

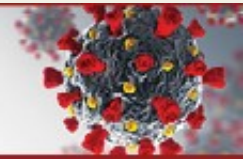
# APS Backgrounder Series: Psychological Science and COVID-19: Social Impact on Children

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Human behavior is one of the most important factors dictating the severity of pandemics for both the spread of the disease and the psychological impacts it triggers, such as anxiety, isolation, and uncertainty. Through an ongoing series of backgrounders, the Association for Psychological Science (APS) is exploring many of the psychological factors that can help the public understand and collectively combat the spread of COVID-19. Each backgrounder features the assessments, research, and recommendations of a renowned subject expert in the field of psychological science. This content has not undergone separate peer review and is provided as a service to the public during this time of pandemic.

**Visit APS's main COVID-19 page for more psychological science research and insights.**



Expert commentary from [Vanessa LoBue, associate professor and graduate program director in the department of psychology at Rutgers University](#). Her research centers on emotional development and the effect of emotion and experience on perception and learning.

A PDF of this material can be downloaded [here](#).

## **What does psychological science say about socializing for children?**

Social interaction is important for everyone, but it is especially important for children to have social contact with their caregivers. Caregivers are children's primary regulator in times of stress, especially for the youngest children who have trouble regulating stress responses on their own. The way that children often cope and recover from some of the more serious forms of stress is by having a responsive parent nearby. When children are crying or upset, mothers usually hug or rock them as a form of soothing. Hugs or any form of touch can reduce stress hormones like cortisol in the body (Feldman, Singer, & Zagoory, 2010) and even lower heart rate (Ludington & Hosseini, 2005). Further, research has shown that children who receive touch therapy after having experienced post-traumatic stress are happier, less anxious, and have lower cortisol levels than children who do not get touch therapy (Field, Seligman, Scafidi, & Schanberg, 1996). The point is that physical comfort is important in reducing children's distress.

## **How does child/caregiver interactions relate to epidemics?**

Epidemics likely produce stress for both parents and children, so I would suggest more social support from caregivers during this time.

## **How does social distancing during the COVID-19 pandemic affect children and their parents?**

While social distancing is exactly what we should be doing during a global pandemic, it doesn't mean that parents who are social distancing with their children should avoid touching them. If a parent or child is sick, they should obviously refrain from physical contact temporarily; but in cases where families are healthy and social distancing *together* in the same household, parents should be encouraged to comfort their children physically. It can be beneficial for both the parent and the child in terms of coping with stress.

## **What are the 2-3 most relevant findings in your field that the public should know and understand?**

1. Children under the age of 5 don't have a complete understanding of illness and how it is transmitted. Further, research suggests that children will behave adaptively (avoid contaminated objects) when faced with the threat of getting sick only if they have a causal understanding of illness transmission (Blacker & LoBue, 2016). The practical recommendation here is not to give children rule-based information like "wash your hands" to encourage them to adopt healthy habits without explaining to them why the behavior is important. Talk to them about illness transmission and how it works, and what they can do to stay healthy.
2. There is a very large literature suggesting that maternal depression and anxiety have a negative impact on children (e.g, Woodruff-Borden, Morrow, Bourland, & Cambron, 2002). In fact, this begins early in infancy. We've found in our own labs that infants of anxious mothers have more difficulty disengaging from threatening stimuli than infants from non-anxious parents, starting from infancy. The recommendation for parents would be to care for your own mental health, because your mental health can have an impact on your kids.
3. Children learn many of their own fears and anxieties from what they hear and what they see (Field & Purkis, 2011; LoBue, Kim, & Delgado, 2019). In other words, seeing something scary on television, hearing something scary on the news, or seeing their parents look nervous or afraid are common learning mechanisms for young children. The recommendation for parents here is to be aware of the emotional information and the factual information about the coronavirus that is being transmitted to children, as they are apt to learn from whatever information happens to be around them.

## **What is the one message people should know that psychological science teaches us?**

I would highlight that there is a very large literature suggesting that parents' depression, anxiety, and stress have a negative impact on their children, starting from early in infancy. Even though this is an incredibly stressful time and parents are busy tending to the needs of their children, their family members, their co-workers, and possibly even the sick and in need, it's important to remember to also take care of your own mental health, if not for yourself, then for your children.

## **Are there any published articles that are particularly insightful on these topics?**

Blacker, K., & LoBue, V. (2016). Behavioral avoidance of contagion in childhood. *Journal of Experimental Child Psychology*, 143, 162-170. <https://doi.org/10.1016/j.jecp.2015.09.033>

Field, A. P., & Purkis, H. M. (2011). The role of learning in the aetiology of child and adolescent fear and anxiety. In W. K. Silverman & A. P. Field (Eds.), *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd ed., pp. 227-256). Cambridge: Cambridge University Press. ISBN: 9780521721486

Field, T., Seligman, S., Scafidi, F., & Schanberg, S. (1996). Alleviating posttraumatic stress in children following Hurricane Andrew. *Journal of Applied Developmental Psychology*, 17(1), 37-50. [https://doi.org/10.1016/S0193-3973\(96\)90004-0](https://doi.org/10.1016/S0193-3973(96)90004-0)

Feldman, R., Singer, M., & Zagoory, O. (2010). Touch attenuates infants' physiological reactivity to stress. *Developmental Science*, *13*(2), 271-278. <https://doi.org/10.1111/j.1467-7687.2009.00890.x>

LoBue, V., Kim, E., & Delgado, M. (2019). Fear in development. In: V. LoBue, P. Perez-Edgar, & K. Buss (Eds.), *Handbook of Emotional Development* (pp. 257-282). Springer, Cham. ISBN 978-3-030-17332-6

Ludington-Hoe, S. M., & Hosseini, R. B. (2005). Skin-to-skin contact (kangaroo care) analgesia for preterm infant heel stick. *AACN Clinical Issues*, *16*(3), 373-387. <https://doi.org/10.1097/00044067-200507000-00010>

Morales, S., Brown, K. M., Taber-Thomas, LoBue, V., Buss, K. A., & Perez-Edgar, K. E. (2017). Maternal anxiety predicts attentional bias towards threat in infancy. *Emotion*, *17*, 874-883. <https://doi.org/10.1037/emo0000275>

Woodruff-Borden, J., Morrow, C., Bourland, S., & Cambron, S. (2002). The behavior of anxious parents: Examining mechanisms of transmission of anxiety from parent to child. *Journal of Clinical Child and Adolescent Psychology*, *31*(3), 364-374. [https://doi.org/10.1207/S15374424JCCP3103\\_08](https://doi.org/10.1207/S15374424JCCP3103_08)