VIEW to the U transcribed
Season 4: An Eye on ‘Why’?; Episode #4
Professor Samuel Ronfard
Department of Psychology
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[intro music fades in and out]

Samuel Ronfard (SR):
That's why we don't want to be doing things like touching a surface in a playground and then
taking your hands and putting them on our face. Emphasizing those things should help children
develop a basic understanding of viral transmission.

[theme music fades in]

Carla DeMarco (CD):
Talking to kids about viruses and what is going on in the world right now.

Hello and welcome to VIEW to the U: An eye on UTM research. I'm Carla DeMarco at
U of T Mississauga. VIEW to the U is a monthly podcast that will feature UTM faculty
members from a range of disciplines who will illuminate some of the inner workings of
the science labs, and enlighten the social sciences and humanities hubs at UTM.

We're back for the home edition.

Things might sound a little bit different as I navigate recording interviews with UTM faculty members from afar and over various technologies, either on cell phones, through Zoom or Teams. Bear with me as the sound quality might not be as clear as it has been in the past.

The next few episodes – or maybe next several episodes depending on the duration of the physical distancing – is meant to be a brief check-in with faculty members from various departments at U of T Mississauga to find out how their research might be shifting, or how their focus might relate to the new reality of COVID-19, and how they are managing in this era of physical distancing.

In this first episode, I chat with psychology professor Samuel Ronfard about his research and also how to best chat with young kids about things like germs, global pandemics, and physical distancing. We also talk about some of the things he's doing during this time of self-isolation and how he's balancing work at home while also having a toddler toddling about.

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CD: Samuel Ronfard is an assistant professor in UTM's Department of Psychology and the Director of the Childhood Learning and Development Lab. His work explores how children learn about, come to believe in, and come to understand ideas and concepts that defy their everyday experiences and their intuitive theories about how the world works.

Samuel completed a BA at Tufts University in Massachusetts, a Master’s at Pace University in New York, a Master’s and Doctorate in Education at Harvard, and completed a Postdoctoral appointment at Boston University. Prior to completing his graduate work, he taught students with special needs in New York City for four years.

Samuel joined UTM’s Department of Psychology in 2019.

CD: I just wondered if you could give a brief overview of your program of research

SR: Yeah, definitely. I'm broadly interested in how children come to believe in and understand what they can't directly experience for themselves, so that includes a lot of scientific concepts and most relevant I think to our conversation today is germs. If you think about germs, children can't see germs. They can't design experiments to test whether germs exists. Even though we tell them a lot of things about germs and germs getting you sick, it's kind of hard for them to observe that causal relationship between touching or interacting with someone who is sick and then getting sick yourself because usually there's kind of a delay. Their sickness has to kind of incubate and all of that. It's kind of hard for them to get actual data on this.

As part of understanding how children come to understanding these surprising events that they can't see or experience on these ideas, there's really three parts. One is kind of understanding how children learn from what other people tell them. Do children generally accept what they're told even when it's surprising? Do they test it? Do they ask questions about it? What factors influence those decisions? For example, caregivers, parenting goals and beliefs through our culture, understanding how aspects of the human mind shape what children find easier and harder to believe, but also how aspects of our mind also make it easier or harder for caregivers and adults to teach children. I think, finally, understanding how changes in what children believe about the world changes what they do.

CD: That's great. I think that really clearly outlines what it is that you work on. I'm wondering then as a follow-up based on your research, what is the best way that we can talk to our kids about things that are going on right now about the flu and things that may be beyond their comprehension about like what is a global pandemic and why we can't spend time with our friends or visit relatives at this time. How much can we share with them and how frank and honest should we be?

SR: Well, I guess there's two parts to that question. Well, I think generally it's good to be honest with children and to explain to them clearly what is happening. Well, one thing is I think research has shown that young kids, even four- and five-year-olds, can really
understand a lot more than we can give them credit for and can put things together in ways that we didn't think they were able to. Now, that doesn't mean that you should tell them too many details, but if you explain to them how people get sick and why and how that relates to the things that we have to do, for example, social distancing and things like that, that will make a big difference. I can go in a little bit more details about that. The other thing I guess I would say is I think you want to be informative with children.

SR: I think you don't want to share necessarily all of your fears and anxieties with them because that does that influence children's own fear and anxieties. I think it's important to be careful about what you're sharing in that sense. But I think if you teach them about germs and viruses, that's good. The reason that's good is I think we know that young children, four or five, even up to eight or nine, they know a lot of facts about the flu and about other diseases and contagious diseases, but they don't necessarily understand how and why viruses make people sick.

The fact that they don't understand the mechanisms of that means that they're more susceptible to believing inaccurate information, to be scared about things they shouldn't be scared of, and might not be able to understand what a global pandemic is. I mean, at the end of the day, what is a global pandemic? Well, it's just that a lot of people are getting sick because of the way that viruses transmit, and we weren't very good at kind of stopping the spread of those germs. As a result of that, you just have more people than usual during getting sick. I think you want to pre-phase that with more information about viruses themselves, and I'll talk about that in a bit.

The other reason I think why you want to increase children's understanding of the flu is that you don't want to just tell them, "Do this. Don't do that." We know that from research just telling kids, "Do this. Do that," kind of nagging them to do certain behaviors is not going to be helpful that much. Because, for example, if you take washing your hands, so you might tell your kids, "It's really important for you to wash your hands," but if the kids don't understand why, they might comply and wash their hands every time they come in out of the house and things like that.

But if they understand that the reason you wash your hands is because germs can get on your hands from touching other surfaces and that soap and alcohol kills the germs and that dead germs don't make you sick, then maybe they'll start doing other behaviors that you didn't explicitly tell them to do. But because they understand the reasoning behind washing your hands, they'll start to apply that reasoning to other things. Here's kind of what I would say that you could tell kids, and this is based on research that [inaudible 00:07:33] and colleagues at the University of Hong Kong. They developed this intervention for third and fourth grade students in Hong Kong after the SARS epidemic, and it showed to be pretty effective at kind of changing children's behaviors.

More recent research with younger kids, around four year olds, Vanessa LoBue at Rutgers has done similar things. Teaching children about the causal mechanisms. I would emphasize the following four facts based on my research. One, viruses are tiny living
things that can't be seen with the naked eye, right? You can't see where they are. I would also emphasize that viruses do better in some environments than in other, so they can survive outside when it's cool, when it's humid, but they can be killed by heat and disinfectants and soap, and that only viruses that are alive can cause the flu, right? If the virus has died because you washed your hands, you disinfected a surface, you're not going to be able to catch it.

SR: Second, that viruses really enter your body through certain parts of your body, like your eyes, your nose and your mouth. That's why we don't want to be doing things like touching a surface in a playground and then taking your hands and putting them on our face, for example. I think emphasizing those things should help children develop a basic understanding of viral transmission and facts about viruses and should help them kind of engage in more behaviors that will help them prevent that. I think from this, you can then go on to explain things like, well, we can't see grandma because one of the things... If you've been in contact with other people that are sick, if we go there, we might sneeze or we might bring those germs to grandma and she might become sick as well.

We're going to bring those germs that are alive with us. We don't want to be too close to people because if someone sneezes or someone is sick, those germs can go and travel through the air a certain distance. They can't go very far, but it can go a little bit far. If we're too close to other people, then we might catch viruses and diseases from them. But if we're far enough, then that's going to prevent it. Things like going to the playground, you can explain, well, we don't know if other people are sick. If they're sick and they play and they put the germs on their hands and then they put it on all of the toys and things like that, then when you touch it, you might also bring those things, right?

Even if you don't appear to be sick, you might still have the germ and you might give it to other people who can get sick. I think that's kind of how I would phrase it for kids, and I think by doing that you're really giving them the kind of conceptual tools to be able to reason about it's good that we do those things and to apply it in situations that are more broad than just you telling them, "Do this. Do that," because you can't fake of all the things that you should tell your kids to do and not to do. They're not going to remember all those things. I think informing them is the most effective thing you can do.

CD: Yeah.

SR: I think story books and things like that are really great for communicating with children. The important part is really that those story books convey the actual causal mechanisms. Some things I've seen are trying to make kids feel better or explain, it's sad that we can't do this, and really those storybooks and things pay attention to the emotions of children and their parents. Like, "This is really hard. It's okay that it's hard. It's going to end someday," which is important. But again, I think that sometimes those things don't really transmit to kids the information they need to know about why viruses, how they're transmitted, and how they cause a disease.
SR: While it might kind of help them feel better a little bit, I think it probably would help kids feel better if they knew why we were doing these things and becomes a thing that we have to do. Actually, that's kind of happy. We're doing it because we're trying to protect other people's lives, right? We're trying to do things that are going to help. I think by giving that information, we're really turning it into a positive message for the kids.

CD: Absolutely. On that note, I do understand you have a toddler at home. Some people are posting things that I've seen on social media like #pandemicparenting, but I wonder, what kinds of things have you been incorporating in your own home life in this era of physical distancing? What have been some of your successful coping strategies?

SR: Yeah. I mean, I guess I'll say that I think it's probably different from everyone, what works, what doesn't work. I mean, I guess one thing I'll say is it's definitely hard. I think that the biggest thing I've learned is just I think being kind to myself, to my partner, to my son, to my toddler. Just realizing that we're all stressed and so we're all going to be a little bit different than we usually are and that's all right. I think the second thing is we're trying not to use all that time to trying to teach him lots of things. I mean, we're trying to make it fun for him and for us. We're singing songs. We're watching songs on YouTube and then singing it with him. We're going outside. We're looking at the trees. Especially now when the spring is here, looking at the flowers, things like that, reading, playing, doing things. But I don't think we've changed a ton of things. I mean, one thing that's worked for us is I like to cook and so does my partner. We've done a lot of cooking and baking with him and that's been really fun. He really enjoys that, doing that with us, and then eating afterwards and eating together. I think in general we've just tried to prioritize staying kind of sane rather than being productive. I think that we're trying to dig in for the long haul and make sure that we're feeling that we're at a place where we can be with him and not feel stressed.

CD: It is becoming a common theme. People are saying they're doing a lot of cooking. I wonder, do you have a favorite recipe that you like to make with your son?

SR: Well, I think his favorite thing are definitely cookies and cakes. I mean, I think partially because it's really... Obviously they taste good and he likes sweet things more than salty things. I think it's also nice to do cookies because it's fairly easy to do. What we do is we'll measure things out with him ahead of time and put them in little containers, so then he can kind of contribute by pouring the containers in when you're mixing the flour and the sugar. Those are things that he can do that if it's in a big bowl, it's not going to splash too much. It minimizes the stress of having to clean up, but he can definitely do that. He likes kind of looking at it being cooking and things like that. That's good. I mean, I think we're definitely letting him watch a little bit more stuff than we used to, and I think that's fine. It's giving us time to also decompress. We're watching some things with him and talking to him about it, and I think he's really enjoying that. We're definitely doing a lot more FaceTime with family members and friends, and I think he's liking that
as well, seeing his grandmother and his grandfather on the phone. He recognizes them and he has a good time.

CD: Yeah. Again, it sounds like making the most of the situation, but I really liked the description of the cooking because I just think you're measuring things out, but there is also the tactile, like feeling the flapper and all that stuff, and then being able to eat whatever it is that you've created.

SR: Yeah. I mean, I think a lot of people have been really creative with lots of things. Someone told us about, for example, rice. He loves playing with rice and moving rice from one container to another. If we set up lots of containers, he can move them around and he really likes that. We've been doing gardening together quite a bit as well, which he really likes. We're lucky that we have a small backyard. Picking up leaves, picking up sticks, putting them in a bin, those are all things that he likes and he's contributing to it. I think we were talking earlier, I mean, I think we're just, as a family too, just trying to see the positive of this. We're spending time together we wouldn't be spending together and that's really cool. We have to be thankful for that.

CD: Yeah, absolutely. I think that sounds like a great balance of everything that you're doing. I just wanted to thank you so much though for your time today, Samuel, and for telling us about like what you're doing research wise, but also things that you're doing around the house that are helping you and your family get through it. But thank you so much.

SR: Yeah, definitely. I definitely want to say it's definitely for a... I definitely won't acknowledge that. I don't want people to feel like, "Oh, it's really easy." I think it is really hard, but I think we're all in this together too and I think that's a silver lining as well. Maybe in some ways this will help bring all of us together closer because we'll have this shared experience as a country and as a group of people. I think we have to be hopeful.

CD: Absolutely. Thank you so much.

SR: Thank you so much, Carla, and happy to talk anytime.

CD: Okay. I really appreciate it.

[intro music fades in]

CD: I would like to thank everyone for lending me your ears while you're all sequestered and for listening to today's show.

I would like to thank my guest, Professor Samuel Ronfard from UTM's Department of Psychology, for taking the time to chat with me and tell me about his work, how we can better communicate with kids, and for sharing with us some of the things he's doing while he is at home with his family.
I would like to thank the Office of the Vice-Principal, Research for their support, and in particular Devin Krueger for his messages of be best. It has definitely helped lead me through this time.

I would like to thank the Office of Communications at UTM for their support and for helping to promote the podcast.

Lastly, and as always, thank you to the tuneful Tim lane for his tracks and support.

Thank you!

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