

“You can’t say you can’t play”: intervening in the process of social exclusion in the kindergarten classroom

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Accepted 12 March 2003

Abstract

Interventions aimed at decreasing social exclusion in school or early childhood classrooms are typically targeted at changing the behavior of the rejected or isolated child, and do nothing to address the exclusionary behavior of the peer group. We suggest an alternative approach, wherein the classroom climate is altered to discourage social exclusion. Drawing on the work of Vivian Paley, an intervention study was conducted to assess the effect of implementing a rule that disallows overt exclusion among classmates. The year-long intervention was conducted in six kindergarten classes, with four additional classes serving as a control group. Observations and teacher reports did not differ between *Target* and *Control* classes, but significant intervention effects were found in two areas: Children in *Target* classes reported via sociometric assessment that they liked each other significantly more at the end of the year than did children in *Control* classes, yet reported higher levels of social dissatisfaction than did *Control* children. Suggestions for future tests of this type of intervention are made, and ideas are offered for early childhood educators considering the use of a non-exclusion classroom rule.

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Keywords: Social exclusion; Peer rejection; Kindergarten intervention

1. Introduction

Being excluded by peers clearly is a difficult social and emotional experience. In fact, young children report worrying about peer relations as much or more than any other issue in their

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lives (Ladd, 1990). Researchers have found that children who are sociometrically rejected (i.e., rated by peers as disliked) are often targets of aggression from peers, both overt (e.g., physical abuse or verbal threats; Coie & Kupersmidt, 1983; Dodge, Coie, & Brakke, 1982) and relational (where harm is deliberately inflicted through more subtle means, such as ignoring, or spreading rumors; Crick & Grotpeter, 1995; Galen & Underwood, 1997). The problem of exclusion is evidenced by academic difficulties (DeRosier, Kupersmidt, & Patterson, 1994; O'Neil, Welsh, Parke, Wang, & Strand, 1997; Volling, MacKinnon-Lewis, Rabiner, & Baradaran, 1993), by elevated levels of loneliness and depression among rejected children (Cole & Carpentieri, 1990), and by the fact that children in therapy are twice as likely to have peer relationship problems than other children (Achenbach & Edelbrock, 1981). In addition to the day-to-day struggles excluded children face, there appear to be long-term consequences. Longitudinal studies have shown the link between early peer relationship problems and mental health and/or criminality problems in adolescence and adulthood (Coie, Terry, Lenox, Lochman, & Hyman, 1995; Cowen, Pederson, Babigian, Izzo, & Trost, 1973; Kupersmidt & Coie, 1990; Roff, Sells, & Golden, 1972). It is estimated that as many as half of "disordered adults" have a history of problems in their peer relationships (Parker & Asher, 1987), sometimes beginning at a very young age (Vitaro, Tremblay, Gagnon, & Pelletier, 1994).

Because of the serious consequences of social exclusion, investigators have tried to understand the reasons underlying it. One reason children are found to be excluded is simple: They behave in ways their peers do not like. Aggression is clearly, the most disliked behavior among children, characterizing up to half of them (Coie & Cillessen, 1993). Other behaviors that are disliked by peers include being socially withdrawn, disruptive, uncooperative, hyperactive, anxious, immature, and lacking in prosocial skills (Ledingham & Schwartzman, 1984; Putallaz & Gottman, 1981). However, not *all* exclusion is caused by unlikable behavior (Cillessen, van IJzendoorn, van Lieshout, & Hartup, 1992). Children also are excluded or disliked for being "different," for having qualities that make them stand out. For example, being a racial minority within the classroom increases the chances of rejection, particularly among girls (Kistner, Metzler, Gatlin, & Risi, 1993), as does being unattractive or having some type of disability (Bierman, Smoot, & Aumiller, 1987; Hartup, 1983). Children also might be excluded because their peers perceive exclusion to be culturally sanctioned, or to be necessary to their groups' smooth functioning (Killen, Lee-Kim, McGlothlin, & Stangor, 2002).

Research attention has most recently turned toward developing intervention programs for excluded children. These programs are almost always based on a child deficit model (Zakriski, Jacobs, & Coie, 1997), in that they are targeted at changing the excluded child, either directly or indirectly (see Asher & Coie, 1990; Malik & Furman, 1993, for reviews). *Social skills training* interventions are most widely used, and teach the target child interactional skills (e.g., making eye contact) or social concepts (e.g., cooperation) through direct instruction, modeling, role playing, reinforcement, and feedback (see Nangle, Erdley, Carpenter, & Newman, 2002). *Social-cognitive training* programs are more indirect, and attempt to change the cognitive processes (e.g., attributions) underlying the poorly-accepted child's behavior (see e.g., Bash & Camp, 1985). A third type of intervention, the *peer-mediator approach*, is based on the assumption that through positive social interaction with their peers, excluded children can acquire the cognitive and social skills necessary for effective peer relations (see Goldstein, English, Shafer, & Kaczmarek; 1997; Kalfus, 1984; Mathur & Rutherford, 1991). This

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