

6 ICLEI 2016-28 Monzia Mushtaq

Difference between Third Gender People and Gender Conforming People in Life Satisfaction and Life Stress in Bangladesh

Monzia Mushtaq
Psychosocial Counselor and Lecturer,
Counseling Unit, BRAC University
66, Mohakhali, Dhaka, Bangladesh
monziamushtaq13@gmail.com

ABSTRACT

The study was designed to answer whether the life satisfaction of the third gender people is lower than the gender conforming people; whether life stress of the third gender people is higher than the gender conforming people, and whether there is a negative correlation between life satisfaction and life stress or not. A total of hundred (100) people were selected for the present study, where fifty (50) participants were third genders (hijra), and among rest of the fifty (50) participants, twenty five (25) were male and twenty five (25) were female participants. Both groups of participants were of the same age level that was in between 20-30 and were illiterate and socioeconomic status was lower class. For the study, purposive sampling technique was used. The findings of the study indicated that there was a negative correlation between life satisfaction and life stress. The Result indicated that there were differences between third gender and gender conforming people in both life satisfaction and life stress. Third gender's mean rank in life satisfaction was 29.34 and that of gender conforming people was 71.66. That is the life satisfaction of third genders is lower than the gender conforming people. Result also indicated that the life stress of third genders was higher than that of gender conforming people, life stress score of third gender was 71.38 and that of gender conforming people was 29.62.

Keywords: Third gender, life satisfaction and life stress

Introduction

In Bangladesh, there are some people who do loud make-up, and use bright lipstick; one can see them in low cut blouses with vibrant sarees. These inhabitants are spotted in bunches in crowded street, busy market places and local trains, and hustling for 10 or 20 taka. These striking figures who are seen walking in the street of Bangladesh fearlessly are commonly known as Third Genders (hijra) in Bangladesh. These people suffer from psychological distress and also dissatisfied about the life they have for many reasons.

Unfortunately the cohort of third genders has no such balance among physical, mental and social wellbeing. International research demonstrates that experiences of stigma-related prejudice, discrimination and victimization frequently characterize the lives of lesbian, gay, bisexual, and transgender (LGBT) individuals (e.g. Balsam, Beauchaine & Rothblum, 2005; Huebner, Rebhook & Kegeles, 2004). Such experiences have been linked to a range of negative outcomes including psychological distress (e.g. Smith & Ingram, 2004; Szymanski, 2005). Third genders (Hijras) in Bangladesh have virtually no safe space, where they are protected from prejudice, discrimination and abuse. The prejudice is translated into violence, often of a brutal nature in public places, police stations, prisons and even their homes as well. There is no authentic statistics on how many third genders (hijras) are living in Bangladesh.

According to newspaper reports, their number varies from 30,000 to 150,000. The Third Genders get little sympathy from society. They are commonly subject to ridicule and rejection in their everyday lives from the society. They live in small groups each headed by a senior leader called *Guru Ma*, who trains the newly joined hijras to dance, sing, and use musical instruments to earn money.

They typically live in the margins of society, face social discrimination and earn their living in various ways, e.g., by coming uninvited at weddings, births, new shop openings and singing until they are paid. Other sources of income for the hijra are begging and prostitution. They are psychologically very stressful, because they do not get the proper support from their family, neighbor, in short from the society as a whole. As a result, their overall life satisfaction is not that much of high. Their vulnerabilities, frustrations, depression and insecurities have been historically overlooked by mainstream society in our culture. In Bangladesh, mainstream society does not accept others beyond the male-female genders. Those who live beyond this continuum are subject to harassments, insults and abuses almost every day.

Purpose of the Study

Although the research on risk-taking behavior (e.g., risky sexual behavior, substance abuse) among gender-nonconforming and transgender individuals is growing, researchers know much less about the psychosocial adjustment (e.g., life satisfaction, anxiety, depression) experienced among this population (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Kenagy, 2002, 2005; Kenagy & Hsieh, 2005a, 2005b). Therefore, it is extremely important to examine whether the third gender individuals are really dissatisfied and highly stressful about their gender identity because of the society's prejudice, discrimination and violence against them or not? Few researches have been done internationally about the mental health aspects of third gender individuals, but there is no specific study or research on the life satisfaction and life stress of third genders. In Bangladesh, no research evidence has been found dealing with their mental health issues (e.g. life satisfaction, life stress). Such research on the life satisfaction and life stress of third gender individuals' might be useful to give useful information about the mental health condition of third gender people in Bangladesh, so that the government and private sectors can take right policy and steps to help such third gender people to have a healthy, sound mental health conditions.

Research Questions

A detailed review of the relevant literature indicates that because of prejudice and discrimination the third gender individuals are dissatisfied with the life they have and they are highly stressful in their lives. But until today, in Bangladesh, the scientists do not know clearly whether the life satisfaction is low and stress is high in third gender people or not. So the proposed study is designed to answer the following questions:

- (a) Does the life satisfaction of third gender people is lower than the gender conforming people?
- (b) Does the life stress of the third gender people is higher than the gender conforming people?
- (c) Does there exist any correlation between life satisfaction and life stress?

Hypotheses

From the research questions, following were the hypotheses that were taken:

- (a) The life satisfaction of the third gender people would be lower than the gender conforming people.

- (b) The life stress of the third gender people would be higher than the gender conforming people.
- (c) There would be a negative correlation between life satisfaction and life stress.

Literature Review

A growing body of literature suggests that young people who do not conform to heteronormative societal values are at risk for victimization during adolescence (Meyer, 2003; Oswald, Blume, & Marks, 2005). Lesbian, gay, bisexual, transgender (LGBT), and gender-nonconforming youth are at elevated risk levels for experiencing victimization (Kosciw, Diaz, & Greytak, 2008; O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004) and negative psychosocial adjustment (e.g., suicidality, depression, anxiety; (D'Augelli, Grossman, & Starks, 2006; Pilkington & D'Augelli, 1995). A number of studies document the direct effects of individual-level characteristics (i.e., gender nonconformity and sexual minority status) and social experiences (e.g., school victimization, negative family experiences) on psychosocial adjustment (Carver, Yungler, & Perry, 2003; D'Augelli, Pilkington, & Hershberger, 2002; Rivers, 2001a; Russell & Joyner, 2001; Yungler, Carver, & Perry, 2004). Abu Mokeram Khondaker, secretary general of Association for Environment and Human Resource Development (AFEHRD) says "Hijras face prejudice and discrimination in every turn, Marked out by their sexual difference, they are hounded out of schools and hence lack the necessary qualification to set proper job." (thedailystar.net 2009). One theoretical explanation that may help to explain the high prevalence of psychosocial problems that gender-nonconforming individuals experience is (Meyer's, 1995, 2003) minority stress model. (Meyer's, 1995, 2003) minority stress model posits that lesbian, gay, and bisexual individuals are at increased risk for mental health distress because of their stigmatized sexual identities. (Meyer (2003) discussed that the unique stressors that sexual minority individuals experience range on a continuum from more distal processes that occur externally (i.e., actual experience of discrimination and/or violence) to proximal processes that occur internally (i.e., expectations of discrimination and/or violence, internalized homophobia). As explained by Meyer (2003), the experiences of distal minority stress processes (e.g., school victimization due to minority status) are likely to be associated with an increase in proximal minority stress processes (e.g., expectations of victimization). Combined with general life stressors, unique minority stress can plausibly cause poor psychosocial adjustment. Research has demonstrated high rates of suicidality among LGBT populations in the United Kingdom (e.g. McNamee, 2006) and has linked suicidality to negative experiences resulting from stigmatisation (Johnson, Faulkner, Jones & Welsh, 2007).

Methodology

Defining Population

The third gender people and gender conforming people from different arenas of Bangladesh were regarded as the population of the study.

Sample

A total of hundred (100) people were selected for the present study, where fifty (50) participants were third gender (hijra), and they comprised the experimental group. The rest of the fifty (50) participants comprised the comparison group where, twenty five (25) were male participants and twenty five (25) were female participants. Both groups of participants were of same age level that was in between 20-30, same educational background, that was illiterate and from socio-economic status that was lower class. For this study, purposive sampling technique was used.

Table 1
Description of the sample

Gender	Number of Respondents	Age Range	Educational background	Socio-economic status
Male	25	20-30	Illiterate	Lower Class
Female	25	20-30	Illiterate	Lower Class
Third Genders	50	20-30	Illiterate	Lower Class

Total no. of respondents=100

Measuring Instruments

The following instruments were used to measure life satisfaction and life stress of third genders and gender conforming people:

A demographic and personal information questionnaire was used to collect data about age, gender (sex), occupation, educational qualification and socio-economic background of third gender and gender conforming people.

The Satisfaction with Life Scale (SWLS) is a measure of life satisfaction developed by Ed Diener and colleagues (Diener, Emmons, Larsen & Griffin, 1985). The Bangla version (Ilyas, 2001) of Diener, Emmons, Larsen and Griffin's (1985) Satisfaction with Life Scale (SWLS) was used to assess the individual's own judgment of his or her quality of life. The SWLS was a 5-item instrument with 7 point response format ranging from *strongly disagrees* to *strongly agree*. The total score ranged from 5 to 35, with higher scores.

Algorithm

Total = 30-35 High Life Satisfaction

Total = 18-29 Moderate Life Satisfaction Feedback

Total = 5-17 Low Life Satisfaction

The correlation between the responses of the same respondents in English and Bangla version SWLS was highly significant, $r_{28}^{.628}$, $p < .001$ (Ilyas, 2001). The test-retest reliability of the Bangla version SWLS with three weeks gap was $r_{48}^{.662}$, $p < .005$ (Ilyas, 2001). Ilyas and Huque (2006b) found the translation reliability of the Bangla version SWLS highly significant at three weeks interval, $r_{48}^{.733}$, $p < .01$. The internal consistent reliability (Cronbach's alpha) of the Bangla version SWLS was .8589 (Ilyas & Huque, 2006b).

The English version of Perceived Stress Scale (PSS) was developed by Sheldon Cohen (1983). The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress. This scale was translated into Bangla by Fahim (2001). But in Bangla version item no 1,2,3,7,9,10 are negative items and item no 4,5,6, and 8 are positive items. The correlation coefficient of the Bangla version of the life stress questionnaire with English was found to be .90 which was significant at 0.01 level. Test-retest reliabilities over a period of 2 weeks were .94 which was significant at 0.01 levels. This means that the reliability of the scale was satisfactory.

Algorithm:

Total=0-10 Low acuity

Total=11-25 Moderate acuity

Total=26-40 High acuity

Procedure

For taking consent at the beginning, the respondents were briefly described about the sole purpose of the study. They were informed that the purpose of the study is academic and the responses would be kept confidential. Following standard procedures, the Satisfaction with Life Scale (SWLS) and Perceived Stress Scale (PSS) were administered to the participants. Before starting to answer the question, the respondents were requested to make a silent listening of the standard instruction provided with the scales. Along with the written instructions, the participants were given verbal instruction to make sure that they have understood the tasks. Also further instructions were given if they faced any problems understanding the questions. As the participants were illiterate, so the questions were asked verbally and then the answers were recorded accordingly. There was no time limit to answer the questions. They were also required to supply their socio-demographic information (age, sex, education, occupation etc) before responding to the questions. Finally, they were given thanks for their sincere cooperation.

Data Processing and Statistical Analysis

The obtained data were processed and analyzed by employing inferential statistics. The participant's responses were scored according to the scoring of the scales separately. At first, the scores of each participant's were preserved, and then scoring was done for each participant's total scores on both scales separately. After getting the numeric data in this way, data were fed into computer for analyzing in SPSS (Statistical Package for the Social Sciences). Then statistical analysis like Mann-Whitney *U* test was done for both these scales, as the present research was done to see the difference between two group's mean in life satisfaction and in life stress and Pearson Product Moment Correlation was done to see whether life satisfaction and life stress are correlated or not.

Result

Table 2

Bivariate correlation among Life Satisfaction and Life Stress

		Life stress score
Life Satisfaction score	Pearson Correlation	-.767
	Sig. (2-tailed)	.000
	N	100

* $p < 0.01$

Table 3

Difference between Third Genders and Normal People in Life Satisfaction and Life Stress

Gender		N	Mean Ranks	Sum of ranks	Mann-Whitney <i>U</i> Test
Life Satisfaction score	Gender Conforming People	50	71.66	3583.00	192.000
	Third Gender People	50	29.34	1467.00	
Life Stress score	Gender Conforming People	50	29.62	1481.00	206.000
	Third Gender People	50	71.38	3569.00	

* $p < 0.001$

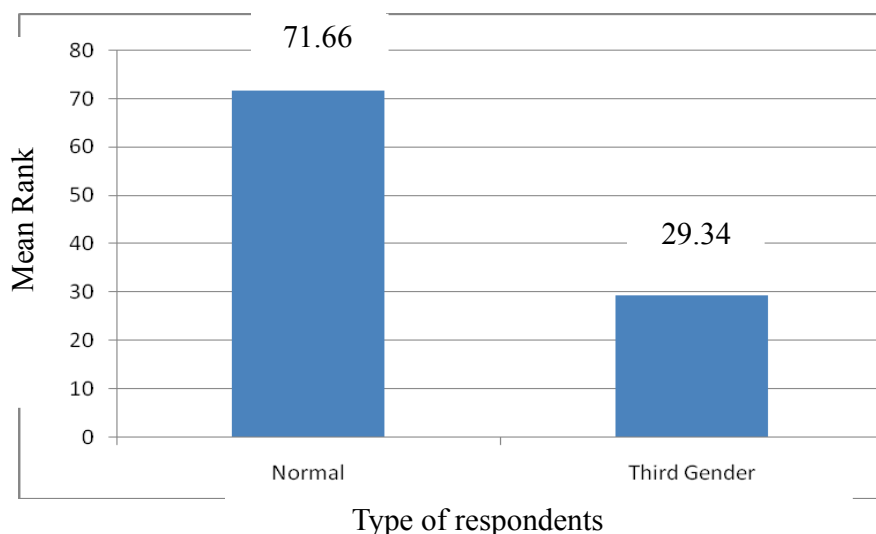


Figure 1: Mean rank score of gender conforming and third gender people of life satisfaction

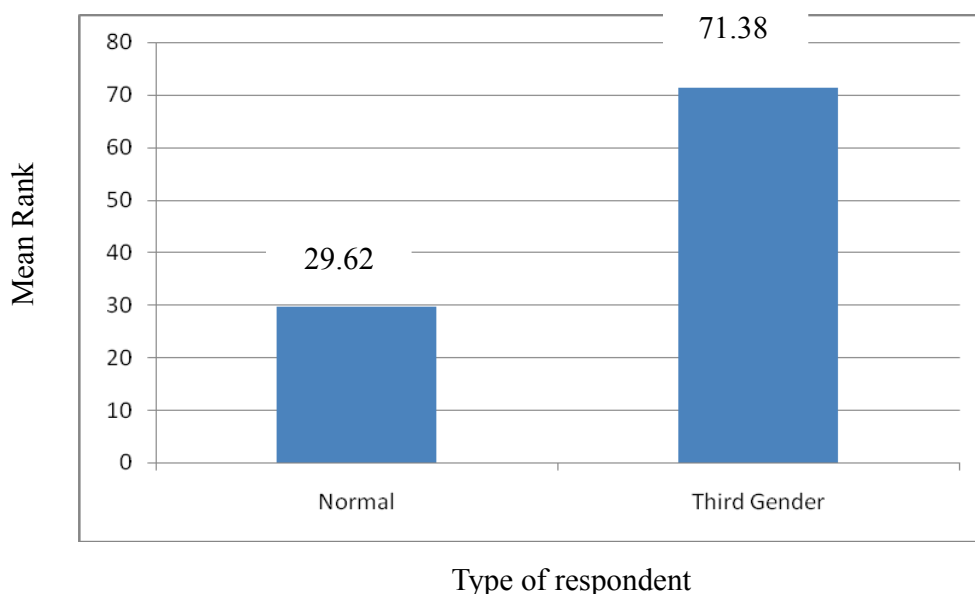


Figure 2: Mean rank score of gender conforming and third gender people of life stress

Discussion

It was hypothesized that (a) the life satisfaction of the third gender people would be lower than the gender conforming people, (b) the life stress of the third gender people would be higher than the gender conforming people, (c) there would be a negative correlation between life satisfaction and life stress. The findings of the study supported all the three hypotheses. Results of the Table 2 indicated that there was highly significant negative correlation between life satisfaction and life stress that was -0.767 . Table 3 indicated that there were differences between third gender and gender conforming people in both life satisfaction and life stress. Third gender’s mean rank in life satisfaction was 29.34 and that of gender conforming people was 71.66. That is the life satisfaction of third genders was lower than that of the gender conforming people. Table 2 also indicated that the life stress of third genders was higher than

that of gender conforming people, life stress score of third gender was 71.38 and that of normal people was 29.62. The results supported previously conducted studies as well.

Since early childhood, these third gender people's preference for female clothing, make-up, playing with girl's toy, and possessing a 'soft' nature like girls, is not taken positively by family members, and the society at large. They are always being bullied for their dress up, styles and almost for everything. Often their family members and relatives make fun of them which create higher level of stress among them. They are highly dissatisfied with the life they have due to such humiliation. When they cannot fulfill their familial expectations to act like a boy, it became problematic; they encounter various types of negligence, humiliation, insult and abusive incidents. They often become victim of emotional abuse but have no place to share their sadness. The third gender people in Bangladesh often face discriminatory and conflicting behaviors in their homes. Due to such types of attitude they receive from the family often lead them to develop lower level of satisfaction in life as well as higher level of stress level. The abuse experienced by gender-nonconforming adolescents frequently occurs at school (D'Augelli et al., 2006; Henning-Stout, James, & Macintosh, 2000).

They are not welcomed in schools warmly and at the school, they face a hostile environment for incompatible sex-gender roles and attitudes. They often experienced loneliness and abusive treatment; for example, they are not allowed to talk and share with classmates; not allowed to go to the playground. Unable to adapt within hostile school environments, most become reluctant to continue schooling and they drop out from the school. Most of the teachers in Bangladesh are not properly educated about the concepts of third gender, therefore, the teacher often abuse them emotionally and physically, and force them to change their feminine behaviors. Such types of pressure create higher level of stress on them. Such stressors render the environment hostile and unpredictable and may thus increase feelings of vulnerability (Meyer, 2003).

Despite being connected to a family, the third gender people are basically alone. They try their level best to adjust with their family at any cost to obtain mental relief, but most often they experienced rejection, and humiliation from their family members. This is one of the reasons why they leave their family and join the third gender community. Often the third genders are being sexually abused and forced to have sex with men who pay money to **guru**. The *third genders claim that they do not get* a mainstream job due to lack of education, social exclusion and 'unusual' non-conforming lifestyle which are unacceptable for the traditional working environment. In some cases, many **hijra** are abused verbally, emotionally, physically, and sexually at workplaces for which they never receive any justice.

Most of the *third genders have* love relations with their male sexual partners. Most often men pretend to be in love-affair with *them* and continue to have sex. The third genders try to stay with them by giving them money. But unfortunately our society does not permit such kind of relationship beyond hetero-normatively. As a result, a love relationship with a **man** ends up with heart-breaking incidents. This cause extreme sadness on them, often they perceive the life as valueless. They lose self-esteem and hope of survival and remain dissatisfied in their lives. Many of them try to commit suicide as well.

Because of holding stigmatized *third gender* identity, they have limited access to physical and mental health facilities in Bangladesh. Medical doctors have limited knowledge about the *third gender* culture and sexuality. Most of *them* live with frustrations and incidents of abuse and humiliations throughout their life. These all make their lives mostly dissatisfied and also increase in them higher level of stress.

The quality of life among transgenders is lower especially with relationship with social quality of life. Previous studies from elsewhere using different instrument for assessment suggested psychological quality of life to be particularly impaired among transgenders.

(Motmans J, Meier P, Ponnet K, T'Sjoen G 2012; Newfield E, Hart S, Dibble S, Kohler L, 2006)

Limitations of the Study

The data were collected from a small size (i.e. Sample=100). For better understanding, it is recommended to collect data from a large sample.

There were some response biases like when some of the third genders were asked about life satisfaction and life stress, they tried to say all positive words that showed that they had a tendency to respond in such a manner that represents them as good or happy people in front of others.

Since all the participants were illiterate, so they had difficulty in understanding the questions on the scales. They gave some responses without understanding the meaning truly.

Many of them seemed were not aware of their true feelings, so some of the participants responded from the surface of the mind.

Since, the study was not conducted in a laboratory, and the study was conducted in their community, therefore, it was not possible to control the extraneous variables like noise; it was not possible to interview the participant individually on a physical setting which promotes privacy. The study also lacks ecological validity.

Recommendations

In every community clinic, there must be a segment for this cohort's physical and mental health treatment.

In official form both in public and private sectors an additional option for third genders needs to be included.

There is no subject matter about third genders in secondary or in higher secondary curriculum. So that people know less about this group. The concept of third genders must be included in educational curriculum. This issue could be included in social science and in biology as well.

Inclusive educational institutions should be introduced to bring this cohort into the mainstream society.

As they could not adjust to the mainstream society, they always remain isolated, they have no home, safety, education, health care (both physical and mental), and so it is very necessary to rehabilitate them.

If some reformative measures like training them on organizational fields, clerical job, computer operation, and tailoring can be done, then, this rehabilitation program would be helpful for them to make a fresh start in their lives

Now-a-days the number of third gender (hijra) prostitutes is increasing in alarming rate, so they are at the high risk for HIV and STD contamination. They should be made aware of HIV contamination, sexually transmitted diseases and what they should do to protect themselves from these diseases.

It is very important to create awareness among the whole nation about third gender's mental health issues. We can create awareness through rallies, seminar, -symposiums, workshop, and round table discussion.

Conclusion

To conclude, the third genders in Bangladesh suffer from significant levels of stress, and have impaired quality of life. The causes of emotional distress and poorer life satisfaction are due to stigma, discrimination, isolation, lack of employment opportunities and victimization

etc. This study provides a base for further research into systematic evaluation of the change in psychological distress with social empowerment of this cohort.

Reference

- Balsam, K.F., Beauchaine, T.P. & Rothblum, E.D. 2005. Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*, 73 (3), 477-487.
- Carver, P. R., Yunger, J. L., & Perry, D. G. 2003. Gender identity and adjustment in middle childhood. *Sex Roles*, 49, 95-109.
- Cohen, S., Kamarck, T. & Mermelstein, R. 1983. A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.
- D'Augelli, A. R., Grossman, A. H., & Starks, M. T. 2006. Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of Interpersonal Violence*, 21, 1462–1482.
- D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. 2002. Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly*, 17, 148–167.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. 1985. The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75
- Fahim. 2001. Bangla version of Perceived Stress Scale. Life Stress and Coping Strategies Adopted by Elderly People (2008). *Journal of Psychology*, 32, 4.
- Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. W. 2006. Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38, 230–236.
- Henning-Stout, M., James, S., & Macintosh, S. 2000. Reducing harassment of lesbian, gay, bisexual, transgender, and questioning youth in schools. *School Psychology Review*, 29, 180–191.
- Huebner, D.M., Rebchook, G.M. & Kegeles, S.M. 2004. Experiences of harassment discrimination and physical violence among young gay and bisexual men. *American Journal of Public Health*, 94, (7), 1200-1203.
- Ilyas, Q.S.M. 2001. Bangla version of Satisfaction with Life scale. Unpublished Manuscript, Department of Psychology, University of Dhaka
- Ilyas, Q.S.M., & Huque, A.U. 2006b. Bangla version of Positive and Negative Affect Schedule. Unpublished Manuscript, Department of Psychology, University of Dhaka.
- Johnson, K., Faulkner, P., Jones, H. & Welsh, E. 2007. *Understanding Suicide and Promoting Survival in LGBT Communities*. Brighton: Brighton & Sussex Community Knowledge Exchange Project.
- Kenagy, G. P. 2005. Transgender health: Findings from two needs assessment studies in Philadelphia. *Health & Social Work*, 30, 19–26.
- Kenagy, G. P., & Hsieh, C.-M. 2005a. Gender differences in social service needs of transgender people. *Journal of Social Service Research*, 31, 1–21.
- Kenagy, G. P., & Hsieh, C.-M. 2005b. The risk less known: Female-to-male transgender persons' vulnerability to HIV infection. *AIDS Care*, 17, 195–207.
- Kenagy, G. P. 2002. HIV among transgendered people. *AIDS Care*, 14, 127–134.
- Kosciw, J. G., Diaz, E. M., & Greytak, E. A. 2008. *The 2007 national school climate survey The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York, NY: Gay, Lesbian and Straight Education Network.
- McNamee, H. 2006. *Out on Your Own: An Examination of the Mental Health of Young Same-Sex Attracted Men*. Belfast: The Rainbow Project.

- Meyer, I. H., Carver, P. R., Yungler, J. L., & Perry, D. G. 2003. *Gender identity and adjustment in middle childhood*.
- Meyer, I. H. 2003. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697.
- Meyer, I. H. 1995. Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38–56.
- Motmans J, Meier P, Ponnet K, T'Sjoen G. 2012 Female and male transgender quality of life: socioeconomic and medical differences. *J Sex Med* 9: 743-750
- Newfield E, Hart S, Dibble S, Kohler L. 2006. Female-to-male transgender quality of life. *Qual Life Res* 15: 1447-1457.
- O'Shaughnessy, M., Russell, S., Heck, K., Calhoun, C., & Laub, C. 2004. *Safe place to learn: Consequences of harassment based on actual or perceived sexual orientation and gender non-conformity and steps for making schools safer*. San Francisco, CA: California Safe Schools Coalition.
- Oswald, R. F., Blume, L. B., & Marks, S. R. 2005. *Decentering heteronormativity: A model for family studies*. In V. L. Bengtson, A. C. Acock, K. R. Allen, P. Dilworth-Anderson, & D.M.
- Pilkington, N. W., & D'Augelli, A. R. 1995. Victimization of lesbian, gay, and bisexual youth in community settings. *Journal of Community Psychology*, 23, 34–56.
- Rivers, I. 2001a. The bullying of sexual minorities at school: Its nature and long-term correlates. *Educational and Child Psychology*, 18, 32–46.
- Russell, S. T., & Joyner, K. 2001. Adolescent sexual orientation and suicide risk: Evidence From a national study. *American Journal of Public Health*, 91, 1276–1281.
- Smith, N.G. & Ingram, K. 2004. Workplace heterosexism and adjustment among lesbian, gay and bisexual individuals: The role of unsupportive social interactions. *Journal of Counseling Psychology*, 51(1), 57-67.
- Szymanski, D.M. 2005. Heterosexism and sexism as correlates of psychological distress in lesbians. *Journal of Counseling and Development*, 83(3), 355-360.
- Yungler, J. L., Carver, P. R., & Perry, D. G. 2004. Does gender identity influence children's psychological well-being? *Developmental Psychology*, 40, 572–582.