Conflict Resolution
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FOCUS QUESTIONS
1. What is constructive conflict?
2. What is conflict resolution?
3. What is the role of emotion in constructive conflict?
4. What can be done to help people and groups manage their conflicts more constructively?
5. What is conflict resolution training?

An Orientation to Conflict

Conflict is like sex: it is an important and pervasive aspect of life. It should be enjoyed and should occur with a reasonable degree of frequency, and after a conflict is over the people involved should feel better than they did before.

Some psychiatrists and social scientists have given conflict a bad reputation by linking it with psychopathology, social disorder, and war. Conflict can be dysfunctional, but it also can be productive. It has many positive functions, including preventing stagnation and stimulating interest and curiosity. It is the medium through which problems can be aired and solutions developed. It is the root of personal and social change. The practical and scientific issue is not how to eliminate or prevent conflict but rather how to have lively controversy rather than deadly quarrels.

A conflict exists whenever incompatible activities occur. The incompatible actions may originate in one person, group, or nation (intrapersonal, intragroup, or intranational) or they may reflect incompatible actions of two or more persons, groups, or nations (interpersonal, intergroup, or international). An action that is incompatible with another action prevents, obstructs, interferes, injures, or in some way makes the latter less likely or effective. A potential conflict exists when the parties involved perceive themselves to have incompatible values, interests, goals, needs, or beliefs. A veridical conflict is based on incompatibilities that are perceived correctly. When the incompatibilities do not exist but are perceived to exist, the conflict is based on misunderstanding. Conflicts rooted in misunderstanding can be as deadly as those rooted in true incompatibilities.

A distinction often is made between two types of conflict: zero-sum and mixed-motive. In a zero-sum or “win-lose” conflict, what one person gains the other person loses. In a mixed-motive conflict, it is possible for both persons to gain, both to lose, or for one to gain and the other to lose: Each person has a mixture of cooperative and competitive interests toward the other. Most conflicts are mixed-motive, but if the parties involved see their conflict as zero-sum, they are apt to engage in a win-lose, competitive struggle that will produce a destructive process of conflict resolution that has harmful outcomes.

Destructive conflict is characterized by a tendency to expand and escalate. As a result, such conflict often becomes independent of its initiating causes and is likely to continue after these have become irrelevant or have been forgotten. Expansion occurs along the various dimensions of conflict: the size and number of the immediate issues involved, the number of motives and participants implicated on each side of the issue, the size and number of the principles and precedents that are perceived to be at stake, the costs that the participants are willing to bear in relation to the conflict, the number of norms of moral conduct from which behavior toward the other side is exempted, and the intensity of negative attitudes toward the other side. Paralleling the expansion of the scope of conflict is an increasing reliance on a strategy of power and on the tactics of threat, coercion, and deception. Correspondingly, there is a shift away from a strategy of persuasion and from the tactics of conciliation, minimization of differences, and enhancement of mutual understanding and goodwill.

A constructive process of conflict resolution is similar to an effective, cooperative problem-solving process where the conflict is perceived as a mutual problem to be solved through the collaborative efforts of the conflicting parties. In a constructive process, the different parties seek to understand one another’s needs and concerns (through emphatic communication and listening) as a basis for diagnosing their mutual problem, and then they creatively search for new options for dealing with the conflict that can lead to mutual gain. If no option for mutual gain can be discovered, they seek to agree upon a mutually acceptable fair rule or procedure for deciding how the conflict will be resolved.

Epidemiology

Physical violence is the most obvious symptom of destructive conflict and is the most easily documented. While its effects are less visible, psychological violence—humiliation, verbal abuse, rejection, neglect—undoubtedly is more common. The massive exposure of children and adolescents to physical violence, as victims, perpetrators, and witnesses, has gained attention in the public health community. Understandably, less attention has been paid to psychological violence, even though exposure to it may be as harmful. Exposure to violence occurs in families, schools, neighborhoods, in countries involved in war or torn apart by civil strife, as well as in the mass media, children’s video games, and their “war” toys.

DESTRUCTIVE CONFLICT IN FAMILIES

Every year more than 1 million children see their parents separate or divorce. Evidence is accumulating that the couples in distressed marriages typically manage their conflicts...
poorly compared with those in nondistressed marriages. Hence, these children usually have witnessed years of destructive parental conflict before the decision to dissolve the marriage is made.

Perhaps the most extreme form of destructive conflict witnessed and experienced in families is violence. The family has been referred to as "the main teaching ground for violence." There are more than 2 million reports annually of child abuse and neglect in the United States and more than 1200 fatalities as a result of abuse or neglect. These statistics often fail to include children abused by other siblings. Moreover, in addition to those children who experience violence directly, it has been estimated that more than 33 million children are at risk yearly of exposure to physical violence between parents; even more undoubtedly are exposed to psychological violence.

The emphasis in abusive relationships is on the use of power, threat, coercion, and humiliation. When these tactics are central to the dynamics of a relationship, they make a constructive resolution unlikely following direct conflict. Thus, children growing up in abusive households may never see familial models of effective conflict management and, by observation, are indoctrinated in the techniques of destructive conflict.

DESTRUCTIVE CONFLICT IN SCHOOLS

School may be the most consistent source of norms and behavior models to which youth are exposed. It also is a major arena of crime and violence by and against youth. Nationally, there are almost 1 million incidents of attempted or completed assault, rape, robbery, or theft inside schools or on school property annually; there is a growing trend for crimes committed in schools to include weapons possession.

There also are numerous instances of "lower level" violence and harassment in schools. Many students are systematically intimidated by peers; recent reports suggest that one in ten students is harassed regularly or attacked by bullies. Moreover, bullying can have an impact beyond its immediate target, with passive witnesses also becoming anxious and distressed.

VIOLENCE IN DATING/ROMANTIC RELATIONSHIPS

Physical and/or sexual violence in romantic relationships as well as verbal abuse and harassment can and often do begin in adolescence. Reports of the incidence of dating violence among high school students range from 12% to 34%. Teens also are at high risk for sexual violence, both as victims and victimizers. In a recent study of middle school students, almost 60% of the students said that it was acceptable for a boy to have sex with a girl without her consent in some situations. This acceptance of coercion tactics in conflicts about sexual behavior and the endorsement of these sentiments by both girls and boys highlight the vulnerability of youth to sexually coercive and/or exploitative situations.

VIOLENCE IN THE STREET

In inner-city neighborhoods throughout the nation, violence levels have reached epidemic proportions, and youth are well acquainted with it. One study of inner-city adolescents found that 24% had witnessed a murder, 72% knew someone who had been shot, and 20% reported that their lives had been threatened. The consequences of violence against youth in terms of injury are dramatic: In the first 10 months of 1993, 387 children under the age of 16 were shot in New York City. The easy availability of weapons increases the dangerous potential of conflicts.

CIVIL VIOLENCE: YOUTH EXPOSED TO WAR

Throughout the world, many children grow up in countries torn apart by ethnic violence or war. Such children often demonstrate symptoms of post-traumatic stress disorder and develop perceptions of the social environment that legitimize violence as a way of handling disputes.

PREJUDICE AND DISCRIMINATION

Reports from schools suggest that incidents of bias and "hate crimes" are on the rise, a not uncommon occurrence during periods of economic distress. The dynamics underlying acts of prejudice and discrimination parallel those of destructive conflict: emphasizing differences rather than similarities, portraying the "out-group" as a threat to the well-being and resources of the "in-group," and perceiving this threat in competitive, "zero-sum" terms. The prevalence of prejudiced cognitions and behaviors can indoctrinate youth in the processes associated with destructive conflict.

Pathogenesis

The previously presented data provide information not only about the epidemiology of destructive conflict but also about its causes. Unlike most other "disorders," destructive conflict is a learned behavior or one resulting from inadequate learning of alternative behaviors. Thus, much of the pathogenesis of destructive conflict can be attributed to exposure to such conflict and to deficiencies in social problem-solving and other interpersonal skills.

EXPOSURE TO DESTRUCTIVE CONFLICT

Most of what is known about the effects of exposure to destructive conflict centers on the effect of violence on youth. Research has indicated that continued exposure to violence "teaches" violent behavior by leading to emotional desensitization and habituation to the emotional arousal associated with witnessing (or experiencing) violence. Consequently, inhibitions against aggressive behavior are lowered, and violence becomes...
normalized and legitimized in the eyes of the observer. This process can be especially powerful when violence is witnessed in the family. In addition to the physical and psychological damage suffered by abused children, being a target of family violence can stimulate a child to aggress against others, although this outcome is by no means inevitable. Children who are not themselves abused but who witness violence between their parents also internalize norms about the acceptability of violence. Less is known about the long-term effects of experiencing or witnessing violence in other contexts, but theories of socialization and modeling suggest that the processes are similar.

Unlike most other “disorders,” destructive conflict is a learned behavior style. What is learned can be unlearned.

MASS MEDIA, CHILDREN’S VIDEO GAMES, AND TOYS

The mass media and the video games and toys with which children play reflect and create societal norms. Research suggests that televised violence can affect children’s aggressive tendencies. While these effects are not strong for the majority of children, the remaining minority are not insignificant if one considers the large numbers of children who watch TV. The effects appear to be long-term, as familiarity with violence on the screen habituates the child to it and makes it a salient and attractive means of dealing with conflict.

DEFICIENCIES IN PROBLEM-SOLVING AND OTHER CONFLICT RESOLUTION SKILLS

Children who engage in destructive conflict strategies, particularly the use of violence, may have generalized deficiencies in social problem-solving and interpersonal skills as well as limited cognitive flexibility. Research has indicated a link between destructive conflict, poor communication skills, difficulties in taking the other’s perspective, problems in establishing bonds with the other, and an inability to perceive conflicts in multidimensional terms and generate multiple strategies for coping with them. An extreme example of the limited perception of options comes from a 15-year-old boy who described guns in his neighborhood as being “as common as water.” He told a reporter that he had not yet shot at anybody, but felt he may have to. “I don’t want to shoot nobody. But if they bully me, disrespect my mother, or mess with any one of my family, they’re just going to have to get it. That’s what it’s about.” (Pooley, 1991)

The previous quotation demonstrates the destructive ways in which youth may think about conflict and how to deal with it. The combination of exposure to violence and a lack of perceived alternatives for resolving conflict changes the standards for what is normal, what is acceptable, what is legitimate, and, as suggested in the phrase “they’re just going to have to get it,” what is considered necessary in response to threat or insult. Moreover, it demonstrates the process of conflict expansion, in which an insult to oneself or one’s family becomes, literally, a matter of life and death, and the need to defend one’s personal self-image becomes a larger matter of salvaging a public image as well.

THE “AGGRESSIVE CHILD SYNDROME”

Several basic personal styles of dealing with conflict have been described by researchers: avoidant withdrawing, aggressive-competitive, yielding-passive, compromising, and cooperative problem-solving. It seems reasonable to believe that different personality syndromes are apt to be characterized by different conflict styles. The “defense mechanisms” described by psychoanalysts to characterize responses to anxiety-provoking internal conflicts (e.g., denial, repression, rationalization, identification with the aggressor, reaction-formation, projection, passive-aggressiveness, and active-aggressiveness) presumably also can be used to identify personal predispositions to respond to anxiety-provoking external conflicts. However, systematic research on the relationship between personality syndromes and conflict styles primarily has been limited to what has been termed “the aggressive male syndrome” (Kelley and Schmidt, 1989). Because girls as well as boys show the characteristics of this syndrome, albeit less frequently, it might be labelled more appropriately “the aggressive child syndrome.”

The aggressive child is known to parents, teachers, and classmates for disobeying, pushing and shoving other children, starting fights, and persisting in noxious behavior until he or she gets what he or she wants despite the threat of punishment. When seen by a school counselor, such children often are classified as having a conduct disorder or antisocial tendencies. Results from longitudinal studies indicate that there is a substantial degree of stability in aggressive reaction patterns over as long an interval as 20 years.

The aggressive child distrusts others, expects hostility from others, and manages to gain confirmation of his or her expectations by his or her own provocative behavior and misinterpretations of the behaviors of others as slights or insults. This child has an aptitude for creating an aggressive situation to which he or she responds with aggression.

Studies of the child-raising correlates of aggressive and antisocial behavior suggest that the aggressive child comes from a setting in which the parents are cold and rejecting, thus provoking the child to be demanding and aggressive, and are tolerant or lax toward the child’s aggression. Typically, the parents use physical punishment erratically and inconsistently in an attempt to deter the child’s obnoxious behavior only after the behavior has been under way for some time. The problem child usually escalates his or her obnoxious behavior to maximum intensity in response to punishment; the parents, in reaction, terminate their
opposition or punitive responses to the child’s behavior. In effect, the child learns that he or she exists in a nasty world and that sufficient and persistent demanding, aggressive, or anxious behavior will elicit attention and possibly more from the social environment.

SOCIOECONOMIC CONDITIONS

Social norms within the child’s community and society, his or her experiences within the family and schools, the models provided by the mass media, the child’s social skills and cognitive abilities, and the child’s personality and temperament are some of the more enduring influences that affect the child’s ways of responding to conflict. Temporary social and economic conditions also may have an impact. An emergence of or an increase in difficult life conditions as a result of civil disorder, economic depression, political upheaval, defeat in war, or physical calamity is apt to create a socially distressed atmosphere, leading to a sense of alienation, distrust, egocentricity, and hostility in the child’s milieu. Such a distressed atmosphere is not conducive to the constructive resolution of conflicts among children or adults.

Helping People to Manage Their Conflicts More Constructively

Destructive behavior in conflict is learned; consequently, it can be “unlearned” or reversed. People can be helped to manage their conflicts more constructively in two primary ways. Through education, training, or counseling one can seek to instill the knowledge, attitudes, and skills that are not only conducive to defining a conflict as a mutual problem to be solved cooperatively but also are conducive to effective, cooperative problem-solving. Second, they can be assisted in identifying and seeking out skilled third parties, such as mediators, who can help conflicting parties resolve conflicts that they have not been able to resolve themselves.

CONFLICT RESOLUTION TRAINING

In recent years, conflict resolution training programs have sprouted in schools as well as in industry and community dispute resolution centers. Although there are many different programs, some common elements run through most. These elements can be derived from two key ideas that have been developed in answering the question, “What determines whether a conflict will take a constructive or a destructive course?” The first idea already has been mentioned: A constructive process of conflict resolution is similar to an effective cooperative problem-solving process, while a destructive process is similar to a win-lose, competitive process. The second idea, which has been labelled “Deutsch’s Crude Law of Social Relations,” is: The characteristic . . . a cooperative process of conflict resolution . . . is elicited by perceived similarity in beliefs, readiness to be helpful . . . de-emphasis of opposed interests, and enhancement of mutual power . . .

BEHAVIORAL PEDIATRICS
Conflict Resolution

What not to do in a conflict:
1. Do not define a conflict as a “win-lose” one when it is possible for both to win (ie, know what type of conflict you are in).
2. Avoid violence and the use of threats even when one is very angry (ie, know the harmful consequences of violence and how to channel your anger actively in ways that are not violent; learn to control the thoughts, feelings, and behavior that are apt to stimulate violence in oneself or the other).
3. Avoid attacking the other’s pride, self-esteem, security, identity, or those with whom he or she identifies (ie, attack the other’s ideas, not the other).
4. Don’t confuse your “positions” with your “interests” (your initial positions on an issue may be opposed but not your real interests).
5. Avoid ethnocentrism: understand and accept the reality of cultural differences (ie, what you take to be self-evident and right may not seem that way to someone from a different cultural background, and vice versa).
6. Don’t neglect your own interests or the interests of the other (ie, communicate your interests clearly and firmly to the other, and listen attentively and emphatically to the other’s expression of his or her interests).
7. Don’t avoid conflict (ie, learn the typical defenses you employ to evade the anxiety often associated with conflict; also learn what kinds of conflicts are best avoided, eg, those that are inherently unresolvable and win-lose conflicts in which you will be a loser).
8. Avoid "black-white" thinking as well as stereotyping and demonizing the other during heated conflict (ie, learn to be alert to bias, misperceptions, and misjudgments that commonly occur during heated conflict).

What to do in a conflict:

1. Find common ground between oneself and the other (by identifying shared values, interests, and friends, etc, to help establish cooperative bonds).

2. Listen and communicate honestly and effectively so that the underlying feelings as well as thoughts clearly are understood, and check continually one’s those who are more powerful or who use dirty tricks.

6. Know oneself and how one typically responds in different sorts of conflicts so that one can control habitual tendencies that may be dysfunctional.

Training programs and curricula for teaching conflict resolution and violence prevention in schools have been developed for students in the elementary as well as secondary schools. They take various forms, depending on the age groups for which they are used. Most programs employ lectures and videos to teach theory, concepts, and knowledge; role-playing, role-reversal, discussion of real conflicts, and video are employed to teach specific skills. (See Resources for further information.)

3. Take the perspective of the other (skills in putting oneself “in the shoes of the other” can be enhanced through role reversal).

4. Socially problem-solve. This involves learning to do several things:
   a) Reframe the conflict so that it is perceived as a mutual problem requiring cooperative effort;
   b) Define the conflict through identification of the incompatible actions, values, interests, goals, needs, or beliefs;
   c) Diagnose the conditions and circumstances that reduce or enhance the incompatibilities;
   d) Search for or invent fair options that lead to mutual gain; and
   e) Evaluate and select among the options that which is viewed as fair and best meets the legitimate needs of the parties involved.

5. Develop methods for dealing with difficult conflicts so that one is neither helpless nor hopeless when confronting committed to the mediation process and are ready to negotiate in good faith, the mediator introduces the process of mediation, sets the ground rules, and introduces him- or herself.

Third, you help the two people negotiate with each other successfully. This includes taking the two persons through the negotiation sequence of (a) jointly defining the conflict by both persons stating what they want and how they feel, (b) exchanging reasons, (c) reversing perspectives so that each person is able to present the other’s position and feelings to the other’s satisfaction, (d) inventing at least three options for mutual benefit, and (e) reaching a wise agreement and shaking hands.

Fourth, you formalize the agreement. The agreement is solidified into a contract. Disputants must agree to abide by their final decision, and in many ways the mediator becomes “the keeper of the contract.”

Conflict resolution in an inner-city high school . . . decreased victimization, increased self-esteem . . . and enhanced academic performance.

MEDIATION

Difficult conflicts exist that the disputing parties may not be able to resolve constructively without the help of third parties such as mediators. To deal with such conflicts, mediation programs have been established in community dispute resolution centers and in schools. Students as young as 10 years as well as high school and college students and teachers have been trained to serve as mediators. Typically, they are given training for 20 or 30 hours in the principles of constructive conflict resolution as well as specific training in how to serve as a mediator. They usually are given a set of rules to apply during the mediation process.

Thus, Johnson and Johnson (1991), in summarizing what student mediators are expected to do, write:

The procedure for mediation consists of a series of steps. First, you end hostilities.

Break up fights and cool down students. Second, you ensure that both people are committed to the mediation process. To ensure that both persons are...
from work supervisors, and improved academic performance.

What The Pediatrician Can Do

It is heartening that some schools are beginning to provide children with conflict resolution skills and the resources for the mediation of difficult conflicts. Pediatricians can do much to encourage this process by being involved in the identification, prevention, and treatment of destructive conflict resolution processes.

IDENTIFICATION

Because the symptoms of destructive conflict often are subtle, pediatricians may fail to recognize them in patients. This can be addressed by: 1) including in the history or assessment attention to conflict behavior, with questions about frequency of fights with parents, siblings, and peers; discipline methods in the house; and the child’s involvement with physical violence; and 2) learning about the physical and emotional manifestations of engaging in destructive conflict, including symptoms of child abuse, witnessing of parental conflict and/or abuse, and persistent fighting with peers.

PREVENTION

Pediatricians can work with children, parents, and others to prevent destructive conflict strategies and encourage the constructive management of conflict. Physicians’ status as experts trusted by both children and parents renders pediatricians a powerful vehicle for messages about conflict and particularly about the physical and psychological dangers of fighting. This message could be communicated in assemblies, classroom presentations, educational handouts and videos, and public service announcements.

Pediatricians can be an equally strong influence on parents. They often are the primary source of advice for parents who have concerns about childrearing and can field questions on discipline, sibling rivalry, and children’s fights. Thus, they are well placed to educate parents in managing conflicts with their offspring and helping their children to manage conflicts with each other.

The process of educating to prevent destructive conflict can begin at early stages with interventions modeled after Hawaii’s Healthy Start, a prenatal training program in parental skills that is credited with reducing infant abuse dramatically in a high-risk population. Such training could be expanded to include management of interpersonal conflict around childrearing issues, as well as how to foster a cooperative environment for young children and their families.

Parents can be trained by pediatricians to acquire the mediation skills that would enable them to intervene constructively in conflicts between children. This not only would help the children involved in the immediate conflict, but it would prepare the parents as well as the children to engage in their future conflicts more constructively.

The Table provides an outline of a guide for parents who want to mediate conflicts between children. It is a modification of a guide that has been used widely in training students to serve as mediators. It is important for the parent to understand that the mediator does not take sides; he or she encourages and helps the children to solve their problem. The mediator’s role is different from that of an arbitrator or judge, who decides what should be done after hearing both sides.

More generally, a pediatrician can establish a conflict resolution resource corner in the waiting room that contains pamphlets, books, videos, and information about schools and neighborhood mediation centers. Such a corner would serve to introduce parents to the idea of constructive conflict resolution and provide information about how to become more informed and skilled in this area. Although not all of the materials that would be useful in such a corner are currently available, such material could be readily produced.

Pediatricians also can use their status and expertise to advocate among professionals for greater attention to issues of conflict in children and adolescents and for the need for conflict resolution training and pro-

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**Table. A Mediation Outline for Parents**

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<th>I. Introduction</th>
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<tr>
<td>1. Get the quarreling children’s or adolescent’s attention.</td>
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<td>2. Ask them if they want help in solving their problem.</td>
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<td>3. If they do, move to a “quiet area” to talk.</td>
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<td>4. Explain and get their agreement to four rules:</td>
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<th>II. Listening</th>
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<td>5. Decide which child will speak first.</td>
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<td>6. Ask Child #1 what happened and how he or she feels.</td>
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<td>7. Repeat what Child #1 said so that Child #2 can understand.</td>
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<tr>
<td>8. Ask Child #2 what happened and how he or she feels.</td>
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<td>9. Repeat what Child #2 said so that Child #1 can understand.</td>
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<th>III. Solution</th>
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<td>10. Ask Child #1 what he or she can do here and now.</td>
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<tr>
<td>11. Ask Child #2 what he or she can do here and now.</td>
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<tr>
<td>12. Ask Child #1 what he or she can do differently in the future if the same problem arises.</td>
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<tr>
<td>13. Ask Child #2 what he or she can do differently in the future if the same problem arises.</td>
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<tr>
<td>14. Help the children agree on a solution they both think is fair.</td>
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<th>IV. Wrap up</th>
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<td>15. Put the agreement in writing, read agreement out loud if necessary, have both sign it.</td>
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<td>16. Congratulate them both.</td>
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grams for these populations. The time is especially ripe for such advocacy. As violence among and against youth has been recognized as a major public health issue and a threat to educational systems, pediatricians can urge these communities to “step back” and attend to the causes of this violence, not just to its consequences. The medical profession can address these causes by endorsing educational policies and programs in conflict resolution training, mediation, and cooperative teaching and learning styles.

TREATMENT

Preventive strategies can be important treatment strategies as well. Pediatricians may be called upon to provide treatment in crises. For example, urban hospital emergency room physicians increasingly find themselves treating adolescents injured in gang fights—some of whom may return to the fight once they are treated. The skilled ER physician may be able to defuse the situation and prevent further injuries.

Similarly, youth traumatized by witnessing severe episodes of destructive conflict, such as fights ending in the shooting or knife of a peer, are in need of immediate attention. Recently, physicians have been in schools providing training and direct service in such techniques as Mitchell’s Critical Incident Stress Debriefing and other interventions to prevent the development of posttraumatic stress disorder.

Finally, pediatricians can refer children and families to services for conflict management. To every physician’s referral list of pediatric neurologists, oncologists, and other specialists should be added family therapists, professional mediators, child psychiatrists with expertise in treating victimization, and educators trained in conflict resolution.

We conclude with two points of emphasis. First, attention to destructive conflict is as vital as attention to other medical problems; the bodily harm and psychological damage resulting from it may be more pernicious than that from most diseases. Second, conflict, while inevitable, need not take a harmful course; it can stimulate psychological growth and useful social change when handled constructively.

SUGGESTED READING

Deutsch M. Conflict resolution and cooperative learning in an alternative high school. Cooperative Learning, 1993;13(4):2-5
Johnson DW, Johnson RT. Teaching Children to be Peacemakers. Edina, MN: Interaction Book Co; 1991
Prothro-Stith D. Violence Prevention Curriculum for Adolescents. Newton, MA: Education Development Center, Inc; 1987

RESOURCES

Manuals/Curriculum Guides


Second Step: A Violence Prevention Curriculum. Committee for Children, Seattle, WA. (For information: 800-634-1449)

Books for Parents

Aucan LK. Quattrrelling Kids (Stop the Fighting and Develop Loving Relationships within the Family). Englewood Cliffs, NJ: Prentice-Hall; 1981
Clary E. Kids Can Cooperate: A Practical Guide to Teaching Problem Solving. Parenting Press (7750 31st Avenue NE, Seattle, WA 98115); 1984

Books For Children/Adolescents

Committee for Children, You and Your Parents: Making It Through the Tough Years: Ages 11-14. (See address above)
Wilson JM, Oh, Brother; New York, NY: Scholastic, Inc; 1988. Two brothers deal with sibling rivalry, bullying and getting along.

Videolapes

Getting Along: Conflict Resolution. (30 minutes; For teenagers)
All About Anger. (16 minutes: Grades 2-4)
Getting Better at Getting Along: Conflict Resolution. (18 minutes; Grades 2-4)
Teen-parent Conflict: Making Things Better. (30 minutes: Teens/parents)

All of the above are available from Sunburst Communications, 39 Washington Avenue, Box 40, Pleasantville, NY 10570-9971

RETHINK. A video for kids on channeling anger. Institute for Mental Health Initiatives (IMHI), Washington, DC

Anger Management for Parents. Produced by IMHI’s Channeling Parents’ Anger Project. Published by Research Press, 2612 N. Maltys Avenue, Champaign, IL

Dealing with Anger: Givin’ It, Takin’ it, Workin’ it out. Series of three videos for youth on expressing anger, dealing with the anger of others, and negotiating solutions to conflict situations. Available from Research Press.