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2 The Trouble with Screen Time

How young people spend their unsupervised time outside school has concerned adults ever since formal education became compulsory in the United States in the late nineteenth and early twentieth centuries (Wartella and Robb 2008). While today's children, adolescents, and teenagers continue to spend part of their spare waking hours with older media forms such as terrestrial radio and print books, screen-based and social media play a prominent role in most young people's daily lives. Children under age eight spend an average of one hour and fifty-five minutes using screen media daily (including television, DVDs, computers, video games, and mobile devices) (Rideout 2013). Three out of four US teenagers visit social media sites (e.g., Facebook or Twitter) at least once a day (Madden et al. 2013), and one in four use at least two types of social media daily (Rideout 2012). Much of this increased social media use is attributed to the sharp rise in smartphone adoption among US teens, up from 23 percent in 2011 to 37 percent in 2013 (Madden et al. 2013).

For many parents, screen time is a phrase they commonly hear in mainstream press reports on kids and media—for example, "Too Much Screen Time Can Threaten Attention Span" (Doheny 2010) and "Screen Time Higher than Ever for Children" (Lewin

2011). The term emerged in the 2000s, and refers (usually negatively) to children's overall time spent with media through any screen-based information and communication technology.[1] The AAP (2001, 1224) advises pediatricians to talk to parents about children's media use and discuss "limiting screen time (including television, videos, computer and video games) to 1 to 2 hours per day" for all children.[2] A more recent AAP (2013, 959) position statement backpedals a bit, specifying that the guidelines only pertain to children's time spent with "entertainment screen media." These limits, the academy explains, are due to research that points to children's excessive screen time being strongly related to a myriad of negative health effects, including obesity (AAP 2011) and substance abuse (AAP 2010). Furthermore, the AAP (n.d.) discourages any screen media use for children under age two, stating, "Young children learn best by interacting with people, not screens."

The picture painted by the AAP is not entirely dark. To be fair, the newest AAP (2013) statement lends some credence to the potential benefits of educational media for children. Yet the generic, pejorative usage of screen time remains culturally pervasive (Sarachan 2012). Apps geared toward parents with titles such as *Screen Time: Parental Control* and *Screen Time—Media Time Manager* have capitalized on the term. Since 2011, the Campaign for a Commercial Free Childhood (CCFC 2013) has organized Screen-Free Week, a seven-day period during which families are encouraged to "turn off screens and turn on life."[3]

Equating the reduction of screen time with an increase in families' "quality time" reflects the longing for an idealized notion of family life that has never existed for most Americans at any single point in US history (Coontz 1992). Such ideals are based on the dominant image of the nuclear family—one that is

white, English speaking, and middle class, with two heterosexual biological parents and able-bodied family members. While few would take issue with the AAP and CCFC's basic concern for children's health and well-being, the ways in which screen time is defined and targeted as a problem merits careful consideration.

In this chapter, following some historical background on the idea of screen time and a summary of its main critiques, I discuss how the concept is particularly problematic with respect to youth with disabilities and their families. I argue that the medical discourse around children's screen time produces a particular bodily standard that is projected as the ideal child. This rhetoric frames disability as a diminished state of childhood. Sweeping generalizations about screen time for children of all ages obscure the multifaceted nature of screen media use by youth with disabilities. Families should be able to interact with one another socially with or without screens, as necessary.

Screen Time: A Brief History

The term screen time and its circulation through the US mainstream press must be put in context with the expert advice that parents have historically received about managing young people's screen media use, starting with television (Jenkins 1998). Postwar baby boom families were among the earliest adopters of television and first market for television advertisers (Spigel 1992). Over the 1950s, Americans installed television sets into their homes at a more rapid pace than any information and communication technology to come before or after (DeGusta 2012). During this era, developmental psychologists (more so than pediatricians) offered advice about television's impact on children (Rich 2007). Mothers with growing child care responsibilities

readily found advice about managing children's television viewing in newspapers and popular magazines. These messages were mixed. Some child development experts expressed concerns about television's physical, psychological, and cognitive effects; others were hopeful about television as a site of family togetherness and learning; and some found the impact of television to be negligible (Seiter 1995).

Even in television's first decade, a specific focus on children's excessive time spent watching television appears in the popular press (Wartella and Reeves 1985; Wartella and Robb 2008). For example, a *New York Times* article titled "Youngsters 5 to 6 Give 4 Hours to TV" (1950) concludes that the more time children devote to television, the less time they dedicate to reading, studying, and engaging in creative and outdoor play. A 1957 *Los Angeles Times* article suggests that such press stories concentrating on the quantity of children's television viewing were par for the course during the decade. The author notes, "Every so often a report is published about the number of hours a day children spend watching television," and that taken together, they convey "a frightening statistic" (Downer 1957). Statistical fragments on rates of screen media use, strung together without context, have historically influenced parental beliefs about the negative impact of media, which Ellen Seiter (1999, 6) refers to as "'lay theories' of media effects."

Contemporary calls to reduce screen time are rooted in the "television-free" movement that first emerged in the 1970s. Advocacy from the medical field about the negative effects of media on children also arose during this era, whereas prior research was predominantly based in the fields of psychology and communication (Rich 2007). Reporting on the 1971 National Symposium on Children and Television, sponsored by

the parent group Action for Children's Television, the *Hartford Courant* led with the headline "Screen Time Calculated" (1975). The article largely consisted of statistics describing "the sheer volume of television youngsters watch." According to Nielsen ratings, by 1980, half of US households reported owning multiple television sets, and the market for video game consoles, personal computers, and portable music players grew over the course of the decade as well. The changing television landscape during the 1980s included a proliferation of cable and more hours of programming geared toward children than ever before (Hendershot 1998, 2004; Turow 1981).

In 1988, the AAP released its first television policy statement, titled "Commercialization of Children's Television and Its Effect on Imaginative Play." The statement included the recommendations that parents be warned about the dangers of "prolonged television viewing" and "limit the amount of time their children spend watching television" (AAP 1988, 900). The AAP's (1990) statement on "Children, Adolescents, and Television" added the recommendation that pediatricians advise parents to limit their children's television time to one to two hours per day. The academy also sought legislative support for the Children's Television Act of 1990, which required licensed broadcasters to air at least three hours of educational children's programming per week.

At the turn of the century, screens in US and other Western homes diversified and become more plentiful. Parents expressed growing concern about a shift from proximally shared living room experiences to children's physically isolated but digitally networked media use in bedrooms (Bovill and Livingstone 2001). A 1997 article in the *New York Times* on a Pulling the Plug week at an elementary school in the suburbs of New York City illustrates the other screen-based media drawn into

campaigns such as Television-Free Week, launched in 1994. "My concern is screen time," notes the vice president of the school district's board of education. "Parents make a distinction about videos and computer games, but that still reduces the amount of time left for play that a child has" (Rosenberg 1997). While the amount and types of screen media in US homes today are different from the 1950s, the present-day preoccupation with framing the relationship between children and media through the metric of time is an echo of the past.

Arguments against Screen Time

A number of scholars, journalists, and cultural critics have questioned the usefulness of screen time as a concept (see, for example, Guernsey 2014; Kleeman 2010, 2012), and argued for more nuanced conversations about children's experiences with media (Buckingham 2006). The main criticisms marshaled against screen time are as follows: screen time is determinist, it makes overgeneralizations about media content, it oversimplifies how families understand time, it does not displace nonscreen-based activities, and it does not distinguish between different types of screens. These critiques are explained below, along with dimensions of these contentions that speak specifically to the experiences of families of children with disabilities.

Screen Time Is Technologically and Socially Determinist

Screen time is a technologically determinist concept in that it categorizes screen media as an inherently bad influence on children. On the flip side, it is also socially determinist—a form of moral panic (Cohen 1972) about the fear of literally and figuratively leaving kids to their own devices. Screen time presents

children (especially girls) as intrinsically vulnerable to technology (Cassell and Cramer 2008). It is not that technology alone is empowering or disempowering to children, however, or that children will inherently use technology in either positive or negative ways. Rather, children's relationship with new media is more interdependent (Buckingham 2006). Social class and cultural background informs families' perceptions about the "proper" use and value of media in the home (Clark 2013; Hoover, Clark, and Alters 2004).

The determinist rhetoric of screen time extends beyond concerns with children's well-being. Antitelevision metaphors (e.g., the "plug-in drug"; Marie Winn 1985, 1987) have tremendous rhetorical sway in the US and Europe (Buckingham 1993). Television, as a medium, is constructed through these metaphors as a scapegoat for late twentieth-century social issues and cultural anxieties about drug abuse, gun violence, and teen pregnancy (Mittell 2000). This language strongly associates "improper" media use with poor and working-class, nonwhite children (ibid.; Seiter 2005, 2007). Calls for screen time limits are a diversion from larger institutional factors that impact children and their families (Seiter 1999).

Determinist discourse around children and screen media use is particularly pronounced when it comes to youth with disabilities. Parents frequently encounter mixed messages in the press about the relationship between children, disability, and media. These messages tend to depict youth with disabilities as defenseless and in need of protection, or as symbols of overcoming adversity and inspiration for people without disabilities (Haller 2010). Headlines about the media and technology use of children with disabilities vacillate between alarmist rhetoric, such as "Boys with Autism or ADHD More Prone to Overuse Video

Games" (Shute 2013), and techno-utopian language, like "iPad Opens World to a Disabled Boy" (Hager 2010). Such stories tend to obscure the complex sociocultural, political, and economic factors that play a part in children's encounters with technology, for better and worse, in their everyday lives. These reports in the mainstream media also generally fail to include the perspectives of individuals with disabilities communicating on their own behalf about their media use and technology habits (see, for instance, Clarke 2012).

Screen Time Makes Overgeneralizations about Screen-Based Content

The AAP specifically targets entertainment screen media in its suggestions about screen time limits. In doing so, it pathologizes the pleasures that children and their families may derive from such content. For example, the National Institutes of Health contends carte blanche that "computers can be helpful when kids are using them to do schoolwork. But surfing the Internet, spending time on Facebook, or watching YouTube videos is considered unhealthy screen time" (Kaneshiro 2011). This statement does not consider the range of material on Web sites, usefulness of this material to children in their daily lives, or ways in which individuals and groups of children interpret media texts.

The AAP's position on children's leisure is deeply historically rooted in critiques of mass-produced culture (Benjamin 1968) and a condescending attitude toward "the masses" for being duped by the culture industry (Adorno and Horkheimer 2002). Painting consumers as unwitting victims underestimates the agency of audiences along with the ways in which people creatively interpret and remake mass media into something that better fits their own lives (Appadurai 1996; Ginsburg,

Abu-Lughod, and Larkin 2002; Radway 1984). Media texts provide a shared set of meanings and experiences for young people and their social partners to draw from in constructing as well as maintaining a sense of reality (Dyson 2003; Jenkins 2006; Pugh 2009). Popular media provide contexts for families to stay connected through activities such as playing, reading, and creating media (Lull 1990; Morley 1988; Clark 2013).

Another angle on the critique that screen time essentializes mass culture is that it overlooks the ways in which media use, outside purely "educational" content, can be particularly meaningful for different groups of youth with disabilities who may be socially excluded in other areas of their lives (see, for example, Belcher and Herr-Stephenson 2011; King-Sears, Swanson, and Mainzer 2011; Moni and Jobling 2008). Popular video games, as a cultural touchstone, can be a conduit for social acceptance for youth with disabilities (Pitaru 2008). In her ethnographic study of black children with significant disabilities and chronic illnesses, anthropologist Cheryl Mattingly (2003, 2006) found that children and their caregivers formed an "interpretive community" around children's mass media. They took up Disney characters and plots, reimagining and remaking them to resist the stigmatized identities that surround disability, race, and class. Media that is "good" for children is not always curriculum heavy. By lumping entertainment screen media into a totalizing negative category, the AAP does not reflect the nuanced ways that popular culture can be meaningful to youth, especially young people with disabilities.

Screen Time Oversimplifies How Families Understand Time

Sociologists have illustrated (often through qualitative research methods) that not all families think of time in the same ways

(Lareau 2000; Nippert-Eng 1996). Parents have different beliefs about the management and value of time, also known as a family's "temporal orientation" (Jordan 1992). While the AAP's screen time limits emphasize quantity (e.g., hours spent playing video games), families experience the passage of time in other ways, such as through patterns, routines, and rituals (Hochschild 1989, 1997). The meaning of screen time within a given family cannot be understood apart from a household's temporal ideologies.

Time may also take on different meanings among children with disabilities and their families. Families tend to adjust the timing of their daily lives to accommodate the needs of their child with a disability (Maul and Singer 2009). For example, travel time can take longer when a person with a physical disability encounters a mode of transportation that is difficult to access. Conversations may happen at a different rate with someone who uses an augmentative and alternative communication device. "Family mealtime" may happen more or less frequently depending on any feeding issues that a child with cerebral palsy might have. Screen media can sometimes help routines run more smoothly in households. Some autistic children, for instance, find low-cost visual schedule software and apps for mobile devices helpful for self-regulation (Hayes et al. 2010).

Various disability scholars discuss the notion of "crip time" as a more flexible alternative to normative time frames (Gill 1995; Zola 1993). Disability can shape people's relationships with time, for individuals with disabilities and anyone who spends time with them. Crip time provokes the examination of norms and expectations about the pace, scheduling, and duration of human activities (Kafer 2013), including that of household routines. Screen time is based on particular normative expectations

about how children's bodies relate to time, screens, and other people's bodies.

Screen Time Does Not Displace Nonscreen-Based Activities

A primary argument used to promote screen time limits is the time-displacement theory (Hornik 1981; Maccoby 1951). The main idea behind the displacement hypothesis is that children spend less time doing traditionally nondigitally mediated activities than they used to (e.g., going outside, learning musical instruments, participating in imaginative play, reading print books, or doing homework), and that the primary cause for this decrease is that children are replacing their engagement in these activities with screen media use.

There is no longitudinal empirical evidence, however, in support of the displacement theory (Mutz, Roberts, and van Vuuren 1993). The theory presumes that nondigitally mediated forms of activities such as reading and exercise will automatically replace screen media once they are turned off. Yet it is difficult to determine if the presence or absence of media in the home causes an increase or decrease in certain nonscreen-based activities without also examining individual families' general belief structures, values, and norms (Krcmar 2009).

The displacement hypothesis is also unsupported with regard to youth with disabilities. A number of studies have found that children, adolescents, and teenagers with disabilities tend to spend more time with screen-based media at home than youth without disabilities (Lidström, Ahlsten, and Hemmingsson 2011; Lo 2013; Mazurek et al. 2012). It isn't clear whether that time would otherwise be spent engaged in physical activity, though. It might be that increased media use is in fact related to the high cost of adapted sports equipment, lack of inclusive

physical education programs at school, and few affordable community-based recreational programs, accessible playgrounds for children, and sensory-friendly play spaces. While imaginative play is held up as a "better" use of children's time than screen time, not all children have the same capacity or interest in free play (Goodley and Runswick-Cole 2010). While campaigns such as Screen-Free Week equate the reduction of media use with an increase in children's well-being, such claims are not grounded in causal evidence that rule out all the other possible factors that influence children's activities and family functioning.

Screen Time Does Not Recognize the Affordances and Constraints of Different Screens

Screen time recommendations generally tend to deem some screens "good" (e.g., computers) and others "bad" (e.g., televisions). This inherently privileges economically advantaged children because the better screens are cost prohibitive, as is the infrastructure that supports their optimal use (e.g., broadband Internet) (Seiter 2005, 2007). The computers that aid in the creation of schoolwork (i.e., those that have keyboards and advanced software) are much more expensive than computers that lack such functionality (i.e., smartphones). Some screens make it far easier for a child to consume media content than create or circulate it. Different platforms and digital devices that families own have a range of design affordances as well as constraints that shape use.

At the same time, campaigns such as those run by the CCFC that encourage families to temporarily go "screen free" and "unplug" treat all screens as a blight on households. Unplugging associates turning off all screen media devices with physical renewal and spiritual serenity (hence, it is sometimes referred to

as a "digital detox" or "Digital Sabbath"). The idea that temporarily letting go of electronic media recharges a family's bond has existed at least since the introduction of television into homes (see, for example, Bradbury 1950). But being able to take a digital "vacation," with a clear start and end date, is a kind of privilege. People with more power and agency have a broader range of choices about what they do (and don't do) with technology.

In this manner, campaigns encouraging families to unplug enforce a form of ableist privilege over children with disabilities and their families. Unplugging assumes that declaring human independence from screen media is beneficial, clear-cut, and easy to implement as long as a family is personally committed. Yet different bodies have different kinds of relationships with communication technologies, beyond a simple binary of dependence and independence (Balsamo 1995). Smartphones and tablet computers—as media creation, consumption, and circulation tools—can be a primary or vital form of communication for children who have difficulty or prefer not to use embodied oral speech. For example, texting can be a key form of communication and self-expression for deaf youth (Bakken 2005). Going screen free cannot be reduced to a simple personal or family choice.

Ableism and the Medicalization of Screen Time

In addition to these critiques of the AAP's broad guidelines around screen time and the platform they provide for antimedia advocacy groups, the remainder of this chapter highlights a largely neglected flaw underpinning screen time edicts. Screen time is an inherently political issue in that only certain groups have the power and agency to shape the public conversation

about children and media. Arguments that new media technologies stunt social, emotional, and neurological development (see, for instance, Turkle 2011; Carr 2010) pervade the popular press, instilling mild anxiety and doubt in parents, particularly caregivers of young children (Guernsey 2012).

The cultural power of screen time is largely derived from its association with medical discourse, which naturalizes children's media use as a public health issue. Medical opinions about media in children's lives are granted more authority in US society than other groups with expertise concerning young people, such as the fields of child care and education (Rogow 2013; Seiter 1999). The latter positions are more often associated with female and lower-class labor, and are given less authority than the traditionally male-dominated medical fields. A full analysis of the moral panic around screen time through the lens of feminist theory is beyond the scope of this report, but for now, it is important to highlight the way in which the public regulation of children's media behaviors is intertwined with patriarchy.

A further danger lies in primarily associating children's complex relationships with media and technology with the terminology of medical science. According to scholars of the sociology of medicine, definitions and treatments of health and illness are part of a wider system of social control by the medical professions as well as the state (Foucault 1973). New media technologies are frequently based on particular assumptions about subjectivity and agency (Star 1991), and are designed with certain assumptions about individual competency in mind (Moser 2006). I contend that the medical language that underpins screen time is based on normative conceptions of the ideal child and particular standards of children's bodies—specifically their *nutrition* and *physical activity*, how they *sleep*, and how they focus their *attention*.[4]

Nutrition, Physical Activity, and Obesity

Forms of mass culture (e.g., cartoons and popular literature) have historically been linked to metaphors of "junk food" and eating (Spigel 1992). The characterization of children's time spent with television as an unhealthy consumption habit began to appear in the 1950s—an era that also saw a sharp rise in the production of consumer goods marketed to children, such as cereal and bubblegum (Seiter 1995). For example, in a 1952 *Chicago Tribune* article with the headline "Control Time Child Spends at the Television Set," parents are urged to manage children's "intake" of television programs in the same way that they set limits on sweets (Marcia Winn 1952). Adult anxieties about children's pleasures are reflected in descriptions of the iPhone as habit forming and "sticky" like candy in the hands of young children (Cannon and Barker 2012). In *Everything Bad Is Good for You*, author Stephen Johnson (2005, 211) popularized the notion that children should consume a "balanced diet" of media including some of the bad with the good stuff.

The media-as-consumption metaphor is problematic for a number of reasons. First, it reduces the complex relationship that people have with popular media to a one-way relationship (Radway 1986). It becomes difficult to characterize children as anything but passive in their relationship with mass culture. Second, the discourse of the media diet runs into an issue at the heart of debates over how to reduce childhood obesity in the United States and serious, related individual health issues, including high blood pressure and insulin resistance. The degree to which people choose the media they spend time with as well as the food they eat and physical activities they partake in is subject to genetic influences, stress and related issues, and environmental factors beyond just the scope of the individual. Lastly, and most

significant, the data do not support the hypothesis that simply unplugging media will reduce childhood obesity. Findings suggest that while there is some relationship between screen media use and obesity (for example, through the advertising of nonnutritious foods), it is unclear how, and for which children, media is and is not implicated in increased caloric intake along with decreased activity level (Vandewater and Cummings 2011).

Obesity and secondary issues become even more complex when disability is taken into account as a risk factor. According to the National Health and Nutrition Examination Survey, 22.5 percent of US children with disabilities are obese compared to 16 percent of children without disabilities. While children with disabilities are at a higher risk of childhood obesity than typically developing children (particularly girls and young teenagers), this varies by disability (Rimmer, Rowland, and Yamaki 2007). Better data are needed to determine appropriate measures for health and fitness for individuals. For instance, the body mass index has been shown to have limited applicability to children with paralysis (Liususan, Abresch, and McDonald 2004). Children with disabilities also often have a more complex relationship with food than children without disabilities. Medications can increase food cravings, and specific disabilities may come with food issues and aversions.

The research on media and obesity that the AAP cites has focused almost exclusively on youth without disabilities. The health behaviors of children with disabilities are complicated by a number of family stressors. As Paula Minihan, Sarah Fitch, and Aviva Must (2007, 69) write, "Time and money needed to arrange for healthy meals, increasing physical activity and reducing screen time may be harder for families [of children with disabilities] also struggling with finances, caretaker time

and energy, and pressures associated with employment." Instead of displacing exercise, increased time spent with media among youth with disabilities may instead compensate for time not spent engaged in outdoor physical activity for various reasons (e.g., a child who tires easily or has sensory needs such as being photosensitive). It is unclear if there is a causal or correlational relationship between screen time and obesity among youth with disabilities.

The AAP policy statement does not recognize that sedentary behaviors, in the context of families, shape and are shaped by disability. The National Institutes of Health pathologizes screen time as a "sedentary activity, or being inactive while sitting down. Very little energy is used during screen time" (Kaneshiro 2011). Some youth with disabilities actually expend a good deal of energy in order to use technology. Computer eye gaze systems and switch controls required for some children to engage with media can put strenuous demands on mental concentration as well as physical exertion. One child's sedentary media use can be another child's conservation of precious energy. The child who, for any number of reasons, spends much of their time "inactive while sitting down" (e.g., in a wheelchair) is rendered deviant in their screen time because their bodies do not conform to dominant societal conceptions of health and wellness.

Sleep

Poor sleep can negatively impact children in a number of ways, including effects on eating habits, behavior, mood, and learning. Medical and public health research has concentrated in recent decades on the relationship between children's screen media use and sleep. Studies have found that children who spend more time with screen media also tend to have a more difficult time

falling asleep and are more resistant to going to bed (Garrison, Liekweg, and Christakis 2011; Owens et al. 1999). The stimulation of media, researchers contend, disrupts a child's ability to self-regulate and wind down (Thompson and Christakis 2005). A number of studies have specifically looked at the relationship between sleep and screen media use among children with disabilities. Christopher Engelhardt, Micah Mazurek, and Kristin Sohl (in press) found that access to television or a computer in the bedroom was associated with less sleep among autistic boys ages eight to seventeen, but not so among boys with ADHD of the same age.

Discovering a "link" between sleep and screen media use (what is known as a "correlation" in statistical terms) is not the same as identifying a causal relationship. There may be other factors that cause both screen media use to increase and sleep to decrease among youth with disabilities. Irregular sleep schedules may be due to seizures, anxiety, gastrointestinal problems, or certain medications. Screen media use may be less of a direct cause of sleep deprivation in children with disabilities and more of a symptom of not being able to fall back to sleep for various reasons. The AAP's screen time recommendations presuppose a particular normality to children's sleeping habits and patterns. An "average" night of sleep between two children can look quite different depending on a range of sensory, hormonal, and neurological factors.

Attention and Hyperactivity

The mainstream press also frequently warns parents that decreased attention span and increased hyperactivity are "side effects" of screen time. Television has in particular historically been positioned as a "drug," having both sedative and

overstimulating effects on children (Marie Winn 1985, 1987). Children are figured in this discourse as the population most vulnerable to the narcotizing effects of mass culture (Newman 2010). Media effects researchers have argued that screen media, especially video games, exacerbate attention problems and learning difficulties in children and adolescents (Christakis et al. 2004; Gentile et al. 2012; Swing et al. 2010; Zimmerman and Christakis 2007).

Yet there is no conclusive evidence that screen media negatively impairs children's psychosocial adjustment. In a sample of over eleven thousand children through the UK Millennium Cohort study, Alison Parkes and her colleagues (2013) discovered no relationship between the amount of watching television and playing electronic games at five years old, and attention and hyperactivity at seven years old. Since most of the North American research on ADHD and screen media is not longitudinal in nature, it is a poor indicator of change in children's development over time.

Among children who have already been diagnosed with ADHD, though, there has been little actual research conducted on the role that media plays in their lives. Frustratingly, findings of research conducted on children *without* ADHD are often used to draw conclusions about children who do have the disorder (Christakis et al. 2004). Such claims can be highly misleading. For example, some research has indicated that children with ADHD are actually *less* prone than elementary-school-age children without ADHD to have their cognitive processing negatively impacted by television viewing (Acevedo-Polakovich et al. 2006). The research that does exist on the relationship between media use and children with ADHD has usually been limited to a small sample size, and is based on parent reports (see, for

example, Milich and Lorch 1994). It would be negligent to suggest with a high degree of confidence that there is a causal relationship between television viewing and ADHD without additional research proof.

Some parents of children with ADHD find that watching television is an activity they especially enjoy doing with their child because their child can sit relatively quietly for extended periods of time (Milich, Lorch, and Berthiaume 2005). In a survey of attitudes toward television among seventy-seven parents of elementary-school-age children with ADHD, the statement "Television makes children hyperactive" elicited the lowest level of agreement out of fourteen items (other statements included "Television takes up too much of a child's time" and "Television teaches bad habits") (Acevedo-Polakovich, Lorch, and Milich 2007). While the screen time discourse reinforces negative associations between attention and media, use and attitudes toward media among caregivers of children with ADHD may differ significantly from that of families of young people without the disorder.

Summary

While screen time makes for a rather sensational news headline, it is one that may be losing its relevance. A recent survey suggests that only 30 percent of US parents of children under age eight are "very" or "somewhat" concerned about their children's screen time, and are more concerned about their health and safety, fitness and nutrition, and social-emotional skills (Wartella et al. 2013). We should be suspect of the assumption that screen time is a helpful tool in the first place. The findings of Parkes and colleagues' (2013, 347) longitudinal research in

the United Kingdom "do not demonstrate that interventions to reduce screen exposure will improve psychosocial adjustment. Indeed, they suggest that interventions in respect of family and child characteristics, rather than a narrow focus on screen exposure, are more likely to improve outcomes."

The pronouncements of child development experts can exacerbate parental (and particularly maternal) guilt, especially for those encountering challenging life experiences (Seiter 1999). Lynn Clark (2013) critiques uniform media guidelines for assuming that parenting is rational and logical. Instead, emotion work (Hochschild 1983) done by parents plays a significant role in how they manage the risks and benefits of media in their families' lives. The AAP policy position wrongly assumes that digital media impacts US families of all socioeconomic, racial, ethnic, linguistic, and disability backgrounds in the same manner.

Screen time guidelines are grounded in a US-centered belief that parents are the strongest influence on their children's engagement with media. That focus distracts from potential conversations about distributed policy issues that greatly impact children's experiences with technology (Buckingham 2006; Buckingham and Sefton-Green 1997). In the United States, these include uneven broadband Internet access, media consolidation and government deregulation around net neutrality, and a lack of gender and racial diversity in ownership within the entertainment and telecommunications industries. Such issues are not solved by calls to action for stricter ratings systems, content-blocking software, and other strategies to prevent the negative impact of media on children. There are many factors that shape families' lives that have nothing to do with their individual choices.

In addition to existing critiques of screen time, the AAP's edicts are flawed because they are designed around the social scientific standardization of children's bodies first developed in the late nineteenth and early twentieth centuries. They presume a child whose relationship with food and exercise, sleeping patterns, and attention span would be "normal" were it not for the deleterious effects of media use. Discussions about the best uses of media and technology in children's lives need to also consider the functions of different kinds of screen media, what children are expressing about themselves through their engagement with these technologies, and how adults interpret and respond to children's digital media use in particular social contexts (see chapter 3).

Digital Youth with Disabilities

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