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1987

Parental/teacher influence on the stress level of the elementary school child

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Abstract

All children in the course of growing up encounter minor stresses: accidents and illnesses, the birth of a new baby, a move of house and school, the inevitable demands for increasing maturity and self-control. Most children at some time react to these stresses with temporary disorders, such as nightmares, bed-wetting, temper tantrums or excessive fear. Parents and teachers usually know almost intuitively what these symptoms mean and they respond by lessening the pressures on the child. Serious difficulties arise only when the stresses are overwhelming or when the adults are too preoccupied to attend to the child's signals of distress.

PARENTAL/TEACHER INFLUENCE ON THE

STRESS LEVEL OF THE ELEMENTARY SCHOOL CHILD

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A Research Paper

Presented to

The Department of Educational Administration
and
Counseling

University of Northern Iowa

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Education

_____

by

Claudia Kae Morris

July, 1987

This Research Paper by: Claudia K. Morris

Entitled: Parental/Teacher Influence
on the Stress Level of the
Elementary School Child

has been approved as meeting the research paper
requirement for the Degree of Master of Arts in
Education

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All children in the course of growing up encounter minor stresses: accidents and illnesses, the birth of a new baby, a move of house and school, the inevitable demands for increasing maturity and self-control. Most children at some time react to these stresses with temporary disorders, such as nightmares, bed-wetting, temper tantrums or excessive fear. Parents and teachers usually know almost intuitively what these symptoms mean and they respond by lessening the pressures on the child. Serious difficulties arise only when the stresses are overwhelming or when the adults are too preoccupied to attend to the child's signals of distress.

Parental attitudes and child rearing practices are part of the culture and so are the provisions made for children in the wider world.

Help for children under stress fulfills a double purpose: the relief of present anxieties and the prevention of personality defects in later life, (Wolff, 1969; Medeiros, Porter & Welch, 1983; Elkind, 1981).

Medical Research on Stress

The rise in interest on the part of the medical profession attests to the prominent and dangerous role

stress can play in physical illness (Medeiros et al.,
1983). Research has linked stress to many illnesses
and diseases, including heart problems, elevated blood
pressure, ulcers and even cancer.

Pelletier (1977) has reported that a tragic
consequence is stress-related psychological and
physiological disorders which have become the number
one social and health problem in the last few years.
Most standard medical textbooks attribute anywhere from
fifty to eighty percent of all diseases to stress-
related origins.

Selye (1976) went so far as to say that stress is
involved in all diseases by indicating that every
disease causes a certain amount of stress, since it
imposes demands for adaptation upon the body.

A corollary assumption is that stressful life
changes may be causally related to both short-term
disruption in behavior or autonomic balance and also
to more long-lasting diseases of distress (Rutter,
1981). Pelletier (1977) cited evidence linking stress
and the body's ability to fight disease. Studies by
Rahe and Arthur (1978) suggested the possibility of
immune-system malfunction under stress by comparing the
infection-fighting capability of white blood cells

taken from normal and severely stressed individuals.
In the case of children this becomes all the more
serious because, to begin with, they have lower
resistance to disease than adults.

Rahe and Arthur (1978), in a comprehensive review
on disease and life changes, cited several cases of
extremely young children exhibiting physical effects of
stress caused by clusters of life changes in their
family.

Saunders and Remsberg (1984) identified a stress-
vulnerable child as one who is frequently sick without
an apparent organic cause.

Definition

Stress is a reaction to any event (Medeiros et al.,
1983). A common generalized literal description of the
term is a "constraining force or influence" (Humphrey &
Humphrey, 1985). He went on to say that when applied
to human beings, this could be interpreted to mean the
extent to which the body can withstand a given force or
influence. In this regard one of the most often quoted
descriptions of stress is that of the late Hans Selye,
generally referred to as the "Father of Stress." Selye
described it as the "nonspecific response of the body
to any demand made upon it." (Humphrey & Humphrey,
1985, p. 4).

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Types of Stress

Kobasa and Maddi (1980) discovered not all persons who experience "stressful" events became ill or showed signs of stress. The three attitudes of challenge, commitment and control were named the hardiness factor. These attitudes allowed the stress-resistant people to view stressful events in positive ways, which in effect made the event less negative and less stressful.

Selye, (1976) identified two types of stress as eustress, (good stress) and distress, (bad stress). His classic comment that "stress is the spice of life" summed up the idea that stress can be desirable as well as devastating.

Posner and Leitner (1981) concluded that two psychological variables, predictability and controllability, play an important role in understanding why it is that people who seek out stressful and challenging activities do not appear to develop stress illnesses.

While the stressors in the lives of children are not much different from the stressors adults face in their lives, their responses bear a great deal of similarity. The major difference lies in children's lack of ability to understand stress and their

inability to do anything about it should they under-stand it (Medeiros et al., 1983).

According to Humphrey (1984) there are no resolute standard procedures that are guaranteed to help children understand the stress concept. Because children lack the power and ability to make changes in stressful situations, (Medeiros et al., 1983) the danger exists that they will begin early to develop less effective ways of dealing with stress. Smith (1976) emphasized that early recognition is the key. He believed that society has the medical, nutritional, educational and counseling skills, but they are not being applied early enough or fully enough.

Whether a situation is stressful for a child varies with the intellectual, social and emotional level of development he has reached. His experiences are determined by the culture in which he grows up (Wolff, 1969).

The reason it is difficult to pinpoint stress in a child's life is because some of the events that almost everyone thinks of as positive can also be stressful. Thus, it is most important to view events from the point of view of the child who is experiencing an event, not from the point of view of a capable, more

experienced and sophisticated adult (Medeiros et al., 1983).

If parents and teachers don't notice dramatic signs, such as drug abuse or suicide attempts, they often believe everything is fine (Medeiros et al., 1983). Many of the stressors that confront children are created by adults.

Home Stress

Coddington (1984) listed ten of the most serious life events causing stress for children which centered basically around the child's family, as (1) the death of a parent, (2) the death of a brother or sister, (3) divorce of parents, (4) marital separation of parents, (5) the death of a grandparent, (6) hospitalization of a parent, (7) remarriage of a parent to a step-parent, (8) birth of a brother or sister, (9) hospitalization of a brother or sister, and (10) loss of a job by a father or mother. In a recent review of "life stress, self-preoccupation and social supports" Sarason (1980) emphasized the Bowlby (1973) assertion that human beings of all ages are happiest when they are confident of receiving the social support of loved ones. Early childhood studies have shown that children who get adequate stimulation, where adults meet their needs

during periods of great dependency, develop a sense of trust in others whereas children deprived of this kind of experience lose trust in others and engage in unacceptable behavior as a means of coping with stress.

The causes of stress in children are both predictable and surprising (Medeiros et al., 1983). Perhaps the major stress for children in America today is the breakdown of the family. Much of the research dealing with the effects of divorce on children suggests that the younger the child the greater the effect.

Medeiros et al. (1983) listed at least five different impacts on children as a result of marital breakdown. First, children are denied security and stability. Second, children are often pressured to take sides with one parent against another. Third, the positive image of both parents may be diminished and distorted. Fourth, the children may have to witness physical violence between parents. Fifth, the children find themselves deprived of one parent through no fault of their own. One final problem of families that causes stress is children may be rejected by their parents or be subjected to harsh physical punishment. Parents, however, find it difficult to maintain a

relaxed, positive atmosphere because of the everyday pressures of job and money worries, illnesses and large and small emergencies (Matthews & Quinn, 1981). Behaviors reflecting tension are often displayed in the presence of the child or children, producing feelings of fear, hostility, insecurity and other unhealthy attitudes (Matthews & Quinn, 1981). While no parent or family can behave ideally at all times, it appears worthwhile to the child to make life as peaceful and cooperative as possible.

It is important for adults to know how to control stress themselves so that they may be helpful in controlling it in children (Posner & Leitner, 1981). For this reason Matthews and Quinn (1981) thought a parent education program must include a model for stress reduction. Coping techniques can greatly reduce tension and improve the quality of life for the child or children in the home.

School Stress

It has been recognized that the home environment correlates highly with the student's school achievement and personal adjustment (Cowen, Zax, Klein, Izzo & Trost, 1965). In studies by Sarason, Hill and Zimbardo (1964) low academic success was constantly correlated

with elevated anxiety levels and that the correlation became greater as the child got older.

The lack of the ability to read is a major stressor, (Medeiros et al., 1983) and it has been tied to a host of other school problems. It has been discovered that many discipline problems in school have been caused because a child lacked a specific academic skill.

Medeiros et al. (1983) presented the idea that it is entirely possible that some schools actively prevent the cognitive growth of students where the environment results in rigidity, stereotyping and concreteness of thought. These early stresses can become habits and follow a child into adulthood. He believed that in a school that fosters flexibility of thought, openness and adaptability, children gradually gain the ability to think with more complexity; then, the understanding and control necessary to guide their own personal lives will develop.

Stress Reducing Strategies

While there is a considerable variation in the ways individuals respond to stress depending on personality, social and cultural variables, the range of human response is not infinite (Humphrey, 1984).

There is as yet no definition of effective coping which permits an observer to rate a child's ability to handle stress (Brenner, 1984).

Relaxation training is one of the primary methods for dealing with excessive stress (Matthews & Quinn, 1981). They based the training on the premise that an individual can be taught willfully to elicit the relaxation response, the exact opposite of the usual bodily response when fear and anxiety arise.

Work by Barabesz (1975) indicated that classroom teachers with minimal training (several sessions) have functioned effectively as "paraprofessional therapists" in applying relaxation skills to reduce test anxiety in their students. The relaxation state is induced by a variety of techniques, some of which are appropriate for the classroom. The techniques include progressive relaxation, autogenics, breathing exercises, visual imagery, meditation, quieting reflex, certain approaches to hypnoses, various biofeedback techniques and some elements of behavioral therapy. Good illustrations are programs developed by Lupin (1977) and Matthews (1982a).

Because of the need for practice like the other skills in school, authorities (Lupin, Braud, Braud &

Duer, 1976; Rossman & Kahnweiler, 1977; McBrien, 1978; Dinkmeyer & Dinkmeyer, 1979; Holland, 1980; Truch, 1980; Proeger & Hyrick, 1980; Omizo & Williams, 1981; and Matthews, 1982b) recommended that relaxation training become part of the school curriculum for exceptional and regular programs, perhaps eventually becoming the Fourth "R". Authorities agree that it is far more practical in the long run to train children to handle stress more effectively than it is to continue to try to alter the external environment each time the situation becomes a problem.

Brenner (1984) proposed that adults assist the coping process by helping the child eliminate at least one stressor in his or her life, by teaching new coping strategies, and by showing children how they can transfer existing techniques to other life situations.

A child psychologist, Fassler (1978), represented the beginning of bibliotherapy that involved the use of contemporary children's literature to suggest how books and stories can help children grow, reduce fears and anxieties, and to initiate open, honest communication between children and adults, whether parents or professionals.

Kobasa and Maddi (1980) stressed the principles of

the "hardiness factor" in helping children develop the three attitudes of challenge, commitment and control. To develop the challenge attitude of change and novelty, (1) encourage children to engage in as many types of activities as possible, (2) praise more than one area, and (3) arrange a child's environment so novelty and new experiences are commonplace.

To foster the attitude of control of directing their own lives, (1) don't insist on perfection, (2) praise your children for trying, (3) help your children succeed, (4) whenever possible allow your children to have some choice about what rewards and punishments they will receive, and (5) when problems arise in a child's life, such as an argument with a brother, sister, or friend, let the child try to work out a solution.

Emphasize the belief that what they do is important and meaningful through commitment by helping them (1) pay attention to the good things, (2) create a support system within the family by spending time together, (3) share their feelings with you, (4) appreciate each other, and (5) deal with crisis positively.

Other suggestions in helping children deal with

stress are to learn to relax, teach children not to put off painful decisions and to use your child's own past experience to help relieve stress.

Humphrey (1984) suggested that the following principles or guides to action are in some way inter-related and interdependent upon each other: (1) the observance of personal health practices are the major responsibility of the parent, (2) through continuous communication adults should provide children the opportunity to discuss and understand daily incidents that may have caused distress, (3) teachers and parents can present a model of "self-stroking" about their own accomplishments, (4) alleviate procrastination by prioritizing and budgeting time, (5) the introduction of humor reduces stress and can convey objectivity, (6) helping others reduces stress, (7) encourage discussion and sharing of problems, (8) explain the natural phenomenon of stress in life and to welcome challenge.

Possible sequential mediating alternatives in an adult's repertoire for helping kids cope (Woods & Delisle, 1977) are to recognize the child's cue (behavioral change), be physically supportive (touching, holding), restate the situation (stressful experience), share feelings (child's and adult's),

give information (related to the stressful experience aimed at helping the child feel more secure), propose experiences (related to the experience) and close the conversation (with the promise of re-opening).

Conclusion

Existing description of good coping in adults may provide some tentative guidelines for children (Brenner, 1984). Good copers are mentally healthy (Wortman, 1983). They work, play, love and expect well (Garmezy, 1976). Coping adults have a sense of contentment with self, are hopeful about life, able to play and relax, successful in work or career and relate well to a mate (Vaillant, 1977).

Tentatively then, it seems reasonable to base judgements of effective coping in children on evaluation of their ability to maintain reasonable achievement standards in school, enjoy play, express their emotions, believe in their own competence and worth, and relate well to others (Brenner, 1984). Children who cope effectively have had the experience of successfully facing and conquering stress (Horton, 1981). They see themselves as worthwhile and valuable people. They are optimistic about their ability to survive whatever life brings.

The task of adults wishing to help children cope with stress is not to attempt to eliminate stressful experiences from children's lives or protect them totally, but rather to try whenever possible to limit number and variety, intensity and duration of such experiences. Further, the adult's task is to provide immediate support and a bank of alternatives that the child may draw upon in the future.

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