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Introductory Remarks: Cultural and Contextual Perspectives on Developmental Risk and Well-Being

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This volume is based on the 39th Annual Meeting of the Jean Piaget Society (JPS), with a theme of "Development at Risk: Typical and Atypical Developmental Pathways," which was held on June 4-6, 2009, in Park City, Utah. The primary goal of the meeting, and therefore of this volume, was to provide insights into essential ways to understand development at risk. Developmental risk simply refers to an increased likelihood for a deleterious outcome, and does not imply inevitability in any way. Thus, adaptive development in the face of risk is as, and probably more, interesting and important to study than maladaptive pathways. Both adaptive development and development in the face of risk must be considered with regard to the "whole person." This includes every aspect of the physical, psychological, social, and emotional being of the individual in an ongoing transactional relationships with all the people and aspects of the environment that have some, even minimal, impact on the individual. These issues are central to this volume, with a specific focus on ways that culture and context can lead to both developmental risk and to well-being, maladaptation and adaptation, as part of these complex ongoing transactional relationships that affect the developing individual in every aspect of their lives throughout the lifespan.

RISK AND WELL-BEING WITHIN THE DISCIPLINE OF DEVELOPMENTAL PSYCHOPATHOLOGY

The discipline of developmental psychopathology emerged from the integration of two "parent" fields of developmental psychology and psychopathology, and is based on the premise that the study of typical and atypical development is mutually informative. Accordingly, the knowledge of the typical course of development provides an essential metric for assessing the extent to which any individual pattern of development might be

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considered pathological or atypical in some way. Conversely, examples of atypical development are essential to understanding fundamental developmental notions of universality and the inherent intactness and organization of the developing systems. In this context, atypicality is considered within its broadest context to include any situation in which development may be at risk for less than optimal attainment in relation to societal or communal expectations at the relevant developmental stages. Risk is typically discussed within the context of some statistical likelihood of outcome that is of some concern, especially when it is meaningfully greater than that of the general population or of some other relevant comparison group. However, the notion of risk is clouded by the rather amorphous concepts associated with problematic or deleterious outcomes. Although certain types of outcome may be virtually universal, such as in the case of certain disorders, diseases, and environments, most are largely determined by complex transactions among the individuals, families, physical and social environments, communities, and larger societies. Conversely, resilience is considered to be the attainment of well-being or a positive outcome, as indicated by the successful attainment of stage-salient developmental abilities and accomplishments despite heightened levels of risk. The definitions of well-being and positive outcome in this case are certainly relative as they are largely dependent on the severity and nature of the risk. In this volume, the contributors address various types and aspects of risk and different perspectives of well-being within diverse contexts and cultures.

OVERVIEW OF THE VOLUME

Each chapter, in its own way, contributes to our understanding of risk and well-being within the frameworks of development and psychopathology across different levels and conceptualizations of context. These contributions have been organized into three parts.

The focus of Part I is on cultural perspectives on developmental risk and well-being. The four chapters comprising it range from studies of cultures in the East and West to those of the Aboriginal peoples of North America with regard to their influences on understanding socioemotional development. In Chapter 2, Thomas Achenbach provides both historical and current state-of-the-art perspectives on the use of multicultural research to expand the scope of developmental psychopathology. In Chapter 3, Xinyin Chen, Siman Zhao, and Fan Yang describe cultural influences on children's temperament and socioemotional development, with a particular emphasis



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on shyness and behavioral inhibition in Eastern cultures. In Chapter 4, Stephanie Fryberg and Peter Leavitt provide a sociocultural analysis of highrisk Native American children in the school environment. In Chapter 5, Jacob Burack, Amy Bombay, Heidi Flores, Jillian Stewart, and Vladimir Ponizovsky address the role of cultural identity in ameliorating risk and promoting well-being among Aboriginal youth in Canada.

In Part II of the volume, the chapters are organized around contextual perspectives on developmental risk and well-being. These three chapters are related to contextual influences related to peers, academics, and school settings and range from behavioral to physiological levels of analysis. In Chapter 6, Jennifer Knack, Tracy Vaillancourt, Amanda Krygsman, Steven Arnocky, Irene Vitoroulis, Jennifer Hepditch, and Christine Blain-Arcaro address issues of how peers and peer victimization place children and youth at risk for socioemotional, physical, and academic problems. In Chapter 7, Wendy Troop-Gordon discusses the risks and adaptive correlates of elite social status and how these impact youth development. In Chapter 8, Christine Lackner and Sidney Segalowitz describe how culture and context influence certain aspects of brain physiology, which then increase adolescent risk-taking behavior.

In Part III, the chapters are organized around the theme of contextual perspectives in the lives of persons whose development might be described as atypical in some way. These chapters deal with multiple meanings of context and familial influences on the study of risk and well-being in a range of special populations from prematurity to genetic disorders. In Chapter 9, Lauren Drvaric, Jordana Waxman, Ryan Van Lieshout, and Louis Schmidt suggest that context has a broader meaning than do influences that are traditionally thought of as being outside of the individual, by arguing that prematurity and low birthweight can be conceptualized as a context that influences developmental risk and well-being. In Chapter 10, Matilda Nowakowski, Louis Schmidt, and Tracy Vaillancourt, using evidence from depressed mothers, discuss how perturbations in mother-children interactions may place the child at risk for concurrent and future socioemotional problems. In Chapter 11, Marsha Mailick, Jan Greenberg, Leann Smith, Audra Sterling, Nancy Brady, Steven Warren, and Jinkuk Hong use evidence from children with Fragile X disorder to highlight ways the family environment interacts with genotype to confer socioemotional outcomes. In Chapter 12, Tony Charman imposes the context of development on the understanding and treatment of children with autism spectrum disorders.



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These chapters are illustrative of the multiple meanings of culture and context, the many diverse set of perspectives, multiple measures, and populations that researchers consider in the study of the development of risk and well-being. We hope that the collection of chapters represented in this volume will provide the reader with an appreciation of the historical and contemporary views in the field.



PART I

CULTURAL PERSPECTIVES ON DEVELOPMENTAL RISK AND WELL-BEING



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Using Multicultural Research to Expand the Scope of Developmental Psychopathology

THOMAS M. ACHENBACH

When Jean Piaget was appointed Professor of Philosophy at the Sorbonne, he said that this was

one of the greatest surprises of my life. I do not refer to the delightful welcome of the students, some of whom asked if this Swiss would know French (nor do I refer to my first correction of the examination answers, for some candidates, not noticing that the professor had changed, explained that Piaget had understood nothing whatever, "as M. Merleau-Ponty has demonstrated": I, nevertheless, raised their marks). I refer to the reasons for this appointment, for I have never known whether they rested on a misunderstanding. (Piaget, 1971, pp. 23–24)

The "misunderstanding" concerned the Sorbonne's apparent ignorance of Piaget's rejection of philosophical approaches to knowledge.

After an early interest in philosophical approaches to epistemology, Piaget sought to learn more about how human minds actually develop knowledge. He initially did this by interviewing young children in order to probe their thinking about various natural phenomena, relations between words and their referents, and so forth. Although Piaget expected to need only about 5 years to learn how knowledge develops, he ultimately spent the rest of his life on this little project.

After decades of research on cognitive development, Piaget (1965) wrote a book about his experiences as "a former future ex-philosopher" (p. 28) and the philosophical questions that initially prompted him to begin interviewing children. The English-language version of the book was called *Insights and Illusions of Philosophy* (Piaget, 1971). In this book,

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Piaget critiqued the epistemological views of Descartes, Leibniz, Locke, Kant, Hegel, Bergson, Sartre, and other philosophers. Although he had great interest in philosophical issues, Piaget concluded that "Philosophers have long believed that they have the right to speak of every question without making use of methods of verification It is a much more serious matter if they take the results of their reflections as a form of knowledge" (Piaget, 1971, p. 215). In other words, philosophers' wisdom (*sagesse*) cannot be equated with knowledge (*connaissance*), which requires empirical evidence.

Piaget's characterization of philosophers' wisdom also applied to the clinical wisdom that then dominated views of psychopathology. The dominance of clinical wisdom over empirically based knowledge was especially apparent in views of child psychopathology, which were based largely on downward extrapolations from adult psychopathology. Children's problems were often interpreted in terms of theories of adult disorders, which implied that children's problems constituted diminutive precursors of adult disorders. The paucity of programmatic research on child psychopathology was reflected in the first edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-I; American Psychiatric Association, 1952), which was the official American nosology for psychopathology until 1968. The DSM-I provided only two diagnostic categories for children's problems: Adjustment Reaction of Childhood, which was the diagnosis applied to most children seen in outpatient settings; and Schizophrenic Reaction, Childhood Type, which was applied to children manifesting diverse kinds of very deviant behavior, thoughts, and emotions. Reflecting their subordinate status, child mental health services were known as "kiddie psychiatry."

EMPIRICALLY BASED EFFORTS TO IDENTIFY SYNDROMES

As recognition of the need for more direct study of children's problems began to dawn, an initial challenge was to identify actual patterns of children's problems and to determine whether more patterns could be identified than were implied by the two DSM-I diagnostic categories. Based primarily on factor analyses of problems reported for various samples of children, several studies identified considerably more patterns of problems than were implied by the DSM-I (e.g., Achenbach, 1966; Borgatta & Fanshel, 1965; Dreger et al., 1964; Miller, 1967; Quay, Morse, & Cutler, 1966; Spivack & Spotts, 1967). These finding, plus studies of behavioral treatments for children's problems, helped promote systematic empirical research on



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child psychopathology per se, rather than merely on kiddie versions of adult disorders.

DEVELOPMENTAL PSYCHOPATHOLOGY

The need for direct study of children's problems prompted me to propose *developmental psychopathology* as a conceptual framework for researching and understanding behavioral, emotional, and social problems in relation to developmental levels, processes, tasks, sequences, and norms. After beginning work on a book titled *Developmental Psychopathology* (Achenbach, 1974; 2nd edition 1982), I had the good fortune to meet Piaget, who invited me to be a Fellow at his Centre d'Épistémologie Génétique at the University of Geneva. I learned that Piaget himself had used the term "developmental psychopathology," reflecting his conviction that abnormal as well as normal aspects of human functioning must be understood on the basis of developmental research. However, Piaget was much more interested in normal development than in its aberrations.

I had the additional good fortune to participate in a Yale seminar with Anna Freud, who used her clinical wisdom to illustrate the psychoanalytic view of relations between development and psychopathology. She later published this view in a paper titled "A Psychoanalytic View of Developmental Psychopathology" (Freud, 1974). However, her work did not extend to the empirically based knowledge advocated by Piaget.

In *Developmental Psychopathology*, I sought to show that "psychopathology in children is best understood in relation to the changes - progressions, regressions, deviations, successes, and failures - that occur in the course of children's attempts to master the developmental tasks they face" (Achenbach, 1974, p. iii). I also argued that developmental approaches can shed light on all phases of the life cycle but that the dramatic changes from birth to maturity make an especially compelling case for a developmental view of problems during that period. By the time my second edition appeared in 1982, the conceptual framework of developmental psychopathology was becoming more popular (e.g., Rutter & Garmezy, 1983). By 1995, the framework had generated enough research to warrant a 1,659-page compendium of chapters by many authors (Cicchetti & Cohen, 1995). And by 2006, the second edition of this compendium had grown to nearly 3,000 pages (Cicchetti & Cohen, 2006). As would be expected from a 3,000-page work comprising 67 chapters by 175 authors, developmental psychopathology had by then grown to span many different concepts, topics, and approaches.



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EMPIRICALLY BASED ASSESSMENT AND TAXONOMY OF PSYCHOPATHOLOGY

The early multivariate studies of various samples of children revealed much more differentiation among patterns of child psychopathology than implied by the two DSM-I diagnostic categories. Systematic reviews of the multivariate studies indicated that, despite differences in methods and samples, the findings showed considerable convergence on a few broad-band groupings of problems and a larger number of narrow-band syndromes (Achenbach & Edelbrock, 1978; Quay, 1979). An essential next step was to extend the empirical methodology to assessment of individuals' problems in ways that could yield empirically derived syndrome scales. In other words, links needed to be forged between data on the kind and degree of problems reported for each child and the taxonomic patterns derived statistically from data on many children. To meet needs for assessing a great variety of children under a great variety of conditions, it was necessary to construct instruments for obtaining assessment data directly from informants familiar with the children's functioning in their typical environments, including parents, teachers, and children themselves.

Cross-Informant Challenges

When mothers, fathers, teachers, and children completed parallel assessment instruments, differences were often found between the problems reported by different informants. The limited levels of cross-informant agreement were systematically documented in meta-analyses of many different assessment instruments used in many different studies. The metaanalyses yielded mean correlations of .60 between pairs of informants who played similar roles vis-à-vis the children (pairs of parents, teachers, mental health workers, observers), .28 between informants who played different roles vis-à-vis the children (e.g., parents vs. teachers), and .22 between children's self-reports and reports by adults (Achenbach, McConaughy, & Howell, 1987). Subsequently cited in more than 4000 publications (Google Scholar, 2014), the meta-analytic findings of modest cross-informant correlations are regarded as being among "the most robust findings in child clinical research" (De Los Reyes & Kazdin, 2005, p. 483). Modest cross-informant correlations are not limited to children, however, as meta-analyses have shown that correlations between self-reports and collateral reports of adult psychopathology are not materially larger than the cross-informant correlations found for children (Achenbach, Krukowski, Dumenci, & Ivanova,