- to 12 (r = .36).

To explore this idea more carefully, a 95% confidence interval was constructed around each correlation. The two confidence intervals do not overlap which suggests that the correlation between fear and cognitive coping is significantly greater for 5- to 8- year olds than for 9- to 12- year olds. Overall, these findings are somewhat consistent with the ideas of hypothesis 3. While the use of cognitive strategies was not negatively related to fear for either age group, the relationship between fear and cognitive coping is stronger for younger than for older children. This supports hypothesis 3, in that when parents of older children use cognitive coping strategies, their children experience less fear than do parents of older children.

In hypothesis 4 it was anticipated that the use of non-cognitive coping strategies among 5- to 8- year olds would be negatively correlated with fear. The data were not consistent with this hypothesis. Instead, a positive relationship between non-cognitive coping and fear among 5- to 8- year olds was revealed. Results again demonstrated that for both 5- to 8- year olds and 9- to 12- year olds, non-cognitive strategies were significantly and positively related to fear. Unlike the analyses for cognitive coping strategies, in this case there is no significant difference in the magnitude of the relationship between fear and non-cognitive coping for older ($r = .33$) vs. younger children ($r = .31$).

In order to address research question 2, the relationship between coping style and fear among 13- to 17- year olds was examined. There was a significant, positive relationship between parents' use of cognitive coping and their 13- to 17- year old children's fear ($r = .36$). However, the relationship between non-cognitive coping and fear among 13- to 17- year olds was not significant ($r = .09$). Again, the direction of

influence is impossible to determine from these data. One possibility is that when parents use cognitive coping strategies these adolescents become more afraid. However it is also possible that when their 13- to 17- year olds experienced upset, parents elected to use cognitive coping strategies but not non-cognitive coping strategies.

Discussion

Overall, the purpose of this study was to examine the different ways in which parents attempted to help their children cope with fear following exposure to TV news coverage of the war in Iraq. Some support was found for the predicted developmental differences in comforting strategies. However, these results depended upon the type of measure used. It must be noted also, that parents of both younger and older children showed an overwhelming tendency to use cognitive strategies.

Hypotheses

It was expected in Hypothesis 1 that parents of 9- to 12- year old children would report using cognitive strategies more often than would parents of 5- to 8- year olds. This hypothesis was only partially supported by the data across two separate measures. When open-ended measures were used, the expected developmental trend was revealed. Parents of 5- to 8- year old children reported using cognitive strategies less frequently than did parents of older children. However, the scaled-item measures produced no significant differences in the use of cognitive coping between the two age groups.

Why were the results of the scaled-item measures inconsistent with the open-ended format? One potential explanation for these discrepant findings may involve the nature of the questions. More specifically, the open-ended format may have prompted parents to mention one or two of the most salient strategies that they tried. In contrast, the scaled-item measures, in asking the extent to which the parent used each specific strategy, may have allowed parents to respond affirmatively to those coping strategies that they used which were not most salient to them. If this is the case, then the open-ended measures can be thought of as more descriptive of the strategies parents used most

regularly. Conversely, the scaled items inquire about very specific strategies that, only when directly asked, parents report using. In this way, the open-ended format seems to provide a more spontaneous account of the strategies parents are actually using.

These findings suggest that parents are evoking strategies that research has shown reduce older children's fear responses to television (see Cantor & Wilson, 1988). Thus, the findings offer preliminary evidence that the use of such tactics may generalize to reducing news-induced fears as well. While these findings are promising for older children, the results also suggest a problematic pattern for younger children. That is, a full 84% of the parents with 5- to 8- year olds who used a comfort tactic relied on cognitive strategies to calm their youngster's fears. This was further evidenced in the typology coding, with no differences emerging between parents of younger and older children across a variety of spontaneously mentioned cognitive based tactics.

Interestingly, a similar trend recently has been observed with teachers. Smith, Moyer, Suding, And Boyson, (2002) examined K through 12th grade teachers' use of coping strategies in the classroom the week after the terrorist attacks. The researchers found that teachers, like parents, overwhelmingly reported using cognitive strategies to alleviate their pupils' fears-- independent of the age of their students.

Unfortunately, this tendency suggests that many caregivers and educators may be unaware of the developmental differences in children's ability to process information. Or, in the face of a national crisis, caregivers may forget about the processing limitations of the younger child. Such an oversight can have serious ramifications in terms of fear. Previous investigations of fictional content have demonstrated that the use of cognitive strategies can exacerbate younger children's fears (Cantor & Wilson, 1984; Wilson &

Cantor, 1987; Wilson, et al., 1987). In the present study, parents of children as young as 5 years of age reported "discussion" and "explaining the reasons for the war" as their most readily used coping strategies. This implies that parents are using strategies that are far too cognitively advanced for their child's level of development. As a result, it is critical that parents be aware of their child's cognitive strengths *and* limitations when attempting to reduce news induced fear.

These findings suggest that guidelines for parents and other caregivers must be made more specific. Further, the information should be guided by theory and research on children's cognitive processing capabilities. Popular press articles and web sites geared toward parents should focus on the specific non-cognitive strategies that are likely to be effective for young children. In addition, rather than vaguely suggesting that parents use "age appropriate language" when discussing world events, guidelines should articulate examples of the types of words or phrases to use with children at different ages. In order to more systematically assess the current advice available for parents, a content analysis could be undertaken to examine the existing websites available for parents. A more thorough understanding of what guidelines currently exist as well as the types of experts giving advice (i.e., child psychologist, medical practitioner) would be the first step toward improving informational websites accuracy and utility for parents.

The second hypothesis predicted that parents of 5- to 8- year old children would report using non-cognitive strategies more often than would parents of 9- to 12- year old children. This hypothesis was supported across both the scaled-item and open-ended measures. While the use of non-cognitive strategies was low among parents of both

younger and older children, parents of 5- to 8- year olds to seemed to be using these strategies more frequently than were parents of older children.

These findings suggest that the coping strategies that are effective with younger children and fictional media may also extend to more realistic media as well. However, we must mention that only 30% of the parents of 5- to 8- year old children who reported using a coping strategy relied on a non-cognitive tactics. Thus, the actual number of parents employing such an age sensitive approach is actually quite abysmal.

Hypotheses 3 and 4 predicted that different strategies would be effective at reducing fear for children at different stages of development. Hypothesis 3, that for older children only, the use of cognitive strategies would be inversely related to fear was not supported. The use of cognitive coping strategies was *positively* related to fear across all three age groups. However, there was a significantly stronger relationship between fear and cognitive coping for 5- to 8- year olds than for older children. This may suggest that for younger children, cognitive coping efforts increase fear more than for older children. However, this conclusion must be made with caution because it assumes one particular direction of causality, that the coping strategy leads to an increase in fear. It is difficult from the current study to determine whether these findings refer to the true ineffectiveness of cognitive strategies at all ages, or if the findings are an artifact of the specific manner in which the data were collected.

Hypothesis 4 posited that for 5- to 8- year olds only, the use of non-cognitive strategies would be inversely related to fear. This hypothesis was not supported by the data either. Again, a positive relationship was observed between non-cognitive coping style and children's fear.

While these data are limited in the ability to detect direction of influence, they do suggest some insight. First, it is apparent that in no case is coping strategy type negatively related to fear. This suggests a huge problem with parents' use of coping strategies. More specifically, parents seem not be using any strategies that are effective at eliminating their children's fear reactions. This is consistent with the idea that parents are not aware of developmental differences in their children and how they may impact the effectiveness of the coping strategies used.

Second, what these data suggest is that some strategies may be more effective than others. First the data reveal that when cognitive strategies are used, 5- to 8- year olds tend to also experience more fear than do 9- to 12- year olds. This is consistent with the idea that cognitive coping strategies are problematic with younger children. Moreover, among 5- to 8- year olds, when cognitive strategies are used, children are more likely to experience fear than when non-cognitive strategies are used. In other words, the relationship between fear and cognitive coping is much stronger than the relationship between fear and non-cognitive coping for very young children. Taken together, these data suggest that using cognitive coping with young children may be the most problematic in terms of exacerbating fear reactions.

More research is needed to specifically tease out this relationship. Experimental procedures could sort out the question of direction of causation. For example, a study could be designed where children are exposed to a news story, followed by either a cognitive or a non-cognitive coping strategy. Fear could then be assessed in order to determine coping effectiveness. Future research should employ this experimental approach.

Research Questions

The first research question examined the use of cognitive and non-cognitive coping strategies by parents of 13- to 17- year old children. These parents engaged in less of both cognitive and non-cognitive coping than did parents of younger children (Table 4 and Table 5). Why might parents of older children report using coping strategies less than parents of older children? One potential explanation for this finding may be that parents of 13- to 17-year olds are less vigilant about their children's exposure to the coverage of the war as compared to parents of younger children. In fact, previous research has demonstrated that younger children (6^{th} graders) more often said that their parents prevented them from seeing scary television programs than did older children (10^{th} graders) (Cantor & Reilly, 1982).

Further, parents of 13- to 17- year olds may be monitoring their children's fear reactions less closely than are parents of younger children. As a result, parents of older children may be less inclined to see a need for any coping strategy than would a parent of a younger child. The result of this would be an overall lack of coping reported by parents of 13- to 17- year olds as compared to parents of younger children. Indeed this is the pattern observed in data.

Another possible explanation for this trend is that perhaps children in the oldest group are sophisticated enough to engage in coping strategies on their own. The present study relied upon parents' reports of their child's fear and coping with the war coverage rather than directly questioning the child. Older children may be using their own coping strategies that their parents are not even aware of. Such coping strategies or their effectiveness would not be captured by the data in the present survey.

Research question 2 inquired about the relationship between fear and coping strategies for children age 13- to 17. Results indicated a positive relationship between the use of cognitive strategies and reported fear. No relationship was revealed between non-cognitive coping and fear. These results are again difficult to interpret. They suggest that either 1) when parents use cognitive strategies with 13- to 17- year olds, their children are more apt to experience fear or 2) when their children express fear, parents of 13- to 17- year olds are more likely to employ cognitive coping strategies. The design of the present study does not allow for a conclusion in this regard.

Strengths and Weaknesses

First, the findings extended the existing body of research on coping with media induced fears to coping with a real-world international news event. Such a media event has implications for the types of strategies that parents can choose to employ to aid their children in coping with their fright reactions. For example, parents cannot accurately tell their children that the fear stimulus is not real as they may in the case of a fictional TV program. This study sheds light on how parents are dealing with these limitations and what strategies they are selecting.

Second, the current study has examined the coping strategies that parents of younger and older children use as well as parents of adolescents. Beyond this, the study went beyond the cognitive and non-cognitive categories to examine the specific coping strategies that parents report using that may or may not fit into the cognitive and non-cognitive distinctions.

The present study suffers from several limitations as well. First, only 41.5% of the eligible parents reached via telephone agreed to participate in the survey. However,

as detailed in the method section, specific measures were taken to compare the makeup of the current sample to the population as a whole, and to previous phone survey samples. Reluctance to participate in surveys due to a variety of factors (i.e., overabundance of telemarketers, impersonal nature of the source, privacy concerns) results in low response rates in telephone survey research. This is a reality of this research method that is difficult to overcome entirely. In fact, other recent studies have reported similarly low response rates (Slater, 2003).

In addition to the low response rate, the sample also suffered from a disparity between male and female respondents. In particular, more mothers than fathers participated in the survey. In order to examine the impact of this gender difference, parents' reports of cognitive and non-cognitive coping were examined across genders. These results indicated no difference in the reported use of coping strategies between men and women. Furthermore, male and female parents did not differ in their reports of fear experienced by their children. Taken together, this suggests that the overabundance of females in the sample did not play an important role in the dependent measures in the present study.

Second, the sample of parents was limited to one particular region in Michigan. As such, the results cannot necessarily be generalized to the rest of the country. Parents in this region of the Midwest may not reflect the way that parents in other areas of the country are interacting with their children about the war in Iraq. Segments of the population with a high personal involvement in the war, such as a high proportion of members of the military, may have reacted to the events very differently than did those in

Ingham County Michigan. Future studies may want to use a national sample in order to get a more heterogeneous distribution of the types of strategies exercised by parents.

An additional problem lies in the use of parents' reports and the possibility of a social desirability effect. Some parents may have perceived that the study was a critique of their parenting style. As such, questions about the extent to which they employed various coping strategies may have led respondents to answer that they used these strategies more frequently than they actually did. In particular, this may have been true of the coping measures that asked about restricting television news exposure, and sitting close to the child while viewing. Because parents knew that the study was investigating children's fear reactions to TV news, they may have been particularly sensitive to their responses to these measures.

It is also important to note the weak reliability that was obtained between coders in the discussion category ($\pi = .56$). Because this was the most frequently reported category among parents of children at all age levels the concern is that discussion may be somewhat of a catch-all category. In the present study, discussion included a wide range of responses including those where parents report answering their children's questions honestly, keeping them informed, focusing on discussion, explaining what was happening, letting the child know they can talk about it, and expressing their own views on the war. Perhaps in future studies, the definition of discussion could be more narrowly defined such that it only included responses that explicitly refer to a discussion taking place such as "talking openly" or "open family discussion".

Another issue related to the measures used in this study is the use of fear measures. Because the survey was conducted at one point in time, when parents were

asked how much fear or upset their child experienced in response to the news coverage of the war it was difficult to determine whether they were reporting fear their child experienced early on prior to any coping efforts or their current level of fear. As such, the fear measure is somewhat confounded with coping and with time. In order to get a more clear picture of the pattern of fear that children experience, future studies may want to more specifically frame their fear measures in terms of time. For instance, fear could be measured by asking how much fear and upset children experienced on the first day of coverage, how much fear or upset they have experienced in the last week, in the last few days, and yesterday. Grounding the questions in days and weeks in this way will allow for a more precise measure of the pattern of fear responses children experience.

Finally, the present study does not account for individual difference variables that may affect the capability of various coping strategies at reducing fear. Past researchers have mentioned that research on media induced fear has neglected the effects that individual difference variables may have on how to best ease fear (Hoffner, 1997). More specifically, past research has demonstrated that adults and children can be divided into categories depending on the way they respond to stress. This research has divided people into two categories, monitors and blunters. Monitors tend to hone in on cues and information related to the threat in their environment. Conversely, blunters avoid any information related to the fear stimulus. (Hoffner, 1997). Coping style (i.e. monitor vs. blunter) can mediate the effectiveness of one particular fear reducing strategy, forewarning about the content, on fear reactions to a film (Sparks, 199; Spirek & Sparks, 1988). Future research should take individual coping style into account when evaluating the effectiveness of various coping strategies at reducing fear.

Altogether, this study is one of the first to examine the types of strategies that parents are using to help their children cope with real world fears induced by television news. The results suggest that parents are not always selecting strategies in accordance with the cognitive development literature that exists. This finding points to the need for more specific guidelines for parents about how to help their child cope with their fears in times of real-world news events.

An important next step is to examine the effectiveness of cognitive versus non-cognitive strategies at different ages. The present study asked parents about the strategies they used with their children but future studies should ask children directly about the coping strategies that they perceive to be most effective. To further explore the effectiveness of various coping strategies, future studies can experimentally manipulate strategy type (cognitive vs. non-cognitive) in order to allow for clear determinations about the nature of the relationship between age-inappropriate coping strategies and fear.

References

Altshuler, J. L., & Ruble, D. N. (1989). Developmental changes in children's awareness of strategies for coping with uncontrollable stress. *Child Development*, 60, 1337-1349.

Band, E. B., & Weisz, J. R. (1988). How to feel better when it feels bad: Children's perspectives on coping with everyday stress. *Developmental Psychology, 24*(2), 247-253.

Blanchard-Fields, F., & Irion, J. C. (1987). Coping strategies from the perspective of two developmental markers: Age and social reasoning. *Journal of Genetic Psychology, 149*(2), 141-151.

Brown, A., Bransford, J., Ferrara, R., & Campione, J. (1983). Learning, remembering, understanding. In J. Flavell & E. Markman (Eds.), P.H. Mussen (Series Ed.), *Handbook of child psychology: Vol. 3. Cognitive development* (pp. 77-166). New York: Wiley.

Byrne, B. (2000). Relationships between anxiety, fear, self-esteem, and coping strategies in adolescence. *Adolescence, 35*(137), 201-215.

Cantor, J., Mares, M. L., & Oliver, M. B. (1993). Parents' and children's emotional reactions to TV coverage of the Gulf War. In B. S. Greenberg & W. Gantz (Eds.), *Desert Storm and the mass media* (pp. 325-349).

Cantor, J., & Nathanson, A. I. (1996). Children's fright reactions to television news. *Journal of Communication, 46*(4), 139-152.

Cantor, J., & Reilly, S. (1982). Adolescents' fright reactions to television and films. *Journal of Communication,* 46, 139-152.

Cantor, J., & Sparks, G. G. (1984). Children's fear responses to mass media: Testing some Piagetian predictions. *Journal of Communication, 34*(2), 90-103.

Cantor, J., & Wilson, B. J. (1984). Modifying fear responses to mass media in preschool and elementary school children. *Journal of Broadcasting*, 28, 431-443.

Cantor, J., & Wilson, B. J. (1988). Helping children cope with frightening Media presentations. *Current Psychology: Research & Reviews, 7*(1), 58-75.

Children Now. (1994). *Tuned in or tuned out? America's children speak out on thenews media.* Available e-mail: Children@dnai.com.

Compas, B. E., Malcarne, V. L., & Fondacaro, K. M. (1988). Coping with stressful events in older children and young adolescents. *Journal of Consulting and Clinical Psychology, 56*(3), 405-411.

Dempster, F. N. (1978). Memory span and short-term memory capacity: A developmental study. *Journal of Experimental Child Psychology,* 26, 419-431.

Donaldson, S. K., & Westerman, M. A. (1986). Development of children's experience of ambivalence and causal theories of emotion. *Developmental Psychology*, 22, 655-662.

Edigital Research, 2003. The Public and Media Coverage of the War on Iraq. Retrieved June 23, 2003, from http://www.edigitalresearch.com/eDigitalResearch/newswarinIraq.htm.

Fleischman, D. (1991). Experts suggest ways to help children cope with war. *Journal of School Health, 61*(3), 121-122.

Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. *Journal of Personality and Social Psychology,* 46, 839-852.

Folkman, S. & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior,* 21, 219-239.

Gathercole, V. C. (1985). More and more and more about more. *Journal of Experimental Child Psychology, 40*, 73-104.

Graziano, A. M., & Mooney, K. C. (1980). Family self-control instruction for children's nighttime fear reduction. *Journal of Consulting and Clinical Psychology, 48*, 206-213.

Graziano, A. M., Mooney, K. C., Huber, C., & Ignasiak, D. (1979). Self-Control instructions for children's fear reduction: A multiple case study. *Journal of Behavior Therapy and Experimental Psychiatry, 10,* 221-227.

Grieve, R., & Stanley, S. (1984). Less obscure? Pragmatics and 3-4 –year-old children's semantics. *British Journal of Developmental Psychology,* 2, 95-103.

Johnson, R. N. (1996). Bad news revisited: The portrayal of violence, conflict, and suffering on television news. *Peace and Conflict: Journal of Peace Psychology*, 2, 201-216.

Kunkel, D. (1994). How does the news media "see" kids*?* *Media Studies Journal,* 8, 75 84.

Lang, A., Newhagen, J., & Reeves, B. (1996). Negative video as structure: Emotion, attention, capacity, and memory. *Journal of Broadcasting & Electronic Media, 40*(4), 460-477.

Manis, F. R., Keating, D. P., & Morrison, F. J. (1980). Developmental differences in the allocation of processing capacity. *Journal of Experimental Child Psychology*, 29, 156-169.

Marascuilo, L. A., & Levin, J. R. (1983). Multivariate statistics in the social sciences. Monterey, CA: Brooks/Cole.

National Association of School Psychologists. (2003). *Helping children cope in unsettling times: Tips for parents and teachers.* Retrieved March 30, 2003, from http://www.nasponline.org/NEAT/helpingchildrencope.html

Odom, R. P., & Corbin, D.W. (1973). Perceptual salience and children's multidimensional problem solving. *Child Development, 44*, 425-432.

Pryor, J. B., Rholes, W. S., Ruble, D. N., & Kriss, M. (1984). A developmental analysis of salience and discounting in social attribution. *Representative Research in Social Psychology, 14*, 30-40.

Rothbaum, F., Weisz, J. R., & Snyeer, S. S. (1982). Changing the world and changing the self: A two-process model of perceived control. *Journal of Personality and Social Psychology*, 42, 5-37.

Schiff, A. R., & Knopf, I. J. (1985). The effect of task demands on attention allocation in children of different ages. *Child Development*, 56, 621-630.

Schmidt, C.R., Schmidt, S. R., & Tomalis, S. M. (1984). Children's constructive processing and monitoring of stories containing anomalous information. *Child Development,* 55. 2056-2071.

Scholastic News. (2003). Kids *speak out on coverage of the war on television.* Retrieved June 23, 2003, from http://www.scholastic.com/aboutscholastic/news/press_040203b.htm.

Scott, W.A. (1955). Reliability of content analysis: The case of nominal scale coding. *Public Opinion Quarterly*, 19, 321-325.

Siegel, R. S. (1965). Television and the reactions of schoolchildren to the assassination. In B. Greenberg & E. Parker (Eds.), *The Kennedy Assassination and the American Public* (pp. 199-219). Stanford, CA: Stanford University Press.

Slater, M. D. (2003). Alienation, aggression, and sensation seeking as predictors of

adolescent use of violent film, computer, and website content. *Journal of Communication*, 53, 105-121.

Slattery, K. L., & Hakanen, E. A. (1994). Sensationalism versus public affairs content of local TV news: Pennsylvania revisited. *Journal of Broadcasting and Electronic Media*, 38, 205-216.

Smith, S. L. (1999). *Children's comprehension of and fear reactions to television news.* Unpublished doctoral dissertation, University of California, Santa Barbara.

Smith, S. L., Moyer, E., Boyson, A. R., & Pieper, K. M. (2002). Parents' perceptions of children's fear responses. In B. S. Greenberg (Ed.), *Communication and Terrorism* (pp. 193-208). Cresskill, NJ: Hampton Press.

Smith, S. L., Moyer, E., Boyson, A. R., & Suding, P. (2002). Teachers' perceptions of their elementary school children's fear responses to the terrorists' attacks.

Smith, S. L., & Wilson, B. J. (2002). Children's comprehension of and fear reactions to television news. *Media Psychology, 4*(1), 1-26.

Smith, S. L., & Wilson, B. J. (2000). *Children's Reactions to a Television News Story: The Impact of Video Footage and Proximity of the Crime.* Paper presented a the annual meeting of the International Communication Association, Acapulco, Mexico.

Spirek, M. M. (1993). Parent and child perceptions of strategy effectiveness for reducing children's television-induced fear. *Journal of Social Behavior and Personality, 8*(6), 51-65.

Stipp, H. (1995, May). *Children's exposure to TV news and reality-based programming.* Paper presented at the International Communication Association annual conference, Albuquerque, NM.

Thompson, J. G., & Myers, N. A. (1985). Inferences and recall at ages four and seven. *Child Development,* 56, 1134-1144.

Townsend, D. J. (1974). Children's comprehension of comparative forms. *Journal of Experimental Child Psychology,* 18, 293-303.

US Census Report (2000). Retrieved September, 2003 from www.tri co.org/pdfs/Census%202000%20SF3%20Demographic%20Profiles/State,%20MSA,%20Counties/Ingham%20County.pdf

Wilson, B. J., & Cantor, J. (1987). Reducing fear reactions to mass media: Effects of visual exposure and verbal explanation. In M. McLaughlin (Ed.), *Communication yearbook, 10* (pp. 553-573) Beverly Hills, CA: Sage.

Wilson, B. J., Hoffner, C., & Cantor, J. (1987). Children's perceptions of the effectiveness of techniques to reduce fear from mass media. *Journal of Applied Developmental Psychology,* 8, 39-52.

Wright, J. C., Kunkel, D., Pinon, M., & Huston, A. C. (1989). How children reacted to televised coverage of the space shuttle disaster. *Journal of Communication, 39*(2), 27-45.

Footnotes

[1] Discussion refers to any conversation about the events of the war or the child's feelings about the war. This category also includes parents' expression of their own values or position on the war to their child. Justification includes any mention of the reasons why the war is necessary. Alternatively, justification may entail the parent's explanation of how the war may affect the country or the world in the long run. Explanation of the distance of Iraq includes any reference to how far away the war is taking place and/or the corresponding reduction in immediate danger to the child.
Religious faith includes any use of religion or faith in a higher power as a way of comforting the child. Parents may use this strategy in terms of religious discussion, prayer, or participating in religious activities or ceremonies. Avoidance consists of evading thoughts about the war by distracting the child with another activity or by an effort not to discuss the war or watch news coverage of the war. This may include a parent's report of an attempt to keep things as normal as possible or to maintain a regular routine for their children. The vague safety reassurance strategy includes statements about the safety of the child that are devoid of any specific arguments or reasons why. This strategy is more vague than cognitive reasoning or explaining location in that it does not provide justification for why the child should not be afraid. Cognitive reasoning consists of any rational reason that is given for why the child should not be afraid. It includes specific arguments as to why the child is not in danger or should not worry unlike vague safety reassurance, which simply directs the child that they should not worry. Because explaining location was coded as its own unique category, parents' reports of location were not coded as cognitive reasoning in order to avoid overlap. In other words, cognitive reasoning consists of justification for why the child should not be afraid other than explaining the distance between the US and Iraq. Impending danger, includes any reference to the present or future threat that exists in a time of war. This may be in the form of discussing or rehearsing emergency plans. Alternatively, it may be a discussion with the child about the need to acknowledge the potential danger that lies ahead. Physical comfort includes any reference to general physical comfort provided by the parent such as hugging the child. Physical comfort may also include being near the child or sitting close to him/her while viewing the news.

Table 1

Types of Strategies Parents Used to Reduce their Child's Fear of War Coverage

Type of Strategy	% Reporting Use
Discussion	64%
Justification	20%
Location	12%
Faith	11%
Safety Reassurance	11%
Avoidance	8%
Cognitive Reasoning	7%
Physical Comfort	6%
Preparing for Danger	6%

Note: All analyses only include parents who reported using a coping strategy to alleviate their child's fear.

Table 2

Age-Related Differences in Parents' Use of Different Types of Coping Strategies

	Age Group		
Type of Strategy	5-8	9-12	13-17
Discussion*	46% $_{a}$	64% $_{ab}$	76% $_{b}$
Justification*	32% $_{a}$	23% $_{b}$	11% $_{b}$
Location	19%	13%	14%
Faith	16%	8%	9%
Safety Reassurance	14%	18%	4%
Avoidance	16%	8%	2%
Cognitive Reasoning	8%	10%	4%
Physical Comfort*	11% $_{a}$	0% $_{b}$	7% $_{ab}$
Preparing for Danger	3%	10%	6%

Note: All analyses only include parents who reported using a coping strategy to alleviate their child's fear.
Percentages with no letter in common in their subscript differ significantly at $p < .05$

Table 3

Percentage of Parents who Spontaneously Reported Coping Strategies by Age Group

	Age Group		
	5-8	9-12	13-17
Cognitive	$84\%_{a}$	$100\%_{b}$	$95\%_{ab}$
Non-cognitive	$30\%_{a}$	$10\%_{b}$	$9\%_{b}$

Note. Percentages with no letter in common in their subscript differ significantly at $p < .05$

Table 4

Mean use of Cognitive Coping Strategies by Age

	Age Group		
	5-8	9-12	13-17
Minimize [a]	1.43 (SD = 1.29)	1.56 (SD = 1.14)	1.26 (SD = 1.09)
Discuss [b]	2.16 (SD = 1.09)	2.41 (SD = .93)	2.31 (SD = 1.02)
No Control [c]	2.02 (SD = 1.12)	2.23 (SD = .99)	1.71 (SD = 1.26)
Assure safety [d]	2.03 (SD = 1.14)	1.88 (SD = 1.15)	1.64 (SD = 1.17)
Explain Distance [e]	1.98 $_a$ (SD = 1.29)	1.46 $_b$ (SD = 1.21)	.67 $_c$ (SD = 1.08)
Cognitive Sum	9.49 $_a$ (SD = 4.42)	9.51 $_a$ (SD = 3.41)	7.44 $_b$ (SD = 4.15)

Note. Means with no letter in common in their subscripts differ significantly at $p < .05$ using the Scheffé procedure.

[a] $F(2,152) = .92$, $p = .40$

[b]. $F(2, 152) = .71$, $p = .50$

[c]. $F(2, 152) = 2.78$, $p = .07$

[d]. $F(2, 152) = 1.52$, $p = .22$

[e] $F(2, 152) = 17.34$, $p < .01$

Table 5

Mean use of Non-Cognitive Coping Strategies by Age

	Age Group		
	5-8	9-12	13-17
Sit close [a]	1.91 (SD =1.29)	2.10 (SD = 1.18)	1.72 (SD = 1.05)
Restrict viewing [b]	2.17 (SD = 1.16)	1.27 (SD = 1.30)	.25 (SD = .66)
Distract [c]	1.50_{a} (SD = 1.19)	$.98_{bc}$ (SD = 1.28)	$.54_{c}$ (SD = .97)
Non-cognitive Sum	5.46_{a} (SD = 2.39)	4.33_{b} (SD = 2.79)	2.44_{c} (SD = 1.95)

Note. Means with no letter in common in their subscripts differ significantly at $p < .05$ using the Scheffé procedure.

[a] $F(2, 149)=1.46, p = .24$

[b] $F(2, 154) = .89, p = .81$

[c] $F(2, 152) = 11.03, p<.01$

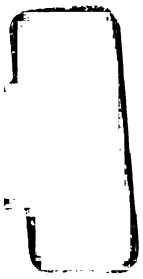

Table 6

Correlations Between Coping Strategies and Fear by age group

		Fear rate	Cognitive Sum	Non-cog sum
Age 5-8	Fear rate	1.00		
	Cognitive Sum	.56**	1.00	
	Non-cog Sum	.31*	.25	1.00
Age 9-12		Fear rate	Cognitive Sum	Non-cog sum
	Fear rate	1.00		
	Cognitive Sum	.36*	1.00	
	Non-cog Sum	.33*	.48**	1.00
Age 13-17		Fear rate	Cognitive Sum	Non-cog sum
	Fear rate	1.00		
	Cognitive sum	.36**	1.00	
	Non-Cog sum	.09	.62**	1.00

Note. *Indicates the correlation is significant at the .05 level (2-tailed); **Indicates the correlation is significant at the .01 level (2-tailed).

Table 7

Correlation between Cognitive Coping and Fear by Age group

	Age Group		
	5-8	9-12	13-17
Cognitive and fear rate	r = .56**	r = .36*	r = .36
Non-cog and fear rate	r = .31*	r = .33*	r = .09

Note. *Indicates the correlation is significant at the .05 level (2-tailed); **Indicates the correlation is significant at the .01 level (2-tailed).