

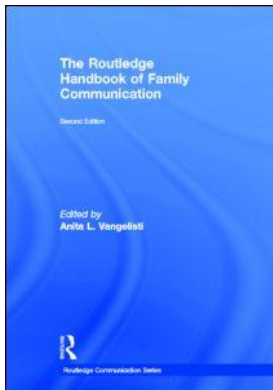
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Parent and Sibling Interactions During Middle Childhood

Laura Stafford

Only recently has middle childhood garnered serious research attention, as children's early experiences were once thought to be the driving, and even immutable, force behind adult development and behavior. An emphasis on the influence of early childhood left little room for interest in family interaction beyond the first few years (Goodnow, 2006). Over the past few decades this view has been substantively challenged. In 1984, a landmark report concluded that the experiences of middle childhood played a more critical predictive role in later adolescence and adulthood than did those of early childhood (Collins, 1984). In summarizing a more recent longitudinal series of studies Huston and Ripke (2006) reached a similar conclusion: "Although the preschool years establish the base for future development, experiences in middle childhood can sustain, magnify, or reverse the advantages or disadvantages that children acquire in the preschool years" (p. 2).

It is now accepted that middle childhood experiences are of consequence. One type of such middle childhood experience, interaction with parents and siblings, is the focus here. Attention is given to the role parenting, coparenting, parental differential treatment to siblings, and to the role sibling relationships appear to play in school age children's immediate assets (i.e., social competencies) and engagement in risky behaviors. Social competencies are of concern due to their associations with peer competencies and hence appropriate socialization. Risky behaviors are deemed significant for the immediate health and well-being of the child.

Middle childhood, often referred to as "school age," is generally considered as approximately five to 12 years of age. The beginning is marked by the entry into formal education, around age five in most Western societies. Thirteen is considered to be the entry point into adolescence and thus the end of middle childhood. The ultimate goal during this period is the appropriate socialization of the child into adolescence and adulthood. Though family structures and forms vary greatly, when children are involved the family is charged with the function of socialization (Lerner & Spainer, 1978). Once considered the task of the mother, increasingly socialization is recognized as occurring within a family system (Bowen, 1978). Attention has turned to parenting by both parents, the interaction between parents, and the influence of siblings.

Of course, what counts as appropriate socialization varies considerably by culture and time (Goode & Jones, 2008). Even within the U.S.A., during the past century cultural

emphasis has shifted away from compliance and obedience of the school age child (Smith, 1999) to social competencies (Peterson & Hann, 1999). These social skills should manifest in peer proficiency and academic achievement (Sroufe, Egeland, Carlson, & Collins, 2005). It is during middle childhood that children must demonstrate the ability to navigate school achievement and peer relationships in order to successfully transition into adolescence and adulthood (DeFries, Plomin, & Fulker, 1994). The domains generally prioritized as the tasks of middle childhood, not surprisingly, mirror those prioritized by current Western society as appropriate adult socialization: relational and occupational success.

Though both academic and peer success are considered developmental tasks of this age, greater attention to peer success is granted here. Even so, it should be noted that peer relationships and academic achievement are inter-related and both are associated with immediate health and well-being of the child. Children who fare well in school have fewer behavioral problems in the short run and higher life satisfaction and more successful relationships in the long run (Durlak, 2001).

Social Competencies

“Peer competence ... refers to the ability of children to maintain positive relationships with others over time and successfully achieve personal goals in different social situations” (Wong, Diener, & Isabella, 2008, p. 176). Early research concentrated on rejection by peers and the association between rejection by peers and later adulthood problems is well documented (Bagwell, Schmidt, Newcomb, & Bukowski, 2001).

Recently, multiple longitudinal studies (some over 40 years) emphasize the value of peer acceptance. Harmonious peer relationships are predictive of higher rates of retention and advancement at work, more satisfying romantic relationships, and a lower incidence of relational violence (Collins & van Dulmen, 2006). Peer competencies are also coupled with adult occupational success (Masten, Desjardins, McCormick, Kuo, & Long, 2010). In addition to long-term correlates, peer acceptance or rejection is related to a host of more proximal correlates such as emotional and behavioral problems, school drop out, and substance abuse (Goodnow, 2006).

Neither peer competence nor academic success can be achieved without underlying social or communicative competencies. However, such competencies were not of concern in early work. Hopper (1971) noted that considerable research had been devoted to language development, but scarce attention had been given to the development of communication competencies or to the ways children learn to interact in social situations. The Speech Communication Association (now known as the National Communication Association) came to share this view issuing a report on the development of children’s communication skills (Allen & Brown, 1976). Though work on language development continues to overshadow that on communication development, a sizable body of research on child communication competencies has been generated. Three global categories of communication competencies seem to be particularly relevant to peer relationships. These include the provision of emotional support, the management of conflict, and the use of display rules.

“The capacity to provide emotional support is a central component of the child’s social competence” (Burlson & Kunkel, 2002, p. 81). Indeed growing evidence reveals that children who skillfully provide emotional support and comfort are better liked and accepted (Clark, MacGeorge, & Robinson, 2008) and fare better academically (Burlson

& Kunkel, 2002) than those less skilled. The provision of emotional support includes comforting, expressing sympathy, advising, helping, and sharing (Clark et al., 2008).

Similarly, children who are able to engage in amicable conflict resolution are more likely to be accepted by others (Kupersmidt & Dodge, 2004) and to achieve academic success (Westby, 1998). Alternatively, aggression and coercion as conflict strategies are associated with rejection and peer difficulties (Rubin, Bukowski, & Parker, 1998). Despite such findings, it is probable that no one specific strategy is uniformly better or worse. Rather, social competence may entail the use of the appropriate strategy for a particular conflict with a particular person (Joshi, 2008). The socially skilled child knows when “anti-social” strategies might be effectively employed.

Finally, display rules have been defined as “socially appropriate emotional responses to a given situation” (McDowell & Parke, 2000, p. 415). These involve proper emotional expression and management of aggression. Both physical and social aggression and the inappropriate use of display rules in middle childhood have been linked to low school achievement and difficulty with peer relationships (Underwood, Beron, & Rosen, 2009).

Of course social competencies, peer acceptance, and the engagement in deviant or risky behaviors cannot be separated. Acceptance by all peers is not necessarily positive. Clearly, inclusion in the wrong peer group (e.g., gangs) can hold sway on engagement in risky behaviors. Also, involvement in gangs in early adolescence is potentially precipitated through the exclusion or rejection by other perhaps more socially acceptable peers during middle childhood (Dishion, Nelson, & Yasui, 2005) and this exclusion may well be traced back to a dearth of social competencies.

Though most attention has been given to the accomplishments of peer acceptance and its requisite social competencies, and to some extent academic achievement, growing attention is being paid to the function family interaction serves in the immediate health and well-being of the child, such as the engagement in high risk behaviors such as drug abuse, early sexual activity, smoking, or criminal activity.

Parenting

The general principle that parents influence the socialization of children is virtually universally accepted (Cummings, Davies, & Campbell, 2000; Maccoby, 1992). Despite the growing and diverse number of theories of family interaction (see Caughlin, Koerner, Schrodt, & Fitzpatrick, 2011) across disciplines, scholars have largely agreed on two major dimensions of parenting associated with socialization: control and warmth. In addition, given concern with risky behaviors such as smoking, drug use and the like, research has begun to accumulate on parental targeted talk to children about such behaviors.

Parenting as warmth is the demonstration of acceptance, emotional availability, and sensitivity. Parenting as control is the management of a child’s behaviors (Cummings et al., 2000). Positive parenting as control includes clearly setting rules, consistent enforcement of those rules, monitoring and supervision, consideration of the child’s viewpoint, and discipline through induction and reasoning.

The two dimensions of warmth and control form the basis of Baumrind’s (1971) well-known parenting styles wherein the authoritative style (appropriate levels of expression of parental warmth or acceptance, clear boundaries, expressions of support, and appropriate exertion of control) is considered optimal (Hillaker, Brophy-Herb, Villarruel, & Haas, 2008). Indeed, inappropriate or inconsistent control or warmth has been linked

not only to deficits in social communication competencies and the ability to form successful peer relationships but also with child delinquency, externalizing behaviors, eating disorders, and self-esteem issues (Kjobli & Hagen, 2009; Segrin, 2006; Underwood et al., 2009).

Though not always labeled as such, much family communication can be subsumed under the global categories of control and warmth going back at least until Symonds (1939). Further, many prominent approaches to the study of family interaction are akin to or extensions of these fundamental concepts. For example, Fitzpatrick and colleagues' (e.g., Fitzpatrick & Ritchie, 1994; Koerner & Fitzpatrick, 2006) work on family communication patterns directly builds on these ideas. In discussing the school age child's environment they note: "Family communication environments vary in their levels of restrictiveness and permissiveness as well as in their levels of warmth and openness" (Fitzpatrick & Marshall, 1996, p. 380). Within this program of study, interactions are conceptualized as involving conformity orientations (the degree of use of parental power in guiding conversations) and conversation orientations (the degree of warmth encouragement of the child to be expressive and contributive) and are built around the ideas of control and warmth or demandingness and responsiveness.

The notions of warmth and control are also evident in Olson's much investigated circumplex model (e.g., Olson, Russell, & Sprenkle, 1989). The two primary dimensions of this model are flexibility and cohesion. Flexibility involves the control in terms of the adaptation of rules, roles, and power structures. Cohesion refers to the emotional bonding or closeness of the family members and thus is akin to warmth. A third dimension of the circumplex model is communication. Optimal communication in this model involves attentiveness and empathy which can also be related to warmth.

Parents facilitate (or inhibit) social competencies not only through their direct interaction with their children. Parents also are consequential for the development of competencies through the provision of opportunities for children. Children whose parents provide appropriate opportunities seem to be more accepted by their peers (McDowell & Parke, 2009). For example, school age children who participate in organized activities outside of school (e.g., sports teams or school clubs) have been found to have higher social skills than those who do not. Of course children who participate may initially have higher social skills (Howie, Lukacs, Pastor, Reuben, & Mendola, 2010). Provision of appropriate opportunities brings with it the risk of exposure to undesired ones. As part and parcel of socialization, parents serve as gate-keepers and monitors of children's use of unstructured time.

An interaction opportunity warranting parental gate-keeping even within the home is the school age child's use of communication technologies such as the Internet and mobile phone. ICTs are now simply inherent in the larger role of parenting (Shepherd, Arnold, & Gibbs, 2006). Receiving a mobile phone is a rite of passage and the age at which a child receives a mobile phone continues to decline (Nurullah, 2009). Access to such technologies can provide opportunities for the development of social competencies as peer relationships are increasingly conducted online and via mobile phone.

Some investigations connect child engagement in emailing, chatting, and messaging to less loneliness and high quality friendships. Alternatively, intensive playing of online games or simply surfing has been connected to lower social competencies. Of course cause and effect are not known; those with good peer skills may more easily engage in online communicative activities with peers and those without such skills might be more

inclined to engage in individual gaming and surfing (Punamäki, Wallenius, Hölttö, Nygård, & Rimpelä, 2009).

Parents are differentially knowledgeable or skilled in providing guidance in their children's use of multiple technologies (Berson, Wang, Jaruszewicz, Hartle, & Rosen, 2010). Yet even those with knowledge are differentially involved in setting boundaries. Parental warmth and control are related to the way in which children use the Internet (Valcke, Bonte, Wever, & Rots, 2010). Permissive parenting can increase exposure to risks (e.g., cyber-bullying or exploitation). Authoritarian parenting can squelch a child's use of technology for both peer and educational functions. (See Jennings and Wartella, Chapter 27, this volume, for a discussion of communication technology and the family).

Parental warmth and control during middle childhood are relevant to the immediate health and well-being of the child. When it comes to the engagement in risky and unhealthy behaviors, peers are often thought to have more authority in the middle school years, but some propose that parental input has been underestimated. At least in some domains, such as substance abuse, parents are likely to be more powerful than peers during middle childhood (Kelly, Comello, & Edwards, 2004). Harsh parenting in terms of verbal attacks, physical discipline, and especially physical and sexual abuse increase the likelihood of substance abuse, whereas discipline through discussion and reasoning seems to act in a preventative manner (Dodge, Malone, Lansford, Miller-Johnson, Pettit, & Bates, 2006).

In addition to examining global parental styles and unhealthy behaviors, talking directly about such behaviors merits attention. Most examinations are concerned simply with frequency of talk or whether or not parents are open or willing to talk with children. Mere frequency or openness may not be an effective disincentive (Miller-Day & Kam, 2010). Rather, the enactment of targeted communication is advocated. Targeted communication includes warnings, providing advice in regard to peer pressure, setting rules, and even relaying personal stories with the direct intent of deterrence. An effect for parental target talk on predicting intentions of both drug use and alcohol use, as well as delaying the onset of sexual activity have been found (Miller-Day, 2008; Miller-Day & Kam, 2010; O'Donnell, Wilson-Simmons, Dash, Jeanbaptiste, Myint, Moss, & Stueve, 2007).

Despite a cultural emphasis on talking to children about such issues, and parental beliefs that they should, many parents do not (Wilson, Dalberth, Koo, & Gard, 2010). The likelihood of engaging in targeted talk seems to be somewhat contingent on the family environment and warm relationships between parents and children (Miller-Day, 2008; Wilson et al., 2010). Other factors predictive of targeted talk often include the parent's own comfort level, experience or knowledge of the topic, perceptions that children are too young, or doubts about the efficacy of such talk (Deblinger, Thakkar-Kolar, Berry, & Schroeder, 2010; Wilson et al., 2010).

Coparenting

Interactions between some family members impact (or spill over) to the relationships between other family members (Belsky, 1984). In theory, the quality of parental interaction affects the child as this interaction is argued to influence individual parenting practices and therefore child behavior. Coparenting, in particular, has received significant attention. (See Beaton, Doherty, & Wenger, Chapter 14, this volume).

Coparenting was first considered as occurring between divorced individuals who attempted to continue joint parenting (see Ahrons, 1981). Such joint effort between

ex-spouses was considered dysfunctional and clearly not in the best interest of the child by most family therapists well into the 1980s (Ahrns, 2007). However, since that time, it has been recognized that positive coparenting relationships between caregivers regardless of marital or residential status is important for children. Coparenting can be thought of as interactions that occur between the child's caregivers in regard to parenting regardless of marital status. Coparenting consists of many aspects including division of child care, engagement in day-to-day lives of children, as well as the degree to which parents endorse or undermine each other's parenting practices. This concept has also been applied in the context of step-parent–parent relationships. Conceivably, the concept of coparenting could extend to other caregiver relationships (e.g., when a grandparent and parent share primary child care responsibilities).

With a school age child, spillover effects of coparenting might emerge either in positive domains such as collaboration and cooperation, or negative ones such as hostility and conflict (Kjobli & Hagen, 2009). More research has examined negative aspects than positive. There is abundant evidence that difficult parental interactions are related to problematic parenting practices, and resultant problematic child outcomes. This seems to be especially the case in regard to overt and negative conflict. Parental conflict may be physically and mentally exhausting, generating negative emotions (e.g., anger) in a parent (Kjobli & Hagen, 2009) which in turn elicits harsh, unsupportive, and inconsistent parenting. It is also plausible that poor coparenting may decrease relational satisfaction or increase conflict, which both reciprocally feed back into problematic parenting practices and in turn increases the possibility of problematic child behavior resulting in strained parenting practices (Morrill, Hines, Mahmood, & Cordova, 2010).

Less study has considered whether collaborative positive parenting acts in the same manner (Segrin, 2006). However, evidence is beginning to accumulate in support of the idea that positive coparental interaction promotes positive parent–child interactions (Doohan, Carrere, Siler, & Beardslee, 2009). The same reciprocal effects may be found; parents who are collaborative tend to use more effective parenting resulting in cooperative children and consequently do not engage in a negative bidirectional cycle between child behavior and coparenting but rather a positive one.

Parental Differential Treatment

The majority of investigations of parenting only considers one child. Parenting often occurs simultaneously with two or more children. Though in the U.S.A., strong cultural norms have long existed against demonstrating a preference for one offspring or another (McHale, Updegraff, Jackson-Newsom, Tucker, & Crouter, 2000; Parsons, 1974), such a sentiment, its enactment by parents and perceptions of parental preferential treatment by children are not uncommon. It should be noted however, that differential treatment is not necessarily preferential treatment, though some research considers the two synonymously and have assumed that differential treatment is almost inherently preferential, or at least perceived by children as such.

Like other research on parenting, study of parental differential treatment has focused on the two global areas of control and parental responsiveness or warmth. Numerous studies have offered some support to the premise that preferential treatment is associated with poorer individual adjustment as well as poor relationships between siblings (Atzaba-Poria & Pike, 2008; McHale et al., 2000). The least favored child is more likely to exhibit lower feelings of self-worth and self-esteem, more depression, higher levels of aggression,

and problematic externalization behaviors (Suitor, Sechrist, Plikuhn, Pardo, & Pillemer, 2008). Evidence is less conclusive about the effects of being the favored child. However, the bulk of the evidence suggests that parental preferential treatment is a problematic issue for all siblings. The most consistent set of findings is that inequitable treatment is negatively associated with the quality of siblings' relationships with each other (Suitor et al., 2008).

Children's perceptions of differing parenting are not always negative. Siblings might recognize parental differences, yet see such treatment as fair and reasonable rather than preferential. School age children's perceptions of the fairness of differential treatment between themselves and their adolescent siblings is more predictive of their own adjustment and their relationship with their siblings than the perception of mere differential treatment per se (McHale et al., 2000). Differential parenting can and often is appropriate parenting when parents are responsive to individual differences in children, and siblings may be aware of this (Kowal & Kramer, 1997). It is preferential treatment, or children's perception of such, that is of concern.

Some scholars examine potential causes of parental differential and preferential treatment rather than the outcomes of such treatment. Much speculation is offered that different parenting towards different children is largely determined by the children. Perhaps parents respond to genetic differences, differences in children's personalities and actions, or the child's health (Suitor et al., 2008). Differential treatment of siblings may also occur based on the age of child, the age gap between children, and differing relationships among siblings (Suitor et al., 2008; Turkheimer & Waldron, 2000).

Differential parenting practices may be predicted by factors other than the child as well. Levels of marital satisfaction appear to be associated with differential treatment of siblings (Atzaba-Poria & Pike, 2008). Favoritism has often been found to be more prevalent when parents are having marital problems or when they are experiencing more stress (Suitor et al., 2008). Less uniform parenting is also more likely in chaotic households (Kretschmer & Pike, 2009).

Siblings

Though parents are charged with socialization, siblings' relationships also play a substantial role in this socialization (Jenkins & Dunn, 2009). During middle childhood, children generally spend more time with their siblings than with their parents. Children often develop bonds with siblings prior to other peers, and sibling relationships are formed well before romantic ones. Siblings sometimes reside together in the absence of one or both parents, and siblings typically outlive their parents. As a consequence, a sibling relationship is often one's longest lasting relationship throughout life.

Siblings may be warm, affectionate, and collaborative, or quarrelsome, jealous, and aggressive, or experience conflicted feelings about each other. The sibling relationship is complex and varies tremendously across sibling pairs even in the same household (Jenkins & Dunn, 2009). For example, when they are younger, a greater power and knowledge difference is often evident, yielding an asymmetrical relationship in some ways similar to a parent-child relationship. A school age child may care for younger siblings and provide guidance in instrumental tasks. The same child might turn to older siblings as confidants, resources, or mediators with parents. As children become older, they move closer and closer to peer-like relationships of relatively equal power.

Sibling relationships are connected to children's adjustment (Brody, 1998). Like parental relationships, more attention has been given to sibling conflict or hostility and potential

problematic behavior than to the potential for sibling relationships to be associated with prosocial behavior. Sibling conflict during middle childhood has been related to depression, anxiety, and delinquency even after controlling for individual parent–child relationships and quality of marital relationships (Stocker, Burwell, & Briggs 2002). Sibling conflict can give rise to behavioral issues and social skills deficits (Kim, McHale, Crouter, & Osgood, 2007). Yet, some associations between sibling conflict and child problems have been shown to be quite small, indicating that conflict among siblings may be normative.

A certain amount of sibling rivalry and conflict might not only be normative, but might be promotive of social competencies. School age children with one or more siblings have been found to have better social skills than only children (Downey & Condrón, 2004). Only children have been found to be less liked by peers and more likely to be victimized by peers in middle childhood, indicating that siblings provide opportunities to develop social skills as well as experience in conflict management (Kitzman, Cohen, & Lockwood, 2002).

Though less research on warm sibling relationships has been conducted than on conflictual ones, and some investigations suggest the possibility the mere presence of a sibling tends to promote social competencies, some work specifically addresses positive relationships. Warm relationships among siblings appear to be more predictive of individual outcomes and positive adjustment than difficult ones (Pike, Coldwell, & Dunn, 2005). Further, cooperative and friendly play among siblings seems to be associated with social skills in peer interactions (Downey & Condrón, 2004). Siblings can also provide social support for one another as well as model and reinforce desired social behaviors (Kim et al., 2007).

The relationship between siblings appears to be related to the effectiveness of parental conflict intervention. When school age siblings have a warm relationship and parents have modeled positive conflict management in triadic play with school age children, children are likely to invoke those same techniques in dyadic play. However, when siblings have less warm relationships, they are less likely to invoke those positive techniques in the parent's absence (Recchia & Howe, 2009).

Though a warm relationship between siblings is generally desirable, in some circumstances, warmth might have its drawbacks. Sibling deviant behavior coupled with a warm sibling relationship has been connected to substance abuse (Stormshak, Comeau, & Shepard, 2004). Siblings, especially those with warm relationships, can provide support and reinforcement of deviant behavior for each other (Kim et al. 2007). Though most research on substance abuse focuses on peer pressure, siblings may be a stronger force than peers for two reasons. First, in middle childhood siblings are likely to spend more time with each other than with peers. Second, sibling relationships are more likely to be continuous whereas sets of peers can change with changes in schools, family moves, or changes in parenting arrangements (Stormshak et al. 2004).

Family Systems and Beyond

Numerous theories have been applied to family interaction. Arguably, most theories of family interaction can be subsumed within family systems theory and extensions or modifications thereof. Systems theories have been applied specifically to families with school age children going back at least to Minuchin (1974). Though general systems theory can be traced to von Bertalanffy (1968), the systems framework most often applied to families is Bronfenbrenner's (1986) ecological perspective.

Though family systems ostensibly are concerned with the multi-directional influences of individuals and relationships on other individuals and relationships, even within a systems perspective family interaction during middle childhood ultimately centers on child outcomes. Though not denying multi-directional interactions with macroscopic cultural forces or microscopic genetic ones, systems theorists maintain that the relationships between the individuals within the family are of most consequence for the child (Belsky, 1984; Hinde & Stevenson-Hinde, 1987).

Family systems include boundaries, fluidity and change, interdependence, multi-directional and circular causality, and openness (Stafford & Dainton, 1995). Systems are conceived of as recursive spirals moving through time (Kouros, Cummings, & Davies, 2010).

Family boundaries can be manifested as structures and they are simply too diverse to pronounce one form as typical (Caughlin et al., 2011). Parents might or might not cohabitate, might or might not be married, might be homosexual or heterosexual. Parents might be biological, step, foster or adoptive. Primary caregivers might be cross-residential or cross-generational. Siblings can be biological, adoptive, step, half, functional, foster or fictive. Biological siblings can live in different households. Regardless of the plethora of family structures, socialization largely occurs during middle childhood. And this socialization is the responsibility of the family, and communication is central to this task (Caughlin, Petronio, & Middleton, this volume). Aside from a few limited domains (e.g., divorced families), research is sparse beyond the “traditional” family structure. This is especially the case in regard to various sibling configurations such as the relationships among siblings across households. What little research that does exist, seldom focuses on the school age child.

Family structures are not only diverse, they are fluid; family boundaries are not permanent. Families may go through several structural transitions (e.g., divorce, remarriage) (Kouros et al., 2010). Parents, other caregivers, or siblings can move in and out of the home due to divorce, (re)marriage, employment, incarceration or deployment. Children who have experienced numerous transitions have lower general well-being than those who have experienced only one or no transitions.

Scholarship is more likely to be focused on structures than on fluidity or family interactions accompanying transitions. Transitions early in elementary school have been correlated with later friendship difficulties and loneliness in later grade school (Cavanagh & Huston, 2008). Such changes can threaten a child’s sense of security and connection and generate stress in caregivers who in turn may offer poorer or less consistent parenting.

Family interactions during transitional periods can also function protectively. For example, “optimistic communication” about family transitions during middle childhood appears to help children maintain a sense of security during such changes (Winter, Davies, & Cummings, 2010). However, this seems most likely to occur when levels of disruption are low. The same buffering effect is not as pronounced among children with high levels of family instability. Siblings have sometimes been found to be a source of support for school age children during stressful transitions as well (Gass, Jenkins, & Dunn, 2007).

Change is inherent in open systems and, due to interdependence among family members, modifications in the relationships between some family members affect other family members. For instance, marital conflict is associated with childhood problems but the nature of marital interactions is not consistent. One study found that a decrease in parental conflict over a three-year period of early middle childhood was more predictive of child problems than was initial marital conflict (Kouros et al., 2010). Similarly, increases in sibling conflict from middle childhood through adolescence are linked to increases in

depressive symptoms during that time frame, whereas increases in sibling intimacy are linked to decreases in depressive symptoms and increases in peer competencies (Kim et al., 2007). Further, among siblings, as perceptions of parental differential treatment lessen across middle childhood and adolescence, so do symptoms of depression (Shanahan, McHale, Crouter, & Osgood, 2008).

Family systems consider not only parental or sibling influences on children, but also bi- and multi-directional influences and circular causality. As noted, family systems theorists often center attention on child development. However, children are also causal agents within the family system. For example, though parents are typically thought to socialize the children, children also socialize parents, often through the introduction to new experiences and domains, such as school clubs and sporting events, especially during the school age years (Ambert, 2001). One example is in the realm of communication technologies. It is acknowledged that by the time children are tweens, if not before, they often know more about computer use than parents. Children often serve as the socializing agent of the parents into the world online. Further, children who have warm relationships with their parents are more likely to actively teach their parents about the Internet than those who do not (Grossbart, Hughes, Pryor, & Yost 2002).

Influence with the system can be circular. For example, school age children's time online has been associated with poorer parent-child relationships. This could be the child choosing to spend more time online due to problematic parent-child relationships or the increased online time might cause poor parent-child relationships. Perhaps each circularly reinforces the other. Or possibly this finding reflects the typical development of moving from parents to peers during later middle childhood (Punamäki et al., 2008).

Systems are not only comprised of multiple sub-systems, they are also open systems with neighborhoods, communities and cultures. Scholars have tended to emphasize either the family or the community on the child's engagement in deviant behaviors. Criminologists have placed more emphasis on neighborhood, and developmentalists more on family (Goodnow, 2006). A typical way to accommodate both views is to consider the family as allowing the development of susceptibility to certain types of behavior, and the neighborhood the opportunity for engagement (Goodnow, 2006). Cultures or communities have often been thought by developmental scholars as playing an indirect role in child outcomes through influences on parenting practices. A more systemic approach is to consider the complex and mutual direct and indirect contributions of the community to the family interactions and to the child (Goodnow, 2005).

Systems affect changes within systems over time (Masten & Chicchetti, 2010). As systems morph, questions arise about the potential cumulative effects and about the unique or immutable contributions of middle childhood interactions and environments. Systemic life-span development perspectives recognize that multiple systems through multiple domains interact and affect each other across time and that multi-directional interactions within one system at one point in time affect and are affected by other interactions at other points in time.

Conclusions

As should be clear, most research on families with a school age child remains unidirectional in nature, concentrating on the parental (or sibling) effects on the child's development. Increased attention should be given to children as active agents and the ways in which they might influence their families. Even though primary focus continues on a child's

socialization as the outcome, our knowledge remains limited. To date we can offer global conclusions that appropriate levels of parental warmth and control, positive (or at least nonconflicted) interactions between coparents, perceived equitable treatment of siblings, and positive sibling relationships, appear to facilitate the school age child's short term social and academic competencies as well as long-term adolescent and adult socialization. Moreover, paths of association may be direct and indirect. For example, the manner in which parents interact with children influences cognitive components that aid the child in social information processing which in turn guides their interactions and hence their peer acceptance (Rah & Parke, 2008).

It must not be forgotten that a child's course of development is constantly changing as family structures, interactions, relationships and communities change. Maturation is a series of nonsummative recursive loops. That is, the whole of one's experiences are not uniquely defined by any one interaction, nor are interactions merely summative. Further interdependence and circular causality yield directionality of influence on children almost impossible to definitively discern. As a consequence, it is difficult to ascertain if family interaction during middle childhood is indeed truly a unique contributor to long-term socialization. Nevertheless, research in the past few decades suggests that this time period, and family interactions within this time period, may well be especially critical, much more so than previous generations had assumed. In addition, it is unequivocal that interactions between school age children and their families is of great consequence to children's immediate health and well-being.

Though certainly of importance, it is unlikely that early experiences, even those within the formative period of middle childhood, are immutable. Also, more than one course or trajectory is possible, as from different places, through different means, individuals may reach the same end. No one way to parent, no one type of family structure, no one type of sibling relationship serves all children equally well. Despite such complexities, or perhaps because of them, family communication scholars should continue to strive to understand the types of interactions that appear to serve families well and to act as advocates for the translation of research into best family practices. Nonetheless, even in the "best" family environments some children falter. In turn, though particular types of family interactions may seem to be maladaptive, considerable evidence points to children's resilience and their propensity to develop into healthy adults despite the communication practices within their families.

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