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The sources, symptoms and alleviators of childhood stress

Debra Colleen Pagitt
University of Northern Iowa

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The sources, symptoms and alleviators of childhood stress

Abstract

With the fast pace of our technological society, statistics demonstrate that more and more children are victims of childhood stress (Miller, 1982). For example, child suicide has become the "eighth leading cause of death in children ages 8-14 and has become the second leading cause of death for those in the 15-24 year old age group" (Arent, 1984, p. 223). The increases in child and teen drug/alcohol addiction along with the increased number of children identified, labeled and placed in school programs for the emotionally disturbed, attest to the fact that many children are choosing dramatic ways to exhibit stress and are acquiring habits which will only produce more stress (Arent, 1984).

THE SOURCES, SYMPTOMS AND ALLEVIATORS
OF
CHILDHOOD STRESS

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by

Debra Colleen Pagitt

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Ann Vernon

6-21-85
Date Approved

Advisor/Director of Research Paper
Norman McCumsey

6-25-85
Date Approved

Second Reader of Research Paper
Norman McCumsey

6-25-85
Date Received

Head, Department of Educational
Administration and Counseling

INTRODUCTION

With the fast pace of our technological society, statistics demonstrate that more and more children are victims of childhood stress (Miller, 1982). For example, child suicide has become the "eighth leading cause of death in children ages 8-14 and has become the second leading cause of death for those in the 15-24 year old age group" (Arent, 1984, p. 223). The increases in child and teen drug/alcohol addiction along with the increased number of children identified, labeled and placed in school programs for the emotionally disturbed, attest to the fact that many children are choosing dramatic ways to exhibit stress and are acquiring habits which will only produce more stress (Arent, 1984).

The stress associated with developmental changes in a child's life has always been with young people (Miller, 1982). However, in addition to developmental stress, Medeiros (1983) noted that the idyllic world of childhood seems to be under attack by the situational stressors of modern life. Even in prepubescent ages, children are pressured to take drugs, to have sex, to achieve (Elkind, 1981). They experience the stress of parental unemployment, and like never before have to face the fears of parental separation/divorce and even nuclear war (Saunders, 1984).

Miller (1982) also supports the notion of an unprece-

dented examination of stress because (a) young people are more alone than they have ever been as the mainstay of family life is crumbling, (b) more young people are being pushed into greater competition with the very people with whom they are to identify - their peer group, and (c) today's young people are more indulged, prized and placated. The easy life leaves them with little sense of accountability.

While these stressors are increasing, children appear to be ill-equipped to deal with them (Medeiros, 1983). This is becoming increasingly evident in the lives of American children as noted by changes in behavior, such as listlessness, school avoidance, hostility, and academic failure (Elkind, 1981).

Yet it seems that not enough parents and teachers, who in many cases are the stressors themselves, acknowledge the intensity or damaging effects of this stress (Kuczen, 1982). Their inability or lack of willingness to face this reality may reinforce the problem and prevent them from doing anything about it (Elkind, 1981).

Before embarking upon a discussion of the identification of stressful events, understanding their impact on behavior and development, and examining interventions which could address the losses and support the gains in the most optimal way, one must define the basic tenets of stress and deter-

mine why some children are more vulnerable than others to its effects.

DEFINITION

The meaning of child stress lacks any fully agreed upon definition. Yet the common thread of consensus seems to be that stress is a physical reaction to an event. It is the generalized response of the body to the demands placed on it, whether they are pleasant or unpleasant (Medeiros, 1983).

According to Selye (1976), stress is not tension or anxiety; these are merely symptoms of stress. Kagen (1983) asserts that stress is an internal change resulting from a stressful event, such as school pressure or hospitalization. These events which induce stress are known as stressors. The step taken to alleviate the tension or anxiety is an adaptive behavior known as response to stress.

Children's Vulnerability to Stress

Although the stressors in a child's life are similar to those in an adult's life, a child is much more vulnerable to the effects of stress than is an adult. The child, in many ways, is much more susceptible to its harmful effects (Arent, 1984).

MacCoby (1983) evidences this postulate with several reasons for the child's increased vulnerability. First, a young child's activities are not automatic, and he/she must deal with the moment-to-moment changes in perceptual inputs.

Miller (1982) supports this by demonstrating that changes occur far more rapidly in a child's life. In six hours of school alone, the child is subjected to major life changes in an almost routine fashion. Along with the multifarious daily changes a child faces, is the fact that children are not able to control many of these events usually created by adults themselves (Mediros, 1983).

Secondly, because of the immature state of the child's nervous system, the greater an arousing event, the greater the likelihood of behavioral disorganization (MacCoby, 1983). Thirdly, young children clearly have a small repertoire of prepared reactions that are tailored to meet specific stressors (MacCoby, 1983).

As the child approaches adolescence, a fourth reason for increased vulnerability becomes evident. The obedient stance toward adult authority taken by most children provides a buffer against stress (Elkind, 1981; MacCoby, 1983). But as the adolescent engages in active rejection of adult authority, more stress results due to the shift from external to internal guidance (MacCoby, 1983).

While children feel the same psychological pains as adults, they lack the intellectual ability to understand why the pain is there and how to control it. Children are less developmentally able to understand complex causes (Medeiros, 1983). Hence, the very ingredient needed to combat stress -

control over one's life - is out of intellectual reach for children. The child's immature interpretation of events necessarily implies a differential receptivity to specific events because of changes in intellectual development over the first twelve years of life (Kagen, 1983).

Psychologically, stress is different for children because their thought and language is very different from adults. Their literalness in expressing themselves makes children more vulnerable (Medeiros, 1983). They cannot articulate their stress. While they are adept at demanding surface needs, children are paralyzed in demanding help for their deeper needs (Miller, 1982). Hence, Medeiros (1983) delineates behavioral symptoms which may suggest the presence of undue amounts of stress: "general irritability apart from regular behavior, complaints of a pounding heart, increase in accident-proneness, anxiety, trembling or nervous tics, stuttering, grinding teeth, increases in a tendency to be easily startled, insomnia, bed-wetting, indigestion, nightmares or drug use". (p. 12-14). Other behavioral signs of inarticulated stress may include withdrawal or preoccupation, frequent sickness without organic cause, resistance to being touched or hugged, excessive clinging, nailbiting, overactivity, impulsivity, belligerency, and lying (Saunders, 1984).

Differences in Stress Susceptibility

It is clear why children are more vulnerable to stress than adults, but there are no easy answers in ascertaining why some children are more susceptible to the effects of stress than other children. An interplay of forces - family history, prenatal conditions, temperamental factors, family interactions, cultural, religious and ethnic traditions, developmental progress, health status and the social milieu influence how a child reacts to stress, how he/she copes, uses resources, fails to recover or how children become more vulnerable to stress (Benswanger, 1979).

It is postulated that stress occurs when the child experiences a situation that is perceived as threatening, thereby causing an internally triggered physical and emotional reaction (Kuczen, 1982). Hence, a stress reaction is not automatic, but is largely determined by the interpretation of the person involved. The hypothesis that erroneous perceptions are factors for increasing a child's susceptibility to health problems was supported by Rutter (1983), whose investigations have shown marked differences in endocrine responses to potentially stressful events. These differences in endocrine responses are linked with variations in how children perceive the event. In essence, the child's cognitive appraisal of life events strongly influences the response as relevant, benign or harmful (Rutter, 1983).

The concept of stress overload (Duncan, 1983) is a second plausible explanation for a child's susceptibility to stress. The effects of stress seem to be additive, not multiplicative. After coping with a stressor, it is necessary to rest one's adjustment abilities; hence, the greater the stress, the more time is needed for recuperation. For children who experience stress upon stress (i.e. stress overload), the physical damage is greater (Duncan, 1983).

Not only is vulnerability to stress determined by the degree of recent dosage of anxiety, but also by the age of the child. Benswanger (1979) asserts that certain events have more of an impact at certain age levels, and the quality and quantity of adjustment required to cope changes through time. Wolff (1981) is in agreement with this assertion as he maintains that crisis points in normal development will influence the perception of and the reaction to stressful events at any given period.

Differences in coping skills in children are also responsible for the variations in vulnerability to stress. Children lacking such social skills as asking for help, expressing feelings openly, resisting peer pressure or adult demands which call for more than which they are capable, will be more vulnerable to the debilitating physiological and psychological effects of stress (Duncan,

1983). A child with a positive self-image will be more adept at handling stress. Such children are better able to cope because they trust themselves (Miller, 1982).

In addition, it has been found that a child's social support system influences the degree of vulnerability to the causation of stress. The fewer number of people the child has on which to rely and the fewer social skills to utilize those people who do provide a support system, along with poor parent-child communication, the higher the risk for negative effects of stress (Duncan, 1983).

Finally, there is some evidence to show that personality patterns, typically known as Type A, are evident in children and can predispose them to stress vulnerability. Duncan (1983) found that these behavior patterns characterized by competitiveness, a sense of time urgency, higher than average levels of aggression and hostility all expose a child to more stress.

Types of Stress

The ambiguous nature of stress becomes less nebulous when a differentiation is made between types. Developmental stresses are those generic sources of stress that occur as a child moves through the necessary ages and stages of life (Medeiros, 1983). Being called common or "nontraumatic" stresses by Arent (1984), the child learns the routines of such stresses as eating, toilet training, childhood friend-

ship, birth order, changing sexuality, teen acne, formulating a religious faith and handling peer pressures. Via these developmental stresses, the child begins to experience uncertainties they were never before mature enough to handle.

According to Arent (1984), a second source of stress may be labeled situational, unpredictable or traumatic. These stresses tend to be sudden, severe or chaotic in nature. Included in this category are such stresses as divorce, death, violence/abuse, accidents, hospitalization, school pressure, television, parental unemployment or economic factors.

While the experiences and effects of stress - whether developmental or situational - are different, Medeiros (1983) avers that the body's reactions are very similar. Yet, for reasons still unknown, positive events lead to far less stress than negative events.

TYPES OF STRESSORS

Stress is likely to be multidimensional and composed of relatively discrete sources (Abidin, 1980). But it is not enough to conclude that bad experiences may have bad effects. It is important to determine which features of life events predispose children to stress.

To determine which life events are the most potentially harmful, a relevant and applicable stress test is the Life

Event Scale adapted for children by Dr. Thomas Holmes and Dr. Richard Rahe (See Appendix).

Heading the list of most stress-producing events for children, according to the Holmes-Rahe scale, is the death of a parent, then sibling or close friend. Duncan (1983) has found that not only the death itself, but the accompanying changes in caregiver, feelings of guilt, possible changes in residence, loss of economic status or rejection by the surviving parent present overwhelming degrees of tension and anxiety. The impact of the stress of death on a child's behavior can typically be seen as heightened shyness, timidity and withdrawal (Rutter, 1983).

A second high-ranking stressor for children is divorce, and its impact on a child's behavior is often clearly visible. Schoolwork is affected as the child grows restless and concentration wanes. Physical illness, aggression and irritability may result from the stress, and often anger, denial, indifference or depression is evident (Kuczen, 1982). While the result of stress due to parental death is typically withdrawal, aggression and antisocial behaviors tend to be manifested in children of divorce (Rutter 1983).

A significant third source of stress is separation of the parents. Whitehead's (1979) findings support the assertion that domestic tension, climaxing in parental separation, may be associated with antisocial behavior and increased

incidence of emotional disturbance in children of both sexes.

A fourth highly stress producing agent for a child is impending hospitalization. Medeiros (1983) outlines several major sources of stress for children facing hospitalization for serious injury or surgery: (a) the fear of being abandoned or losing their parents, (b) the fear of the unknown and dying, (c) the fear of being mutilated, of losing a body part and experiencing pain, and (d) the fear of losing control. The most significant factor that influences the degree of hospitalization stress is the age of the child, with six months to four years being the most crucial period. The attitude and mental state of the parents are equally as potent (Medeiros, 1983; Rutter, 1983).

Farther down the list of stress-producing events is the birth or adoption of a new sibling which classically affects a child's behavior. Longitudinal studies found that more than half of the 40 two-to-three year old children studied became more tearful after the birth of a sibling, one fourth developed sleeping difficulties and one half showed toileting problems (Rutter, 1983). A less obvious change may occur as the normally misbehaving child becomes surprisingly "good" in order to win back parental attention (Cummings, Zahn-Waxler, Radke-Yarrow, 1981).

Not far behind the gain of a sibling, Holmes-Rahe rates changes in school responsibilities as being stressful for

children. The current preoccupation with testing along with the push for mastery are sources of much childhood anxiety (Rhiner, 1983). Having to cope with school pressures without admitting the confusion is a stress in itself (Bain, 1981).

COPING

There are measures that can be taken to teach children to cope with stress. By definition, coping is a reaction to a stressor that resolves, reduces or replaces the affect state classified as stressful (Kagen, 1983). The ultimate goal in teaching children to handle stress is to produce children who (a) can concentrate and tolerate frustration, (b) can postpone gratification and are self-accepting, (c) can express feelings openly and who allow themselves to feel, and (d) have the courage to try and fail and who are intrinsically motivated (Miller, 1982).

In an effort to help children deal with stress, there are a number of alternatives that may be used by any adult in a child's life.

Effective Communication

Children need someone who will listen empathically and respect their problem-solving abilities without ignoring or belittling their feelings. Therefore, a basic task in addition to developing better adult listening skills, is to teach both children and trusting adults - relatives, neigh-

bors and teachers - how to effectively communicate their feelings (Duncan, 1983).

Anticipatory Planning

It is important to involve the child in planning and preparing for predictable stressors. Stressful events - a new school, hospitalization, moving, or a new sibling - are less threatening if the child knows what to expect, has been involved in the planning, and has an opportunity to express his/her fears before the fact (Kuczen, 1982; Duncan, 1983).

Problem-Solving Skills

Children need to be taught decision-making skills rather than relying solely on adult directives for problem solving (Kuczen, 1982). In this process, it is crucial to teach children to identify feelings, recognize cause and effect, understand consequences, identify and weigh alternatives and evaluate probable outcomes (Duncan, 1983).

Relaxation Training

Teaching deep muscle relaxation, head-self massage, simply sitting peacefully or taking a walk in a quiet place are all means of reducing the sympathetic nervous system arousal (Duncan, 1983). Saunders (1984) asserts that bouncy, light music for children under extreme stress and slow, mellifluous music for those with light stress may prove to be calming experiences.

Teaching Rational Thinking Skills

Because a child's perception influences the stress level, Saunders (1984) advocates teaching children how to turn negative self-statements into positive ones by using an ABC paradigm (i.e. situation (A) + self-statement (B) = emotional response (C)). Children tend to exaggerate or lose their perspective on what is real, serious, illusory or inconsequential. Therefore, it is vital to teach children to deal with negative thoughts by asking: (a) What is the worst thing that could happen? and (b) What could you do to handle it? This is but a first step in teaching children to transcend the negativity which may surround them. (Saunders, 1984).

There are several other methods of alleviating stress that could be employed by adults on behalf of children. Teachers or counselors may use role playing, play therapy or assertiveness training to facilitate expression of feelings when a child's environment or cognitive development prevents him/her from articulating stress (Thompson, 1983). The use of bibliotherapy is beneficial in that children under stress can identify with a character to foster expression of feelings and problem-solving abilities (Kuczen, 1982; Thompson, 1983). Another stress-reducing technique is group counseling. Thompson (1983) asserts that groups (a) provide a safe, practice situation for relating more easily through

the interaction, (b) encourage risk-taking, (c) provide more realistic information about self, and (d) help children learn to talk openly about developmental or situational stress.

CONCLUSION

In conclusion, it can be deduced that a stressful event cannot be defined merely in terms of its particular qualities or effects. Stress may have different definitions, depending on its context and the context from which it is studied. It is important to look at the interacting factors including developmental status, individual coping styles, and the social milieu to determine how all these agents fit together in the child's experience.

The simple presence of the aforementioned behavioral symptoms may or may not be an indication of stress in a child (Medeiros, 1983; Miller, 1982). It is important to consider the pattern, frequency, intensity and duration of the manifested responses in order to identify and reduce childhood stress (Garmezy, 1983; Kagen, 1983; Medeiros, 1983; Rutter, 1983). The long term effects of stress will be determined by (a) how the stressors are dealt with at the time and (b) whether the stress was motivational and growth producing or psychologically and physically debilitating (Duncan, 1983).

Children are more susceptible than adults to stress.

The incidence of evidence of serious stress in children is growing; between fifty and seventy-five percent of the children in major U.S. cities are under heavy stress (Miller, 1982). Yet, stressful events are inevitable in life. Therefore, it is vital to teach children to deal successfully with stress when it occurs.

APPENDIX

Holmes-Rahe Stress Test
 Adapted for Children
 (Miller, 1982, p. 22, 23)

Events	Points
1. Death of a parent	100
2. Divorce of parents	73
3. Separation of parents	65
4. Parent's jail term	63
5. Death of a close family member (i.e., grandparent)	63
6. Personal injury or illness	53
7. Parent's remarriage	50
8. Suspension or expulsion from school	47
9. Parents' reconciliation	45
10. Long vacation (Christmas/summer)	45
11. Parent or sibling sickness	44
12. Mother's pregnancy	40
13. Anxiety over sex	39
14. Birth or adoption of a new baby	39
15. New school, classroom or teacher	39
16. Money problems at home	38
17. Death (or moving away) of close friend	37
18. Change in studies	36

19.	More quarrels with parents (or parents quarreling more)	35
20.	Change in school responsibilities	29
21.	Sibling going away to school	29
22.	Family arguments with grandparents	29
23.	Winning school or community awards	28
24.	Mother going to work or stopping work	26
25.	School beginning or ending	26
26.	Family's living standard changing	25
27.	Change in personal habits - (i.e., bedtime, homework)	24
28.	Trouble with parents, lack of communication, hostility	23
29.	Change in school hours, schedule or courses	20
30.	Family's moving	20
31.	New sports, hobbies, family recreation activities	19
32.	Change in church activities - more involvement or less	19
33.	Change in social activities - new friends, loss of old ones, peer pressure	18
34.	Change in sleeping habits - staying up later, giving up nap	16
35.	Change in number of family get-togethers	15
36.	Change in eating habits - going on or off diet, new way of family cooking	15
37.	Breaking home, school or community rules	11

REFERENCES

- Abidin, R. R. (1980). The parenting stress index-clinical trials. Paper presented at the annual meeting of the American Psychological Association. New York.
- Arent, R.P. (1984). Stress and your child: A parents' guide to symptoms, strategies, and benefits. New Jersey: Prentice Hall.
- Bain, W.E. (1981). With life so long, why shorten childhood? Childhood Education, 58(2), 81-85.
- Benswanger, E. G. (1979). Stressful events in early childhood: An ecological approach. Unpublished manuscript, University of Pittsburgh, Office of Education and Regional Planning, Pittsburgh.
- Cummings, E.M., Zahn-Waxler, C., Radke-Yarrow, M. (1981). Young children's responses to expressions of anger and affection by others in the family. Child Development, 52(4), 1270-1274.
- Duncan, D.F. (1983). Stress and children: A theoretical overview. Paper presented at the Annual Meeting of the American Alliance for Health, Physical Education, Recreation and Dance. Minnesota.
- Elkind, D. (1981). The Hurried Child: Growing up too fast, too soon. Massachusetts: Addison, Wesley.
- Garmezy, N., & Rutter, M. (Eds.). (1983). Stress, coping and development in children. New York: McGraw-Hill.
- Kagen, J. (1983). Stress and coping in early development. In Garmezy, N., & Rutter, M. (Eds.), Stress, coping and development in children (pp. 191-214). New York: McGraw-Hill
- Kuczen, B. (1982). Childhood stress: Don't let your child be a victim. New York: Delacorte Press.
- MacCoby, E.E. (1983). Social-emotional development and response to stressors. In Garmezy, N., & Rutter, M. (Eds.), Stress, coping and development in children (pp. 217-234).

- Medeiros, D.C., Porter, B.J., Welch, I.D. (1983). Children under stress: How to help with the everyday stressors of childhood. New Jersey: Prentice-Hall.
- Miller, M.S. (1982). Childstress. New York: Doubleday & Company.
- Rhiner, P. (1983, February). The many pressures on children in today's world. PTA Today, pp. 5-10.
- Rutter, M. (1983). Stress, coping and development: Some issues and some questions. In Garnezy, N., & Rutter, M. (Eds.), Stress, coping and development in children (pp. 1-43). New York: McGraw-Hill.
- Saunders, A. & Remsberg, B. (1984). The stress-proof child. New York: Holt, Rinehart & Winston.
- Selye, H. (1976). The stress of life. New York: McGraw-Hill.
- Thompson, C.L. & Rudolph, L.B. (1983). Counseling Children. California: Brooks/Cole.
- Whitehead, L. (1979), Sex differences in children's responses to family stress: A re-evaluation. Journal of Child Psychology and Psychiatry and Allied Disciplines, 20(3), 245-251.
- Wolff, S. (1981). Children under stress (rev. ed.). London: Allen Lane-The Penguin Press.