

Notes on adolescent stress for parents, teachers and educational psychologists

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Stress is a human phenomenon experienced readily but differently by adolescents. Adults tend to forget this and approach adolescent stress the same way as they approach their own experience of stress. Therefore, the aim of this article is, firstly, to discuss the phenomenon of stress specifically concerning adolescents and, secondly, to suggest guidelines on how to deal with adolescent stress by parents, teachers and educational psychologists.

INTRODUCTION

Stress is a universal and ambivalent human phenomenon. In the latter instance, some people need it to survive – for example a person with a Type A personality¹ – while others are particularly susceptible to its effects and so become ill as a result. In its negative form, van Niftrik (2001:1) notes that ‘probably the most debilitating disease extant in civilised man at present is chronic stress’.

1 Someone with a Type A personality is characterised as assertive, competitive, ambitious, fast-paced, impatient, hard-driving and emphatic. Conversely, a Type B personality is someone who is calm, easy-going, patient, kind, slow-paced, quiet and passive (Turner & Greco 1998:9).

Stress is also a universal phenomenon (Koehler 1987:23; Currie 2000:50; Girion 2000:8) prevalent in children, adolescents and adults, but whereas the focus in the past was on adults, there has been a move towards an understanding of stress amongst children and adolescents (Kruger 1992:14).

Today's adolescents are especially vulnerable to stress. Stressors within society, school and family, together with emotional and physical changes all have a profound impact on the emotional well-being of adolescents. Adults tend to ignore that adolescents experience stress, because they generally do not hold a career and their lives consist primarily of 'socialising'. Kruger (1992:summary) endorses this saying that 'stress is a pervasive phenomenon that occurs in the lives of people of all age groups, but is particularly prominent in the lives of adolescents'.

Research (cf. Kruger 1992; *Sunday Times Lifestyle*, 11 November 2001:23) has shown that there is a difference between the way adults and adolescents experience stress and therefore measures should be taken to address the needs of this specific group. It is therefore imperative to understand adolescent stress and ways of dealing with its negative outcomes.

In the light of the above, the aim of this article is, firstly, to discuss the phenomenon of stress specifically referring to adolescents and, secondly, to suggest guidelines on how to deal with adolescent stress by parents, teachers and educational psychologists.

1 CONCEPTUAL ANALYSIS

In order to understand the key concepts of this article, it is necessary to analyse them.

1.1 Stress and stressors

Although several definitions exist regarding these two concepts, Kruger's (1992:92) psycho-educational definitions will be used. According to her:

Stress is a phenomenon that manifests in the individual person as a result of various stressors that arise from the self and the environment and affect the individual person in accordance with the way in which he [or she] attributes meaning to the events, stimuli or demands affecting him [or her], and in accordance with the way in which he [or she] experiences and enters into or handles such events, stimuli or demands.

A stressor is defined as:

a stress-inducing factor acting on the individual person and emanating from the self or the environment, to which a positive or negative meaning is ascribed by the person, and which he [or she] experiences as a threat or a challenge. Accordingly, the way in which the individual attributes meaning to a particular stressor and comes to terms with it occasions the manifestation of stress in that individual.

Although the latter definition acknowledges both the positive and negative outcomes of stressors, the focus of this article will be on the latter's influence on adolescents.

1.2 Adolescent

In this article, *adolescence* is viewed as the stage between childhood and adulthood (Sykes 1976 sv 'adolescent'). Although this developmental stage generally starts with puberty and there is no agreement as to when it ends (cf. Kruger 1992:227), *adulthood* is viewed as that time when an adolescent attains physical maturation, as well as fulfilling the following: moral self-judgement, responsible freedom, awareness of a call and answerability (van Rensburg & Landman 1988 sv 'adulthood').

Adolescence is characterised by profound changes in physical, cognitive, social, moral and emotional aspects of the adolescent in which adaptations have to be made (Gouws, Kruger & Burger 2000). Although past sources are abundant with the belief that adolescence is

generally a time of 'storm and stress', recent literature negates this perception. Recent researchers do, however, believe that it is a period of increased emotionality which *can be* accompanied by stress and conflict (Kruger 1992:227).

2 CLINICAL PICTURE

Stress is coded on Axis 1 in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) under the category "Psychological Factors Affecting Medical Conditions", and the accompanying general medical condition is coded on Axis III (DSM-IV 1994:675-677).

A DSM-IV diagnosis of psychological factors affecting medical conditions 'is the presence of one or more specific or behavioural factors that adversely affect a general medical condition'. These include:

- A temporal relationship between the psychological factors and the commencement, intensification, or delay in recovery from the medical condition;
- Psychological factors which may interfere with the treatment of the general medical condition, and
- Psychological factors that constitute added health-risk factors in the individual (DSM-IV 1994:675-676).

Stress manifests itself through several symptoms. The following are some symptoms prevalent in adolescents, however, this is not regarded as a complete list:

2.1 Physical symptoms

Physical symptoms of stress include headaches, tension headaches, stomach aches, muscle tension, cramps, diarrhoea, constipation, hives, fatigue, hypertension, peptic ulcers, lack of appetite, food cravings when pressurised, sleeplessness, perspiring for no apparent reason, nervous twitches, nail-biting, nausea, fainting spells, continual crying,

restlessness, migraines, asthma, intense itching, colitis, nervous dyspepsia, flatulence and indigestion, skin disorders, heart pounding, burn-out, dry mouth, speech problems, hyperventilation and teeth grinding.

2.2 Psychological or mental symptoms

Mental symptoms include anxiety, depression, lack of motivation, withdrawal, mood swings, unhappiness, suicidal thoughts and ideation, nightmares, constant irritability, restlessness, inter-personal problems, overeating, lack of appetite, substance abuse, lower achievements, truancy, deteriorated behaviour, verbal and physical aggression, day-dreaming, loss of memory, self-destructive behaviour, feelings of helplessness, feelings of inferiority, feelings of guilt, underachievement, emotional deprivation and social incompetence.

Cognisance should be taken that these symptoms are also symptomatic of other problems or physical illnesses and not necessarily just the consequences of stress. It should also be noted that some (if not many) of these symptoms may also be prevalent in children and adults.

3 MODELS FOR UNDERSTANDING STRESS

Although the literature contains several theoretical models for understanding the phenomenon of stress, Sue, Sue and Sue (1997:191) highlight three of the most cited:

3.1 The General Adaptation Syndrome (GAS)

This three-stage model proposed by Hans Selye is an attempt to understand the body's physical reaction to biological stressors. The three stages identified are alarm, adaptation or resistance and, lastly, exhaustion and collapse (Sue, Sue & Sue 1997:191-92). Each stage will be discussed saliently:

3.1.1 Alarm stage

During this phase, the body's defence systems come into operation in retaliation to certain stressors. Aspects such as rapid heartbeat and muscle-tone loss are the result of hormonal secretion into the bloodstream (Kruger 1992:61).

3.1.2 Adaptation or resistance

This phase is characterised by the body's activation to either defend, destroy or coexist with the stressor(s). Resistance can be optimal, but is not indefinite (Kruger 1992:61).

3.1.3 Exhaustion

If the stressor(s) proceed(s) unabated, the body's energy is depleted and resistance declines resulting in exhaustion and in some cases even death (Sue, Sue & Sue 1997:192).

3.1.4 A critique of GAS

Although widely cited, Selye's model does not acknowledge the role of psychological (cf. Kruger 1992:62) and social stressors. This has led several other researchers to investigate these aspects (eg. De la Fuente's work on the psychological consequences of stress) (Sue, Sue & Sue 1997:192).

As adolescence is a period of physical, emotional and social changes and even turmoil, this model proposed by Selye fulfills only one aspect of adolescent stress, namely physiological stressors and negates the other two.

3.2 The Life Change Model (LCM)

Major external events are not necessarily precursors to stress. The LCM explains stress as being the result of the changes in a person's life, large

or small, desirable or undesirable. The collection of small changes can thus be as powerful as the cumulative effect of one major stressor. Here the work of Holmes and Holmes as well as Rahe contributed to the formulation of this specific theory (Sue, Sue & Sue 1997:193).

3.2.1 A critique of the LCM

Although physical and psychological illnesses are *in part* caused by stressful life events, one cannot say for sure that stress alone is the cause of these illnesses. Another shortcoming of the LCM is that research is characterised by retrospective studies (search for influences after diagnosis of illness) and correlational (no cause-and-effect relationship) (Sue, Sue & Sue 1997:194–95).

However, notwithstanding these criticisms, this model is important in conceptualising the cause of stress in adolescents. Several physical, psychological and social changes all have a profound impact on the stress levels of adolescents. Both large stressors and/or several minor stressors can have an impact on the life and subsequent stress levels of the adolescent.

3.3 The Transaction Model (TM)

Whereas the GAS model sees stress as the body's reaction to stressors and LCM sees it as being caused by external events, neither considers the individual's perception or interpretation of stressful events or life changes. Here the research of Richard S Lazarus is of importance. Lazarus formulated the TM theory that stress occupies neither in the person, nor the situation alone, but in a transaction between the two – hence the transaction model. According to this model, an understanding of a person's interpretation of a stressful event is important (Sue, Sue & Sue 1997:195). According to Lazarus, knowledge of this ongoing transaction is necessary for the study of stress (Kruger 1992:63).

4.3.1 A critique of the TM theory

There are several shortcomings evident in TM. According to Kleber (in Kruger 1992:66), Lazarus's work is not based on exhaustive empirical studies, it lacks direction and his concepts reflect an elusive character.

However, given these criticisms, Lazarus's work is of importance for this article in that it recognises the adolescent's perception or interpretation of stressors. One person's interpretation and subsequent experiencing of an event may thus differ profoundly from that of another (Lewis 2001:272-288). Aspects of the individual as well as the context in which the adolescent is functioning are thus taken into account.

Given these notes on GAS, LCM as well as TM, Sue, Sue and Sue (1997:195) importantly note that 'no one factor is enough to cause illness [but] results from a complex interaction of psychosocial, physiological, and cognitive stressors'.

The next section will deal more specifically with some sources of adolescent stress.

4 SOURCES OF STRESS

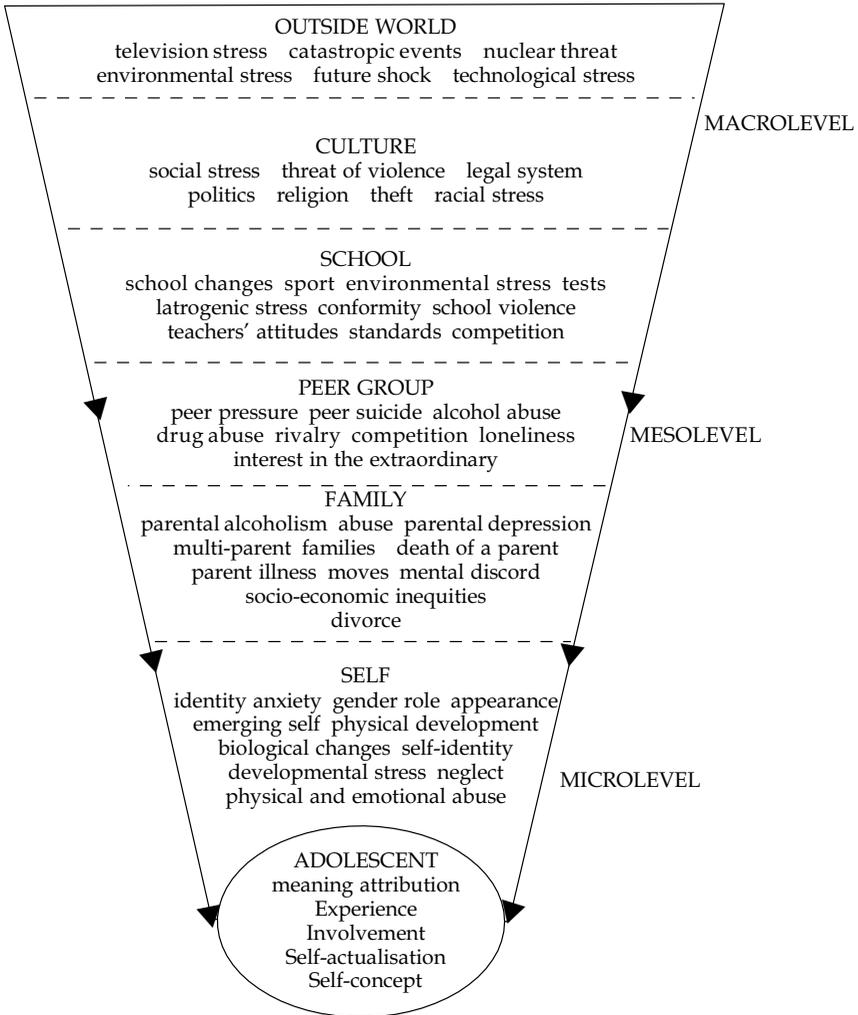
While Sue, Sue & Sue (1997:191-92) refer to three broad types of stressors, namely biological, psychological and social, Kruger (1992:93) and Gouws, Kruger and Burger (2000:148) refer specifically to certain stressors impinging on the life of the adolescent and lists them under three levels (micro-, meso- and macro levels) conceptualised in Figure 1.

4.1 Micro-level stressors

In this instance *micro* refers to the individual adolescent. Several stressors impinge on the adolescent's self. These include the forming of a self-identity, the emergent self, physical development, and appearance and personality traits.

FIGURE 1

Stressors that impinge on the life of adolescents



Source: Gouws, Kruger & Burger (2000:148)

4.2 Meso-level stressors

Meso refers to those immediate external factors which could possibly have a negative impact on the individual adolescent and includes the influence of parents, relatives, peer group and teachers which can have an influence on adolescent stress levels.

4.3 Macro-level stressors

Here the influence of not only the culture of the individual, but also the stressors from the larger, outside world impact on the adolescent's self-realisation (Gouws, Kruger & Burger 2000:148-49).

It must be borne in mind that each adolescent's perception of these different stressors differs and will subsequently give rise to different reactions, be it a positive or negative experience. The intensity and span of stress and the experience thereof also differ from one adolescent to another (Roets 2001:11).

5 DEALING WITH STRESS

As adolescents' experience of stress differs from that of adults, it is important for parents, educators and educational psychologists to bear this in mind when dealing with adolescents who experience stress.

Intervention on the part of parents, educators and educational psychologists can be either reactive (initiated in response to, or after a stressor has occurred, and behaviour reactions have been identified) or proactive (responses initiated prior to, or in anticipation of future stressful events or conditions) (Blom, Cheney & Snoddy 1986:80-90,165-174).

The following techniques, references and information (Koehler 1987:23-4; Honig & Wittmer Sa; Kruger 1992:234; Sue, Sue & Sue 1997:213-15) comprise ways in which parents, educators and educational psychologists can deal with the issue:

5.1 Parents

As primary educators, it is important that parents develop a variety of techniques and ideas in order to help adolescents cope well at home, at school and socially. These include:

5.1.1 Observation skills

It is important to recognise when an adolescent is stressed or is likely to suffer from the symptoms of stress. Being alert to behavioural changes indicative of stress as well as being sensitive to the signs of stress is important in dealing with stress, both reactively and proactively.

5.1.2 Enhancement of self-esteem

As adolescents are particularly sensitive to matters affecting the self, it is important for parents to be encouraging, caring, have a warm personal regard for, and to focus their attention on them. By encouraging a special interest or skill within the adolescent, an inner source of pride and self-esteem may thus be developed.

5.1.3 Proactive intervention

By using proactive intervention techniques, unnecessary stress can be avoided.

5.1.4 Attention and love

Provide adolescents who seem sad or who are easily upset with special positive attention and love.

5.1.5 Acknowledgement of feelings

Acknowledging and empathising with adolescents who are perhaps going through a bad time, creates an opportunity for them to give expression to their emotions, so that they will not have to be aggressive and disorganised when stressed.

5.1.6 Viewing situations more positively

By helping adolescents re-frame their experienced, negative thoughts, a more positive outlook on a situation can help them manage stressors more effectively. A different perspective on a matter can go a long way in alleviating unnecessary stressors.

5.1.7 Positive discipline

Positive disciplining methods help adolescents learn self-control and have a more lasting and positive effect on adolescents than negative disciplining measures.

5.1.8 Alleviation of stress in one's own life

By attempting to alleviate stressors in one's own situation as a parent, less stress is placed on the relationship with the adolescent, as well as allowing a more open line of communication between the two parties.

5.1.9 Stress-reduction skills

By practising stress reduction routines, a dualistic goal may be achieved. Firstly, adolescents are not unnecessarily stressed due to 'stressed-out' parents and secondly, they may even adopt and apply such techniques to their own lifestyle, both in the present and in future.

5.2 Teachers

As secondary educators, teachers can contribute enormously in dealing with adolescents who experience stress. According to Blom, Shoney and Snoddy (1986:80): "Teachers have long been empathetic helpers of children [and adolescents], and children [and adolescents] have turned to teachers for help with their problems at school and at home. In this sense, teachers are often therapeutic in their role with children [and adolescents], not as therapists, but as helpers, confidants, suggesters and supporters."

Many of the previously mentioned parenting techniques in dealing with stress can also be adopted and applied by teachers. However, given the unique context in which teachers work, there are various specific techniques applicable to them. These include:

5.2.1 Co-operation with parents

Working closely with parents to identify and reduce sources of stress can result in a mutually, supportive system. This can reduce the effects of stress on adolescents and enhance their sense of security within the classroom and at home.

5.2.2 Practicing of self-control and coping skills

By keeping calm and taking control when problems arise in the classroom situation, tension may be reduced.

5.2.3 Classroom organisation

By creating an attractive and comfortable classroom, unnecessary and prevalent stress can be prevented or alleviated. An organised teacher and teaching environment assists in creating a stress-free environment.

5.2.4 Curriculum

Provide a developmentally correct curriculum, as well as one which addresses certain knowledge and skills appertaining to stress and stress management. This is especially relevant and can be realised through the introduction of a lifeskills programme within the South African Curriculum 2005 framework for education.

5.2.5 Materials

Provide creative materials in which adolescents may express and address certain life stressors. Art, for example is one such way in which deep-seated emotions can be expressed creatively and constructively. This expression helps to release the stress of keeping these feelings suppressed.

5.2.6 Activity

By providing sufficient exercise, physical activity and creative movement, an outlet for accumulated stress may be provided. These activities help to reduce stress and relieve their symptoms.

5.2.7 Consequential thinking

By helping adolescents understand the consequences and implications of negative acting-out behaviours on others and themselves, and to think of alternative ways to solve problems.

5.2.8 Peer aggression

If the stressor on an adolescent is peer aggression, it is imperative for teachers to focus directly on the problem at hand and not on the symptoms.

5.2.9 Co-operative classroom activities

By structuring classroom activities to enhance co-operation rather than competition, stress can be reduced among learners.

5.2.10 Individual talk-time

By taking time in talking with troubled adolescents, their perceived threats or stressors can be highlighted. Problem-solving can be the result of such discussions resulting in coping-skill alternatives.

5.2.11 Classroom talks

By having regular classroom talks, adolescents can talk about stressors that affect their lifestyle in a safe, calm atmosphere. Adolescents may identify with someone else's experience/s and possible coping mechanisms may be discussed and even adopted by others.

5.2.12 Cultural differences

Teachers should be sensitive to cultural differences in their perception of stress and illness. For example, Western cultures generally perceive

stressors as leading to psychological states which in turn lead to illnesses. Non-Western cultures, however, generally take the opposite view. Stressors lead to physical behaviours which, in turn, lead to illness.

5.3 Educational psychologists

Although parents and teachers play a profound role in the lives of adolescents, and in this context, the reduction of stressors in their lives, they must also realise that in some cases, they do not have sufficient knowledge and skills to deal with all cases of stress in adolescents. Kruger (1992:167) recommends the use of “school-related services” to assist in such cases. This category includes physicians; psychiatrists; educational, pastoral and clinical psychologists; family care associations; ministers of religion, and social workers. In this instance, the educational psychologist will be the focal point:

Several techniques mentioned in section 5.1 and 5.2 can also be applied successfully by the educational psychologist when dealing with adolescent stress. However, there are a few guidelines that apply specifically to the trained therapist. These include:

5.3.1 Therapeutic models

It is imperative that the educational psychologist has a thorough knowledge of the stress models as well as therapeutic models. Therapeutic models proposed by psychodynamic, biological, behavioural and socio-cultural theorists contribute to a better understanding of adolescent stress, and possible approaches to the treatment thereof. Although no one perspective accounts for all the factors involved, each one gives a possible model of therapy applicable to the individual.

5.3.2 Stressor identification

There are several tools available to identify and measure stress which can be used effectively by the counselling psychologist. These include

psychological measurement, observation, behavioural indicators, interviews and self-assessment questionnaires. Of importance is the effective and correct application of these tools, and their incorporation into the therapeutic process.

5.3.3 Coping strategies

Two kinds of stress-coping strategies can be effectively explained to the adolescent in an attempt to reduce stress:

- problem-focused – involves the dynamic mastery of the source of stress, in other words, treating the problem;
- emotion-focused – involves distraction or passive avoidance.

Use of these strategies will depend on several factors and should be applied judiciously by the educational psychologist.

6 CONCLUDING REMARKS

Stress in general is characterised by several physical and psychological symptoms which may be experienced differently by adolescents. Although several theories contribute to the explanation and understanding of the phenomenon of stress, no single theory gives a clear understanding of its prevalence and manifestation in adolescents. Several causes of stress are also evident with no specific one common to adolescents, as each is experienced and perceived differently.

In dealing with adolescent stress, it is necessary to have a clear understanding of the phenomenon, as well as constructive ways of addressing it. The intention with this article was to address both these aims in as salient a way as possible.

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