Adolescent stress and its implications for middle school educators

Nancy L. George
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Abstract
The German expression "Sturm und Orang" has been used to denote the adolescent years. Literally translated, "Sturm und Orang" becomes "Storm and stress," suggesting the turbulent nature of the transition years between childhood and adulthood (Jensen, 1985; Grinder, 1973). Although there is some disagreement regarding the extent and causes of teenage discontent, it cannot be disputed that adolescence is a period of marked change, turbulent or otherwise.
Adolescent Stress and Its Implications for
Middle School Educators

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### Table of Contents

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Review of Literature</td>
<td>5</td>
</tr>
<tr>
<td>Adolescent Stress</td>
<td>8</td>
</tr>
<tr>
<td>Type A Stress</td>
<td>14</td>
</tr>
<tr>
<td>Peer Relationships</td>
<td>14</td>
</tr>
<tr>
<td>Anxiety &amp; Depression</td>
<td>19</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>21</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>24</td>
</tr>
<tr>
<td>Sexual Promiscuity</td>
<td>29</td>
</tr>
<tr>
<td>Educational Implications of Type A Stress</td>
<td>36</td>
</tr>
<tr>
<td>Drugs and Alcohol</td>
<td>37</td>
</tr>
<tr>
<td>Sexuality</td>
<td>39</td>
</tr>
<tr>
<td>Type B Stress</td>
<td>40</td>
</tr>
<tr>
<td>Death</td>
<td>41</td>
</tr>
<tr>
<td>Divorce</td>
<td>44</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>51</td>
</tr>
<tr>
<td>Suicide</td>
<td>59</td>
</tr>
<tr>
<td>Educational Implications of Type B Stress</td>
<td>66</td>
</tr>
<tr>
<td>Death</td>
<td>66</td>
</tr>
<tr>
<td>Divorce</td>
<td>69</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>72</td>
</tr>
<tr>
<td>Suicide</td>
<td>73</td>
</tr>
<tr>
<td>Type C Stress</td>
<td>80</td>
</tr>
<tr>
<td>School Stress</td>
<td>81</td>
</tr>
<tr>
<td>Dropouts</td>
<td>83</td>
</tr>
<tr>
<td>Abuse</td>
<td>86</td>
</tr>
<tr>
<td>Runaways</td>
<td>90</td>
</tr>
<tr>
<td>Educational Implications of Type C Stress</td>
<td>93</td>
</tr>
<tr>
<td>School Phobia</td>
<td>93</td>
</tr>
<tr>
<td>Abuse</td>
<td>94</td>
</tr>
<tr>
<td>Dropouts</td>
<td>96</td>
</tr>
<tr>
<td>Summary and Conclusions</td>
<td>98</td>
</tr>
<tr>
<td>References</td>
<td>105</td>
</tr>
</tbody>
</table>
Introduction

The German expression "Sturm und Drang" has been used to denote the adolescent years. Literally translated, "Sturm und Drang" becomes "Storm and Stress," suggesting the turbulent nature of the transition years between childhood and adulthood (Jensen, 1985; Grinder, 1973). Although there is some disagreement regarding the extent and causes of teenage discontent, it cannot be disputed that adolescence is a period of marked change, turbulent or otherwise.

According to Erik Erikson (1963) the primary task of the teen years is that of identity formation, a bringing together of conflicting facets of the self into a working whole which provides continuity with one's past and gives direction for the future. Erikson assigns a number of factors to this concept of identity: a strong sense of self definition, a presence of commitments, the existence of activities directed towards goal achievement, the consideration of alternatives, the development of self acceptance, a sense of personal uniqueness, and confidence in one's future. In order to achieve a mature identity, adolescents need stress-free time,
a "moratorium" period, in which to differentiate and integrate their personalities (Elkind, 1984).

However, today's young people must cope with the transition from childhood to adulthood, as part of a fast-paced, mobile, and ever-changing society. The variety of choices, life styles, media messages, values, and family structures add confusing elements to the seemingly monumental task of growing up. One must focus on forming one's own identity and finding one's role in a world that is constantly changing (Elkind, 1984).

It would be nearly impossible to identify and analyze each stress factor facing today's youth; they are so interrelated and juxtaposed. With the variety among individuals, one would be at risk stating unequivocally whether or not a particular stress factor affects each individual in the same way. Likewise, one cannot state that any one stress factor effects every individual (Jensen, 1985).

Dr. David Elkind (1984), author of All Grown Up and Nowhere to Go, attempts to categorize stress variables by using the labels avoidable, unavoidable, foreseeable, and unforeseeable. He further classifies using the following categories:
Type A Stress: Foreseeable and Avoidable
Type B Stress: Unforeseeable and Unavoidable
Type C Stress: Foreseeable and Unavoidable

It is upon the work of David Elkind that this research is based.

Each of the above categories and the varying elements suggested by each will be explored, reviewed, and discussed. An examination of current literature will attempt to show how these factors affect or threaten today's teenagers. Resultant social problems will be examined pursuant to each category. Implications for middle school educators will be outlined based on these findings.

The problem addressed by this study is to find out whether or not the stress factors outlined by Elkind and others are as pervasive as suggested. The following questions will be resolved:

1. What are the effects of stress upon an individual and, more specifically, the unique effects on adolescents?

2. What types of stress factors do adolescents identify as most threatening?

3. Does the literature support Elkind's categorical theory of stress?
4. What does current research show regarding specific stress factors as they relate to adolescents?

5. What are specific stress management techniques and strategies available for application in the schools?
The term stress has become so loosely defined that it has merely become a "generic" label for anything from minor hassles to significant emotional experiences. It has become such a familiar part of everyday conversation that, as often happens with overused psychological vocabulary, it has lost its clinical definition (Kendler, 1963).

In order to understand stress and its effect on individuals, it must be viewed in light of its scientific ramifications (Kendler, 1963).

Hans Selye (1975), a physiologist, first introduced the concept of stress and initiated the study of stress reaction. Selye termed the common pattern of reaction the General Adaptation Syndrome, or GAS, in an attempt to explain changes which take place in the body when one is exposed to outside forces demanding action and adjustment. There are general stages through which the body passes in an effort to physiologically mobilize when stress-provoking situations arise.

Initially, there is the alarm stage, often referred to as the shock stage. This occurs as a reaction to disturbing and difficult situations, and
is characterized by symptoms of injury: irregular heartbeat, lowered blood pressure, lowered body temperature, and muscle lassitude. Any excessive or unexpected demand for adjustment, such as a physical condition or a significant psychological problem which threatens an individual can arouse these reactions (Selye, 1976).

Following the alarm stage is the countershock stage in which the body prepares its defense. During this stage, the above-mentioned body reactions are reversed. It is sometimes referred to as the resistance stage and can ultimately, though not necessarily, lead to the final stage of exhaustion. It is during the countershock stage, when the body is mobilizing energy in order to deal with the threatening situations, that common stress symptoms are experienced (Selye, 1976).

In addition to the physical effects of stress, the quality of life of the stressed individual can be affected. Energy which is burned up in stress reaction is energy that could be devoted to the enhancement of one's life and the pursuit of more pleasurable, satisfying thoughts and activities. Stress often immobilizes people and diverts energy
from other personal needs. It temporarily puts oneself in conflict with demands outside the self (Elkind, 1984).

David Elkind (1984) describes two kinds of energy expended by an individual: clock energy and calendar energy. He uses these to illustrate the depleting effects of undue stress upon an individual. He terms clock energy as energy which is burned up in any 24-hour period and is replenishable with food and rest. It is the energy used for any ordinary activities. On the other hand, calendar energy, according to Elkind, comes to an individual in more or less fixed amounts, is determined by genetic endowment, and is not replenishable. Calendar energy is generally used for growth and development. Therefore, it is apportioned unequally at different stages in the life cycle. Children and teenagers, for example, use proportionately more energy for the purpose of growing than adults. Although growth occurs at every stage of life, far more calendar energy is required during those years (Elkind, 1984).

Continuous stress overtaxes one's calendar energy. Elkind goes on to describe the
consequences. He states that, biologically, the continual mobilization of the body for fight or flight can produce diseases related to chronic stress and/or premature aging. Psychologically, the drain on long-term reserves reduces the amount of calendar energy available to meet the demands of later growth phases, such as midlife crises. Without the energy necessary to deal with these later periods, an individual may succumb to disease or to psychological arrest (Elkind, 1984).

Adolescent Stress

During puberty, the body encounters physical stress through hormonal upheaval. The pubescent body is in a constant state of shock and countershock in its attempt to cope with physical change. Any additional, outside stress, then, simply magnifies the trauma to an already overtaxed individual (Elkind, 1984).

Children and adolescents cite specific life events which present significant stress to them. Many of these deal with the quality of family life.

In a study of 400 school children between the ages of 5 and 14, Chandler, Shermis, and Million (1985) identified 37 stressful life events which
affect youths emotionally and physically. The sample included children of low, middle, and high socioeconomic status. Such events as severe parental illness or hospitalization, deaths of grandparents, relocation, changing schools and births of siblings show consistent stress across SES classification. This research also found that, "Age is an important variable affecting the number of events reported, with older children having a greater number of events reported" (p. 744).

Using Chandler's (1981) Source of Stress Inventory, Hutton, Roberts, Walker, and Zuniga (1987) conducted survey research of adolescents classified as educational resource students, basic students, and honor students. They found that having to deal with a visible congenital handicap, remarriage of parents, frequent parent absence, severe illnesses, school suspensions, and brothers and sisters leaving home were the most frequently cited sources of stress. Additionally, this study showed that those students classified as educational resource students reported a greater number of experienced life events. This research adds
significance to several areas of school stress in addition to those associated with family life.

The ALCES (Adolescent Life Change Events Scale) developed by Yeaworth and Colleagues (Yeaworth, Hussey, Ingle, Govdwin, 1980 as cited by Basch and Kersch, 1986) was used to assess stressful life changes. The deaths of family members and close friends, drugs, and alcohol use, parental divorce and separation, and police arrest were among the most frequently cited family problems. Among those stressors associated with school, these adolescents cited flunking a grade, trouble with a teacher or principal, and failing a subject to be most stressful. Although this study dealt with a small sample of individuals and did not determine actual experience with these events, it did show perceived stress variables similar to previous studies (Basch and Kersch, 1986).

Siddique and D'Arcy (1984) analyzed the mental-health consequences of stress in a sample of 1,038 adolescents. They found that family stress is of central importance in adolescence, having significant mental health consequences. They state that, "Any dissatisfaction with the quality of life
is likely to be viewed with greater alarm and may be expressed in an emotionally charged manner" (p. 470). Although this research concluded that many adolescents exhibit few stress symptoms, as high as 27% may be termed "highly stressed." This is a significant minority.

Stress affects the physical and mental health of individuals. Physical disorders associated with stress include: colds, bronchial asthma, hypertension, peptic ulcers, hyperthyroidism, diabetes, cardiac death, depression, suicide, drug abuse, and schizophrenia (Baeliauskas, 1982).

Even the so-called uplifting experiences of life seem to have little effect when compared to the negative effects of stress. Miller, Wilcox, and Soper (1985), in a study of high school students, found that, whereas negative thoughts and experiences affect self reported health scores, uplifting experiences and events show no such correlation. They go on to state that the influence of peers, preoccupation with the physical and social self, and concerns for the future are particularly stressful during adolescence.
Larry Cyril Jensen (1985), author of Adolescence: Theories, Research, and Application, states, "Since adolescents differ in their interpretation of situations and in their coping ability, predicting precisely when adolescents may be reaching their breaking point is impossible. Nevertheless, certain conditions do seem to amplify stress. Life changes are more likely to be experienced as stressful by an adolescent when many occur during the same period of time, when they are sudden or novel, when they are ambiguous or inevitable, and when the adolescent is isolated from family, friends, and outside communication" (p. 333).

David Elkind (1984) categorized stress variables. He classifies stress using the terms avoidable, unavoidable, foreseeable, and unforeseeable. Type A Stress, according to Elkind, includes all things which are foreseeable and avoidable. Factors which are unforeseen and unavoidable are classified as Type B Stress. Lastly, Type C Stress is the category including stressors which are foreseen and unavoidable.
In describing Type A Stress, Elkind states, "If we are thinking about going on a roller coaster or seeing a horror movie, the stress is both foreseeable and avoidable. We may choose to expose ourselves to the stress if we find such controlled danger situations exciting or stimulating. Likewise if we know that a particular neighborhood or park is dangerous at night, the danger is both foreseeable and avoidable, and we do avoid it, unless we are looking for trouble" (p. 165).

Elkind illustrates Type B Stress by stating, "Accidents are of this type, as when a youngster is hit by a baseball while watching a game, or when a teenager who happens to be at a place in school where a fight breaks out gets hurt even though he was not involved. The sudden, unexpected death of a loved one is another example of a stress that is both unforeseeable and unavoidable. Divorce of parents is unthinkable for many teenagers and therefore also unforeseeable and unavoidable" (p. 166).

Referring to Type C Stress, Elkind states, "A teenager who has stayed out later than he or she was supposed to foresees an unavoidable storm at home."
Likewise, exams are foreseeable but unavoidable stress situations. Being required to spend time with relatives one does not like is another stress situation that the teenager can foresee but not avoid." (p. 167)

**Type A Stress**

Type A Stress is the type of stress an adolescent encounters most often as he/she interrelates with peers (Elkind, 1984).

During adolescence, an individual's orientation turns from the family to the peer group. Peers begin to replace family in identification importance (Coleman, 1961; Grinder, 1978; Jensen, 1965; Elkind, 1984; Thornburg, 1977).

Dr. Hershel D. Thornburg (1977), in his book *You and Your Adolescent*, explains that, "It is very important for most adolescents to be socially accepted by others. To be popular, or one of the crowd, tells an individual that he or she has qualities that are liked by other people" (p. 116).

**Peer relationships.** James S. Coleman (1974) has conducted large scale studies of American youth. His "youth culture theory" has provided the impetus for countless studies of peer orientation. Coleman
describes the peer culture as an important criterion for personal evaluation. It provides its members with a frame of reference, guidance, approval and support. In describing this youth culture, Coleman states:

Youth are segregated from adults by the economic and educational institutions created by adults. They are deprived of psychic support from persons of other ages, a psychic support that once came to them from the family. They are subordinate and powerless in relation to adults, and "outsiders" in relation to the dominant social institutions. (p. 125)

Recent studies conducted draw conflicting conclusions regarding the intensity of peer orientation and peer pressures.

F. A. Fasick (1984), in reviewing youth culture in adolescence, concludes that, "participation in it does not imply rejection of adult-related values and perspectives which are the focuses of most parental socialization. Adolescents can achieve through youth culture a form of independence from their parents that does not involve rejecting important parental values or the undermining of bonds of affection with them" (p. 155). Fasick sees the close relationships of peers to represent an
extension of emotional bonds rather than a transference.

In two studies involving over 1,300 seventh through twelfth-grade students, Brown, Eicher, and Petrie (1986) assessed teenagers' valuation of belonging to a "crowd" and reasons supporting and negating crowd affiliation. They concluded from these studies that, "peer groups appear to be dynamic forces whose functions and influences shift across adolescence and vary according to characteristics of adolescents' school or community and their level of involvement in crowds" (p. 95). They did not see the peer crowd as a separate, monolithic entity with characteristics threatening or in opposition to family and parental values.

Sebald (1986) sees a curvilinear trend over the past three decades. In a longitudinal study of peer orientation, data showed a trend away from parental orientation between the 1960's and 1970's, but a partial recovery during the 1980's. Sebald also cited the multidimensionality of peer affiliation, as did the Brown study (1986) and a study by Clasen and Brown (1985).
Pressure to conform to peer norms has been investigated with equally conflicting results. While Clasen and Brown (1985) concluded from their study of adolescents in grades seven through twelve that peer pressure were strong and peer pressures towards misconduct increased across grade levels, Brown, Lohr, and McClenahan, (1986) studying adolescents in the same grade levels, found that peers were seen as encouraging misconduct less than other types of behavior.

Snyder, Dishion, and Patterson (1986), studying the relationship of association with deviant peers to overt behavior, found that the endorsement of antisocial attitudes is related to an association with deviant peers in age samples representing grades four, seven, and ten. In reviewing peer pressure, Scheidlinger (1984) states that, "the potent motivational forces inherent in groups can sometimes push all but the most exceptional contagion-resistant individuals to behave in ways contrary to the most deeply held personal values" (p. 394).

Although there is much conflicting information concerning peer orientation, peer affiliation, and
peer pressure, certain generalizations can be drawn from the literature.

Being accepted by one's peers is highly important to young people, especially the younger adolescents. Perceived peer pressure as well as the desire for conformity seem to decrease with age (Brown, Eicher, and Petrie, 1986; Coleman, 1961; Snyder, 1986; Scheidlinger, 1984).

Research shows a strong correlation between peer acceptance and self-esteem (Brown et al, 1986; Snyder at al, 1986) and between peer acceptance and the absence of feelings of loneliness (Scheidlinger, 1984; Marcoen and Brumagne, 1986).

Elkind links this desire for peer acceptance and approval with Type A Stress. As peers replace family in identification importance, young people often find themselves having to choose between exposing themselves to or avoiding many very dangerous but exciting situations. It can become an anxiety producing matter when these situations are also ones which have social approval and support, yet pose personal risk. Teenagers often have to make choices and weigh alternatives that include parental disapproval, loss of self-respect, and loss
of peer approval and acceptance. These risks are termed foreseeable and avoidable (Elkind, 1984).

Teenagers with a healthy sense of identity rarely have difficulties dealing with this type of stress. However, those who do find themselves under stress from situations which they see as foreseeable and avoidable often react in one of two ways—either by feeling depressed or anxious, or by conforming to the perceived pressures of peers (Elkind, 1984).

Anxiety and depression. Anxious individuals often develop avoidance-type behaviors in reaction to real or imagined peer pressure. They may exhibit stress symptoms such as boredom, fatigue, or physical illness (Elkind, 1984; Thornburg, 1983; Blom et al, 1986).

Statistics indicate that many teenagers suffer from stress-induced anxiety. As high as 30% of teens who appear at adolescent clinics are suffering from anxiety and depression (Elkind, 1984).

Dr. Thornburg (1983), in The Bubblegum Years, states, "In some stress situations which seem impossible for adolescents to change, they may resort to fantasy. Fantasy can lead to body dysfunction. Some outcomes of using fantasy to
avoid or escape stress are headaches, excessive cramps, delayed menstruation, nervous ticks, and complaints without specifying any area where physical discomfort exists" (p. 46).

In a study conducted by Warren, Good, and Velten (1984), junior-high students were examined using the Social Avoidance and Distress Scale (SAD) and the Fear of Negative Evaluation Scale (FNE). It was determined that the fear of negative evaluation and social anxiety vary little during junior high years. The desire for approval and the fear of negative rejection remain fairly constant throughout adolescence. Furthermore, the indications of internalized anxiety among these junior-high students was just as high as that experienced by college students measured with the same instruments.

Research on adolescent depression shows a correlation with stress. Carey, Kelley, Buss, and Scott (1986) used an activities checklist of 100 adolescent activities classified as either pleasant or unpleasant. It was demonstrated that the more unpleasantness experienced by teenagers, the higher the incidence of depressive symptoms.
There are few reliable statistics on the prevalence of anxiety, depression, and psychosomatic complaints among teenagers. Elkind (1984) suggests that this is because it is often easier for adolescents to seek medical attention than to ask for psychological help.

While depression and anxiety are the common reactions to avoidable stress for some teenagers, conformity is the answer for others. Conforming teenagers give in to the pressures of others, even if it sometimes means unconsciously turning avoidable behavior into unavoidable behavior in an attempt to convince oneself that one is doing what one really wants to do, rather than what others expect (Elkind, 1984).

Type A Stress has been referred to as the Stress of Freedom. Young people today are freer than ever before to engage in sexual activity, to abuse drugs and alcohol, and to flout adult authority (Elkind, 1984).

Alcohol abuse. Alcohol has become the number one drug problem in today's youth culture. It is estimated that there are as high as three million problem drinkers among the teenage population, with
a marked increase in the middle grades. Most of the more than 500,000 teenage alcoholics developed a steady pattern of drinking when they were preteens. Alcohol abuse is a problem affecting every socioeconomic strata and ethnic group (Forney et al, 1984; Maddahian, Newcomb, and Bentler, 1985).

According to a recent survey of junior high school students, 65 percent of the thirteen year-olds had used alcohol at least once that year, some 35% used it once a month, and 20% used it once a week. Thirty-five percent of the thirteen-year-olds queried said that it was fun and all right to get drunk. National Institute on Alcohol Abuse and Alcoholism reports, conservatively, that 1.3 million teenagers between the ages of twelve and seventeen have serious drinking problems. According to a 1981 report from the Department of Health, Education, and Welfare, more than three million youths nationwide have experienced problems at home, in school, or on the highways as a result of drinking (Cobb as cited by Elkind, pp. 6-7).

Accidents are the leading cause of death among teenagers, and there are more alcohol related accidents among teenagers than any other age group (DiBlasio, 1986).

Although parent modeling is cited by some researchers (Forney et al, 1984), as the most influential factor in teenage drinking, studies also show that teens, particularly males, are more apt to be influenced by peers when it comes to the use of

Forney, Forney, Davis, Van Hoose, Cafferty, and Allen (1984) did intense research with 1,715 sixth through eighth-graders and their parents in order to characterize the teenage drinker. Seeking to elicit predictive variables, they examined parental drinking habits, race, sex, and grade level. This study supported previous research showing that parental drinking patterns, especially those of fathers, are predictive variables. Whites drink more than non-whites, and males more than females. It was also revealed that there is a tendency for rural students to be heavier drinkers than urban students.

Barnes (1984) also examined parental behavior patterns in her study of adolescents aged twelve to seventeen. She found a lack of parental nurturance and support to be correlated with teenage drinking. Like the Forney study, Barnes, using research data on deviant behavior, attempted to build a profile of the teenage alcohol abuser. She found that problem drinkers have a variety of other problems and display multiple negative behaviors. They are
characterized as having negative attitudes towards school, receiving poor grades, having poor interrelationships with parents, and placing little value on parental advice. Barne's conclusion is that, "Adolescent problem drinking is thus, not appropriately conceived or 'treated' as an isolated, unitary phenomenon" (p. 345).

Drug abuse. On the subject of abuse of substances other than alcohol, similar trends are seen.

In 1962 less than four percent of the population had ever used an illegal drug. Two decades later, according to the National Institute on Drug Abuse, 33 percent of Americans are twelve and older reported having used marijuana, hallucinogens, cocaine, heroin, or psychotherapeutic drugs for nonmedical purposes at some time. Sixty-four percent of American young people have tried an illegal drug before they finish high school, and more than a third have used drugs other than marijuana, according to another 1982 National Institute study. The research showed that 59% of the high school seniors had tried marijuana, 16% had tried LSD, and 1% had tried heroin (Collins as cited by Elkind, pp. 186-7).

In a review of drug use and abuse by adolescents, Thorne and DeBlassie (1985) concluded that, "The field of substance use and abuse remains a problem of national importance, and it is by no means restricted to adolescents" (p. 345). This
review showed that marijuana continues to be the major illegal drug used by adolescents and the opportunity for its use continues to grow. This continued growth is foreseen into the 1980's.

In an eight-year longitudinal study, Newcomb and Bentler (1986) investigated the frequency and sequencing of adolescent drug use. Their findings indicate a large number of early experimental users of alcohol and cigarettes, a significant and steady increase in the use of nonprescription medications, an increase in the use of marijuana from early to late adolescence, and an increase in the use of hard drugs (psychedelics, hypnotics, and stimulants). Analysis of the data collected over the eight year period showed that cannabis (marijuana and hashish) use was preceded by alcohol use, and hard drug use was preceded by the use of cannabis and alcohol. Further analysis showed that cigarette use became a significant predictor of late adolescent use of cannabis and hard drugs, whereas alcohol use did not predict either. Alcohol use hinted at a later addition to the same.

Attempts have been made to build a profile of the adolescent substance abuser by examining
substance users, residents of therapeutic communities, and parents.

Using cross-sectional and longitudinal data from two studies at two universities, Newcomb and Harlow (1986) found that uncontrollable stress, or negative life change events precluded drug use. In one study, path analysis showed that loss of control and feelings of meaninglessness were mediating effects between stress and drug use. In the other study, statistics showed a direct influence of uncontrollable stress on substance abuse.

Grady, Gersick, Snow, and Kessen (1986), studying sixth, seventh, and eighth-grade students, found no significant gender differences by eighth grade. They found more whites than non-whites among substance users, and more students from broken homes than intact homes among users.

Teens appear to be influenced by the example of other family members. Teenagers whose mothers smoke cigarettes and/or drink moderately are more likely to abuse drugs. Drug use is also more likely among teenagers whose older siblings use alcohol or drugs. Factors which appear to have little effect on drug use include socioeconomic status, the mother's
employment status, or the mother's current marital status. Further, illicit drug use is high among youngsters who spend a great deal of time on their own (Miller and Rittenhouse, as cited by Thorne and DeBlassie, 1985).

In studying adolescent substance abusers who were residents of a therapeutic community, Weidman (1983) examined relationships between the teenagers and their parents. Dr. Weidman found compulsive drug users to be less differentiated individuals, lacking a clear sense of identity. He found relationships with mothers to be symbiotic relationships where the mother and adolescent rely on one another to provide clear definitions of self. Often, the mothers of these individuals become less emotionally available to the adolescents. They are less psychologically available and more distant. In turn, the adolescents become more needy. Dr. Weidman states, "Drug abuse may be viewed as a search for an alternative source of psychological and emotional supports when the youth enters the second individuation process of adolescence" (p. 168). Fathers of these teenagers, on the other hand, were found to be more rigid, their rigidity
precluding a relationship with the adolescents. Weidman further states, "It may be interpreted that the father's decreased ability to function as a bridge to reality is associated with an adolescent's decreased level of differentiation and increased use of others to develop a definition of self" (p. 168).

Peer pressure and its link to substance abuse has been examined, and conflicting conclusions have been drawn. Although studies show that peer bonds and the desire for status, identity, and companionship are closely linked with drug experimentation (Snyder et al, 1986; Sebald, 1986; Thorne, DeBlassie, 1985; Newcomb, Harlow, 1986), it has also been demonstrated that there is a high resistance factor among teenagers.

Newcomb and Bentler (1986) examined offer levels and rejecting levels in their study. They found, not surprisingly, that offer levels far exceed use levels. They did reveal, however, rejection of alcohol than tobacco or marijuana across grade levels six, seven, and eight. There were also higher levels of rejection of marijuana in sixth grade, than in eighth grade.
Perhaps it is well to keep in mind the idea presented by Sheppard, Wright, and Goodstadt (1985). In reviewing the role of peer pressure on drug use, they state, "It is not the group that goes after the young person, but that the person who wishes to experiment and use drugs is more likely to seek out a drug using group and thus be able to participate in what is normative behavior for that group" (p. 957).

Both of these problems, alcohol abuse and substance abuse, can be identified as Type A Stress reactions. Without a clear sense of values and a clear sense of identity, many young people can become involved in both (Elkind, 1984).

Sexual promiscuity. Statistics provided by one researcher, Tietze (1978), estimate that among girls aged fourteen in 1978, 40% would experience a teenage pregnancy, 20% would give birth, and 15% would have an abortion by age nineteen. Of the approximately 1 million teen pregnancies in 1978, 38% terminated in abortions, 13% in miscarriages, 22% in out-of-wedlock births, and 10% in legitimate but premaritally conceived births (Tietze as cited by Elkind, 1984).
Evidence suggests that greater percentages of adolescents are engaging in more sexual practices and perhaps beginning these behaviors earlier than previous generations. The trend is toward earlier sexual experience for both males and females. More adolescents are sexually experienced, and the incidence of premarital sexual intercourse has rapidly increased, especially for females (Jensen, 1985). Survey research shows that 35% of the high-school age adolescent boys experience intercourse. This figure is 25% for girls the same ages. By the twentieth birthday this percentage has increased to about 70% for boys and 60% for girls (Thornburg, 1977). About 10% of all teenage girls, one million in all, get pregnant each year and the numbers are increasing. About 600,000 teenagers give birth each year, and the sharpest increase is for girls under the age of fourteen. In addition, venereal disease is a growing problem among teenagers, who account for 25% of the million or so cases of gonorrhea each year (Elkind, 1984).

Dr. Thornburg (1977) attributes much of the problem to inadequate information. He feels that one of the most common reasons adolescents have for
making inappropriate sexual decisions is limited and inaccurate knowledge. Dr. Thornburg has researched this topic for several decades and has based four different studies on this premise. His latest study, conducted in 1977, found that peers are the dominant source of information. Schools and literature also provide much of the sexual information for teenagers, but parents have fallen to fourth place in recent studies.

Other studies have investigated the parental role in providing adequate sexual information. In a study of parental communication with twelve to fourteen-year-old students. Fisher (1986) found that the sexual attitudes of communicative and noncommunicative parents did not differ significantly. He also found no relationship between parental communication and sexual knowledge, sexual permissiveness, or contraceptive choices of the teenagers. However, Fisher concluded that, although the home may not be the greatest source of knowledge, it is probable that it is an important source for the transmission of values and attitudes.

In another study dealing with fifteen and sixteen-year-olds, Moore, Peterson, and Furstenberg
(1986) concluded that a combination of traditional attitudes and open communication is required to produce low rates of sexual activity. They go on to state that, "the effect of communication varies not only by the attitudes held by the parents, but also by the sex of the teenagers" (p. 781). It was demonstrated in this study that, while open discussions tended to lower sexual activity rates for females, these types of discussions actually increased the activity for boys.

Speaking to the issue of peer pressure, Thornburg (1977) states, "The pressure to participate in sexual intercourse during high school is dependent on the type of relationship two adolescents have or the type of friends a person has." He goes on to say that, "Friends may create pressure by making adolescents familiar with their sexual behavior patterns and making it clear what they expect of their friends" (p. 104).

This statement is borne out by studies conducted by DeLamater and MacCorquodale (1979) and Mirande (1968) who discovered that the variable most highly correlated with sexual behavior of adolescents was friends' behavior.
Research by John P. Roche (1986), however, using data from a 63 item dating and mate-selection questionnaire, found that there are great differences in attitudes and action, as well as much misconception in perceptions of the behavior of others. Roche found that the adolescents he queried were more restrictive in what they believe to be proper, sexual behavior than their actual behavior reflects. Adolescents also express the most permissiveness in their perceptions of what others are doing sexually. This research supports the conclusions of other researchers who state that teenagers are not indiscriminate in their sexual activity, even though they may perceive that others may be so (Thornburg, 1977; Jensen, 1985; Grinder, 1973; Cohen and Friedman, 1982).

In *The Handbook of Adolescent Psychology*, Miller and Simon (1980) cite gender expectations as the motivator for sexual activity in teenagers:

Much social, sexual behavior in early adolescence is motivated or facilitated by expectations concerning gender-appropriate behavior rather than intrinsic interest in the sexual. "Falling in love" and "going steady" are essentially expressions of non-sexual, social arrangements. These experiences potentiate sexual acts almost independently of erotic interest or sexual arousal. Light and heavy petting, for
example, serve the non-sexual interests of both genders by certifying gender-role adequacy. Undoubtedly, gender-role expectations represent the most powerful factor shaping adolescent sexual behavior (pp. 391-392).

Cohen and Friedman (1982) corroborate the findings of Miller and Simon. As nonsexual motivators for adolescent sexual activity, they list the following: sociocultural considerations, peer approval, rebellion, hostility, escape, crying for help, self-destruction, and the search for love.

In summarizing the sexual permissiveness trend among the teenage population, Grinder (1983) states, "Three trends are apparent in America in respect to sexual permissiveness: 1) the proportion of persons holding permissive attitudes toward recreational sex has increased steadily over the past decades; 2) a weakening of the double standard has occurred; 3) the attitudes and behaviors of men and women in respect to sexual conduct are converging. The shift toward permissiveness is more dramatic among young women than it is among young men. Nonetheless, the quality of a relationship still is an important consideration in determining whether the level of sexual intimacy will escalate. Although standards prescribing affection and love as prerequisites for
coitus have become more permissive, only a small proportion of young people today fully endorse casual sex" (p. 439).

Alcohol abuse, drug abuse, and sexual permissiveness are foreseeable and avoidable problems that Elkind (1984) sees as a direct result of freedom. In the fast-moving, complex society of today, teenagers are afforded freedom of choice never before afforded the young. They have more time for, more money for, and more exposure to things the less permissive society of yesterday protected its youth against (Elkind, 1984).

With two out of every five families representing a broken home, two-fifths of the mothers working outside the home, and a sixth of all children living in single parent homes, adolescents are experiencing much time unsupervised by adults (Raths, Harmin, Simon, 1978). Teenagers are seeing their own parents modeling behaviors that they have the freedom to indulge in themselves (Thornburg, 1977; Elkind, 1984).

The media expose children daily to adult issues. Television and movies, for example, bombard adolescents with themes of sexuality, drug use, and
alcohol use. These all become foreseeable
temptations; yet they do not always become avoidable
experiences (Thornburg, 1977; Elkind, 1984; Jensen,
1985).

The new realism that insists upon
portraying young people as full-fledged
adults means they are confronted with
every conceivable adult problem from sex,
alcohol, and drugs to concerns about the
environment and nuclear war. Certainly we
cannot and should not prevent young people
from learning about the dangers of this
world. But when young people are
portrayed as fully competent to deal with
these complex, adult issues, they are
dissuaded from seeking the adult support,
guidance, and reassurance they so badly
need to deal with such matters. They are
deprived of those images of adolescent
awkwardness and insecurity that make their
own awkwardness and insecurity more
bearable. Without signs of the boundaries
of their protected world, and with images
that suggest their powers are limitless,
tenagers may never seek the guidance they
need and may expose themselves to stresses
for which they are totally unprepared
(Elkind, p. 109).

Educational Implications of Type A Stress

For all types of Type A situations, there is a
formula which can aid in the reduction of anxiety,
which is a common reaction to foreseeable and
avoidable stress:

1. Identify the type of stress
2. Explore the options
3. Take action
This formula is designed to help students to confront a particular stress rather than to hide from it or deny it. The first step helps to alleviate the problems often associated with avoidance, such as psychosomatic pain, etc. Secondly, the formula assists students in exploring the viable options and alternatives available to them. Lastly, it teaches self direction by encouraging conscious decision-making techniques. The teenager has a ready course of action whenever the situation should arise and no longer has to worry about that particular situation (Elkind, 1984).

Drugs and alcohol. All schools should have a drugs and alcohol program as part of the curriculum. It should be academically oriented as well as part of the affective curriculum in intermediate and junior high schools.

Richard A. Hawley (1987) presents a prescription for changing the drug climate in today's schools. In a Kappan Special Report, Hawley outlines his personal idea for schools:

1. The school's commitment must be to become drug-free.
2. Leaders must endorse, articulate, and stand by a school's commitment to be drug-free.

3. Preventing drug abuse is easier, more educational, and more fun than remediating drug problems once they exist.

4. Changing the drug climate of a school begins with building a consensus among members of the faculty and staff.

5. Faculty and staff members must limit their own drug use to what is lawful and consistent with effective performance.

6. Drug-free means alcohol-free. (Hawley, p. 7)

Another model is presented by Hershel Thornburg (1977), who presents these guidelines for use when talking to adolescents about drugs and alcohol:

1. Keep in mind the reasons adolescents experiment with drugs: curiosity, thrill seeking, rebellion, peer pressure, parental modeling, and social approval.

2. Find out what adolescents know about drugs. Their information may be inadequate or erroneous.

3. Be honest. Talk about the positive and negative uses of drugs, why people need drugs, why people drink and smoke.
4. Put drugs in perspective. Talk about their use and misuse.

5. Appeal to logic, not emotion. Try to get them to think of reasons why they might want to use a drug or the conditions under which one is necessary.

6. Accept the responsibility as an educator to address the problem. (Thornburg, pp. 92-93)

Sexuality. Most school systems have academically oriented sex education programs which are the product of mental health specialists—psychologists, social workers, and organizations such as Planned Parenthood. Whatever type of program is currently used, the emphasis should be on sexual adjustment. The programs should help young people feel more comfortable in expressing the many facets of their sexuality, to be more sensitive to the needs of others, and to enjoy their sexuality as a normal and healthy part of their lives. Courses in sex education should include much more than anatomy; they should deal with such issues as dating behavior, abortion, contraception, homosexuality, masturbation, mental illness, and the terminal stages of disease and death (Elkind, 1984).
Type B Stress

Whereas Type A Stress is associated with freedom, Type B Stress is associated with feelings of loss. Type B Stress, according to Elkind, entails those situations an individual finds both unforeseeable and unavoidable. Plagued with both internal and external demands, a teenager suffering from this type of stress suffers an inner conflict. These unforeseen circumstances are often viewed as a violation of one's self esteem. They appear to be directed personally and produce feelings of helplessness and hopelessness. This type of stress makes the greatest demand upon young people. Teenagers have to deal with the attitudes of their friends and teachers at the same time that they are struggling with their own feelings (Elkind, 1984).

Common stressors which prompt these feelings of loss are death of a loved one and parental divorce or separation. This type of situation also includes things like breaking up with a boyfriend or girlfriend, moving to another town or school, or something as severe as getting raped, beaten, or robbed (Elkind, 1984).
Death. The death of a loved one has shown to be one of the most stressful life events to adolescents (Basch and Kersch, 1986; Hutton et al, 1987). Ruth P. Arent (1984), author of *Stress and Your Child*, addressing the subject of death and its effects on adolescents, states, "The adolescent has an added dimension to his/her grief. Many were in the process of developing a mutually responsible relationship with the dead. The death represents unfinished interrupted business, with the appropriate regrets and a deep sense of loss" (p. 190). She adds that the death of a loved one is particularly stressful for adolescents because, "Teens are just beginning to understand the need to express their feelings of love and appreciation. The death of a loved one may elicit or inhibit such an expression" (p. 191).

Pangs of grief have been likened to episodes of severe anxiety and psychological pain (Glicken, 1978).

Specific behaviors which may be displayed as a reaction to the grieving process include restlessness, irritability, negative acting-out, increases in the use of drugs, loss of appetite, inability to concentrate, and sleep difficulties (Oaks and Bibeau, 1987).

Oaks and Bibeau (1987) also state, in their review of literature on death education, that a child may become more susceptible to all types of physical illness because of the emotional stress brought on by the death of a significant other. The emotional stress lowers physical resistance to disease.

Signs of anger seem to be of particular importance, as these may be indicators of atypical grief response. Though anger and hostility are common to the grief process, responses which are more prolonged or intense often indicate mental illness and a need for professional intervention. Adolescents may turn anger inward and express it by drug abuse or even attempted suicide. Others may turn it outward towards others. Either reaction is a serious sign of an
unhealthy response to grief (Oaks and Bibeau, 1987). Extensive and prolonged depression, rebellion, refusal to eat, and failures in school may also be indicators that help is needed (Glicken, 1978).

Specifically dealing with sibling loss, Rosen (1985) suggests that children are often prohibited from expressing grief and loss. Dr. Rosen suggests that when children suffer losses, they often experience internal, family, or societal pressures which not only prevent them from acknowledging the loss, but also working through the loss. Coming to terms with the death is an important part of the grief process. In her conclusion, Dr. Rosen states, "For many children, the opportunity to accomplish even a minimum of grief work is curtailed by their own internal processes and the communications of those around them. Working alone, or in concert, these factors may contribute to great difficulty in achieving a working resolution of the loss, one which will allow survivors to find new love objects, even while not fully relinquishing their attachment to the object that was lost" (p. 315).

The understanding of death depends upon the cognitive level of the child, and the adjustment to
the death of a loved one depends on the cohesiveness of the family (Weber and Fournier, 1985). Conclusions from a study of 91 children from 50 families experiencing a recent death showed that factors associated with children's understanding of death are personal, developmental, sociocultural, and mediated by family character and expectations. They found that particularly during crisis situations such as the death of a family member, children face stress and confusion that require supportiveness from adults. Glicken (1978) states that, "Often death is such a taboo topic that children are unable to verbalize their fears and feelings. Rather, they are asked to absorb the anxieties and biases of their parents" (p. 77).

Glicken suggests, as do Weber and Fournier, that children and adolescents become much less overwhelmed by stress if allowed to take part in the rituals of death and to verbalize their feelings regarding the loss.

Divorce. According to Wallenstein and Kelly (1980), divorce presents a trauma to children second only to that of the death of a parent. More than 1 million children per year experience marital
disruption (Elkind, 1984). Single-parent households are an increasingly large proportion of all households. It is estimated that by 1990, half of all children under eighteen will experience a parental divorce or separation, spending some time in a single-parent household (Dornbusch, et al, 1985).

In addition to the stress the divorce or separation presents to youth, there are secondary stressors resulting from marital disruption. A move to a new home or town may be involved, as well as a drastic reduction in family income (Lowery and Settle, 1985). Adolescents may also find that they are responsible for more of their own decisions as a result of the parents' involvement with their own problems (Dornbusch, et al, 1985).

Lowrey and Settle (1985) describe a cumulative stress concept of divorce, stating that divorce is actually several stressful factors over a period of time which exceed tolerance for stress, rather than a single stress variable.

Studies of children affected by divorce and parental separation show common reactions of children to be the fear of abandonment (Blom, 1986;

Lowery and Settle (1985), in review of age differences and sex differences with regard to divorce, found that adolescents tend to be more openly expressive of anger, sadness, and shame than younger children. They concluded that boys tend to show more maladjustment and more prolonged problems than girls, but both sexes demonstrate an increase in aggression as a reaction to parental disruption.

Several studies have shown that peer relationships suffer as a result of parental divorce and separation. Kurdek and Siesky (1981), for example, state, "It is possible that quiet acceptance of the news of a divorce may mask feelings of shame and embarrassment" (p. 91). And, "One source of adjustment problems could be a
child's expectation that this event will negatively influence the nature of peer relationships" (p. 95).

In a study conducted by Dornbusch, Carlsmith, Bushwall, Ritter, Leiderman, Hastorf, and Gross (1985) behaviors of adolescents from broken homes were examined. It was found that more deviant behaviors were displayed by adolescents from single-parent homes than those from two-parent homes. Behaviors included as deviant were contacts with the law, arrests, running away, smoking, truancy, and school discipline problems.

In examining 1,400 children ages twelve to sixteen with regard to behaviors displayed as a result of marital disruption, Peterson and Zill (1986), found certain negative behaviors to be gender related. Girls displayed more depressed and withdrawn behaviors, while boys tended to be more overt in their negative behaviors.

Studies support the concept that the adjustment of adolescents is influenced by custody arrangement. Teenagers have been shown to be positively influenced by the custody of same-sex parents (Lowery and Settle, 1985); Peterson and Zill, 1986). Boys show more competent and less demanding behavior
in the custody of fathers, and fewer problem behaviors are demonstrated by both sexes when in the custody of the same-sex parent. However, studies show that the quality of the continued relationship with both parents determines the adjustment of the youth.

The quality of the parent relationship with the adolescent as well as the type of continued relationship between parents seem to be important variables in the adjustment of the teenagers. In fact, discord alone seems to have greater impact on children and adolescents than does separation and divorce. Parent conflict is an even greater predictor of family dysfunction than is family status (Lowery and Settle, 1985).

In a longitudinal study by Peterson and Zill (1986), data on behavior problems of youth were gathered. It was found that behavior problems increased as the level of parent disharmony increased.

Slater and Haber (1984) examined adolescents from divorced and intact families. High conflict homes tend to produce negative effects on teenagers. They found these adolescents to have lower self-
esteem, greater anxiety, and less internal feelings of control, regardless of the family status, intact or divorced. Low conflict homes did not affect any of these feelings, even in homes where a divorce had taken place.

Dr. Doris Jacobson (1978) has conducted several studies concerning the impact of separation and divorce on children. In researching the association between the psychosocial adjustment of children and the expression of interparent hostility, Jacobson found that the greater the amount of displayed hostility, the greater the amount of emotional maladjustment of the children.

Often the remarriage of the custodial parent affects the adjustment of the teenagers. Although remarriage seems to pose more difficulty for girls than boys (Peterson and Zill, 1986), fewer negative behaviors are displayed by teenagers when a second adult figure enters the household (Adams, 1982; Dornbusch et al, 1985). Dornbusch, Carlsmith, Bushwall, Ritter, Leiderman, Hastorf, and Gross (1985) studied the deviant behaviors of adolescents in various family structures. They stated in their conclusions, based on data taken from a nationwide
survey, that, "we do know, and perhaps this has broad implications, that the presence of any other adult in a mother-only household brings control levels closer to those found in two-parent families" (p. 340).

Some adolescents adjust well to a divorce or separation. Others, without a clear sense of identity, find the sense of loss nearly impossible to survive. It is a stress that is clearly unforeseeable and unavoidable (Elkind, 1984).

The stress of loss, then, such as an individual feels as the result of death or divorce, can come in many forms and from many directions. The feelings of being overwhelmed by things which are unavoidable and unforeseeable present teenagers who haven't a clear sense of self identity particular difficulty. Unintegrated and undifferentiated adolescents are particularly vulnerable to this kind of stress. If a teenager is self-punishing, he or she may engage in destructive behaviors as a reaction to Type B Stress (Elkind, 1984).

Research has shown that there are gender differences associated with adolescent reactions to death and divorce. Females, for example, display
more difficulties dealing with the death of a loved one (Glicken, 1978). Girls cling longer to the idea of the reversibility of death, and show more reluctance to show feelings. They tend more toward denial behaviors than males. Behaviors of girls following marital disruption tend to be more depressive and withdrawn behaviors (Peterson and Zill, 1986), rather than the negatively overt behaviors of boys. Also, girls appear to have more difficulty adjusting to the remarriage of a custodial parent, according to Pink and Wampler (1986).

Since female adolescents tend to internalize more of the pressures of these unavoidable situations, it stands to reason, then, that females are also more prone towards the two most self-destructive behaviors that have been identified as Type B Stress reactions, namely, eating disorders and suicide.

Eating disorders. One pattern of response by self-punishing teenagers to the experience of loss is self-starvation, or anorexia nervosa. It is estimated that approximately 280,000 young women aged twelve to twenty-five suffer from anorexia in
the United States (Elkind, 1984). About 2% of the adolescent population today, or 1 in every 250 adolescents, have eating disorders, 95% of them females (Muus, 1985; Eisle et al, 1986; Grant and Fodor, 1986).

The characteristics of anorexia nervosa include weight phobia and severe weight loss, as much as 25% body weight; (Muus, 1985; Gilbert and DeBlassie, 1984; Grant and Fodor, 1986) preoccupation with food; (Muus, 1985; Gilbert and DeBlassie, 1984) and body image disturbances (Muus, 1985; Mallick et al, 1987). Secondary characteristics can include such things as hypothermia, hypotension, electrolyte imbalances, amenorrhea (loss of menses), metabolic changes, and abdominal distress. In severe cases, anorexia nervosa can cause death (Muus, 1985).

There are many theories as to the causes of eating disorders, among them social, psychosexual, family, and biological theories.

The social theory of anorexia centers around self-esteem and the drive to appear fit, petite, and slim. Society, itself, is blamed for its emphasis on food, diets, and physical attractiveness (Muus, 1985).
Perfectionism has been cited by many researchers as a characteristic of adolescents suffering from eating disorders (Eisle et al, 1986; Gilbert and DeBlassie, 1984; Elkind, 1984). In a study of high school students aged fifteen to eighteen, Grant and Fodor (1986) found self esteem measures to be the most important predictors of the tendencies towards eating disorders. Using the Eating Disorders Inventory developed by Garner (1979), Grant and Fodor analyzed data to conclude that the less attractive an individual perceives himself to be, the higher the tendency towards eating disorders.

The lack of peer interaction is part of the social theory of eating disorders. Rolf E. Muus (1985), in his review of adolescent eating disorders, make the statement, "The anorexic's isolation from meaningful peer relationships has been identified as an essential feature in the genesis of anorexia. Anorexics have been observed to be isolated from peers (78%), stressed (82%), and lonely (79%). Because they have not developed a network of peer relationships, they are limited to relationships within their family . . . . They keep
to themselves, lack self-esteem, and suffer from confusion over professional aspirations" (p. 535).

In a study of three groups of teenagers, one of them a group classified as anorexic, Mallick, Whipple, and Huerta (1987) concluded from scores on the Social Relationships Scale that anorexics were significantly regressed in social relationships.

The psychosexual theory of eating disorders is based upon the idea that the individual fears intimacy and is unwilling to accept her role as a woman. It seems to be a retreat into the security of childhood and a refusal to accept the pressures of adolescence (Muus, 1985). Muus also states that the self-induced disease is a compensatory attempt to gain a sense of mastery and control over one's body.

Gilbert and DeBlassie (1984), in a review of anorexia nervosa, found with regard to this theory that, "Studies of the life histories of many patients with anorexia nervosa have shown that excessive concern for the body and its size, and the rigid control over eating are late symptoms which represent a desperate fight against feeling enslaved and exploited, and not being permitted to or feeling
competent enough to lead a life of their own" (p. 841). 

In comparing a group of anorexic teenagers to a control group, Harding and Lachenmeyer (1985) noted that adolescents with disordered eating patterns display a notable difference in locus of control. They discovered that these teenagers have an external, rather than an internal, locus of control, contrary to what one might surmise. In other words, these adolescents see their lives as being controlled by forces beyond their own control, feel exploited and helpless, rather than feeling in control of their own situations.

Scott and Baroffio (1986) examined the MMPI (Minnesota Multiphasic Personality Inventory) scores of three groups of individuals with eating disorders. From the analysis of this data, they profile the anorexic as an individual with passive-aggressive tendencies. The individual is a self-defeating person who struggles for internal control. There is identity confusion and reality distortion, as well as body boundary confusion. Further, the anorexic is introverted and anxious. They make the
statement that, "the control of eating has become a way to control who they are" (p. 712).

The families of anorexics have been studied and examined as to their role in the causation of the disease. While family members appear to be close, they are often too concerned and involved. This enmeshment phenomenon interferes with identity formation, a crucial task of adolescence (Muus, 1985). Although Mallick's study (1987) found no evidence of family permutation, they do not dismiss it as a viable possibility warranting further investigation. Harding and Lachenmeyer (1986), also, did not find family characteristics to be an important variable. On the other hand, the theory is supported by Gilbert and DeBlassie (1984). They characterize the family system, too, as "overclose". They summarize by stating, "Though the family appears to have been functioning well before the onset of the disorder, there are tensions and confusion. In general, the family has difficulty making decisions and problems are sometimes avoided rather than resolved. Feelings of allegiance are usually emphasized. The balance between family closeness vs. individuality and independence is
upset, and a situation described as 'overclose family relations' develops" (p. 841).

Another eating disorder, both common and frequent among teenage girls, is bulimia. Bulimia is characterized by periods of compulsive binge eating followed by purges to rid the body of unwanted calories (Muus, 1986).

As opposed to anorexics, bulimics often appear to be of normal weight instead of having the emaciated look. Although the gorging process can go on for hours, and a bulimic can consume from one-thousand to one-hundred-thousand calories during a binge, it is shortly followed by a purging episode accomplished by vomiting; the use of laxatives, diuretics, or enemas; compulsive exercising; or the use of weight-reducing drugs (Muus, 1986).

Bulimic episodes are often brought on by emotional experiences involving anger, rejection, or stress (Muus, 1986). It affects younger adolescents more than older ones and is prevalent among minority females as well as whites (Van Thorne and Vogel, 1985).

Van Thorne and Vogel (1985) surveyed the entire female population of a large, metropolitan high
school in the Midwest. Using the Eating Disorders Inventory, they ascertained the numbers of bulimics, or those with bulimic tendencies, and attempted to build a personality profile. They identified bulimics at all age levels, with the highest percentages among fourteen-year-olds. Their profile lists the following characteristics:

1. The onset tends to be associated with voluntary dieting and traumatic events. The most frequently mentioned event had to do with the loss or separation from a significant other.

2. Bulimics are secretive and usually not aware of available treatment.

3. Bulimics usually have strong moral beliefs.

4. Bulimic women are preoccupied with the fear of rejection.

5. Very often, bulimics are kleptomaniac, the most commonly stolen item being food.

6. Most bulimics at one time were overweight.

7. There is a relationship between alcoholism and bulimia.

8. Bulimics demonstrate strong conflict of goals. They wish to be confident, but have poor self images (Van Thorne and Vogel, pp. 48-9.
Rolf E. Muus (1986), reviewing literature on bulimic disorders, finds that features associated with bulimia are secretiveness, depression, drug abuse, preoccupation with body image and attractiveness, and an awareness that the behavior is abnormal.

Both disorders, anorexia and bulimia, are serious life-threatening situations which warrant professional guidance. They are both seen as attempts to gain control of one's life. Teenagers feel a sense of helplessness and hopelessness associated with stress which they feel is out of their control. They may be predictors of much more severe attempts to take the ultimate control of one's life by committing suicide (Elkind, 1984).

**Suicide.**

Suicide is currently the third leading cause of death among young people today. In 1977 almost five-thousand young people between the ages of fifteen and twenty-four committed suicide. This was an increase of 131 percent from 1961 to 1975. Over the past two and a half decades, suicides have increased dramatically for younger age groups. For ten-to-nineteen-year olds, 192 percent, and for twenty-to-twenty-four-year olds 194 percent (Gross as cited by Elkind, p. 188).

Suicide is sometimes an impulsive act, taken as a reactive measure following a particularly
stressful experience or event. Suicidal individuals often respond impulsively to a crisis or loss (Garfinkel as cited Strother, 1986). In reviewing the myths regarding the commission of teen suicide, Martin and Dixon (1985) suggest that sometimes impulsive suicide is a vengeful, angry act with the purpose of punishing those who have interfered with one's life. It is a stab at independence. Ruth Arent (1984) concurs, stating that, "Unlike that of younger children, teenage suicidal behavior is often impulsive" (p. 224). But, she adds that many young people who have attempted suicide harbored chronic stress.

There are many different theories of suicide; but most of them include a background of depression, hopelessness, and a sense of loss. Many have attempted to design a profile of suicidal individuals, gather predictive data, and study the families of the individuals. Survivors of suicide attempts, clinical inpatients, and random samples have been used in order to gain insight into this current epidemic problem.

David Elkind presents a list of losses often associated with depression leading to suicide:
1. The death of a family member.
2. The divorce or separation of parents.
3. Personal or family problems with the law.
4. Personal injury or chronic illness of the adolescent or a close family member or friend.
5. The marriage of a sibling or the remarriage of a parent.
6. Being fired from a job or a parent's being fired from a job.
7. The retirement of a parent.
8. A drastic change in the health of a close family member or friend.
9. The adolescent's own pregnancy, abortion, or birth of a baby or that of a sibling or parent.

(Tishler as cited by Elkind, p. 189).

Loyd S. Wright (1985) studied over 1,000 high school and college students assessing the prevalence of suicidal thoughts. He found that about 10% of the high school students and 6% of those in college exhibited such thoughts. Using survey data, Wright concluded that those teenagers with suicidal tendencies have home lives characterized as high in conflict, have poor parent relationships, especially with fathers, see one or both of the parents as
either frequently angry or depressed, and have more frequent drinking and drug problems.

Using data collected from inpatient psychiatric patients aged 8 to 13, Asarnow, Carlson, and Guthrie (1987), cited a definite relationship between depression and hopelessness and suicide ideation. They found that feelings of hopelessness were associated with the severity of the depressive symptoms, which are more frequent in suicidal patients. These patients were shown to have more difficulty with coping strategies, unable to verbalize solutions and viable alternatives to problem situations. This study also classified the families of these individuals as high in conflict. They were found to be low in control and cohesiveness, unsupportive, and stressful.

In a review of suicide ideation, Strother (1986) outlines similar characteristics of the suicidal individual and the families of these individuals. Risk factors, according to Strother, include alcohol and drug abuse, family breakdown, symptoms of delinquency, aggression, depression, and high conflict in the home.
Reviewing and analyzing data taken from the residents of the Chicago area, Dr. Ronald Maris (1985) pointed out some of the unique features indicative of adolescence that are major factors of the suicide problem. He is quoted as saying, "Adolescence tends to be a time marked by marginality, confusion, and ambiguity" (p. 100). He adds that it is little wonder, then, that young people in our society may have their own special set of social problems, including suicide. "Society has increasingly disenfranchised them, and thereby, rendered the adolescents relatively impotent" (p. 100). Dr. Maris, too, characterizes the young suicide attempter. He includes the personal factors of alcohol and drug use, sexual permissiveness and confusion, repeated depression, hopelessness, confusion, disorientation, social isolation, failure in social adaptive techniques, anger, and impulsivity. In comparing young and older suicide victims, Maris found them alike in feelings of depression, hopelessness, and seeing death as an escape. However, he found that younger people differ from the older in several categories influencing the decision to commit suicide. He
found that young people tend to be more dissatisfied, have lower self esteem, and more severe reactions to parental divorce.

The "typical" suicidal adolescent outlined in an overview by Martin and Dixon (1986) is as follows:

The typical suicidal adolescent is a White, Anglo-Saxon, Protestant female, approximately 15 years of age. Her parents are divorced and her mother works full time. Last year she was an "A-B" student, but this year she has experienced failure in school. She has missed a significant amount of school this year primarily due to colds and flu, but has been caught truant twice. Her weight has dropped dramatically and she has no real appetite. She feels tired much of the time but has trouble sleeping. Having few or no friends, she has recently increased her social isolation by breaking up with her boyfriend of 2 months and does not feel she can communicate with either parent. Her mother manifests symptoms of depression, attempted suicide a year ago, and seems indifferent toward her daughter. They quarreled just before the girl's drug overdose. Suffering from low self-esteem and libido, she is oriented to time, place, and person; she seems lethargic and depressed (Tishler et al, as cited by Martin and Dixon, 1986).

A similar profile is presented by Gispert, Wheeler, Marsh, and Davis (1985). In their conclusion of a study done with 82 adolescent suicide attempters, they give the following description:
They were predominantly females in their mid-teens from low socioeconomic backgrounds, who had several siblings and whose families had suffered significant disruption. Their main occupation due to their age was to attend school and acquire an education, but they were not very successful in that endeavor. Many were often truant, some were already a grade behind in relation to their peers, and others had totally given up the quest for learning (Gispert, Wheeler, Marsh, and Davis, p. 760).

Finally, Dr. Ruth Arent (1984), in the book *Stress and Your Child*, makes the following statement:

Many young children who have attempted suicide harbored chronic stress: had a history of feeling unwanted; never experienced satisfactory relationships; felt worthless and unloved; recently lost someone close, usually by accident or suicide; were school failures; lived in a stress-saturated environment with emotionally unstable parents; often encountered violence at home and had strained relationships; had a history of foster homes or adultless homes, or dependence on immature older siblings for care; were frequently exposed to pills and drugs; intended to die; did not harbor the hope that they would be rescued; and planned to commit suicide; gave away toys, pets, made elaborate preparations (Arent, p. 223).

In summary, Type B Stress presents to young people the most threatening and uncontrollable of situations. The ramifications are of monumental consequence. Because they are sudden and
unavoidable, they are among the most difficult to cope with, especially for girls. As we have seen, many of the symptoms of Type A Stress are involved and entwined with the symptoms of Type B Stress. Type C Stress presents symptoms and threats likewise interrelated.

**Educational Implications of Type B Stress**

The best protection against unforeseeable and unavoidable stress, according to Elkind, is to have a realistic, objective outlook or perspective on life. He suggests that educators and other adults can help students the most by helping to assist them in maintaining this perspective. Perhaps just with stories, poems, sayings, or even a few curses, adults can aid adolescents in "cooperating with the inevitable" (Elkind, 1984).

**Death.** Death education should be a part of the curriculum.

In *The Child's View of Death*, Morley D. Glicken (1978) outlines a method of prevention of crisis which will aid in promoting an acceptance of death. Morley states that children often express fears associated with death through play, stories, fantasy, etc. If death is not a forbidden topic,
the child can seek more direct assistance through discussion, and a sensitive adult should listen and help clarify concepts of death so that they become more realistic. Death should be discussed and children allowed to express their fears, guilt, anxieties, and angers. Children should be allowed to take an active part in funeral preparation and the grieving process, not sheltered or forbidden recognition. If possible, forewarning and preparation help them to adjust.

Oaks and Bibeau (1987), citing Grollman, present these guidelines for school personnel and parents in helping children deal with death:

1. Do not avoid the subject of death. Answer questions truthfully. If you lie, you may have to explain why later.

2. Do not discourage emotions of grief.

3. Allow doubt, questioning, and difference of opinion. Avoid denying the child's perception of or reaction to death.

4. Do not lie to protect the child. Trying to protect the child may retard personal growth.

6. Do listen to the needs of the child. Make sure you understand questions before you answer them. Rephrase the question if necessary and ask if that is what the child means.

7. Make referrals to other supportive people.

8. Remember that the grief process may last for some time, and the grief response may not begin to appear for several months after the death.

9. Express your own emotions honestly.

10. Take a death education course.

(Oaks and Bibeau, p. 422).

In the same article, Oaks and Bibeau list the seven competencies of a death educator.

1. The teacher must be able to communicate with students, parents and resource persons in managing grief, bereavement, and other sensitive issues.

2. The teacher should be sophisticated about counseling and crisis intervention techniques.

3. The teacher needs to know about the availability of pertinent resources including literature, audiovisuals, and professional associations.
4. The teacher needs to be able to integrate community resources into the instructional/counseling process.

5. The teacher needs to be committed to interdisciplinary involvement and problem solving.

6. The teacher should be able to assess student progress as it relates to predetermined course objectives.

7. The teacher should possess a spirit of scientific inquiry to keep abreast of current research and contribute to the knowledge base through research.

(Oaks and Bibeau, p. 422)

Divorce. Whether dealt with as part of the academic curriculum or dealt with affectively proactively or reactively, the issue of divorce is an important one for adolescents.

Kurdek and Siesky (1980) believe in the beneficial effects of peer sharing in situations involving parental separation and divorce. They state in their conclusion that, "The beneficial effect of children's sharing divorce-related concerns with their friends is noteworthy, in that it suggests that peers function as a support system
for children experiencing their parents' divorce. At a time when the parents themselves are likely to be caught up with their own thoughts and feelings, children may more easily turn to their friends for advice and comfort. Given the increase in the number of children affected by divorce, groups of children who themselves have also experienced divorce may be the source of greatest support in both clinical and nonclinical settings" (p. 98). The research also concludes that professionals working with children whose parents are divorced should assist them in generating both the positive and the negative consequences of their parents' divorce, since a child who sees the divorce as an opportunity for personal growth will encounter fewer difficulties than the child who views the divorce in terms of parental desertion or self-blame.

Ruth Arent (1984) gives guidelines for helping adults to lend support to children suffering from the stresses of divorce such as: take charge; listen to the children; be honest; talk about feelings; give as many facts as they can handle; negotiate plans and decisions; ease up on some of
the pressures; and seek help. However, Arent suggests that teenagers, in particular, need:

1. Frequent reminders that school is an important priority.

2. To be reminded that dwelling on the divorce can result in loss of interest in friends, school, activities and learning. A self-pitying attitude can turn away much-needed friends.

3. Help in understanding relationships, commitments, and working through conflicts, to understand that parents are not inadequate or bad persons simply because they no longer care for each other. Adolescents tend to make judgements and become close-minded. They need assistance to learn tolerance or perhaps forgiveness.

4. To understand the family's economic situation and to make appropriate adjustments. Some may have been unreasonably demanding and may have to curtail requests.

5. Peer support, both individually and in groups.

6. Role models. This can be one person, such as a counselor or coach with admirable qualities to
be observed and emulated, or the child can model different qualities from a number of persons.

(Arent, pp. 173-174)

**Eating Disorders.** The researchers present few strategies for the prevention of either anorexia nervosa or bulimia. However, there are several methods of treatment with which educators and all others working with adolescents ought to become aware:

1. **Hospitalization.** In severe cases, weight gain via hospitalization may be the first step in treatment, with or without concurrent psychotherapy. Hospitalization may be less warranted for bulimics, yet may be necessary (Muus, 1985; Muus, 1986).

2. **Individual or Group Therapy.** Cognitive therapy concentrates on eliminating the adolescent's incorrect, irrational, and self-defeating cognitions, attitudes, and beliefs about foods, health, body image, and self concept. Seeing that others have similar problems, and being able to share "secrets" may be a source of relief (Muus, 1985; Muus, 1986).

3. **Family Therapy.** Frequently the parents have unmet dependencies and security needs and the
adolescent's behavior is a response to those needs which interferes with his/her own movement toward independence, individuation, and autonomy. As family interactions are resolved, the patient gains more self-confidence and becomes more competent in living a self-directed life (Muus, 1985; Muus, 1986; Gilbert & DeBlassie, 1984).

4. Behavior Modification. The most controversial of treatments, behavior modification, involves social reinforcement which includes attention, conversation, and praise that are contingent upon eating behavior (Muus, 1985; Muus, 1986; Gilver & DeBlassie, 1984).

Suicide. There are many strategies available for dealing with the teenage suicide issue. Some are specifically administratively oriented; others deal with crisis intervention for teachers and psychologists.

Deborah Strother (1986) lists the four points that all educators should keep in mind when dealing with the issue of suicide:

1. Be appropriately critical of facile answers to an incredibly complex problem for which we have only begun to arrive at partial solutions.
2. Understand that suicidal behavior is really suicidal behavior. Disturbed youngsters differ from one another, and suicide is a complex and intensely personal event that can spring from a multitude of factors.

3. At best, we can only suggest that those young people most at risk for suicide have probably given prior warning through their words or their behavior, that suicide is a possibility. They have probably told someone of their suicidal thoughts, threatened to take their own lives, or made an unsuccessful suicide attempt. Their behavior suggests that they are not in control of their lives. Perhaps drinking or drug use is interfering with their judgment and impulse control; perhaps they have already expressed their hurt and rage by "acting out." Pay attention to these youngsters, and try to form an alliance with their parents to get help for them.

4. Help your school community become aware of changes in a student's level of functioning and involvement. Young people who are deeply troubled will show it, and observers who notice the symptoms can direct such young people to appropriate sources
of help. If we fail to notice their problems, troubled young people may try to command our attention in potentially lethal ways (Berman as cited by Strother, 1986).

The counselor's responsibility, according to Martin and Dixon (1986), is to conduct an evaluation interview and conclude it by obtaining from the student a contract to live. However, although the counselor should be available to the student, the primary therapeutic responsibility belongs to the school psychologist or other mental health professional.

Addressing the administrative responsibility, Conrad Toepfer (1986) suggests watching for these warning signs:

1. losing interest in school and/or related activities
2. withdrawal or pulling away; self-isolation
3. threats, etc.
4. signs of depression
5. feelings of rejection, disappointment, insecurity
6. sense of personal failure
7. slumping grades in school
8. changes in habits or lifestyle
9. separating with friends of possessions
10. feelings of guilt
11. radical changes and/or increase in mood swings
12. feelings of insecurity or inadequacy
13. violent or rebellious behavior
14. running away
15. unusual neglect of personal appearance

(Toepfer, pp. 58-59).

The principal must also develop ways to provide specific support activities for teachers and students. These will include: planning curriculum considerations of this issue; developing means to identify students with potential problems; developing means to communicate, work with, and support affected families; and getting these students to appropriate sources of help as soon as possible (Toepfer, 1986).

In the December, 1987 issue of The Practitioner, a newsletter published by the National Association of Secondary School Principals, the following guidelines are given:
Preplanning:

1. Decide in advance who is to be in charge during a crisis. Designate a substitute in the event that the appointed person is unavailable at the time of the emergency. Make certain that all staff members know who these persons are.

2. Provide a thorough inservice session on suicide prevention in every high school and intermediate school at least every other year.

3. Hold an inservice for school secretaries on how to handle telephone calls and requests for information from the community.

4. Use phone trees to communicate as rapidly as possible with persons who need the information and need to be involved.

Crisis Activity:

1. Notify the Key people within the school system of the crisis. Locate the social worker, visiting teacher, and psychologist and ask them to be available.

2. Since the local press often descends upon a school immediately after a tragedy, refer reporters to the appropriate staff person.
3. Do not wait. Delay can give rise to rumors that add another dimension to the existing problem. Delays also can prompt anger on the part of the students—a feeling that "no one really cares."

4. Prepare a general announcement to be given by the principal or designee. It is not necessary to mention suicide/death/accident or to give details. A straightforward sympathetic announcement of a loss with a simple statement of condolence is recommended. Be as truthful as possible when students ask direct questions.

5. Hold a faculty meeting as soon as possible. Ask school staff members to make themselves available to parents and other members of the community, if appropriate.

6. When a suicide or other untimely death occurs, invite the identified friends of the deceased to meet in a group at a selected site. Calling a large assembly is not recommended.

7. With regard to a memorial or other observance for the deceased, be aware that there is a fine line between dramatizing a death and doing something appropriate that allows students to express a sense of loss.
8. If students wish to attend funeral services or actually take part in them, the wishes of the family must first be considered.

9. If students' suggestions are inappropriate and refusal on the part of the administration causes anger among students, it is important to continue the dialogue.

Follow-up:

1. Plan appropriate follow-up activities for grieving students and teachers. Group meetings often evolve naturally from the initial sessions.

2. Arrange crisis debriefing sessions for those persons involved in the crisis management. Procedures and implementation should be discussed.

The newsletter also suggests teacher training in prevention and crisis intervention, student assistance programs, community training programs, after-school intervention programs, hiring additional support personnel, and establishing follow-up programs. Recent literature should be reviewed, community resources studied, and advisory committees established.
Type C Stress

Referred to as the Stress of Frustration, Type C Stress entails those situations which are foreseeable but not avoidable. Such events include dentists' appointments, visiting relatives whom one violently dislikes, school assignments, and tests. A teenager whose parents drink and are abusive has a chronic foreseeable and unavoidable stress (Elkind, 1984).

Adolescents without a clear sense of self often react to this type of stress, and they do so most frequently with anger and hostility. What more integrated teenagers and adults see as unavoidable demands, angry teenagers see as impositions and attempts by adults to exercise their authority. Low self-esteem is sometimes covered up with bravado. There are conflicting and unintegrated attitudes, values, and habits with respect to self and others. By refusing to do those things which are unavoidable, an angry young person makes it impossible to find ways of serving both self and society and getting on with life (Elkind, 1984).

A second common reaction to Type C Stress is fear. The frightened adolescent views the
unavoidable as threatening. Young people whose parents are alcoholic, abusive, or rejecting often are more scared than hostile. Low self-esteem is also part of this reaction; however, they believe salvation to lie in others. Frightened adolescents blame themselves more often than others, and will do almost anything if others will be nice to them (Elkind, 1984).

Type C Stress is primarily associated with the school and school-related experiences, from test anxiety to school phobia in general.

School Stress. There is very little research or literature available regarding school phobia. It is defined as an abnormal fear of school and school-related experiences. Eileen McAnanly (1986), in reviewing school phobia, gives some of the reasons students give for avoiding school. These are usually somatic complaints with no evidence of physical cause. They include: abdominal pain, headache, nausea, and extremity pain. While most of these symptoms displayed by younger children, McAnanly feels, are associated with separation anxieties, psychosomatic illnesses in teenagers are
usually expressions of depressed individuals or those with psycho-social problems.

In a study comparing truant and nontruant eighth-grade students, Barbara Sommer (1985) lists the most common reasons students give for truancy. They are boredom and dislike of school and the teachers. The truant students were found to exhibit more disruptive behaviors in school, but Sommer concluded that school variables were more highly correlated with truancy than were personality and family variables.

Ruth P. Arent (1984) lists the most pervasive sources of stress for middle school students related to schools. Her list includes the following:

1. concern about grades
2. parental expectations
3. impersonal teachers
4. poor study habits from the past
5. problems with peers (Arent, p. 145).

Elkind suggests that part of the school stress problem is repeated failures. He states, "When children have to drag themselves to school day after day to face repeated failure, they sometimes develop chronic symptoms, which can be physical or
psychological. Proneness to accident and illness can be by-products of unrelieved school stress. Headaches, ulcers, and colitis can be symptoms. Some children show behavioral symptoms like aggressive bullying or quiet withdrawal" (p. 172).

In *The Hurried Child*, David Elkind (1984) makes the following statement with regard to school stress:

> For some young people, school is like a bad job. It imposes chronic stress on them, and the symptoms of school burnout begin to appear. Often these young people hate to go to school and stay home because of sickness whenever they can. They are frequently tardy and often cut class. Many begin to use and abuse alcohol and drugs; occasionally they vandalize the school or deface it with crude graffiti. Eventually, they drop out of school as soon as it is legally possible (Elkind, p. 171).

**Dropouts.** There is increased local and national concern about the high school dropout rate in this country. Some estimate that nationally about 75% of those students currently attending high school complete their studies and graduate (Elkind, 1984). In some areas of the country, the dropout rate is as high as 45%-65%. The rate among the middle class white population increased from 6.3% in 1970 to 9.6% in 1978 (Svec, 1987).
Harris (1983) compared dropout-prone high school students with matched controls. He discovered that dropouts were more likely to be the objects of parental abuse, to have experienced the death of a parent, and to have been the product of a divorce. Harris feels the dropout problem to be more of an issue of personal, emotional trauma than an academic issue.

Paul R. Rosenbaum (1986), also matching dropouts with nondropouts, gathered from national data that dropouts are more often prone to a) low socioeconomic status, b) having changed schools since the fifth grade, c) having been suspended from school, d) dating more frequently, e) spending less time on homework, g) having been frequently late to school, and h) having disciplinary problems.

The multidimensionality of the dropout problem is outlined in an overview of the literature by Henry Svec (1987). Svec states that dropout students are similar to nondropout students academically with respect to both achievement and performance. He found that the differences are patterns of social ability, the number of family
stresses, economic needs, differing learning styles, and individual stresses.

Others, too, have outlined the multidimensionality of the school dropout problem (Finn, 1987; Larsen and Shertzer, 1987; Strother, 1986). Larsen and Shertzer (1987) cite an interrelationship of school, societal, and family factors. Finn (1987) states, "To be sure, the most frequently cited reasons for leaving were associated with school itself. These turn up in affirmative answers to such survey possibilities as "had poor grades" and "school was not for me." But being school related does not mean that they are school caused. They may have their origins in the individual, his family, or social class" (p. 15). Finn, as well as Larsen and Shertzer, state that current research has failed to accurately assess causation for dropping out. Finn adds that, "When we set about to isolate causes of dropping out, we find that there is no fully satisfactory "causal" research relating to school factors. What we have are descriptions of the characteristics of the dropouts themselves" (p. 14).
School is the primary source of Type C Stress for teenagers. Frightened individuals develop anxieties and phobias when suffering from this type of stress. Angry individuals act out, cause behavior problems, burnout, and may ultimately dropout altogether.

The other major source of Type C Stress is the family. This is particularly true of adolescents whose homes are ridden with tension, or who have alcoholic or abusive parents. Whereas school stress is often associated with dropping-out; angry and frightened adolescents, in reaction to severe family stress, may find that the only way to deal with this stressful situation is to run away.

Abuse. The 1974 Michigan Child Abuse and Neglect Act defines abuse and neglect as "the physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under age eighteen by a person who is responsible for the child's welfare." Researchers and professionals tend to feel that the definition is inadequate, and there are differing views on what does and does not constitute neglect and abuse (Roscoe, 1987; Tharinger and Vevier, 1987).
One researcher, Roscoe (1987), attempting to define abuse, used the reactions of adolescents. Presenting a number of teenagers with a series of vignettes, Roscoe recorded responses on the degree of severity as perceived by the children themselves. There were differences in the reactions of younger and older teenagers. Both rated physical and emotional abuse as most severe. However, younger adolescents rated as less severe the use of physical force and failing to adequately supervise. Unlike older adolescents, the younger were more disapproving of specific actions within categories, such as use of alcohol, educational neglect, and failure to provide. In fact, younger children were far more critical of parental action in 18 of 30 categories. The older teenagers were college students. Therefore, it may be that without a clear sense of values and identity, along with a lack of experience, younger teenagers are far more critical and much more idealistic about parenting.

Child abuse and neglect are present at all socioeconomic levels, but there is a higher incidence of it in families of low socioeconomic status (Blom, 1986). The abuser is most often known
to the individual and either a member of the nuclear
of extended family (Elkind, 1984; Blom, 1986;
Tharinger and Vevier, 1987; Gold, 1986; Orr and
Downes, 1985). Estimates of the incidence of abuse
vary. A conservative estimate would be that by
eighteen-years of age, 19% of the girls and 9% of
the boys are abused (Finkelhor as cited by Hodson
and Skeen, 1987).

Various theoretical perspectives have been
presented as to the causes of child abuse.

One theory is the sociological perspective.
This theory centers around overcrowded living
conditions and social isolation of the families
(Blom, 1986; Tharinger and Vevier, 1987).

The family systems theory is based upon the
idea of family dysfunction as causation for abuse.
This theory comes from examination of stepfamilies
and the incidence of physical and sexual abuse. The
abuse of power concept is part of this theory
(Tharinger and Vevier, 1987; Hodson and Skeen,
1987).

Both the abusers and the abused have been
characterized. An abusive individual has been seen
as emotionally deprived and having exaggerated
dependencies. They have been described as having low tolerance for frustration, low self-esteem, high degrees of impulsivity, moods of severe depression, difficulty in experiencing pleasure, little understanding of the needs of others, and an almost childlike preoccupation with self. Problem drinking or alcoholism is a factor in perhaps as many as one-third of child abuse cases (Blom, 1986). The abused have been seen as fearful, angry, guilty, hostile, and having low self-esteem (Blom, 1985; Tharinger and Vevier, 1987; Hodson and Skeen, 1987; Orr and Downes, 1985).

The long-term effects of abuse are uncertain. However, both adolescents who have been recently abused and adults who have been abused as children or teenagers show psychological maladjustment.

Orr and Downes (1985) examined the self-concept data relating to adolescent girls who were sexual abuse victims. They found that on certain subscales of the self-concept assessment, these teenagers were what would be termed poorly adjusted. They tended to have unsurprisingly negative sexual attitudes and behaviors, much more conflict in family relationships, and were less able to feel in
control. Studying the long-term effects of sexual victimization, Gold (1986) found that, compared to persons who were nonvictims, these individuals had more difficulties in later life developing trusting relationships, were more depressed, had more psychological distress and lower self-esteem.

Runaways. A frightened teenager confronted with a conflict ridden home may decide to run away. It is estimated that some 600,000 teenagers were runaways in 1970. The numbers have increased yearly, although it is nearly impossible to estimate accurately the numbers, so many runaways go unreported. Unlike those who ran away in the sixties and previous decades, the runaways of today are reported to be running away from something, rather than running to something (Elkind, 1984).

The peak years for adolescents to run away are fifteen to seventeen (almost 70%). Two out of three are female, and two out of three stay within their home state before returning home. The most common length of time away from home is 1 to 4 days, although over half of all runaways are gone from 5 to 100 days (Palmer as cited by Thornburg, 1977).
Comparing runaways and nonrunaways, Loeb, Burke, and Boglarsky (1986) examined reasons for being on the streets. They found that the major reasons were conflicts with parents and differing values. Although this study did not show abuse as a major cause, it was not dismissed as a major reason for running away. Breakdown and a lack of trust were the most-cited factors.

Adams, Gullotta, and Clancy (1985) conducted a descriptive study of two groups of homeless adolescents: runaways and throwaways (those teenagers whose parents were responsible for making them leave home). The majority of the adolescents in both groups reported the main reason for their being on the streets to be a failure to get along with parents. Some reported physical abuse, delinquency, wanting independence, and mental illness, but parent-child conflict was the major reason given. Peer relationships and school problems were also frequently mentioned. It is interesting to note here that evidence of peer pressure was not found in this study. These youngsters were not those who blindly follow their peers; their decisions were their own. Further, 82%
of the runaways and 79% of the throwaways saw themselves as failures. They were not proud of themselves and the majority of them felt "useless."

C. Cajetan Luna (1987) has spent several years in field research, living with and studying homeless youths. In an article entitled, "Don't You Know You're Already Dead?" published by Society, Luna states of today's runaway adolescents:

> The vast majority who leave home do so because living there has become impossible for them. They flee turbulent households racked by conflict, violence, indifference, and, in a large number of cases, sexual abuse. Many are battered youth escaping brutal, pathological parents or violent homes. Often they display objective evidence: abrasions, bruises, and similar remnants of recent beatings. Others are from households in which parents are frequently absent and the youth are generally left to care for themselves. After prolonged indifference or neglect, these latch-key children drift away. Increasingly, large numbers of youth are identifying themselves as homosexual in adolescence. As a result of coming out at an early age, gay youths often leave home in order to escape negative sexual labeling among peers, or to flee rejecting fundamentalist parents. Still others are leaving behind experiences of rape, molestation, and incest (Luna, p. 75).

Type C Stress can lead adolescents to drastic measures in order to escape the stress of frustration. The powerlessness and learned
helplessness experienced as a result of these types of stressors often lead frightened and angry teenagers to inappropriate ways of fighting the exploitation they are feeling. Usually their problems are only compounded by the things they do in an attempt to gain control over the frustrating situations they face at school and at home.

**Educational Implications of Type C Stress**

Since many of the stresses associated with the foreseeable and unavoidable have to do with work of some type, Elkind suggests that there is a need to teach good work habits. Help with organization is important, and may include such things as: doing the least important jobs first, designing plans and schedules for accomplishing tasks, and giving full attention and effort to those tasks which must be carried out (Elkind, 1984).

**School Phobia.** School phobia symptoms are sometimes very difficult for educators to recognize, but accurate diagnosis is the first step in dealing with the problems resulting from school anxieties.

Suggestions for teachers and other educators when confronted with school phobia situations include behavior modification methods, systematic
desensitization, and positive reinforcement. The necessity of a good relationship between parents and school personnel is apparent, suggesting a family systems approach to the problems inherent in school phobia. Family difficulties may be causing stress in students which is displaced onto the school. Individual and family counseling are necessary components in the treatment of this type of school stress (McAnanly, 1986).

**Abuse.** Teachers are required by law to report incidents of abuse or suspected abuse of children.

The damage from abuse can be lessened or sometimes prevented by caring, supportive adults who deal with the issue realistically. There are several strategies advocated by researchers, clinicians, and educators which specifically deal with the problems of sexual abuse. The following are suggestions widely used in many educational programs:

1. **Give children the correct terminology.** It is important that children be taught through sex education programs the correct terminology for the sexual parts of their bodies, just as they are taught other specific vocabulary.
2. Help children to identify different types of touching.

3. Teach students that their bodies are their private property.

4. Teach children that abuse is not their fault. One of the most difficult aspects of this prevention strategy is conveying to children that they have the right to say "no" to adults.

5. Teach children how someone might try to manipulate them into an abusive situation.

6. Encourage open communication. Children should be taught that they never have to keep secrets from significant adults.

7. Always believe the child and investigate further any allegations of abuse.

8. Foster appropriate attitudes in responsible adults. Help parents and teachers learn to indicate to children that there are approachable, askable, supportive, caring, and believing adults with whom every child can discuss issues of concern.

9. Teach the child to keep telling.

10. Make resources available.

(Koblinsky and Behana as cited by Hodson and Skeen, 1987).
Droplets. The dropout problem is a problem of local and national significance. Dropout prevention programs have been developed by several states and local school systems. Strother (1986) states that in order for any program to work at reducing the dropout rate, two criteria must be met—all students must develop a minimum number of basic skills, and schools should attract and hold students by including components that meet student needs. For individual school systems, Strother suggests the following:

1. Adopt a practical definition of a dropout.
2. Identify successful local, state, and national efforts to retain potential dropouts and recover actual dropouts.
3. Implement short and long term programs, practices, and organizational and instructional changes aimed at reducing the district's dropout rate and enticing dropouts to return.

(Strother, p. 328)

Citing the NEA's Blueprint for Success, Charles Finn (1987) adds these practices to be included in any preventative program:
1. Emphasize affective education in the program and in the curriculum.

2. Offer choices; make the curriculum meaningful to the students' reality here and now.

3. Design a flexible schedule for those unable to attend school during usual school hours.

4. Provide noncompetitive instruction; encourage cooperative group learning.

(Finn, pp. 18-19)
Summary and Conclusions

Summary

In review, stress affects all individuals. There are certain stress reactions which are common to all situations. These include the stages of shock (when an individual first experiences stress), countershock (when the body prepares for defense against stress), and, finally in some cases, a stage of exhaustion (where there is physical or mental breakdown).

Stress can cause both mental and physical difficulties. Dealing with stress requires energy, and it is often energy which could be used a more positive manner, enhancing the quality of one's life. The energy used in stress provoking situations is the type of energy that is used for growth stages and has been referred to as calendar energy.

Adolescents are under a great deal of physical stress simply because of the biological changes taking place during puberty. But, many adolescents experience additional stress. The most commonly noted forms of stressful life situations cited by adolescents include those situations which deal with
the quality of family life, and those which deal with school pressures. Since identity formation is the primary task of adolescence, individuals who do not have a clear sense of themselves are most affected by these additional stress provoking situations.

Teenage stress has been categorized into three types: Type A Stress (Foreseeable and Avoidable), Type B Stress (Unforeseeable and Unavoidable), and Type C Stress (Foreseeable and Unavoidable).

Type A Stress is associated with freedom. It has also been linked with peer interaction and peer pressures. Research has shown that there are differing views regarding the pervasiveness of peer pressure. However, there is consensus regarding the fact that identification with one's peers during puberty is important, especially for younger teenagers. Peer identification has been correlated with self esteem and the absence of loneliness.

Those adolescents who find themselves suffering from Type A Stress often react in one of two ways, either by becoming anxious and depressed, or by conforming to the norms of their peers. Conforming may include experimentation with alcohol, drugs, or
permissive sexual behavior. Besides peer pressures, the lack of parental supervision, exposure to parental modeling, and media influences have been cited as reasons for these types of behaviors.

Type B Stress has been associated with loss. Losses such as the death of a parent or loved one, or parental divorce or separation, are common Type B stresses. Self-punishing individuals react most drastically to these types of stressors, and in self-destructive ways. Research has demonstrated that the reactions associated with Type B Stress are more common to girls than to boys.

Because Type B Stress presents to an individual a feeling of loss, the common reaction is often one of feeling victimized. Seeking to regain control of their lives, teenagers may develop eating disorders. Another much more drastic and serious reaction is teenage suicide.

Lastly, Type C Stress has been referred to as the Stress of Frustration. School and family difficulties that one sees as exploitive are common causes for this type of stress. Common reactions to these stress situations are hostility and fear. School anxieties may develop into school phobias,
and those susceptible to these anxieties may ultimately drop out of school. Teenagers who find themselves in homes where there is emotional, physical, or sexual abuse often react by running away from home.

**Conclusions**

A review of literature has revealed that teenage stress has implications for middle school educators. Teachers, administrators, counselors, psychologists, and all other educators of today's adolescents must confront the multiplicity of the problems associated with stress and it must be done both academically and affectively.

David Elkind (1984), in summarizing the challenge stress presents to parents and educators, very aptly states what cannot be done before outlining what needs to be done:

Before looking at what we can do, it is important to acknowledge what we cannot do. We cannot, for example, turn the clock back to an earlier, less complex, and less terrifying time. We cannot change the pace of technological change, defuse the knowledge explosion, or fight the computer revolution. Likewise, the threats of nuclear war, environmental degradation, pollution, and cancer-causing chemicals in the food chain will remain a menace that we have to contend with. Although these are foreseeable and avoidable dangers, it will take the
highest qualities of our humanness to avoid the unthinkable.

Although these stresses contribute to the problems of teenagers, we have to accept them pretty much as givens. We have, however, much more control over events in the home, at school and in the media. It is in these domains that we have to look for ways to prevent or at least lessen the amount of teenage destructive stress behavior. We can do this both by helping young people attain a differentiated conception of self and identity and by reducing some of the stresses they encounter (Elkind, pp. 199-200).

Dealing with stress and its effects on adolescents challenges educators to implement strategies and programs which are both proactive and reactive in nature.

Proactive interventions are those which are directed towards generating and maintaining coping behavior processes in order to foster effective adaptation to difficult life situations and potential future stressful life events. These strategies enhance social adjustment, problem-solving abilities and the general mental health of children.

Psychoeducational programs, values clarification activities, and strong advisor-advisee strategies are all proactive interventions appropriate for middle grade educators. Such
programs should center around four basic types of activities: cognitive style, affective processing, social interaction, and self directedness.

Reactive interventions, on the other hand, are those programs and strategies geared towards helping students to cope with present stress in their lives. Stress management techniques are reactive. Academically or affectively dealt with, these should include cognitive understanding, emotional expression and support, structure and control, and skill development.

Crisis intervention teams, effective counseling procedures, and stress management classes are appropriate implementations of reactive procedures.

Revising middle school curricula may be necessary in order to address academically such issues as death education, drug and alcohol abuse, or drop out prevention. On a less formal level, strong homebased or advisor-advisee programs are needed at this educational level, in order to help youngsters to cope with individual problems like abuse, school phobia, or divorce.

All teachers need to be aware of the symptoms of stress, the various intervention models, and
professional services available. But they must also be acutely aware of and attuned to the individual students they teach. It is one thing to know the procedures through literature, inservice, or education. It is quite another to become completely knowledgeable about the students in one's care.

In conclusion, one might say that there seem to be essential ingredients for middle school teachers today. Awareness, time, availability, and above all, care are necessary in order to address these most critical issues in education.
References


disordered patients and high- and low-risk
among children and young adolescents.
*Developmental Psychology, 21*(6), 1025-1031.
*Suicide and Life-threatening Behavior, 15*(2), 91-
109.
Martin, N. K., & Dixon, P. N. (1986). Adolescent
suicide: Myths, recognition, and evaluation.
of prompt intervention. *Journal of School
Health, 56*(10), 413-416.
Measuring hassles and uplifts among adolescents:
A different approach to the study of stress.
*School Counselor, 33*, 107-110.
Mirande, A. M. (1968). Reference group theory and
adolescent sexual behavior. *Journal of Marriage
and Family, 30*, 572-577.


