

TV NEWS AND COPING

Parents' Use of Strategies for Reducing Children's News-Induced Fears

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Tragedy is commonplace on U.S. TV news (Johnson, 1996; Kunkel, 1994; Slatery & Hanaken, 1994). For example, Jon Benet's brutal murder, Laci Peterson and her unborn child's devastating deaths, and the loss of life surrounding the September 11 terrorist's attacks are but a few emotionally gripping stories that have inundated the airwaves in the recent past. 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 Magazines 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 TV news is geared toward adult viewers, many children watch it with some frequency. 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 1995. This translates to a viewing audience of nearly 500,000 children. More recently, Smith (1999) found that 32% of the 125

kindergarten through sixth 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' socioemotional development? Most of the research in this domain has focused on youngsters' reactions to catastrophic news events on the same scale as the Oklahoma City 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 TV 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; Walma van der Molen, Valkenburg, & Peeters, 2002). Despite what we know about the negative effects of viewing TV news, little research exists on how to help children cope with these news-induced fright reactions (Smith, Moyer, Boyson, & Suding, 2003). 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, 1980; Graziano, Mooney, Huber, & Ignasiak, 1979). Recently, the Iraq War offered an ideal context in which to assess parents' coping strategies.

Internationally, the conflict between the United States and the Middle East dominated the news media for months prior to the event. The nature of the coverage was such that it was nearly unavoidable on both broadcast and cable news 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 (Aday, Livingston, & Hebert, 2005). 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 coverage, advice on how to help children cope with their fears abounded online. In a nonsystematic search, recommendations to parents, caregivers, and educators were found on Web sites 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. Although these prescriptions to quell children's fears were informative, they were often overly vague or general in nature. For

example, they suggested stress-related symptoms to watch for in children, making sure to deal with one's own stress, remaining calm while talking with the child, and limiting the child's exposure to TV coverage of news events. To illustrate, the National Association of School Psychologists (2003) instructs adults to "discuss events in age-appropriate terms . . . sharing only information that is appropriate for their age and developmental level" (p. 2).

Guidelines such as these may make it difficult for parents to determine 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 he or she really is. Suggestions for parents need to be more detailed, providing specific information about age-related differences in children's interpretations of and fright responses to TV news. 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.

The war in Iraq offered us a unique opportunity to do just that. Given the stress on caregivers' use of age-appropriate strategies in the popular press, this chapter examines 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, provide a framework for the present inquiry.

Previous Coping Research

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 (Altschuler & 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 are reviewed next.

General Coping Literature. In the general literature on anxiety and stress, several different typologies of coping strategies are 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 a problem. For example, a child may confront a bully in an effort to get the browbeater to leave him or her alone. In contrast, 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) 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. 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 selected.

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 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 one looks at a threat, it is more cognitively complex, and therefore difficult for many 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. Although 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 employ to reduce fear when the threat is not occurring in their immediate environment, but rather vicariously on TV.

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 noncognitive 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"). Noncognitive strategies, 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 noncognitive 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 first be able to comprehend the message. Next, the child must be able to store the message in memory 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 skills may pose a problem for the younger child, which is explained later.

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

Beyond comprehension of the verbal message, children must draw an inference from the cognitive strategy and apply it to the current fear-inducing situation (Cantor & Wilson, 1988). For example, a parent may tell his or her child not to worry about the war in Iraq because it is occurring far away. Even if the child identifies that Iraq is a geographically distant country, she or he must be able to integrate that information into her or his own worldview and infer that the distance between Iraq and the United States reduces her or his risk of personal injury. Research reveals 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, young children may have considerable difficulty not only comprehending but also inferring the threat of harm or lack thereof from different types of verbal content on the news.

After interpreting the cognitive strategy, children must then commit the information to memory to retrieve and apply it as fear persists. Studies have found that younger children are less adept than their older counterparts at storage and retrieval of information from memory (Brown, Bransford, Ferrara, & Campione, 1983; Dempster, 1978). Even if a young child comprehends the information, he or she is less likely to recall and apply it accurately 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 tactic while 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. This is due to TV'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 noncognitive 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 noncognitive strategies such as diversion or comfort. Older children, in contrast, may still be able to focus on their fear while participating in such noncognitive activities. Hence, noncognitive 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 noncognitive strategies at reducing media-induced fear among 3- to 10-year-olds. Results indicate that three of the five strategies tested followed the expected developmental trends. The findings support the idea that cognitive strategies increase in perceived fear-reducing efficacy with age, whereas the effectiveness of noncognitive approaches decreases with age. Similar results were found in a replication by another researcher (Spirek, 1993).

These findings are supportive of the cognitive versus noncognitive categorizations. However, a different scheme may be needed for coping with real, news-induced fears. Unlike fantasy programming, news coverage of fright-inducing events cannot be easily dismissed as just TV. As such, 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. This is especially relevant for older children and adolescents who fully understand the realistic nature of

news programming and can distinguish it from fantasy programming. Past research suggests that, with age, children begin to respond more fearfully to realistic dangers in the media than to depictions of fantasy threats (e.g., Cantor, 2001). This shift in fear-inducing depictions stems from children's ability, with age, to appreciate the difference between reality and fantasy (Morison & Gardner, 1978).

The purpose of the present study is to apply the cognitive versus noncognitive scheme to children's TV news-induced fears. The study also expands these two coping categories to determine what specific strategies parents are using with younger (5- to 8-year-olds) as well as older children (9- to 12-year-olds). These age categories are designed to not only coincide with developmental differences in children's use of coping strategies but also their cognitive processing of TV news (Smith & Wilson, 2000; Smith et al., 2002). In particular, according to Piaget's theory of cognitive development, younger children have difficulty comprehending abstract, verbally depicted threats prevalent in news programming, and have difficulty conceptualizing the realistic nature of events in the news. As they move into the concrete operational stage, older children begin to master these and other cognitive skills, changing their perceptions and understanding of news media and threats depicted therein (Flavell, 1963; Morison & Gardner, 1978).

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

H1: Parents of 9- to 12-year-olds will report using cognitive strategies more frequently than will parents of 5- to 8-year-olds.

However, we 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 more reticent to discuss aspects of the war and the likelihood of danger associated with international conflict. Thus, we anticipated that parents of younger children would rely on much simpler noncognitive strategies than would parents of older children for reducing fear. Thus, the second hypothesis advanced:

H2: Parents of 5- to 8-year-olds will report using noncognitive strategies more frequently than will parents of 9- to 12-year-olds.

METHOD

Participants

Ninety-four parents (27 males, 67 females) of 5- to 12-year-old children (46 boys, 48 girls) are included in the present study. This group represents a subset of a larger sample including parents of 5- to 17-year-old children. The sample of parents was divided into two groups based on 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, 22 girls) and 49 parents reported on a child between 9 and 12 years old ($M = 10.6$, $SD = 1.1$; 23 boys, 26 girls). Of those parents who participated, 88.3% were White, 5.3% were Hispanic, 3.2% were Black, and 3.2% were other ethnicities. The median reported household income was between \$50,000 and \$60,000.

Sampling Procedure

Participants were randomly selected from the most recent telephone directory (July 2002) distributed in Ingham county, a county located in the state of Michigan with a population of 279,320 (U.S. Census Report, 2000). Within this county is the state capital, a major state university, as well as several major industrial firms, making manufacturing, government, and education major sources of employment (General Economic Information, 2005). In the last U.S. presidential election, Ingham County was 1 of 15 of Michigan's 83 counties that favored the democratic candidate (57.8%) compared with 41.1% supporting Bush (Michigan Secretary of State, 2005).

To draw a systematic sample of Ingham county parents, 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. Because this response rate is low, in comparison with previous parent phone surveys (Cantor et al., 1993, response rate = 69%; Smith et al., 2002, response rate = 64%), several steps were taken 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% were 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, compared with between \$50,000 and \$60,000 in the present study. Clearly, the census statistics are 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 that in the Smith et al. (2002) survey of parents of 5- to 17-year-olds in Ingham County, Michigan (64% response rate). The demographic variables in the present study closely matched this previous sample as well. These similarities suggest that the sample is reasonably representative of the community as a whole.

On 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 who had the most recent birthday when answering all the survey questions.

Measures

The questions used in the present analysis were part of a larger survey containing 52 questions that measured children's perceptions of the news coverage of the war in Iraq (Smith & Moyer-Gusé, in press). 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 are reported here.

Coping Strategies

To measure coping strategies, parents were 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 were coded in their entirety in two specific ways.

First, parents' responses were coded for the presence or absence of cognitive and noncognitive coping strategies. Relying on the Wilson et al. (1987) definitions, *cognitive strategies* are those that require that the child "under-

stand a new interpretation of the fear stimulus as unreal or non-threatening and apply this new conceptualization" (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." *Noncognitive 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 *noncognitive*. Two independent coders evaluated all of the responses, and disagreements were resolved through discussion. Using Scott's (1955) κ , intercoder reliability was 92% for cognitive coping and 97% for noncognitive coping.

Second, and after all of the responses to this question were examined, an exhaustive coding scheme was developed. The goal of this typology was to explore what strategies parents used that may or may not fit neatly into the cognitive and noncognitive categories used in previous research.

RESULTS

Analysis Plan

All nominal-level data were assessed using log-linear analyses. This method is analogous to analysis of variance (ANOVA) for detecting significant effects when using dichotomous data (Marascuilo & Levin, 1983). Each analysis blocked by age group (5- to 8-year-olds vs. 9- to 12-year olds) and gender of child.

Cognitive versus Noncognitive Coding. 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, $G^2(N = 76) = 9.16, p < .01$. Consistent with our expectations, a higher proportion of parents of 9- to 12-year-olds reported using a cognitive strategy (100%) than did parents of 5- to 8-year-olds (84%; see Table 13.1).

Hypothesis 2 predicted that parents of 5- to 8-year-olds would report using noncognitive 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, $G^2(N = 76) = 4.64, p < .05$. As expected, a higher proportion of parents of 5- to 8-year-olds reported using a noncognitive strategy (30%) than did parents of 9- to 12-year-olds (10%; see Table 13.1).

TABLE 13.1
Age-Related Differences in Parents' Use of Cognitive
and Noncognitive Coping Strategies

STRATEGY	AGE GROUP	
	5-8	9-12
Cognitive*	84%	100%
Noncognitive*	30%	10%

* $p < .05$.

Exhaustive Typology. After all of the responses to this question were examined, an exhaustive coding scheme was developed. Nine different strategies emerged across all the responses. The first, and most prevalent, response was discussion. *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. Examples include "talked about the war," "talked about it in simple terms," and "answered questions as best we could." The second most frequently reported category was justification, which includes any mention of the reasons that the war is necessary. Alternatively, justification may entail the parent's explanation of how the war may benefit the country or the world over time. Instances of this category include, "explained why they are fighting" and "they're fighting to keep us safe." The third strategy was location. This strategy includes any reference to how far away the war is taking place and/or the corresponding reduction in immediate danger to the child. To illustrate, parents said, "we pulled out the globe, distance" and "it's over there not here," or "we live in Michigan, we won't be affected."

The fourth strategy was vague safety reassurance, including statements about the safety of the child that are devoid of any specific arguments or reasons why. Examples include "Everything will be okay" and "Mom and dad will keep you safe." Fifth, religious faith, or the belief in a higher power, was used as a way to comfort the child. Parents may use this strategy in terms of religious discussion, prayer, or participating in religious activities or ceremonies (i.e., "prayed about it" and "went to vigil services"). The sixth strategy was avoidance, which involved attempting to evade a child's thoughts about the war by distracting him or her with another activity, reluctance in discussing the war, and/or keeping TV news coverage of the war off (i.e., "tried not to talk about it" and "turned off the TV"). This category also included parents' reports of attempting to keep things as normal as possible or maintaining a regular routine for their children.

The seventh strategy was cognitive reasoning. 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 (i.e., "explaining how Michigan would follow safety procedure in the case of war"). The eighth strategy was preparing for danger or references 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 (i.e., "talked as a family about our own emergency plan"). Alternatively, it may be a discussion with the child about the need to acknowledge the potential danger that lies ahead such as "explaining the level of danger." Finally, 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 or her while viewing the news (i.e., "lots of hugs," "extra affection," "watch news together," and "hugging, holding the child").

Because parents could mention 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 (1955) κ the intercoder reliability for the nine categories was 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). Because of the low intercoder reliability on the discussion category, analyses involving this coping strategy should be interpreted with caution.

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

As noted in Table 13.2, the most commonly reported comforting effort was discussion. A full 55% of the parents surveyed spontaneously mentioned 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 (28%), location (16%), and safety reassurance (16%). 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, discussion, avoidance, justification, or preparing for danger (see Table 13.2).

However, a log-linear analysis revealed a significant effect in the use of physical comfort by age group, $G^2(N = 76) = 5.96, p < .05$. Parents of 5- to 8-year-olds reported using physical comforting strategies significantly more (11%) than did parents of 9- to 12-year-olds (0%).

TABLE 13.2
Age-Related Differences in Parents' Use of Different Types
of Coping Strategies

TYPE OF STRATEGY	AGE GROUP		
	5-8	9-12	Total
Discussion	46% (17)	64% (25)	55% (42)
Justification	32% (12)	23% (9)	28% (21)
Location	19% (7)	13% (5)	16% (12)
Safety reassurance	14% (5)	18% (7)	16% (12)
Faith	16% (6)	8% (3)	12% (9)
Avoidance	16% (6)	8% (3)	12% (9)
Cognitive reasoning	8% (3)	10% (4)	9% (7)
Preparing for danger	3% (1)	10% (4)	7% (5)
Physical comfort*	11% (4)	0% (0)	5% (5)

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

* $p < .05$.

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. Based on a random sample of parents from Ingham County, Michigan, some support was found for the predicted developmental differences in comforting strategies. It must be noted, however, that parents of both younger and older children showed an overwhelming tendency to use cognitive strategies.

In terms of specific predictions, 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. The data were consistent with this developmental prediction. In fact, 100% of the parents of older children who reported using a comfort strategy indicated that they relied on cognitive rationales to reduce their child's war-generated fears.

Such findings are important for two reasons. First, parents are evoking strategies that research has shown reduce older children's fear responses to TV (see Cantor & Wilson, 1988). Thus, the findings offer preliminary evidence that the use of such tactics may be extended to news-induced fears as well. Clearly, more research is needed on older children's reactions to normative news events to see whether such strategies are equally effective with everyday dangers and threats (i.e., crime, violence).

Second, the findings suggest that parents are in fact still discussing media events with children in late elementary school. Studies show that as children mature, parents become less informed about their youngster's patterns of exposure to different types of content as well as their media-precipitated fears (Cantor & Reilly, 1982). The results from this study show that parents can still play a large role in possibly reducing the negative effects of exposure to TV news in older children's lives.

Although these findings are promising for older children, the results also suggest a potentially problematic pattern for younger children. A full 84% of the parents with 5- to 8-year-olds who used a comfort tactic relied heavily on cognitive strategies to calm their youngsters' 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. It could certainly be argued that using cognitive strategies with younger children, in addition to noncognitive strategies, may be a useful way to teach young children and begin to socialize them into this type of coping. However, the data in this study reveal that most parents of younger children were not using cognitive strategies to supplement noncognitive coping tactics, but rather were relying exclusively on cognitive strategies to reduce their younger children's fears.

Interestingly, a similar trend has recently been observed with teachers. Smith, Moyer, Boyson, and Suding (2003) examined kindergarten 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 reliance on cognitive strategies may be especially problematic given that 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 many parents are using strategies that are far too cognitively advanced for their child's level of development, whereas only a minority of parents are also using noncognitive coping strategies. 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. In addition, parents may need more information about how to help themselves cope with such events in order to better provide guidance for their children. 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 noncognitive 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. To more systematically assess the current advice available for parents, a content analysis could be undertaken to examine the existing Web sites 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 Web sites accuracy and utility for parents.

The second hypothesis predicted that parents of 5- to 8-year-olds would report using noncognitive strategies more often than would parents of 9- to 12-year-old children. This hypothesis was also supported by the data. In terms of the typology, parents of younger children were more likely to spontaneously mention physical comfort as a coping strategy than were parents of older children. When we coded the open-ended responses for specific mentions of noncognitive strategies, a similar pattern emerged as well.

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 younger children who reported using a coping strategy relied on noncognitive tactics. Thus, the actual number of parents employing such an age-sensitive approach is actually quite small.

Strengths and Weaknesses

There are a few strengths and weaknesses associated with the present study. First, the findings extend 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 use to reduce their children's TV news-induced fears. 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 specific coping strategies they are selecting.

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 (Smith et al., 2002; U.S. Census Report, 2000). 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).

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 midwestern United States may not reflect the way that parents in other areas of the country interacted 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 differently than did those in Ingham County, Michigan. Future studies may want to use nationwide probability samples in an effort to increase the generalizability of the findings.

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 than they actually did.

Considering all of these strengths and limitations, 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 TV 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. At the same time, it is also possible that parents have learned from past experience which strategies work with their own children. Parents who are aware of the emotional development and cognitive needs of their own unique child may rely on effective strategies that they have used in the past.

An important next step is to examine the effectiveness of cognitive versus noncognitive 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 they perceive to be most effective. To further explore the effectiveness of various coping strategies, future studies can experimentally manipulate strategy type (cognitive vs. noncognitive) to allow for clear determinations about the nature of the relationship between age-inappropriate coping strategies and fear. Alternatively, observational studies could be conducted to examine the coping strategies actually used by parents while viewing news programming in their own viewing environments. Although this method would be difficult to achieve, it would certainly be a useful way to see the selection and application of various coping strategies in the real world.

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