THE MANAGEMENT OF CHILDHOOD STRESS: A PSYCHO-EDUCATIONAL PERSPECTIVE

by

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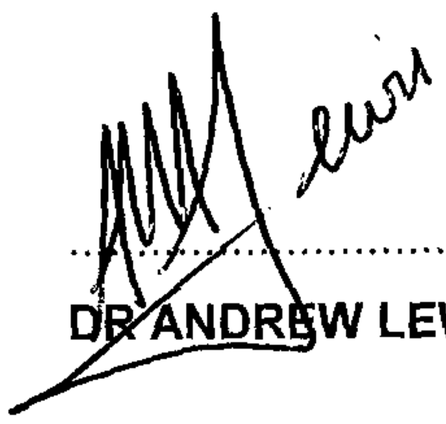
Declaration

I declare that **The management of childhood stress: A psycho-educational perspective** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



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Summary

Very little research has been conducted from a South African context concerning childhood stress. This study centres on the psycho-educational management of childhood stress from a South African perspective with special reference to children in the middle-childhood years (7-11 years). Literature on the phenomenon of childhood stress reveals several explanatory theories. However, the experience thereof by children calls for a different perspective and necessitates a different approach to its management based on the development of the whole child. Based on this literature, a holistic stress management programme for children, the Lewis Childhood Stress Management Programme (LCSMP), was developed. An empirical application of the LCSMP was conducted which gave rise to several empirical findings. Finally, conclusions were drawn and guidelines for the management of childhood stress were developed from the literature and empirical study which can assist educational psychologists in the effective identification and management of childhood stress.

Key terms

childhood stress, coping strategies, management, psycho-educational, holistic, South Africa.

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GENERAL ORIENTATION TO THIS RESEARCH

CHAPTER 1

GENERAL ORIENTATION TO THIS RESEARCH

1.1 INTRODUCTION

For centuries, the primary cause of death among humans was that of contagious disease. Recently, a more pervasive cause of death has emerged – stress. As lifestyles become more frenetic and demanding, people are internalising stressors which in turn lead to diseases such as coronary heart diseases, hypertension and peptic ulcers (Sue, Sue & Sue 1997:202-207). De Gois (in Bennett 2003:1) notes that: "*Most illnesses, including flu are stress-related or stress-induced*" while Van Niftrik (in Roets 2001:9) notes that "*[p]robably the single most debillitating [sic] disease extant in civilised man at present is chronic stress.*"

Stress is both an ambivalent and universal phenomenon. In the first instance, some people cannot do without it, while others are particularly susceptible to its effect. A prevalent theory is that a person with a Type A personality (one characterised by assertion, aggression, ambition, being fast-paced, impatient and hard-driving) cannot do without it (cf Barron 2003:16). In the context of the child, Anthony (in Chandler 1985:31) refers to children who show stress resilience as "invulnerable" children, while Norman Garmazy alludes to these children as "competent". Opposed to this, a Type B personality is a person susceptible to its effects. In the former case, a person is referred to as a stress-resistant person, while the latter is stress-vulnerable. Based on this theory, any situation will therefore obtain a different reaction in a stress-resistant and stress-vulnerable person respectively. What this therefore implies is that a person's perception of a situation can cause stress (Lewis & Roets 2002).

Stress is also universal and pervasive in its effect and affects people of all ages and cultures. As Woodbridge (1998:46) notes "*[i]t affects everybody – children, adolescents and adults.*" Van Niftrik (in Roets 2001:9) agrees with this pervasiveness and facetiously notes that "*[p]robably the only truly stress-free human is one who is so bereft of intellect as to be classified as a blissful idiot*". Chandler (1985:3) extends the argument, saying that "*the only 'stress free' state is death.*" However, given the universality of the phenomenon of stress, the fact that humans experience phenomena differently due to a range of factors (cf Lewis 1999:28-57) leads to the deduction that people of distinctive cultures, gender and age (cf Booysen 1993; Kruger 1992) will experience stress differently.

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This applies to the South African context as aptly. Stressors unique to South Africa have a distinct impact on its populace and will thus be perceived differently. Factors, such as the influence of HIV/AIDS, poverty, gender discrimination and violence (Are any other issues covered? Sa:online) impinge directly and indirectly (Gibson 1994:2-6) not only on children's lives but also on the whole spectrum of the South African population from birth till death.

1.2 STATEMENT OF THE RESEARCH PROBLEM

Stress was and is very often perceived as an adult phenomenon and theories and stress management guides explain it in this fashion. However, children today are especially vulnerable to stress. Stressors within society, school and family, together with emotional and physical changes have a profound impact on the emotional well-being of children. Adults generally tend to ignore that children experience stress, because they regard them as having carefree lives, playing and not generally verbalising those emotions which disturb them (Taitz 2002:online). Jewett (1997:172) endorses this and notes that:

> Stress touches everyone, including young children. Although stress is a normal part of life, certain types of stressful experiences can have significant and lasting effects on children.

Moreover, given the observation by Burns (in Woodbridge 1998:46) and Nucho (1988:5) of the pervasiveness and epidemic proportions of stress-related illness among Western adults as well as Humphrey's (1988b:1) observation that many problems of stress among adults are the result of a stressful childhood, the effective management thereof starting from a young age is essential. Kruger (1992:245) corroborates this viewpoint when she notes the importance of handling stress in the pre-school and primary school years. The latter forms the focus of this research.

Thus, an understanding of childhood stress, together with its effective management by teachers, parents and other involved parties (including the educational psychologist) is essential. Koehler (1987:23) underwrites this and remarks that:

> Stress management is no longer just for adults. More and more we are seeing young children suffering from the effects of stress. They, too, become anxious or upset and are susceptible to such stress responses as muscle tension, upset stomach, and headache.

Ironically, children are punished for using the very same coping techniques (eg venting of anger, withdrawal, medication) used by adults as they are not socially acceptable (Humphrey 1988b:5).

The concept of 'child/ren' is a broad term ranging from ±2/3 -11 years of age, characterised by different developmental phases (Van den Aardweg & Van den Aardweg 1988, Sv "affective development", "cognitive development"). In addition, management programmes for childhood stress are usually generic and do not generally consider factors such as the child's developmental level from a holistic point of view (cf Hencke 1995:2).

From the aforementioned, the following questions arise:

- What is the phenomenon of stress and its impact on children?
- What stress management programmes currently exist in general and more specifically, for children?
- What stress management techniques for children can be employed effectively within the South African psycho-educational setting?

1.3 AIM AND OBJECTIVES OF THIS STUDY

In the light of the foregoing discussion, it appears that the phenomenon of childhood stress has to be understood holistically by those involved in educating children, thus necessitating a different approach to its management when compared to stress management among adults. Therefore, the aim of this research is to understand the phenomenon of childhood stress and in so doing, propose a holistic psycho-educational management programme.

The following objectives are identified which can contribute to the achievement of this aim. These are:

- to conceptually analyse the phenomenon of stress, and specifically its manifestation within children;
- to analyse several prevalent stress management programmes, more specifically relating to children and from that devise a suitable programme;
- to use empirical methods to subject the researcher's programme to an analysis; and
- to arrive at an evaluation which incorporate an analysis of the findings and conclusions drawn and thereafter develop certain guidelines and recommendations.

1.4 MOTIVATION

The concrete realisation of this phenomenon occurred both in education in general as well as the personal life of the researcher:

- During the last decade, the South African education system has moved from a traditionally content-based education system which focussed on the intellectual development of children to an education system based on an outcome-based philosophy. The latter emphasises not only the acquisition of knowledge, but also the development of skills, values and attitudes. More emphasis has now been placed on the holistic development of children within a rapidly changing and transforming society, both nationally and internationally. The acquisition of problem-solving life skills as part of the educative process has been acknowledged and propagated in the Revised Curriculum 2005 and in so doing, recognition is given to the need to learn to manage stress (Department of Education 2002). The importance of this is acknowledged by Romano when he states that: "*Given the level of stress experienced by many [children] and the importance of using effective stress management throughout life, it is imperative that the educational system teach [children] how to effectively manage stress*" (Romano 1992:202).
- During research undertaken for a project for the BEd Honours (School Guidance and Counselling) on the influence on stress in adolescents (cf Lewis & Roets 2002), the realisation emerged that one cannot generalise the phenomenon of stress to all age groups as their perception thereof differs. Thus, a void was identified within the body of South African research specifically referring to children in the range of 7 to 11 years (ie the middle-childhood [M-C] phase). Consequently, the researcher deemed it necessary to explore this developmental stage with regard to the experience and management of stress.
- More importantly was the researcher's own observation of his eight year old son's experience of stress due to several stressors in his life and his comprehension of stress in his thinking and behaviour. Not only was there an inability to verbalise his emotions effectively, but there were several behavioural changes noticeable by both the child's teacher and the researcher.

These experiences led the researcher to endeavour to understand the phenomenon of childhood stress, as well as investigating ways of managing it effectively.

1.5 RESEARCH HYPOTHESES

The following hypothetical points of departure will be taken:

- Negative stress can have a negative impact on the functioning of a child in the M-C phase.
- The negative impact of stress on the child can be addressed and rectified by applying a holistic stress management programme.

1.6 RESEARCH METHOD

The term research is inferred from the French word *rechercher* and literally means "to travel through or survey" (Charles 1995:5). According to Venter and Van Heerden (1989:109), research "is a human activity whereby a particular phenomenon in reality (eg *the educational phenomenon) is studied objectively in order to establish a valid understanding of the phenomenon.*" In this instance the phenomenon and management of childhood stress within the psycho-education realm is to be investigated.

In order to carry out this task, the researcher must use a valid research method. The chosen method permits the researcher access to a particular phenomenon to ensure that the results obtained are valid and reliable (Lewis 1999:21).

Firstly, a theoretical investigation will be conducted which will entail a literature study of the phenomenon of stress, pertaining more specifically to the childhood phase. Furthermore, an assessment will be conducted on current stress management programmes with a specific focus on those pertaining to childhood.

Secondly, an empirical investigation of a qualitative nature will be conducted, in conjunction with the literature study, to ascertain the influence that a stress management programme may have on children. Descriptive research will be applied in the empirical study. The researcher will not hinder or attempt to control the participants' experiences, but will observe and describe the situation and the meanings ascribed to it by participants, as presented verbally, non-verbally and behaviourally.

1.7 DEFINITION OF TERMINOLOGY

As "*[s]cientific reasoning requires precise definitions*" (Banton 1987:51), it is necessary to clarify certain key concepts featured in this research:

1.7.1 Stress and stressors

Although several definitions exist regarding these two concepts, use will be made of Kruger's (1992:92) psycho-educational definitions as follows:

> 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.

To many, the term tension and stress are used interchangeably. However, in this research they are not considered so. According to Humphrey (1988a:62), "*[A]n essential difference between stress and tension is that the former is a physical and/or mental state concerned with wear and tear on the organism, while the latter is either a spontaneous or latent condition that can bring about this wear and tear*."

1.7.2 Childhood

Although several definitions of the term child exist, it is generally referred to as the phase between infancy and puberty[1] (Reber 1985, sv "child"). However, this phase is considered very broad as it encompasses several other sub-phases (ie the infant, toddler, pre-school child, the middle years of childhood as well as pre-adolescence) (cf Stone & Church 1973).

In this research, the focus will be on the child in his or her middle years of childhood (M-C phase) encompassing the ages ±7-11[2].

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1 In developmental psychology, infancy may be up to two or three years (Reber 1985, sv "infancy"), while puberty, according to Reber (1985, sv "puberty") is "*[t]he period of life during which the sex organs become reproductively functional*."

2 Cognisance should be taken that these developmental phases are not definite and a certain amount of correlation and overlap between stages does occur.

1.7.3 Psycho-educational

This term refers to psychological aspects of learning and behaviour as they occur in an educational condition. According to Van den Aardweg and Van den Aardweg (1888, sv "Psychopedagogical"), it is the examination of the child or a study of how the child functions in the home or school setting, under the assistance and injunction of educators (either primary or secondary). However, in this research it also encompasses a broader social setting than the school and home.

In order for the phenomenon of childhood stress to be studied meaningfully, it should be studied from and structured according to a theoretical premise which includes psycho-educational criteria. In this instance, the essences of the Relational Theory (RT) of Vrey, Oosthuizen and Jacobs and its subsequent expansion will be used as psycho-educational criteria. Roets (2002:14) states: "*Relational theory takes as its point of departure the idea of people, spiritual beings, existing in their personal experiential worlds surrounded by other people and things.*" This social interaction implies that there must be an interaction between the self and various components of the experiential world (ie objects, ideas, people and the individuals themselves). These interactions lead to relationships among the various mentioned experiential components, with the nature and quality of the relationships being influenced by the nature and quality of the interactions. Communication (both inter- and intra-relational) is an important aid to the foundation of relationships.

The following essentials of the relational theory are highlighted:

1.7.3.1 The ego

The concept ego can be defined as a human, spiritual phenomenon which forms part of the self. Taken from the Latin language meaning "I" (Harber & Payton 1979, Sv, "ego"), the ego is the centre of all psychic activities and is the manager of the personality. It is the drive and guide behind all thoughts and actions. According to Roets (2002:16): "*Personal functions such as thinking, feeling and acting unite in the ego which makes them perceptible.*" and that "*[i]t should be seen as the spiritual dimension of each person which exists only in its integration with the other dimensions of being.*"

1.7.3.2 The self

According to Van den Aardweg and Van den Aardweg (1988, Sv "Self"), the self is that part of us of which we are knowingly aware, in other words what we understand about

ourselves. According to Raath (in Kruger 1992:20), it is "*the core of a person's life world as seen, observed and experienced by him [and her].*" It is a person's system of ideas, attitudes, values and commitments and reflects a person's personality (Roets 2002:19). The self is important in the formation of the person's self-concept and self-esteem.

1.7.3.3 Identity

Identity refers to the process through which a person goes in order to decide who he or she is. It is the meaning a person therefore assigns to him or herself as a person and results in a response to the question "*Who am I?*". By discovering aspects of the self and interacting with others and the environment, a person becomes acquainted with him or herself and others and in so doing forms an identity: as a child of the parents, a learner and a member of a community (Kruger 1992:20). If a child's identity is not completely established, then there is a chance that he or she is diffuse, insecure and unrealistic with respect to what he or she can/wants to/should become, therefore impeding on his or her eventual self-actualisation (Roets 2002:27).

1.7.3.4 Self-concept and self-esteem

Whereas self-concept refers to how people think of themselves, self-esteem refers to how they feel about themselves. According to Van den Aardweg and Van den Aardweg (1988, Sv "Self-concept), one's concept or image of the self "*refers to a configuration of convictions concerning oneself and attitudes towards oneself, that are dynamic and of which one is normally aware or may become aware.*" It is a person's perception of him or herself and is formed by an evaluation and visualisation of the identity and is therefore not static. It is therefore an evaluation of the self and can lead to either positive or negative characteristics in a person. As a person's self-concept is shaped by the type of thinking patterns that he/she adheres to, the role of intra-psychic dialogue contributes to either a positive or negative concept of the self (Roets 2002:19-23).

Branden (1994:27) defines self-esteem as:"*...the disposition to experience oneself as competent to cope with the basic challenges of life and as worthy of happiness.*" An important aspect of self-esteem is noted by Schaefer and Millman (1981:98): "*Underlying many childhood problems is a basic feeling of low self-esteem. An extremely important determinant of behavior is how children feel about themselves.*"

1.7.3.5 Self-actualisation

Although several definitions of the term exist (cf Roets 2002:27-34), in general terms, self-actualisation refers to the realisation of all that a child can possibly accomplish in every facet of development and learning, in other words what they can become, what they want to become and what they should become (Van den Aardweg & Van den Aardweg 1988, Sv "Empirical-educational criteria").

In order to self-actualise, children need to form adequate relationships. This implies the development of healthy egos, selves, and identities. These relationships include those with parents, peers, teachers, objects and ideas and with themselves. In order to self-actualise meaningfully, children have to become meaningfully involved in relationships, have significant experiences and have purposeful involvement in these relationships (Roets 2002:40-41).

1.7.3.6 The allocation of meaning

In order to self-actualise, children have to orient (notice, know, apprehend and have information) themselves within their experiential world. This is done by discovering and allocating meanings to their experiences (Roets 2002:41). Authentic self-actualisation implies the attributing of genuine meaning to the world experienced (Van den Aardweg & Van den Aardweg 1988, Sv "Empirical-educational criteria").

1.7.3.7 Involvement

In order to procure knowledge about a subject, one has to be physically and/or mentally involved (Roets 2002:41). According to Van den Aardweg and Van den Aardweg (1988, Sv "Empirical-educational criteria"): "*Involvement presupposes a willingness, an urge to participate or to be involved.*" It is an active process and is necessary in the attribution of meaning.

1.7.3.8 Experience

The child's involvement in the attribution of meaning causes them to experience several emotions (Roets 2002:41). This experience determines the quality and intensity of the meaning attributed. Experience determines how children evaluate the situations that they are in (Van den Aardweg & Van den Aardweg 1988, Sv "Empirical-educational criteria"; Roets 2002:41). Chandler (1985a:13-14) notes the difference in experience, and subsequent meaning attribution between children and adults. Children experience and

attach different meanings to aspects such as time, egocentricity and relationships to do with cause and effect (cf Lewis 1999; Lewis 2001).

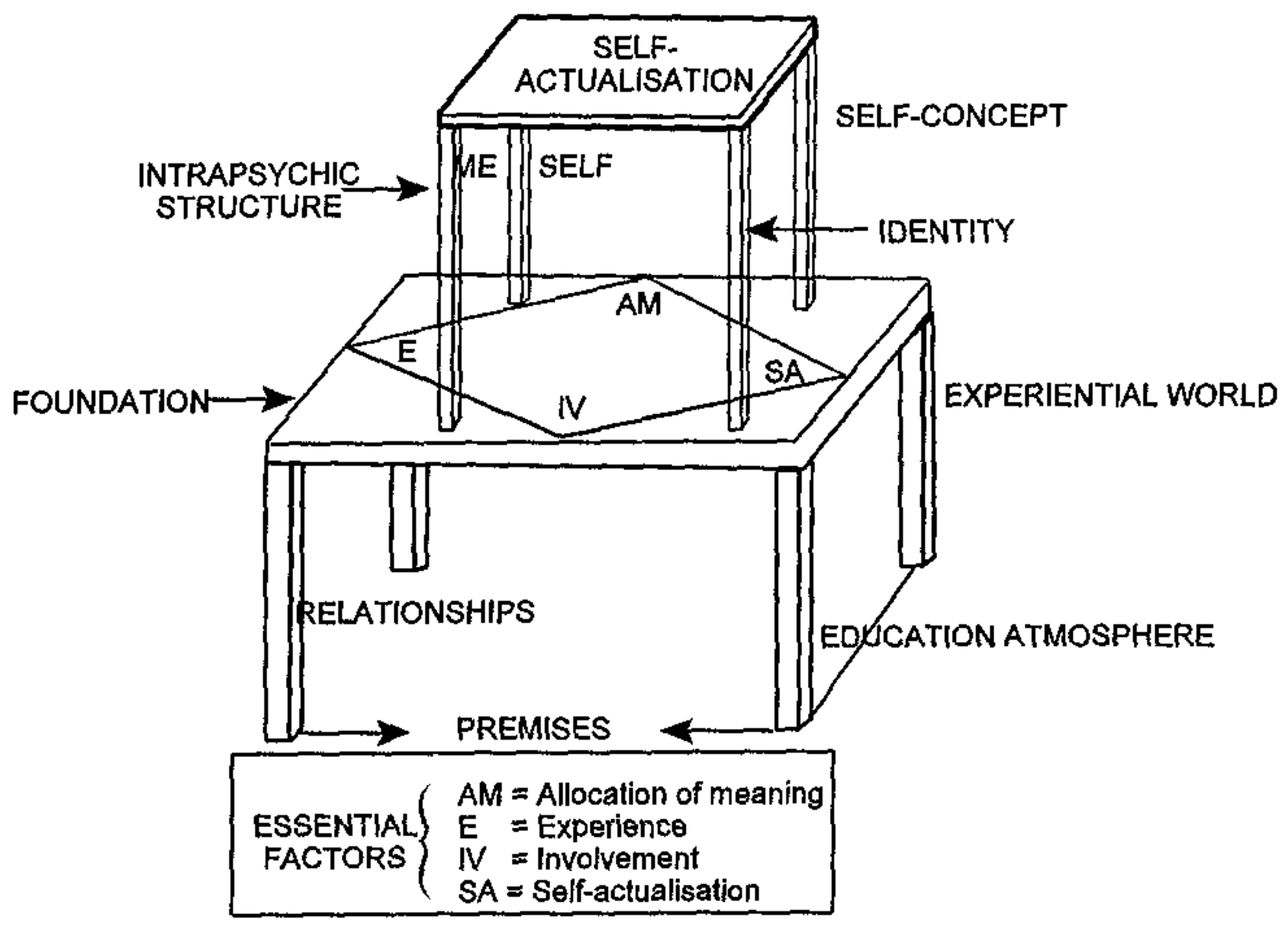
In summary, children orient themselves towards their world and in so doing attribute meaning, affected by emotion, towards others and objects. Meaning attribution depends on the degree that the child experiences his or her involvement with objects or people. The greater the involvement, the more intense the experience of meaning attribution as he or she differentiates, integrates and evaluates. This will lead to the eventual formation of a positive self-concept, which will in turn promote self-actualisation.

1.7.3.9 The practical application of the Relational Theory (RT)

The fundamental elements of meaning attribution, experience, involvement and self-actualisation, together with the assertions of the formation of relationships, the experiential world and the educational climate, form the core of the intra-psychic structure (ie the ego, the self, the identity and the self-concept). The reciprocal interactions of these organisational elements are liable for each persons's behaviour and lead to a person's eventual self-actualisation. Therefore, if there is problematic behaviour, therapy must start with the intra-psychic structure as these components influence the identified fundamental elements. These interactions are illustrated diagrammatically as follows:

Figure 1.1

The Relational Theory (RT)

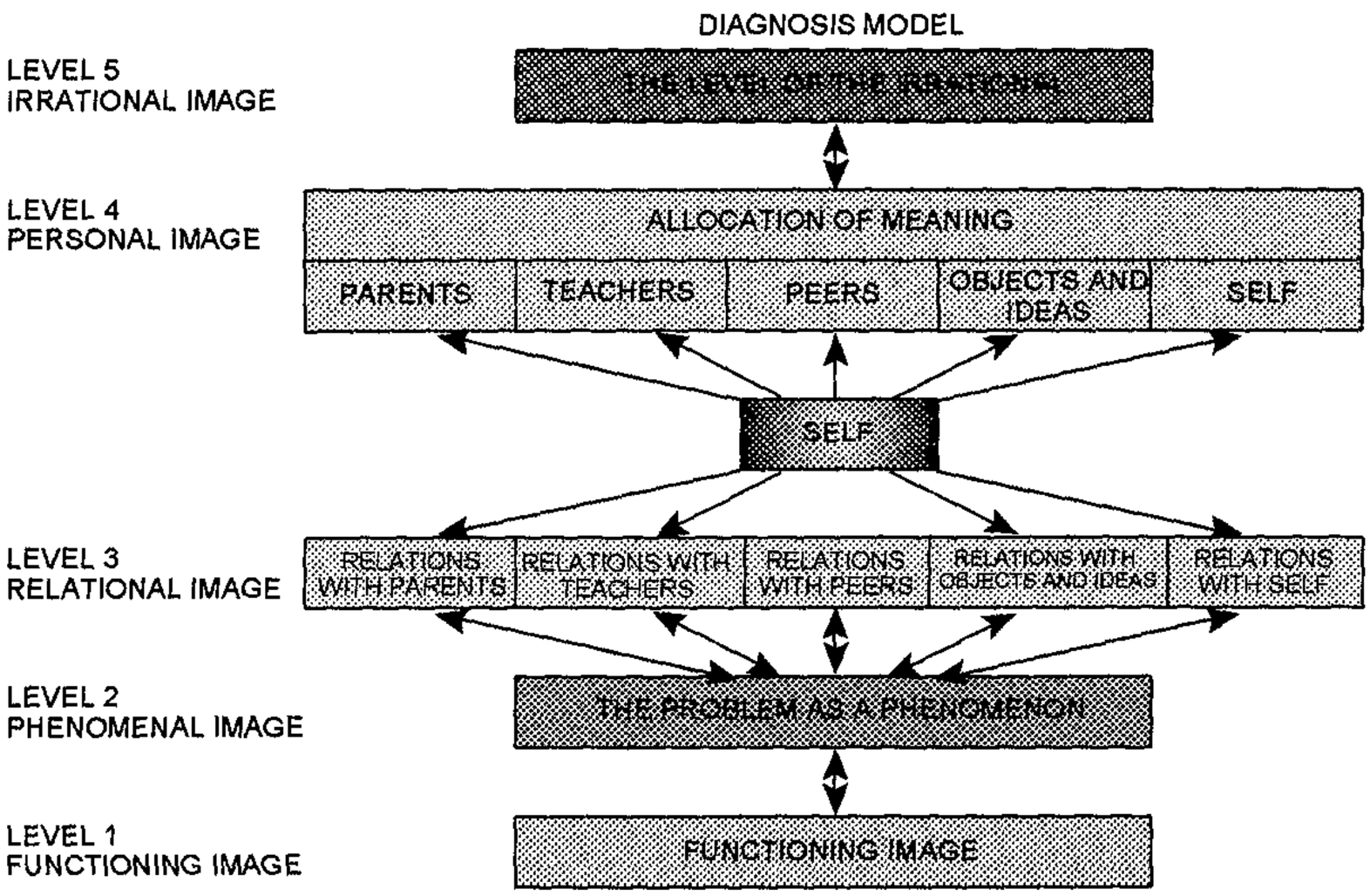


Source: Roets (2002:44)

The following diagnostic model, based on the RT assists therapists who are dealing with children in need and will form the basis of this research. It is important to note that diagnoses are separable, neither does the one start where the other one finishes but should rather be seen as complementary of nature. Roets (2002:45) uses the analogy whereby diagnosis is compared to a road sign in therapy. She explains that "*on the therapeutic road, it is necessary to keep consulting the road signs and to evaluate them in order to find out whether the process is still on track*":

Figure 1.2

Diagnosing



Source: Roets (2002:44)

- **Functional image**
  This refers to the presenting problem as such.

- **Phenomenal image**
  The functional image manifests itself in the phenomenal image and refers to a thorough investigation of all aspects of the problem by means of appropriate media.

- **Relational image**
  The child's relationships (self, parents, family members, teachers, peers, objects/schoolwork/ideas) are described and provide an indication of possible causes of the functioning image.

- **Personal image**

  This image originates from the relational image and focuses on the child's perception of his or her relationships, in other words, from the child's own eyes.

- **The level of the irrational**

  Due to the ongoing interaction between the self-concept and self-actualisation, the self-concept moves dynamically between a higher and lower pole. If the child's self-concept moves to a level below that of the lower pole, he or she moves into a state of irrational meaning attribution, which excludes rational thinking and gives rise to pathological thinking and behaviour.

1.8 RELEVANCE OF THIS RESEARCH

This specific field of stress research (ie childhood, and more specifically middle-childhood) and its application has not been well researched in South Africa. Studies have been undertaken in South Africa and relevant literature does exist regarding the South African context, but it is dated, very general or makes predominant use of American and English (ie Western) sources with limited applicability to the South African setting (cf Saunders & Remsberg 1987). This research attempts to expand this limited body of knowledge.

One can query the universal application of these programmes to all children. Therefore, a contextual appraisal of a programme's applicability is necessary for the South African context. This does not negate what has already been accomplished; the benefits of existing programmes and the need for further experimentation are recognised. Humphrey (1988b:111) avers to this:

> Stress management programs for children have met with various degrees of success; enough so at least to suggest that continued experimentation with them is indeed warranted.

For this reason a contextual approach is followed in this research, yet with due recognition of universal elements.

1.9 CONCLUDING REMARKS

The purpose of this chapter was to outline the direction that this research project will take. The problem created by the need to understand how children experience stress was highlighted as well as the need to develop an appropriate stress management programme for children in South African context.

In the light of the first aspect presented by this problem, a conceptual analysis of child-hood stress will be discussed in the following chapter.

CHAPTER TWO

CHILDHOOD STRESS: A CONCEPTUAL ANALYSIS

> Educators can relate stress theory to specific stress management techniques, which can be taught to [learners]. Counsellors and other mental health specialists...can serve as consultants to the classroom teacher [and parents], because the theory and techniques may be unfamiliar to the classroom teacher [and parents] (Romano 1992:200).

CHAPTER 2

CHILDHOOD STRESS - A CONCEPTUAL ANALYSIS

2.1 INTRODUCTION

In order to manage middle-childhood (M-C) stress, it is necessary to understand what the phenomenon encompasses. This entails a review of relevant literature written about the concept. A lucid analysis of concepts creates enhanced understanding, which invariably leads to better management, thus it is appropriate to approach this task at the outset of the research. Thus, the aim of this chapter will be to analyse the concept of M-C stress. Several objectives emanate from this aim:

- To explore the concept middle-childhood and, in this instance, M-C as they relate to psycho-educational development and becoming;
- To analyse the term stress in general;
- To elucidate the concept of middle-childhood stress.

2.2 MIDDLE CHILDHOOD

In order to manage M-C stress from a psycho-educational perspective, attention must be paid to the general becoming and development of children, especially during this phase. Development refers to physical growth and maturity: growth reflecting quantitative changes, while maturity refers to qualitative changes. Together with these aspects are the influences of heredity and environment on the child. Becoming, on the other hand, refers to the purposeful transition to adulthood commencing at birth. It is more embracing and less visible than development and includes matters such as meaning assignment, dialogue enrichment, the exercising of the will and self-actualisation (cf sections 1.7.3.1–1.7.3.8). Whereas development is natural and inevitable under favourable conditions, becoming requires the purposeful intervention of an adult (Prinsloo, Vorster & Sibaya 1996:30-31). As becoming presupposes development, optimum development is necessary for the achievement of this goal.

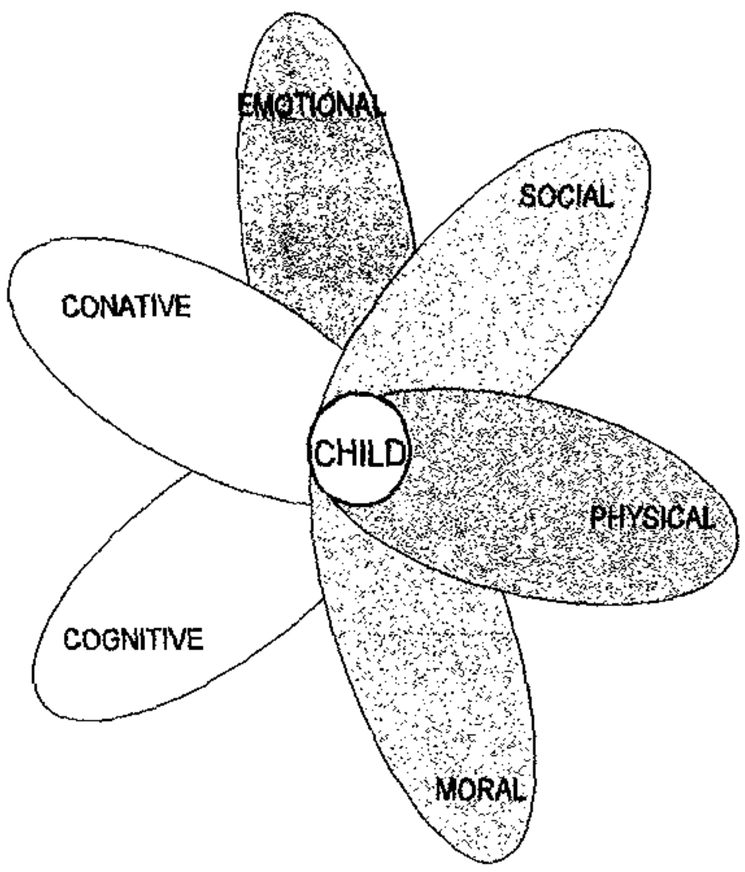
A first task would be to understand how children in their M-C develop and become. According to Prinsloo *et al* (1996:32):

> [Children's] experience and behaviour are always dependent upon a specific level of physical, emotional, cognitive, normative and social development. At different age levels, children also differ in their involvement and giving meaning to relationships, in their learning and their becoming.

Therefore, it is firstly necessary to highlight these developmental characteristics (ie the physical, emotional, cognitive, normative and social) and their influence on becoming in M-C. This will ensure that the child in this phase is understood holistically. This holistic development is illustrated in Figure 2.1:

Figure 2.1

The holistic child



2.2.1 Physical characteristics

2.2.1.1 Physical development

M-C is generally referred to as the primary school phase (Prinsloo *et al* 1996; Du Toit & Kruger 1991) and usually commences with the child entering formal schooling. Physical development, influenced by heredity, nutrition, health care and exercise, maintains a slow, steady pattern throughout these years. This growth rate is, however, at a slower rate than earlier and later stages – a concept referred to in the literature as "growth latency" (Stone & Church 1979:397). This phase is commonly characterised physically by a slow, steady period of growth, followed by a more rapid growth just before puberty. There is an increase in height and weight; body proportions take on a more adult-like appearance and motor (both fine and gross) co-ordination and visual maturity improve. Although in the

early M-C phase there is difficulty in the control and co-ordination of the fine muscles and eye-hand co-ordination, this improves towards the middle and latter part of the M-C phase (Van den Aardweg & Van den Aardweg 1988, Sv "Physical development"; Du Toit & Kruger 1991:105). Changes also occur in dental structure with the appearance of permanent teeth (Mwamwenda 1995:53). Generally, the child's health is much better than the pre-school phase, with few major health worries (Du Toit & Kruger 1991:107-108).

Individual differences in physical appearance and talent also become more apparent during this phase (eg build and ability) regarding the sexes. For example, boys are more muscular while girls show more mature visual-motor (precision and accuracy) co-ordination skills. Children in this phase are usually adventurous and lack experience and judgement which can lead to accidents (Van den Aardweg & Van den Aardweg 1988, Sv "Physical development").

At the end of this phase they show characteristics of puberty and reveal attributes of their gender as far as appearance, behaviour and self-image (Prinsloo *et al* 1996:101-102).

2.2.1.2 Physical becoming

By means of the body, the child assumes his or her position in the world via the ego, the self, physical identity, body image, self-concept and self-evaluation. The child's body is the means for perceiving the world (Du Toit & Kruger 1991:28-29) which invariably influences his or her perceptual schemata, that is his or her thoughts and behaviour (cf Lewis 1999). Observation, exploration, knowledge and orientation towards the world are the result thereof. According to Du Toit and Kruger (1991:29), "*During the educational process his (or her) body is the means whereby he (or she) appeals to his (or her) educator (or parent), by word or deed, for help and support, takes cognisance of the help offered and indicates whether education has been successful or not.*" Any sensory, physical, neurological (Du Toit & Kruger 1991:29), and socio-cultural impediments (Feldman 2001:317) could, therefore, seriously obstruct the child becoming an adult via his or her physique. These would impact on the child's ego, self, physical identity, body-image, self-concept and self-evaluation.

2.2.2 Cognitive characteristics

2.2.2.1 Cognitive development

Cognitive development in this context refers to the development of a child's mental capacity to engage in thinking, conceptualisation, reasoning, interpretation, understanding and insight, knowledge acquisition, remembering, organising information, problem-solving and analysis (cf Mwamwenda 1995:89).

Several Western theoretical frameworks provide an understanding of cognitive development during the M-C years, such as the work of the Swiss psychologist, Jean Piaget. This approach will be adhered to in this research due to its cross-cultural applicability, including to the development of African children. Mwamwenda (1995:115) notes that this theory is quantitatively and qualitatively relevant to children of all cultures.

Saliently, Piaget identifies four general stages of cognitive development (sensori-motor, pre-operational, concrete operations and the formal operational stages). Children pass through each stage in order, but the age of achievement may differ. Piaget maintains that no stage is skipped and there is a possibility that a stage may never be attained by an individual (Van den Aardweg & Van den Aardweg 1988, Sv "Cognitive development").

To Piaget, children in their M-C are in the concrete-operational stage of cognitive development. This implies applying logical operations to concrete problems as opposed to symbolic and abstract concepts which are formed later during adolescence and adulthood (ie formal operations stage). The child has now progressed from a pre-operational state which is characterised by animism, egocentrism, transductive reasoning, syncretism, failure to decentre and difficulty with classification, seriation and conservation (Mwamwenda 1995:93-94). Characteristics of this concrete operational phase include conservation, decentration, reversibility, seriation, classification, and a better understanding of numbers and their ordinal and cardinal characteristics. Children in the M-C years are also less egocentric (Du Toit & Kruger 1991:113-114). Vorster (1996:46) maintains that the earlier part of M-C is characterised by great advances in thought development with the latter part of this phase is characterised by more flexibility and adaptability.

The cultural environment in which the M-C functions determines the manner in which intellectual expression is raised and developed. These include the mastery of language

and numbers as well as problem-solving techniques. This development occurs via transmission as well as discovery (Van den Aardweg & Van den Aardweg 1988, Sv "Cognitive development") and is important in the child's cognitive development.

2.2.2.2 Cognitive becoming

Derived from the Latin word *cognoscere*, which literally means "to know", the M-C literally wants to know and understand his or her world. By getting involved with others and attributing meaning to his or her environment, he or she learns to orientate him or herself with regard to the environment in order to get to know it. Here, the quality of meaning attribution (cf section 1.7.3.6) is important in order to ensure authentic knowing and understanding and both primary and secondary educators play an important role in achieving authentic becoming (Du Toit & Kruger 1991:33).

2.2.3 Emotional characteristics

2.2.3.1 Emotional development

According to Prinsloo *et al* (1996:113), emotional development entails the child's increasing understanding and control of his or her emotions.

Children in the M-C years reflect a greater sense of emotional maturity and development with a noticeable change from helplessness to independence and self-reliance. They also show greater emotional differentiation and flexibility. Children in the early part of M-C are still fairly egocentric and emotionally inflexible, yet with a better intellectual control of their own emotions and better comprehension of others' emotions (Vorster 1996:46). This rigidity later changes due to an increased rationality and ever-widening frame of reference due to learning experiences (Prinsloo *et al* 1996:113). The latter part of M-C is also characterised by a more balanced emotional life and a better intellectual control of emotions. However, this refers to favourable conditions; several factors can cause possible emotional distress, for example, being humiliated at home and school causes fear and distrust; gender stereotyping (boys showing emotion crying and girls showing aggression) inhibits the expression of emotions; rejection by peers and family and the influence of factors such as crime, HIV/AIDS, unemployment and violence (Prinsloo *et al* 1996:113-114).

Emotional expressions manifest in several ways in children during the M-C phase. Emotions reflect a more internal locus than an external one reflected in the previous phase (Du Toit & Kruger 1991:117). These expressions include fear, anger and aggression, jealousy, joy and happiness and love:

- As children now start school, previous fears relating mainly to physical safety diminishes and fears take on a new dimension, such as fear of school. Fears are now also linked to social issues such as crime and HIV/AIDS as well as some fear of the father in some instances. Suppressed fear may manifest itself in psychosomatic and defiant behaviour (Du Toit & Kruger 1991:118; Unisa 1996:84-85).
- Although children in this phase gradually learn skills to cope with frustrating situations, anger can manifest itself in the child who is moody, negative and quarrelsome and in some instances where authority is lacking, force may even be used to solve problems or relieve frustration.
- Expressions of jealousy during this phase are more diverse and covert as opposed to the direct approach of the previous phase.
- Manifestations of joy and happiness are now more serene, controlled and restrained (Du Toit & Kruger 1991:118; Unisa 1996:84-85).
- Expressions of love are more adult-like during this phase. Physical gestures are more generally reserved for family members. Love is expressed by means of co-operation, empathy and friendship. Boys usually express less affection than girls (Du Toit & Kruger 1991:119).

Among others, emotional disturbances due to certain stressors during this phase can lead to: depression, withdrawal, disobedience, avoidance, aggressive and uncontrolled behaviour, inability to adjust to change and a deterioration in school work (Van den Aardweg & Van den Aardweg 1988, Sv "Affective development").

2.2.3.2 Emotional becoming

Children's involvement or absence thereof in their world, as well as the quality of meaning which they attribute to this involvement, the relationships constructed and consequently the life-world which they form, is governed by the child's affective experiences (cf sections 1.7.3.7–1.7.3.8). These experiences can shift from unduly pleasant to excessively unpleasant experiences. The very nature of these affective experiences influence the child's total becoming as a physical, psychological, social, moral and religious person.

Therefore, for the child to actualise fully, those involved in the process should lend authentic educational support (Du Toit & Kruger 1991:54-55).

2.2.4 Moral characteristics

2.2.4.1 Moral development

Moral development refers to a child's cognitive ability to discern distinctions between correct and incorrect, just or unjust, and permissible and inadmissible behaviours within a specific society in which the child lives (Van den Aardweg & Van den Aardweg 1988, Sv "moral development"). This enables children to direct their behaviour in terms of these principles (Prinsloo *et al* 1996:117).

Several theories have been proposed which explain moral development. The most prominent are those of Piaget and Kohlberg. In essence, both more or less agree that during the earlier part of the M-C, children are more egocentric in their judgement and they find it difficult to generalise values. They also have a limited development of conscience. During the latter phase, they are still egocentric, but to a lesser extent. They are more able to generalise their values and move towards a state of understanding that all rules are not hard and fast, but are, at times, flexible. According to Piaget, M-C children gradually move from heteronomous morality (ages 5-10, where rules are inflexible) to autonomous morality (10 onwards, where rules are arbitrary). Kohlberg theorises the move from pre-conventional morality (± 4-10 years; egocentric, obedience based on fear) to conventional morality (± 10-13 years, characterised by increased acceptance and internalisation of societal norms as well as the development of a strong concern about law and order) (Van den Aardweg & Van den Aardweg 1988, Sv "moral development"). In essence, children at the start of this phase do not really observe moral values and principles; they merely do what is expected of them. By the time they reach the age of about eight, they do have some inner moral sense, but it is only by the age of 11 or 12 years that an authentic conscience evolves, which is the start of autonomous self-control (Unisa 1996:87-88).

Although moral development is culturally determined, there are universal values that various cultures strive for. These include honesty, conscientiousness, considerateness and friendliness (Unisa 1996:87-88).

2.2.4.2 Moral becoming

In order to actualise fully and to reach moral independence and responsibility, the child has to live according to societal and cultural norms. With the help of primary and secondary educators, the child learns to attribute logically acknowledged meanings to moral, social and family norms (Du Toit & Kruger 1991:64-65).

2.2.5 Social characteristics

2.2.5.1 Social development

According to Van den Aardweg and Van den Aardweg (1988, Sv "Social development"), *"Social development is the development of relationships and associations with others."* These relationships and associations occur within the self, family, school and peer-group.

The child's relationship with him or herself largely determines the relationship he or her will have with others and contributes towards the formation of a healthy self-concept. This relationship contributes to the child's realisation that the relationship that he or she can meet his or her own expectations, those of the peer group and others (Du Toit & Kruger 1991:124).

According to Prinsloo *et al* (1996:120), the family remains the child's main support system and is the most important influence on the M-C's socialisation process, satisfying both physical (eg sustenance and clothing) and psychological needs (eg emotion, protection and affection) (Mwamwenda 1995:56). The family forms a system of interacting elements which are influenced both on micro- and macro-level. For example, first-born children within a Western setting generally show a personality tendency to be more success-oriented and affiliative than middle children (who may be generally rather neglected) due to parents' high expectations of him or her as the firstborn. Siblings also play a role in the socialisation of the child in the M-C phase and even act as precursor for the child getting along with peers, identity problems, sexual behaviour and physical appearance (Mwamwenda 1995:57-58).

However, the family is not the only influence on the child in the M-C phase due to the emancipatory nature of the child involved in this phase, such as the commencement of formal education. The school also exercises a profound influence upon the M-C's socialisation practice. The school introduces the M-C to a new set of norms and values

relating to authority figures, learning material, as well as different friends and cultures (Prinsloo *et al* 1996:120). The teacher gradually plays a profound role in the child's life and becomes a prominent identification figure in the shaping of the child's self-concept (Du Toit & Kruger 1991:125).

Peers also have a profound influence on the socialisation process of the M-C. As a peer-group is a group of youths who are attracted to one another (Van den Aardweg & Van den Aardweg 1988, Sv "Peer group"), non-acceptance can be detrimental to a M-C's socialisation process (Prinsloo *et al* 1996:120-121). Cultural and physical characteristics play a profound role in peer group acceptance (eg attractiveness and social class) (Mwamwenda 1995:56).

Children in the early part of M-C are close to their parents and confidantes such as teachers. They socialise readily with the other gender and are more relaxed with adults whom they know. They play in groups that change often and often feel readily aggrieved. However, children in the late M-C phase interact easier on a social level. They form stronger group bonds which reflect greater loyalty. They are more aware of gender differences which can give rise to separation of the sexes (Vorster 1996:47).

Play acts as an important function of the socialisation process of the child in the M-C phase. Although it becomes more individualised, its influence is profound on aspects such as self-exploration and peer-group acceptance. Children in this phase also become aware of stereotyped gender-appropriate play (Du Toit & Kruger 1991:125; Unisa 1996:85).

2.2.5.2 Social becoming

As children are social beings, it is important that they form relationships in order to actualise. According to Du Toit and Kruger (1991:64-65):

> He [and she] has to get to know his [and her] social world and form sound relationships with others in order to live in harmony with them.... By socialising he [and she] becomes a member of a social group within his [and her] cultural context, thus he [and she] becomes a person who can live a decent, independent and responsible life with others according to the norms, morals, values and customs of his [and her] group and in this way his personal aspirations and needs are fulfilled.

The involvement that children experience with significant others (eg parents, teachers and peers) in their life influences the meanings attributed to these situations and can therefore influence eventual self-actualisation (cf sections 1.7.3.5–1.7.3.8).

2.2.6 Conative characteristics

2.2.6.1 Conative development

Conative development pertains to the central driving forces which give rise to the child's behaviour and includes his or her needs, tendencies, impulses, aspirations, motives, aims, wishes and the will (Van den Aardweg & Van den Aardweg 1988, Sv "Conative development").

In the M-C years the focus of conative development is on the satisfaction of social and personal needs and aspirations with a yearning for success becoming very evident (eg recognition, approval, autonomy, group acceptance, love, safety, aesthetic and ethical aspirations, challenges and adventure). This interplay of aspirations results in the child being confronted by a number of choices which can at times lead to conflict situations and even stress (Du Toit & Kruger 1991:130). Once a decision is taken it implies that the goal creating the aspiration is accepted, rejected or postponed (Van den Aardweg & Van den Aardweg 1988, Sv "Conative development"). This decision, due to the increased holistic development of the child as well as authentic educational accompaniment can be well-considered and meaningful, however it can also lead to conflict which may in turn lead to stress within the child. This conative situation leads to the child's realisation that choices have certain responsibilities and results (Du Toit & Kruger 1991:130-131), which are either positive or negative.

2.2.6.2 Conative becoming

In order to self-actualise, the child's conative development has to be holistically and properly developed.

Motivation and attitude plays an important and increasing role in the child's volitional life, especially during the M-C phase. The child in the M-C phase becomes progressively motivated to master certain activities and to carry out certain decisions in order to satisfy particular aspirations. This motivation becomes increasingly more extrinsic as opposed to the previous phase's largely intrinsic pattern of motivation. Attitudes prepare the way

for the child's actions thereby influencing his or her involvement in, experiencing of and the meaning attributed to the matter. As they are usually of a lasting nature and difficult to change, educators should inculcate educationally meaningful and positive attitudes to ensure proper development and becoming (Du Toit & Kruger 1991:57-59,131).

A child reflecting developmental delays in one or more of these aspects can experience stress (Chandler 1985a:17). These developmental delays and deficiencies can impact negatively on the child's eventual becoming and are illustrated by the following table:

Table 2.1

Possible stressors accompanying M-C development

DEVELOPMENTAL TASK	POSSIBLE STRESSORS AND NEGATIVE INFLUENCE ON BECOMING
Physical development and becoming:	
▸ Slow, steady period of growth	▸ - negative experiencing and perception of body weight, growth, and build can influence the child's emotional, social and even cognitive development - lack of physical endurance can affect learning ability
▸ Improved co-ordination (gross & fine)	▸ - a lack of opportunity to exercise and develop motor skills can result in the denial of opportunities for learning and exercising skills - negative impact on personality development due to a non-experiencing of popularity and non-enhancement of self-esteem - poor co-ordination can have an effect on a child's ability to learn and so affect a child's self-esteem
▸ Individual differences	▸ - stereotypical parental expectations can result in the child perceiving and experiencing differences negatively thereby influencing self-esteem and social development
▸ High energy levels	▸ - stereotypical parental limitations and expectations can result in a child not experiencing effective physical development and the development of the self-concept due to, amongst others, physical inactivity - too much physical activity depletes children's energy stores leading to, among others, the experiencing of learning problems and exhaustion
▸ Improved health	▸ - mal- and undernutrition may result in child experiencing of cognitive and social deprivation which can impact negatively on the child's self-esteem
▸ More adventurous	▸ - stereotypical parental expectations, as well as too rigid or lax disciplining may result in the child experiencing an inability to realise his/her limits of physical energy and skills and to distinguish between safe fun and dangerous fun

DEVELOPMENTAL TASK	POSSIBLE STRESSORS AND NEGATIVE INFLUENCE ON BECOMING
Cognitive development and becoming:	
▸ Development via formal stages	▸ - non-attainment of certain cognitive stage may result in the child's negative experiencing and perception of intellectual abilities which can influence the child's emotional and social development
▸ Concrete-operational phase (conservation, decentration, reversibility, seriation, classification, and a better understanding of numbers and their ordinal and cardinal characteristics)	▸ - the denial of opportunities for learning, exploring and exercising skills, as well as a lack of suitable models, guidance time as well as drive and motivation to acquire new skills may possibly impact negatively on the child's personality development due to a non-experiencing of popularity and non-enhancement of self-esteem due to intellectual deficiencies - negative experiencing and perception of intellectual abilities can influence the child's emotional and social development
▸ Culturally transmitted and discovered	▸ - language deficit due to environmental deficiencies and lack of opportunities may result in child perceiving and experiencing cognitive differences and deficiencies negatively thereby influencing self-esteem and social development
Affective development and becoming:	
▸ Increased emotional maturity	▸ - deficient emotional support, eg, love, security, acceptance, understanding and sharing may result in negative experiencing of involvement can influence the child's holistic development
▸ Emotional expression more specific, differentiated and sophisticated	▸ - emotional suppression and stereotyping can have a negative impact on personality development due to a negative experience which may lead to the non-enhancement of self-esteem
Normative development and becoming:	
▸ Developing a sense of morality	▸ - lack of development of moral values within the educative environment may result in negative meaning attribution to moral, social and family norms
▸ Culturally determined	▸ - lack of culturally grounded norms can result in diffuse attribution of meaning of moral, social and familial norms

DEVELOPMENTAL TASK	POSSIBLE STRESSORS AND NEGATIVE INFLUENCE ON BECOMING
Social development and becoming:	
▸ Important role of relationship with the self, family, peers and school	▸ - negative relationships may lead to the delayed and adverse development of the child's personality, emotions and intellect
▸ Changing play patterns	▸ - stereotypical parental expectations can result in child perceiving and experiencing differences negatively thereby influencing self-esteem and social development
Conative development and becoming:	
▸ Includes needs, tendencies, impulses, aspirations, motives, aims, wishes, actions, choices and the will	▸ - failure and inability to succeed may damage the child's self-concept and lower their self-confidence - opposing aspirations result in conflict and stress
▸ Developing volition	▸ - children's striving for self-reliance and independence may cause conflict

A relevant aspect which could have an effect on the development and becoming of the child is the prevalence of HIV/AIDS in South Africa. This is discussed in the ensuing section.

2.2.7 The child and HIV/AIDS

The prevalence of HIV/AIDS, although statistics vary vastly, is very high in South Africa and affects both children and parents due to the chronic nature thereof. Children with chronic illnesses are generally more at risk at experiencing emotional, behavioural and educational stress (Bachanas, Kristin, Suzman Schwartz, Lanier, McDaniel, Smith & Nesheim 2001:online) thereby affecting their holistic development and becoming. Parents affected by the disease also impact on the development and becoming of children as well. In this latter instance, Hunter and Williamson (in Schietinger 1998:7) note that:

> Children's psychosocial distress begins with a parent's illness, and they are abandoned emotionally and physically by the death of one or both parents. They may suffer lingering emotional problems from attending to dying parents and seeing their parents die...

Households are stressed by the drain on their resources both during the illness as well as when death sets in (The Life Skills Development Foundation Sa:5). These orphans also lack proper supervision, are socially alienated from their community, are taken out of school to care for the sick thereby stymying their chances of gaining an education necessary to provide for their own families in future. Their poor status results in nutritional neglect and poor access to health care (Schietinger 1998:7).

The child living with and in the presence (ie involvement) of HIV/AIDS is exposed to experiences that could impact negatively on his or her assignment of meaning and subsequent actualisation (cf sections 1.7.3.4–1.7.3.8). For example, being ostracised by the community could result in the child's self-esteem being affected resulting in negative coping mechanisms such as delinquency (Schietinger 1998:9).

Given these salient notes on HIV/AIDS, it is now necessary to focus on the phenomenon of stress.

2.3 STRESS

2.3.1 Etymological roots of the term

Although a precise definition of the term stress eludes theorists due to differences in conceptual emphasis (Romano 1992:199), it is beneficial to investigate its etymological foundations before proceeding to an understanding of the term in the context of this research.

Etymologically, the term *stres, stresse* was first used in Mannyng's *Handlyng Synne* and referred to hardship, coercion and pressure and was a term borrowed from several sources: the Middle English *destresse* and in part Old French *estrece*, from Vulgar Latin *strictia* and from the Latin *strictus* (Barnhart 1988, Sv "stress").

Even today, the term stress has a similar meaning of hardship, coercion and pressure. The *Heinemann English Dictionary* (Harber & Payton 1979, Sv "stress") indicates that the term stress is derived from the Latin word *strictus* literally meaning "to draw tight." Although it has several relevant meanings, a meaning particularly relevant to this research refers to "emotional or intellectual pressure or tension", in other words, emotional or intellectual "tightening".

2.3.2 Early foundations of stress

Since primitive times, humans have had to deal with certain stressors (Selye 1956:xv) that impinged on their lives and caused a certain amount of anxiety, fatigue and probably even death. During early times, hunting or tending to the flocks or fields or caring for offspring created certain external and internal stressors which caused some form of physical or mental anxiety or fatigue. Kruger (1986:64) notes that these primitive times were not only stressful to parents and adults, but also to children. Not only were children seen as a burden, but they also did not receive a good education and were very often left to their own devices. The main goal of these societies was that of survival which in itself was stressful.

Selye (1976:38) sees the whole concept of stress going back to ancient Greek medicine where Hippocrates, the Father of Medicine, told his students that disease is not only suffering (*pathos*), but also toil (*pónos*). In other words the attempt by the body to restore homeostasis, which invariably placed some sort of stress upon the body.

According to Noakes (1985:14), one of the people to observe the pattern of fatigue was Lord Moran, who later served as Winston Churchill's personal physician. Moran served as a regimental doctor during World War I and noted in his book, *The Anatomy of Courage* (Moran 1945) the incessant adversity, deprivation and anxiety that humans endured during these war conditions and the outcome thereof generally being negative stress, called distress. He also observed a similar phenomenon during World War II when bomber pilots were placed under so much stress that the outcome was burnout[1] and even death.

This latter instance is the result of long-term incessant stress. However, stress can also have a short-term lifespan with a more positive prognosis. However, if stressors are not managed properly, they become pervasive over time leading to a negative outcome. Figure 2.2 illustrates this point:

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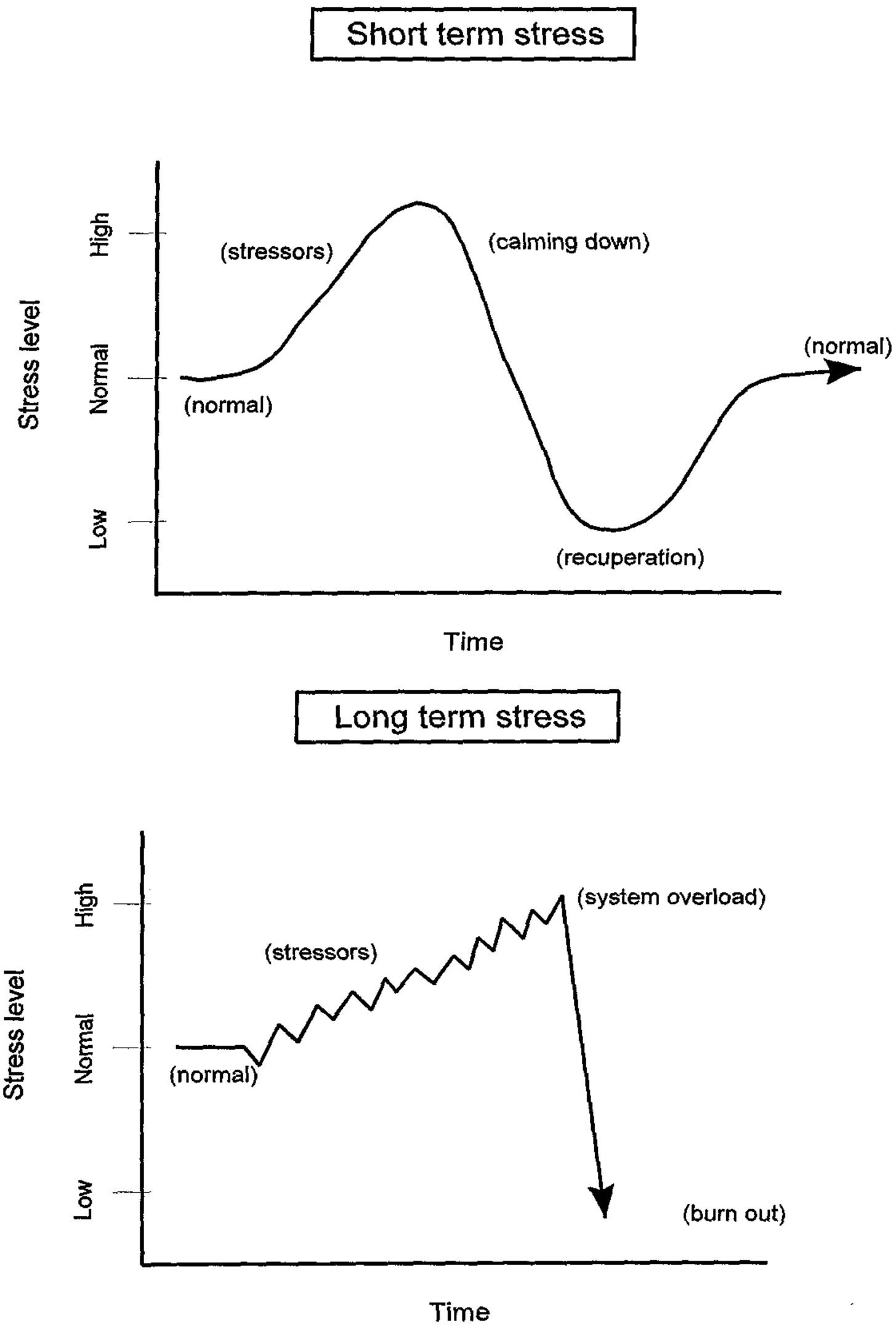
1 Although the phenomenon of "burnout" is very often equated with stress, this is indeed not so, and will be seen as the *result* of unmediated stress (cf Moodley 1995:23).

Figure 2.2

The effects of short- and long term stress



Source: Roets 2001:7

2.3.2 Clinical picture

2.3.2.1 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) classification

According to the text revised fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR), stress is coded on Axis 1 under the section "*Psychological Factors Affecting Medical Conditions*", and the accompanying general medical condition is coded on Axis III (DSM-IV-TR 2000:731-732).

The DSM-IV-TR notes that "*Psychological and behavioural factors play a potential role in the presentation or treatment of almost every general condition*" and that "*There must be reasonable evidence to suggest an association between the psychological factors and the medical condition, although it may often not be possible to demonstrate direct causality or the mechanisms underlying the relationship.*" Psychological determinants adversely affect the prevalent medical condition in several ways. 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;
- Psychological factors that constitute added health-risk factors in the individual;
- Stress-associated physiological reactions induce or aggravate symptoms of the general medical condition (DSM-IV-TR 2000:734).

The contributions of physical and psychological causes in a physical disorder may differ intensely.

2.3.2.2 Cultural differences

To date much research in the field of psychological factors causing physiological diseases has hinged largely on a Western perspective of emotional states and personality variables that may contribute to physical illnesses. In the realm of stress, Western thought is that stressors lead to psychological states, which in turn lead to illness. Non-Western cultures, on the other hand, take an opposite view and perceive stressors as leading to illness which in turn results in a psychological state (Sue *et al* 1997:199).

Although the research in this dissertation will hinge strongly on Western perspective, it will continually take cognisance of non-Western approaches.

2.3.3 Symptoms of stress

Literature (cf Lewis & Roets 2002; Armstrong 1990:109; Patel 1988; Chandler 1985a) suggests that stress manifests itself through several physical and psychological symptoms. The following are some symptoms prevalent in humans:

2.3.3.1 Physical symptoms

Physical symptoms of stress involve tiredness, insomnia, perspiring for no obvious reason, nervous tremors and twitches, nail-biting, nausea, fainting spells, consistent crying, restlessness, migraines, asthma, acute itching, colitis, nervous dyspepsia, gastrointestinal disorders, skin disorders such as hives, arteriosclerosis, brain and kidney dysfunction, cancer, asthma, allergies, rheumatoid arthritis, psoriasis, rosacea, and vitiglio; immune system disorders such as colds, flu, asthma and allergies; heart palpitations, burnout, dry mouth, speech difficulties, over-breathing (hyperventilation) and breathlessness, headaches, tension headaches, stomach aches, muscle tension and aches, cramps, diarrhoea, constipation, fatigue, urinary incontinence, alopecia, hypertension, peptic ulcers, lack of appetite, changing eating patterns, increased pulse rate, high blood pressure and cholesterol levels and the grinding of teeth.

2.3.3.2 Psychological symptoms

Psychological or mental characteristics incorporate inter-personal problems, obsession with food when pressurised, substance abuse, lower achievements, truancy, degenerative behaviour, verbal and physical aggression, day-dreaming, memory loss, anxiety, depression, motivation deficiency, withdrawal, mood swings, despair, suicidal thoughts and ideation, bad dreams, incessant irritability, uneasiness, harmful behaviour, feelings of helplessness, feelings of incompetence and guilt, under-achievement, lowered self-esteem and self-concept, job dissatisfaction, neurotic behaviour, escapist drinking, emotional deprivation and social incompetence.

These symptoms are also indicative of other problems or physical afflictions and not necessarily just the outcomes of stress.

2.3.4 Models for understanding stress

Since Lord Moran's observations of stress during the former part of the twentieth century (cf section 2.3.2), several theoretical frameworks have been postulated in order to understand the phenomenon of stress. Sue *et al* (1997:191) underscore three which are alluded to most frequently. However, for the sake of completion, a fourth model which has recently emerged is also mentioned:

2.3.4.1 The General Adaptation Syndrome (GAS)

Dubbed the Father of Stress (Humphrey 1993:13), the Austrian-born physician and endocrinologist, Dr Hans Selye suggested a three-stage model in an effort to fathom the body's physical reaction to biological stressors. To Hencke (1995:1): "*The stress that Selye described and studied was a physiological adaptation process to noxious physical stimuli.*" Stress, to Selye, involves a mobilisation of the bodily resources in response to some sort of stressor. In his work entitled *The Stress of life*, (1976), a revised version of his 1956 work, Selye (1976:xv) notes that "*[l]ife is largely a process of adaptation to the circumstances in which we exist ....No one can live without experiencing some degree of stress all the time*" and that "*[t]he same stress which makes one person sick can be an invigorating experience for another*" (Selye 1976:xv). What Selye is implying here in this latter instance is that people's perception of stress differs. Selye (1976:64) defines stress operationally as: "*...the state manifested by a specific syndrome which consists of all the nonspecifically-induced changes within a biologic system.*" To Selye: "*... essentially [stress is] reflected by the rate of all the wear and tear caused by life* (emphasis mine)" (Selye 1976:xvi). In essence, Selye states that each demand on the body is unique in that there is a specific response: when we are cold, we shiver; when we are hot, we perspire; an immense muscular activity elevates the demands upon the heart and vascular system. Selye observes that stress becomes dangerous when it is abnormally prolonged, occurs too frequently and focuses on one particular organ of the body (Woodbridge 1998:48).

Hence, Selye (1976:36) developed his General Adaptation Syndrome (GAS) model to explain stress. The three stages identified by Selye (1976:1,38) are: alarm; adaptation or resistance and lastly, exhaustion and collapse:

- **The alarm reaction stage (AR)**

To Selye this phase occurs when the body's defence systems come into use countering certain biological stressors. The body's reaction to these stressors include rapid heart-beat and muscle-tone loss which are the result of hormonal secretion into the bloodstream in an attempt to restore homeostasis (Kruger 1992:61).

- **The adaptation or resistance stage**

If exposure to the stressor continues, adaptation or resistance follows. This phase is portrayed by the body's motivation to protect, eradicate or co-exist with the stressor/s. Resistance can be optimal but is not indeterminate (Kruger 1992:61).

- **The stage of exhaustion**

If the stressor/s continue/s to exhaust the body infinitely, the body's energy is depleted, resistance deteriorates resulting in fatigue and in some cases, even death (Sue *et al* 1997:192).

In his theory, Selye (1976:74) differentiates between a harmful or unpleasant variety of stress called *distress*. Opposed to this he identified *eustress*, or good stress. To Selye:

> During both eustress and distress the body undergoes virtually the same nonspecific responses to the various positive or negative stimuli acting upon it. However, the fact that eustress causes much less damage than distress graphically demonstrates that it is 'how you take it' that determines, ultimately, whether you can adapt successfully to change.

What Selye is basically saying is that similar stimuli can have either a positive or negative outcome on the individual, depending on how the individual experiences and manages those stressors. The perception thereof is what makes the difference (cf Lewis 2001).

- **A critique of Selye's GAS**

Although Selye's GAS model is widely cited and acknowledged, it has been criticised and questioned due to its linguistic and theoretical limitations (cf Kruger 1992:62). In the latter instance, Selye's general emphasis on the physiological responses to stress is a cardinal

limitation. To Sue *et al* (1997:192) the GAS model does not recognise the role of psychological and social responses to stress (cf Patel 1988:7). These limitations have led numerous other researchers to examine these two responses (eg De la Fuente's work on the psychological consequences of stress) (Sue *et al* 1997:192).

2.3.4.2 The Life Change Model (LCM)

Major external events of crisis scale do not necessarily lead to stress. They can, but are not necessarily the cause. Small, mundane incidents can precipitate stress, and any life changes, even positive ones, can have an adverse effect on the human's well-being.

The Life Change Model (LCM) of Drs Thomas Holmes and Richard Rahe, 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. Holmes and Rahe (1967:213-218) devised a "Social Readjustment Rating Scale" (SRRS) to measure the impact of life changes. Numerous events were rated in terms of the amount of readjustment necessary. For each life event, these researchers ascribed a numerical value that compared to its intensity as a stressor. These "stress potential" values are referred to as "life change units" (LCU). The maximum value was ascribed to the death of a spouse (100) while the minimum value of 11 was ascribed to minor violations of the law (Patel 1988:31-32). These researchers found that 93% of health problems affected patients who, during the previous year, had been exposed to LCU's whose values sum totalled 150 or more. Thus it was the cumulative effect of stressors which caused illness and not necessarily one major stressor (Sue *et al* 1997:193-194).

Cognisance however should be taken that this ranking of stressors is not universal and differs from culture to culture. Research by Zheng and Lin (in Sue *et al* 1997:194) showed differences in the way that Chinese and Americans ranked stressors.

- **A critique of the LCM**

Several points of criticism are levelled against the LCM: one is that although physical and psychological ailments are *in part* caused by stressful life events, one cannot say for sure that stress alone is the cause these illnesses. LCM research is characterised by studies that are retrospective (search for influences after diagnosis of illness) and correlational (no cause-and-effect relationship). Another shortcoming of this model is that the person's

perceptions modify the impact of life changes (Sue *et al* 1997:194-195) and are therefore not universally applicable. Romano (1992:199) notes another weakness of this theory in that the dissemination of this theory by the mass media oversimplified the correlation between life changes and physical health, creating the impression that the relationship was more definite than was shown by the research.

2.3.4.3 The Transaction Model (TM)

Neither of the previously mentioned models considers the individual person's perception or interpretation of stressful circumstances or life changes. Although Selye does to a minor extent, his focus is largely on the physiological reaction. Here the research of Richard S Lazarus is of importance. In his work entitled *Psychological Stress and the Coping Process* (1969), Lazarus formulated the TM theory in 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 perception or interpretation of a stressful event is significant (Sue *et al* 1997:195) a concept Noshpitz (1990:55) refers to as "*perceptual-experiential*".

Perceptions, it should be noted are also influenced by age, gender and culture (Lewis 2001:272-288) thereby impacting on the experience of stress (Chandler 1985a:10-14). Research (cf Markus & Kitayama 1991:224-253; Scherer & Walbott 1994:310-328; Scherer 1997:902-922; Choi & Nisbett 1998:949-960) in the latter instance has shown that cultural, and invariably perceptual, differences exist between, for example, African people who represent an holistic, interdependent society and European people, who maintain a Western, independent cultural style. Research in gender (Freedman, Gluck, Tuval-Mashiach, Brandes, Peri & Shalev 2002:404-413) and age differences (Chandler 1981a:164-168) also influence how stress is perceived. It is therefore inferred that stress will be perceived differently by people of different cultures, social settings, genders and ages and attention should be paid to this aspect. Since a person thinks and behaves in accordance with the way he or she perceives (Lewis 1999; Lewis 2001), each person will adopt his or her characteristic way of coping with stress, children in the M-C phase included (cf Chandler 1981:164).

- **A critique of the TM theory**

There are several shortcomings evident in TM. One such shortcoming, according to Kleber (in Kruger 1992:66), is that Lazarus's work is not founded on comprehensive empirical studies, it lacks in focus and his concepts reflect an evasive quality.

2.3.4.4 Conservation of Resources Model (CRM)

A model of stress that has recently come to the fore is that of Prof Stevan Hobfoll of the Kent University, Ohio, referred to as the Conservation of Resources Model (CRM) expounded in his monograph, *The Ecology of Stress* (1988). Here Hobfoll (1988:25) defines stress as "*a reaction to the environment in which there is either (a) the threat of a net loss of resources, (b) the net loss of resources, or (c) the lack of resource gain following investment of resources*." Hobfoll therefore conceptualises stress in terms of the potential loss of resources (eg. material, personal characteristics, attaining the same) that may be experienced through the situation (Romano 1992:199).

- **A critique of the CRM theory**

Literature thus far consulted by the researcher has delivered scant referral to Hobfoll's theory of stress, except mere mention of the model and a brief description thereof (cf Romano 1992:199). However, given this it must be noted that the focus on potential resource loss due to the experiencing of stressors is a given. The challenge is to minimise or negate resource loss in favour of resource procurement, thereby managing it correctly.

The essence of these models are tabulated below:

Table 2.2

Conceptualisation of stress models

Theory	Theorist/s	Explanation of stress phenomenon
General Adaptation Syndrome (GAS)	Hans Selye	Stress is the body's physical reaction to biological stressors.
Life Change Model (LCM)	Thomas Holmes & Richard Rahe	Stress is the result of changes (big/small/ positive/negative) in a person's life.

Theory	Theorist/s	Explanation of stress phenomenon
Transaction Model (TM)	Richard Lazarus	Stress is the result of an individual person's perception or interpretation of stressful circumstances or life changes.
Conservation of Resources Model (CRM)	Stevan Hobfoll	Conceptualises stress in terms of the potential loss of resources (eg, material, personal characteristics, attaining the same) that may be experienced through the situation.

Given all these theoretical conceptualisations of stress, it is therefore fitting to quote Romano's (1992:199) observation:

> Although there is a lack of consensus about the correct definition or conceptualisation of stress, these different models are useful, because they can serve as a means for teaching youngsters how stress affects them and how best to cope with it.

These models will feature prominently in the ensuing discussion of stress management of children in the M-C phase.

2.3.5 Sources of stress

Several researchers categorise the origin of stress under various groups. Sue *et al* (1997:191-192), for example, refer to three broad types of stressors:

- *biological* (eg contamination, physical trauma, disease, undernourishment, and exhaustion);
- *psychological* (eg physical intimidation, assaults on one's self-esteem, guilt-producing criticism of one's system of beliefs);
- *social* (eg crowding and congestion, extreme noise, economic constraints, and hostilities such as wars).

Other researchers such as Kruger (1992:93) and Gouws, Kruger and Burger (2000:148) refer specifically to certain stressors impinging on the life of the adolescent and categorise them according to three levels (micro-, meso- and macro levels). This categorisation is relevant as it presents an understanding from a psycho-educational perspective (cf sections 1.7.3.1–1.7.3.8) which forms the underlying theory of this research:

2.3.5.1 Micro-level stressors

In this instance, micro refers to the individual. 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.

2.3.5.2 Meso-level stressors

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

2.3.5.3 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 individual's self-actualisation (Gouws *et al* 2000:148-149).

2.4 CHILDHOOD STRESS

Given the conceptual analysis of M-C as well as the general view of the term stress, it is necessary to investigate the specific phenomenon of childhood stress in the light of the preceding discussion as well as research dealing specifically with this phenomenon.

Literature has shown that although childhood stress is part of the general phenomenon of stress, its manifestation in children differs. A first step in understanding this manifestation would be to interpret M-C within the general models of stress discussed previously (cf section 2.3.4) and then to analyse what has been said specifically relating to childhood stress.

2.4.1 Manifestation of stress in children

The literature discusses several universal physical and psychological manifestations of stress (cf section 2.3.3). However, how does it reveal itself in children? Literature (Chandler 1985a; Joans, Sears & Milburn 1990:224; Jewett 1997:172) suggests several specific physical and psychological manifestations: crying, depression, loss of motivation

and poor concentration, enuresis and encopresis, nail-biting, sweating palms, racing heart, dry throat, stomach-aches, headaches and ulcers, sleep disruptions, heightened irritability, outbursts of anger, aggressive behaviour, distraction and being disinterested, reduced immunity against diseases, inability to focus and make use of learning possibilities, learning problems and the inability of getting along with peers, parents and teachers.

2.4.2 Understanding M-C within the theories of stress

Previously in section 2.3.4, four prevalent models of stress were discussed. This discussion was general in nature and it is therefore necessary to place the M-C within these theories:

2.4.2.1 GAS

As was previously mentioned, Hans Selye (cf section 2.3.4.1) described and studied the phenomenon of stress as a physiological adaptation process to malignant physical stimuli. Although its limitations were noted, the importance of his theory to this study is that an understanding of the physiological implications that stress has on the physiological being of the M-C is better understood. The child in the M-C phase does succumb to threatening stimuli of which the outcome can be positive or negative physiological reactions.

Also of importance is Selye's observation that stress is an inevitable part of being human, and is not negative in all instances. It is an essential requirement for growth, maturity and change, all of which are essential and major determinants in the development and becoming of children in the M-C phase. However, Selye pointed out that excessive stress in children can be damaging and can lead to marked positive changes in people's attitudes and behaviour, children included (Chandler 1981a:164).

2.4.2.2 LCM

As was previously mentioned, the LCM is an explanation of stress that infers that all changes in a person's life can act as stressors and that the buildup of small changes can be as intense as a single predominant stressor.

This model is of relevance for understanding and conceptualising the cause of stress of children in the M-C phase and was adapted by several researchers to reflect this phase of childhood (cf Coddington 1972; Chandler 1981). Several physical, psychological and

social changes all have a profound impact on the stress levels of children. Both large stressors and/or several minor stressors can have an impact on the life and subsequent stress levels of the child. For example, in a exercise of ranking of stressful scale, Madders (in Alsop & McCaffrey 1993:ix), together with a junior school class and their peers compiled a list of stressors impinging on their lives. These life stressors differ in several ways from those identified by adolescents and adults and cognisance should be taken of them. Madders's list includes:

Table 2.3

Madder's list and ranking of childhood stressors

Ranking	Stressor
1	Loss of a parent (death or divorce)
2	Enuresis
3	Getting lost, being left alone
4	Being harassed and bullied by older children
5	Coming last for the team
6	Being humiliated in class
7	Parental quarrels
8	Relocating to a new class or school
9	Going to a dentist/hospital
10	Tests and exams
11	Taking home a bad report
12	Breaking or losing things
13	Being different (accent or clothes)
14	New baby in the family
15	Public performance
16	Being late for school

The benefit of this list is that allows children themselves, primary educators and secondary educators to identify those stressors, in rank, which have an influence on a child's stress levels. A further categorisation reflects the further grouping of these factors into *family* (factors 1,2,7,8,11,12,14); *school* (factors 2,4,5,6,8,10,12,15,16) and *peer* (factors 2,4,5,6,8,13,15,16) factors. These factors invariably influence the child's social development and becoming (cf section 2.2.5.2). An understanding of childhood stressors will invariably contribute towards a child's development and eventual becoming (cf section 2.2.5). According to Alsop and McCaffrey (1993:x): "*This [list] emphasises the point that for a school-aged child, things that single them out negatively from their peers, or are perceived by the child to do so, provoke the highest levels of anxiety and stress.*" This latter point of individual perception is reflected more poignantly in the ensuing TM.

2.4.2.3 TM

According to this model, stress resides neither in the person alone, neither in the situation alone, but rather in a transaction between the two. This model is of importance for this study since it recognises the child in the M-C phase's perception or interpretation of stressors. One child's interpretation and ensuing experiencing of an event may thus differ profoundly from that of another (cf Lewis 2001:272-288). Aspects of the individual child as well as the situational context in which the child is functioning are thus taken into account. This theory is especially relevant to the psycho-educational criteria previously mentioned (cf sections 1.7.3.1–1.7.3.8) as perception involves the child's individual meaning attribution, involvement and experience (cf Lewis 1999; Lewis 2001).

2.4.2.4 CRM

This theory conceptualises stress in terms of the potential loss of resources (eg material, personal characteristics, attaining the same) that may be experienced through the situation. Trad and Greenblatt (1990:522) define childhood stress in a similar vein by stating that "*[s]tress may be described as the lack of balance between environmental demands and a child's coping resources, which results in physiological, behavioral, or affective feelings of disregulation*".

2.4.3 Specific models applicable to childhood stress

The use of general models of stress is useful in the general understanding of stress. However, although their general principles are applicable to all humans, their specificity does not underscore the phenomenon of childhood stress. It is therefore necessary to look at several definitive models developed by researchers that pertain specifically to stress in children, especially those in the M-C phase.

2.4.3.1 James H Humphrey

A scholar considered a pioneer in the field of stress education is James Humphrey, Professor Emeritus of the University of Maryland. Humphrey collaborated strongly with Hans Selye (cf section 2.3.4.1), yet considered stress as:

> ...any factor acting internally and externally that makes it difficult to adapt and that induces increased effort on the part of a person to maintain a state of

> balance within himself or herself and the external environment...stress is a *state* that one is in, and this should not be confused with any stimuli that produces such a state (stressor) (Humphrey 1993:13).

Humphrey acknowledges that stress has a physical and internal dimension to it and included the role of the person's interpretation, (ie perception) of those stressors. He recognised the influence of life changes and emphasised the need to understand and take cognisance of the various developmental levels of children as well as the fact that humans have a tolerance level of stress (Humphrey 1993:16-17,55-56).

Humphrey (1993:18,45-59,61-81,83-98) identifies several sources of childhood stress, namely:

- society in general;
- the home and family (eg child abuse, divorce and separation, life changes, maternal stress and social support, temperament, and siblings);
- school environment (eg school adjustment, competition, school subjects, tests, gender discrimination and expectations);
- children with an affliction (eg a disease, developmental disabilities, learning problems, and psychic trauma).

Of importance to this research and point of departure (ie psycho-educational) is Humphrey's (1993:20-22) focus on an understanding of the self-structure and self-concept of the child (cf 1.7.3.4). According to Humphrey, self-structure is revealed in a child's behaviour, while self-concept is an aspect of self-structure. According to him, self-concept "*...consists of the totality of one's self-percepts organized in some sort of order.*" To Humphrey children[2] have several concerns about their self in society which induce stress:

- self-concerns related to the fulfilling of personal goals;
- self-concerns that involve how the child feels about him/herself (ie self-esteem);
- self-concerns associated with changing values;
- self-concerns that focus on differing social standards required at various development levels;
- self-concerns pertaining to personal competence and ability;
- self-concerns about children's own traits and characteristics (Humphrey 1993:21-22).

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[2] Humphrey (1988b:9) cautions that "*not all of these self-concerns are characteristic of all children, particularly because of the individual differences among them.*"

2.4.3.2 RS Lazarus and JB Cohen

In their conceptualisation of childhood stress, the formulator of the TM of stress (cf section 2.3.4.3), RS Lazarus, together with JB Cohen (in Kruger 1992:85) distinguish between environmental or external stress and personal and internal stress.

Environmental or external stress ranges from catastrophic life-events to mundane pressures and tensions, while internal stress results within the child and is his or her perception of that outside the self (cf Lewis 2001). This model not only focuses on the child's interpretation of stressors, but also incorporates aspects of the LCM (cf section 2.3.4.2).

2.4.3.3 Edward W Schultz

Schultz (1980:12) was profoundly influenced by Hans Selye's GAS (cf section 2.3.4.1) as well as Lazarus's TM (cf section 2.3.4.3). In the former instance, he defines stress as a "*condition of increased wear and tear on the body that results from demands with which [the child] finds it difficult to cope.*" Schultz also makes use of Selye's terminology and applies it to the childhood situation. *Eustress* denotes the child confronting stressful situations in a positive, pro-active and adaptive manner, while *distress* denotes the complete opposite.

However, Schultz varies from Selye's fixation on the physiological as he differentiates between two forms of stress: *physical* stress and *psychological* stress.

Whereas the former refers to any physical stressor (eg illness, injury, exhaustion, etc.) the latter originates from any *perceived* risk to the child's safety, self-esteem or way of life. This observation correlates with Lazarus's TM (cf section 2.3.4.3), that is a person's interpretation of a stressful event.

Schultz (1980:13) sees psychological stress involving a concrete or imagined threat that a child experiences with regard to survival or self-esteem and may be triggered by the child's environment (adults and peers) or his/her personal thoughts. Schultz's model is especially relevant to this research as his view on the unfolding of psychological stress correlates with that of the psycho-educational Relations Theory (RT) (cf section 1.7.3). This sequence is:

- the occurrence of a school event, which implies the subsequent involvement (cf section 1.7.3.7) of the child;
- the internal assignment of meaning (cf section 1.7.3.6) to the school event (be it positive or negative);
- the occurrence of internal or external responses to the event (ie experience [cf section1.7.3.8]), dependent on the nature and quality of meaning attribution.

2.4.3.4 LA Chandler

Prof Louis A Chandler (1981a:164) from the University of Pittsburgh, Pennsylvania defines psychological stress as a state of emotional tension arising from traumatic life-events or situations and from situations perceived as traumatic, a definition consistent with the LCM and TM (cf sections 2.3.4.2–2.3.4.3). According to Chandler, stress has both physical and psychological qualities. He sees stress as a state of emotional tension arising from two main conditions: failure of the environment to meet the needs of the individual, and environmental demands or events or situations which the individual perceives as threatening (Chandler 1981a:164; Chandler 1985b:5). This latter observation of Chandler also acknowledges the CRM (cf section 2.3.4.4). Stressors are experienced on a continuum of intensity ranging from positive to negative and serve as motivation for a person to seek solutions to his/her stress problem. This brings about psychological and behavioural changes as the person attempts to adapt and cope (Chandler 1985a:5-6; Chandler 1985b:5).

Chandler (1985b:26) sees childhood stress arising from three sources:

- normal *developmental* demands;
- specific *childhood crises* events (eg death of a parent, divorce, hospitalisation);
- *changing social trends.*

A positive aspect of Chandler's (1985a:14-18; Chandler & Johnson 1991) viewpoint is his recognition of children in their different phases between birth and adolescence, that is the young child, the child at school age and the teenager. Chandler recognises and expands on a similar theory as propagated by this research's psycho-educational theory (cf section 1.7.3). Chandler propagates and recognises children's difference in perception, that is the TM (cf section 2.3.4.3) due to their different way of meaning attribution related to their varied experiencing of their involvement (cf sections 1.7.3.6–1.7.3.8). He also expands on the whole concept of the self (cf section 1.7.3.2) of the child and the vulnerability that the child is subjected to when entering a new situation

like the school. In school the child has to deal with experiences such as academic failure, unrealistic meaning attribution and self-worth which can be a cause of stress for the child in the M-C phase even leading to feelings of hopelessness and despair, that is depression. Such a child is extremely vulnerable to stress, generally resulting in neuroses.

Regarding the LCM, Chandler (1981a:164-168) modified Coddington's life events rating scale for children in investigating childhood sources of stress and rated 37 events in order of severity. The main source of childhood stress for Chandler was physical child abuse and the least was the requirement of spectacles for visual problems. The difference between Madder's (cf 2.4.2.2) conceptualisation of stressors impinging on the child and Chandler's model is that whereas in the former's case children were asked to identify and rate stressors, in the latter instance, mental health professionals and teachers did the listing. Chandler's listing is as follows:

Table 2.4

Chandler's source of stress inventory

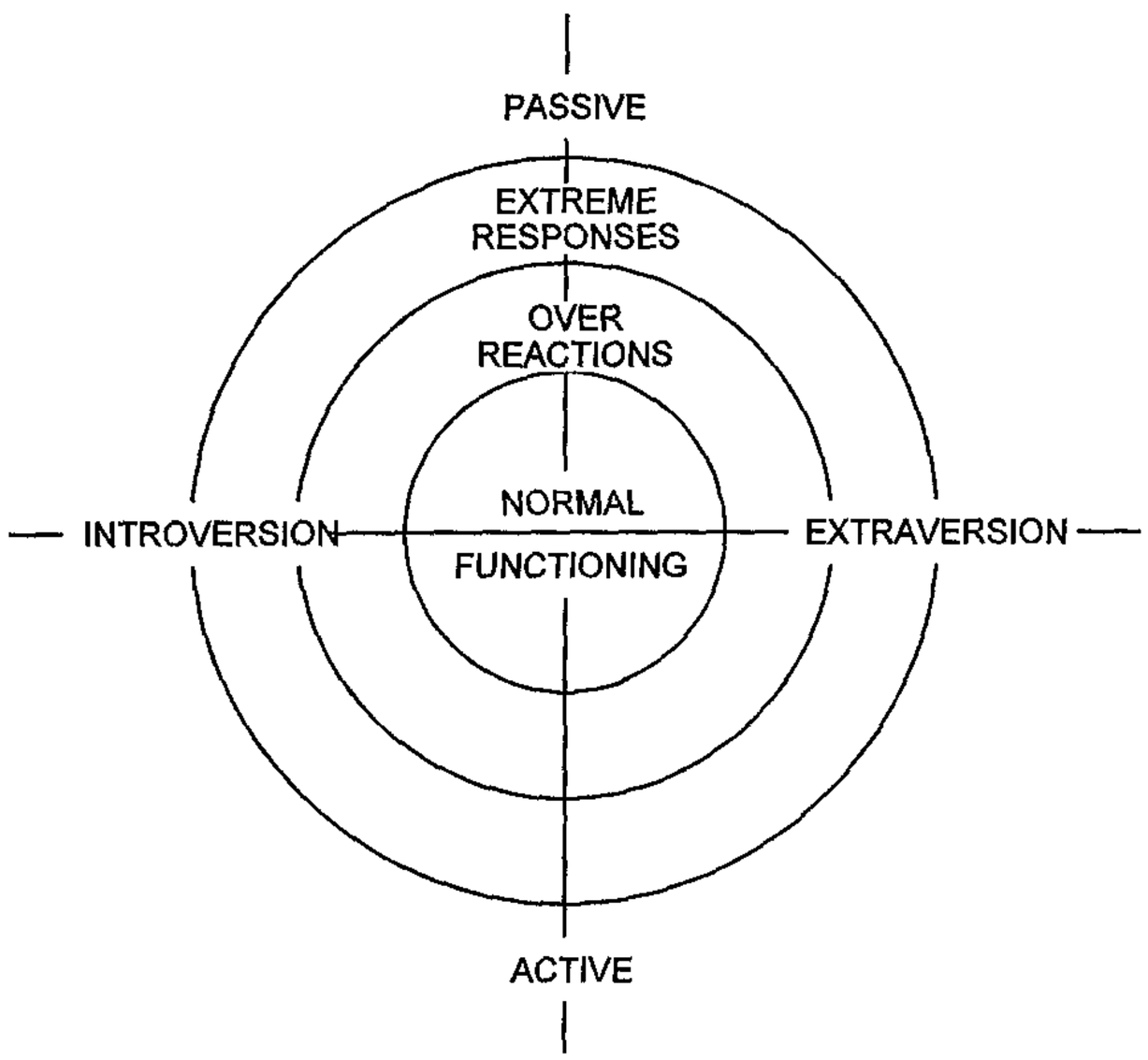
Rank	Event	Rank	Event
1	Physical child abuse	18	Change in child's acceptance by peers
2	Death of a parent	19	Family moves; relocations
3	Divorce of parents	20	Academic failure
4	Death of a brother or sister	21	Changed schools
5	Acquiring a visible deformity	22	Learning problems in school
6	Marital separation of parents	23	Illness requiring hospitalization of brother or sister
7	Foster home placement	24	Starting school
8	Serious illnesses requiring hospitalisation of child	25	Death of a grandparent
9	Death of a close friend	26	Speech problems
10	Jail sentence of a parent	27	Hearing problems
11	Serious illnesses requiring hospitalisation of parent	28	Child needing special education services
12	Having a visible congenital deformity	29	Suspension from school
13	Increase in number of arguments between parents	30	Mother beginning to work
14	Becoming involved in drugs or alcohol	31	Loss of job by parent
15	Marriage of parent to step-parent	32	Poor grades in school
16	Increase in number of arguments with parents	33	Birth of brother or sister
17	Frequent absence of one or both parents	34	Increased argument with brothers or sisters
		35	Brother or sister leaving home
		36	Addition of a third party to home (ie grandmother, etc.)
		37	Vision problem requiring glasses

Source: Chandler (1981a:167)

Whereas Chandler's Life Events Scale assists in the identification of childhood stressors, Chandler (1985a:32-39) conceptualises the child's response to stress within the framework of personality functioning. He sees this as *a* means of describing the patterns that children adopt in response to stress and utilises Jung's widely used classification of personality functioning, that is introvert-extrovert dimension as well as activity responses, namely passive-active in depicting varied stress responses along a continuum. This conceptualisation is depicted in Figure 2.3.

Figure 2.3

Chandler's personality dimensions



Sources: Chandler (1985a:34; 1985b:132)

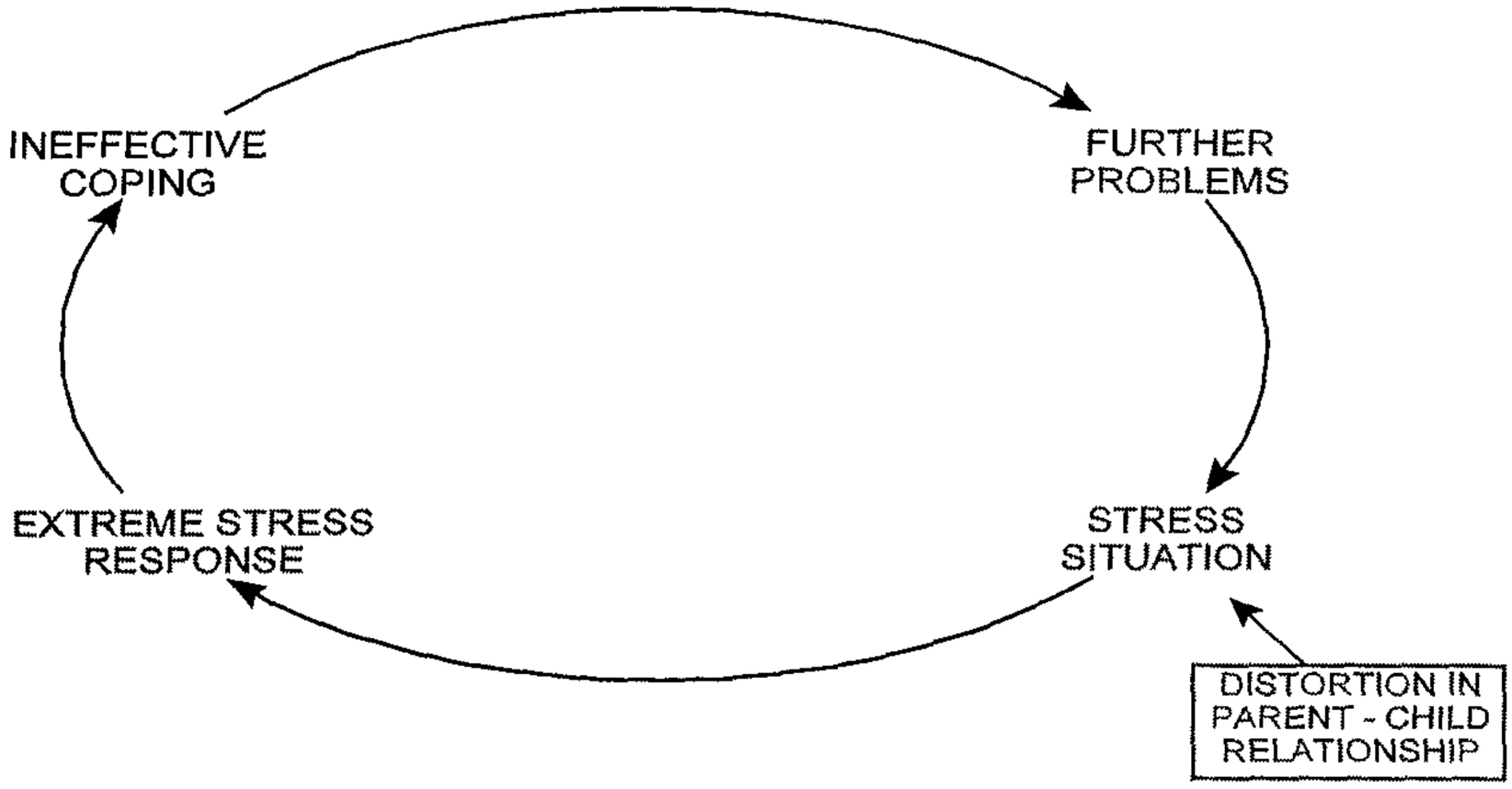
According to Chandler (1985a:34):

> This model relates the two dimensions and shows how the styles that a person might normally adopt in responding to stress can be seen on a continuum with extreme behavior at either end. What distinguishes normal functioning from the extreme behavior seen in emotional adjustment reactions, for example, is simply a matter of degree. Emotional adjustment reactions, then, may be defined as extreme patterns of normal behavior adopted in response to stress.

This reaction to stressors subsequently effects the child's functioning at home and school thereby causing interpersonal problems, and even further stress. This vicious circle is depicted in Figure 2.4:

Figure 2.4

Stress response patterns



Source: Chandler (1985a:36)

Reactions to stress by the child can be normal to extreme. Extreme reactions to stress can be wide-ranging with efforts to cope in the extreme case being ineffective and counterproductive. Chandler (1985a:37) posits childhood stress responses within the personality framework (Figure 2.3), a tool which he refers to as the Stress Response Scale (SRS) (Chandler 1983:260-265). A factor analystic study of the SRS yielded a 5-factor cluster accounting for 64% of the variance. Three of the clusters (repressed, dependent, and passive-aggressive) seemed consistent with the predicted categories of the SRM, but the remaining clusters reflected a division of the fourth predicted behaviour pattern into two sub-types: impulsive-overactive and impulsive (acting-out). These behaviours mentioned by Chandler apply to children with mild to moderate emotional problems and do not refer to the severely disturbed or psychotic child and retarded child.

To him the patterns and responses are as follows:

- **The dependent response**. These children are usually passive and immature showing regressive habits and childish quirks. They lack independence and avoid taking the initiative in learning and social situations. They seek immediate need gratification.
- **The impulsive response**. Such children are excitable, impulsive, restless and generally overactive and are generally seen as inattentive and distractable in school. These children lack appropriate controls and reflect anti-social behaviour, aggression and hostility and are subject to temper tantrums, violence and acting-out behaviour.
- **The passive-aggressive response**. These children are generally characterised by under-achievement and indifference at school. Some children's behaviour can be characterised as obstinate and un-cooperative, while others are overly compliant and agreeable, yet they fail to keep promises or follow through with their schoolwork and tend to procrastinate.
- **The repressed response**. These children are typically quiet, reserved, shy, withdrawn, sometimes moody and detached. They are prone to daydreaming and seldom initiate conversation. They also tend to show symptoms of over-anxiety, fear, worry and over-react to situations. They often have difficulty making decisions and do not take well to criticism.

These responses reflect extreme examples of normal coping behaviour adopted by children in response to stress (Chandler 1983:264) and occur more frequently among children with emotional problems than with normal children showing a more even distribution. To Chandler (1985a:38), the impulsive and repressed patterns tend to predominate in children with emotional problems.

Chandler (1985a:38) recognises the limitations of this model in that it is an over-simplification of response patterns with children usually showing a variation or multiplicity of responses. Patterns also vary over time, age and the situational context.

2.4.3.5 L Zegans

Zegans (1982 in Jewett 1997:172) maintains that children experience stress in four separate stages:

- Alarm stage;
- Appraisal stage;
- Search for coping strategies;
- Implementation of coping strategies.

This model presented by Zegans reflects aspects previously mentioned by Selye (cf section 2.3.4.1) as well as a type of management programme in dealing with the meaning attached to the stress inducing event. Again, this model has certain psycho-educational relevance in that it reflects several psycho-educational essences (cf section 1.7.3), such as meaning attribution (cf section 1.7.3.6). Here, the child's experiencing of a stressful event, due to his or her involvement causes the child to attribute a certain meaning to the event. What can reduce the levels of distress in the child is the subsequent effective management thereof, which can hopefully have a positive impact on the child's self and eventual self-actualising.

2.4.3.6 T Moore

Moore (1975), in his chapter entitled "Stress in normal childhood" describes three types of stress in childhood:

- ordinary daily tensions;
- developmental stress;
- life crises.

With regard to ordinary tensions of daily life, Moore maintains that children must continually learn how to cope with and adapt to stressful situations (ie problem-solving skills). In this way, effective means can be developed within the child to handle current and future stressors. Developmental stressors coincide with children's cognitive and psychosocial development and the stress involved, while life crises include, among others, illness, death and relocation.

The above samples of childhood stress theorists give one an idea of the main stress theories prevalent in their own specific approach and are tabulated in Table 2.5:

Table 2.5

Childhood stress theorists

Theorist	General theory/ies adopted			
	GAS	LCM	TM	CRM
James Humphrey	✓	✓	✓	
RS Lazarus & JB Cohen			✓	
Edward Schultz	✓		✓	
Louis Chandler		✓	✓	✓
L Zegans	✓			
T Moore		✓		

What can be deduced from this table is that childhood stress theorists tend to adhere to three main theories on stress: GAS, LCM and TM, and to a lesser extent on CRM.

2.4.4 Essential findings from theories on stress

Although several theories have been put forward as to a conceptualisation of stress in general and also specifically to childhood stress, the following major findings which ensue are as follows:

- Stress has two aspects: psychological and physical;
- Stress is brought on by internal or external factors;
- The experience of stress depends on the person's perception thereof;
- Stress does not necessarily come about by one large stressor, but may be due to many;
- Each person has a specific tolerance level towards stress;
- Stress is not always necessarily negative, but can also have positive outcomes;
- Stress is influenced by age, gender and culture.

These essences will be a cardinal feature in proposing a guide in the management of childhood stress.

2.5 IN SUMMARY

In order to propose an authentic management programme for children in the M-C phase, it was necessary to analyse conceptually the phenomenon of stress and its application to children in the M-C phase.

It was found that the M-C phase indeed differs profoundly from other phases regarding the physical, intellectual, emotional, social and normative aspects. In order for the child in the M-C phase to develop and become, these aspects should be taken care of as well as developed holistically.

Several general theories have been put forward to explain the phenomenon of stress, the most frequently cited are the GAS, TM, LCM, and to a lesser extent CRM. What emanated from these models is that stress has two sides, a physical and psychological side, it can be brought on by internal and/or external factors, it is not necessarily always negative and lastly, each person's experiencing thereof depends on their perception or interpretation of these stressors.

Childhood theories of stress developed from these previously mentioned general theories in some form or another with similar general principles. These principles of childhood stress are necessary in understanding a management programme specifically suited to guide children in the M-C phase. The following chapter will investigate such a programme.

CHAPTER THREE

THE MANAGEMENT OF CHILDHOOD STRESS

It is imperative that at a young age children learn about stress and stressors and develop healthy strategies to cope with the inevitable stressors in life.

Romano (1992:199).

CHAPTER 3

THE MANAGEMENT OF CHILDHOOD STRESS

3.1 INTRODUCTION

Chapter two contained a conceptual analysis of the phenomenon of childhood stress. It is now appropriate to review the literature concerning the management of childhood stress. This will provide several fundamental principles in guiding the management process of childhood stress, especially applicable to the M-C phase which will direct the ensuing empirical investigation.

Thus, the aim of this chapter is to review the literature on the management of childhood stress so that several guidelines can be developed for the ensuing empirical investigation. Several objectives emanate from this aim:

- to elucidate the term management;
- to apply this terms to childhood stress;
- to discuss several models of the management of childhood stress and identify their strengths and limitations;
- based on the above, to propose a holistic management programme to deal with childhood stress which will be implemented and evaluated during an empirical investigation.

3.2 UNDERSTANDING THE CONCEPT MANAGEMENT

From an organisational point of view, for any establishment to survive, it must realise its objectives of utilising human and material resources in an effective fashion (Bedeian & Glueck 1983:7). The organisation should therefore be managed effectively. This can be applied to general human behaviour in that for a person to succeed in life, he or she must realise his or her objectives of employing human and material resources in a functional fashion, in other words, resources have to be effectively co-ordinated or managed.

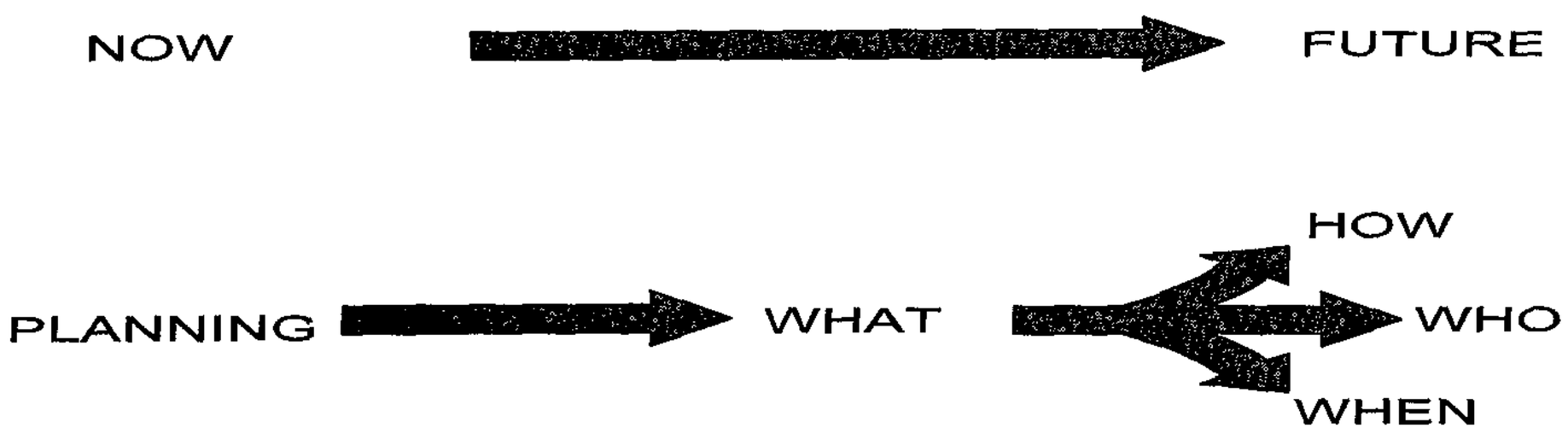
Several definitions and theories prevail as to what management is. One who contributed to an understanding of the term was Henri Fayol (1841–1925) who said: "*To manage is*

to forecast and plan, to organise, to command, to co-ordinate and control" (Bennett 1991:3). Even today Fayol's management principles reflected in his definition are still influential (Bedeian & Glueck 1983:15) and are revealed in several contemporary sources on management. Bartol and Martin (1994:6) identify four general functions or principles of management evident in Fayol's interpretation: planning, organising, leading and controlling:

- *Planning*: Planning is the process by which it must be determined in advance what must be done, how it must be done, when it must be done and by whom it must be done. This entails the establishing of aims and objectives and deciding how best to realise them. According to Gouws (1997:19): "*Planning therefore assists in replacing intuitive judgement with rational decision making*" and implies "*...bridg[ing] the gap between where we are now and where we want to be in future.*" Planning also involves considering what must be done to stimulate the necessary levels of change and innovation. To Gouws (1997:20), the planning process is represented as follows:

Figure 3.1

Planning



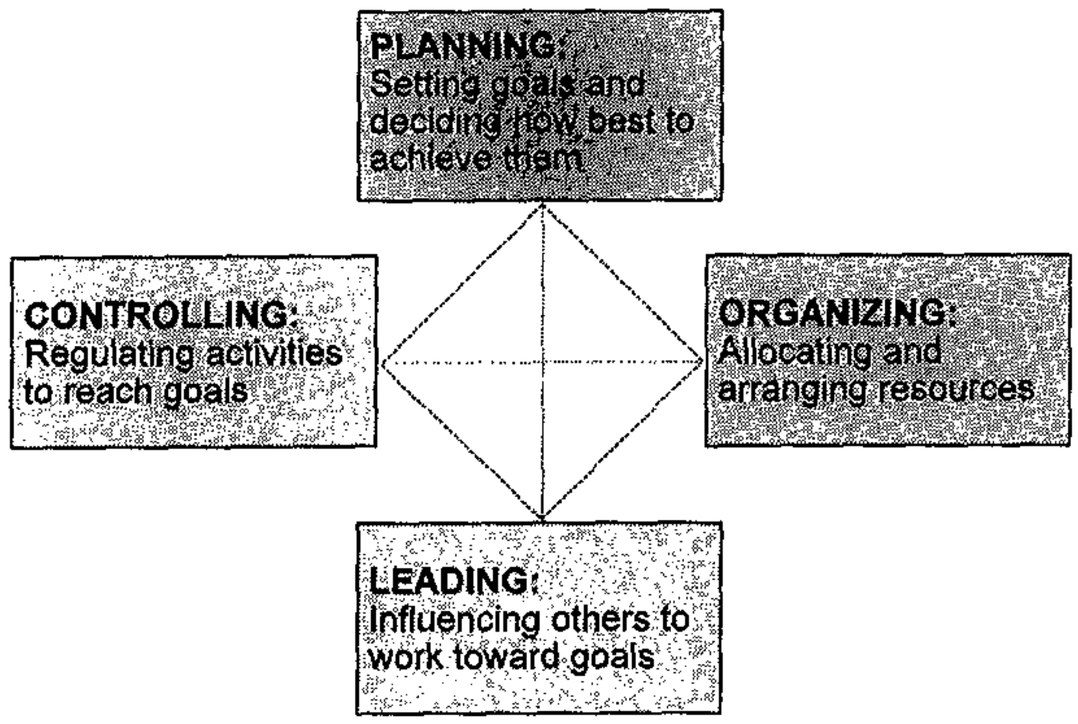
Source: Gouws (1997:20)

- *Organising*: This is the process of apportioning and scheduling human and non-human resources so that plans can be carried out effectively and successfully.
- *Leading*: This involves influencing others to engage in the behaviour necessary to reach the set aims and objectives.
- *Controlling*: The regulation of activities so that actual performance conforms to expected aims and objectives. Leading and controlling does not mean rigidity, but should reflect a certain amount of flexibility.

In order to manage effectively and engage in planning, organising, leading and controlling, managers need to have a solid knowledge base and essential management skills (technical, human and conceptual [seeing the whole picture]) (Bartol & Martin 1994:6).

Graphically, the management process is illustrated as follows:

Figure 3.2
Conceptualisation of the management process



Source: Bartol and Martin (1994:7)

Although, referring to management in general, these principle can and should feature in the management of childhood stress.

3.3 A LITERATURE REVIEW OF THE MANAGEMENT OF STRESS

Although stressors and the phenomenon of stress have been prevalent since humans first inhabited the earth, the understanding and study thereof only filtered through to science during the mid-twentieth century. According to Patel (1988:7):

> Stress is a relatively new concept in our culture and yet, in that relatively short time, the public has widely accepted its presence because many already instinctively recognised and had experienced its symptoms without being able to define it. The process of its being accepted by the scientific community is gathering momentum because we are now able to measure many physiological, biochemical and clinical responses to stress, as well as being able to understand why some people are more vulnerable to it than others.

This identification, understanding and analysis have subsequently led to a means of planning, organising, leading and the controlling of stress, in other words the management thereof.

The relevance of stress management is especially appropriate and necessary in a fast-moving, constantly changing, stress-inducing environment in which humans presently find themselves. Stress-reducers that were previously acceptable have now ironically become part of the problem. According to Nucho (1988:7): "*We must find a way out of the stress which inundates us. We urgently need to find stress reducers that do not create more stress down the road.*" What then is stress management and how can it be applied to children, especially those in the M-C phase?

A first step in understanding this would be to define stress management and look at several general stress management programmes as well as those applicable to children in the M-C phase.

3.3.1 Defining stress management

According to Burns (1988:75 in Woodbridge 1998:50) stress management involves various strategies which may be used to help people control their responses to stressful events. Similarly Humphrey (1988b:95) sees stress management as being concerned "*...simply with attempting to overcome problems of stress.*" Cotton's (1990:3 in Woodbridge 1998:50) definition is more explicit and he views stress management as "*the identification and analysis of problems related to stress, and the application of a variety of therapeutic tools to alter either the source of stressor the experience of stress* (emphasis mine)." This latter definition will form the basis of this research due to its implicit inclusion of the general management principles mentioned previously (cf section 3.2). This implied inclusion is conceptualised as follows:

- **Planning**

In order to plan a stress management programme for children, the necessary aims and objectives on how to manage stress and strategies to realise them. As the main aim is to assist the child in adapting (and changing his or her responses to stressors), problems related to the phenomenon have to be *identified*, *analysed* and understood so that a programme can be applied.

- **Organising**

To organise a stress management programme for children is to bring or put together as a whole (Harber & Payton 1979, Sv "organize") all those and that which are part of the process so that the programme's plans can be *applied* and realised effectively.

- **Leading**

Leading involves guiding (Harber & Payton 1979, Sv "lead") all those involved in the stress management programme so that the set aims and objectives of the planned programme can be *applied* and realised.

- **Controlling**

In this instance, control refers to the regulation and actual evaluation of the stress management programme according to the set aims and objectives *identified.*

Due to the individual nature of humans, it must be noted that these principles of management are not to be interpreted as rigid so that individual differences can be accommodated for with due recognition of universality.

3.3.2 General models of stress management

Over the years, stress management models have tended generally to reflect the main tenets of either Selye's response model of stress (GAS) (cf section 2.3.4.1), Holmes and Rahe's life events model (LCM) (cf section 2.3.4.2) or Lazarus's interactional model (TM) (cf section 2.3.4.3). Stress management theorists have tended to posit stress management within these frameworks either singularly or compositely (cf Nucho 1988). It is therefore necessary to visit these models and critique them accordingly:

3.3.2.1 Selye's response model of stress (GAS)

As was previously noted, Hans Selye focused on the organism's response to a stressor and developed the concept of the General Adaptation Syndrome or GAS (cf 2.3.4.1). Interest in the body's response to biological stressors continues even today with several management guides emphasising this point of view (Blom, Cheney & Snoddy 1986:7).

Selye (1976:397-425) proposed ways in managing stress which included "*efforts to cope with the wear and tear in the body caused by life at any one time*" (Selye 1976:398). Although largely focused on dealing with the physiological, Selye (1976:401) did refer to the benefits of mental management of stress. A combination of both physical and mental management techniques include: knowledge of stressors impinging on the life of the individual, 'tuning down', deviation or diversion and in so doing creating channels to direct stress, and rest and relaxation (Selye 1976:397-425). Selye recognised the importance of teaching children the importance of understanding stress, however, this was within his paradigm of stress, namely the physiological relevance. In the introduction of James H and Joy N Humphrey's book, *Helping children understand about stress* (1980). Selye noted:

> I think it is extremely important to begin teaching the stress concept to children at a very early age, because all codes of behavior sink in best if a tradition is established. There are many books on stress written for adults, but to my knowledge none are really suitable for very young children; and I think that this can best be done by putting the basic concept of my philosophy of life (which is built on purely physiological research) in the form of children's language taking the text from my book *Stress Without Distress* (Humphrey 1993:100).

This truncated focus on stress and the subsequent management thereof reflected Selye's and other similar management models' myopic view of stress management, namely stressing the physiological. According to Blom, Cheney and Snoddy (1986:7) a great deal of stress management guides tend to fall within the paradigm of this approach with its physiological emphasis and tend to neglect the influence of the psychological effects of stress. These authors subsequently present a biological and psychological approach to managing childhood stress and not a biased emphasis on the physiological as in the case of Selye. On the opposite end of the scale, some stress-management sources argue that it is necessary to focus solely on the psychological aspects of stress control as physical stress is more easily controllable (cf Armstrong 1990:106). This approach is also limited in its view.

3.3.2.2 Holmes and Rahe's Life Change Model (LCM)

As has been discussed previously (cf 2.3.4.2), the LCM is an interpretation of stress that concludes that all changes in a person's life can act as stressors and that the buildup of small changes can be as profound as one principal stressor.

According to Romano (1992:199), a shortcoming of this model proposed by Holmes and Rahe (1967) was that this model did not devote any attention to the coping skills of the individual experiencing the stressor and the variables moderating the significance of the life event. Despite these shortcomings, its applicability to stress management is that it leads to an understanding that stress can be caused by one large stressor or several smaller stressors and it is imperative to understand this if stress is to be managed effectively.

3.3.2.3 Lazarus's Transactional Model (TM)

According to the TM (cf 2.3.2.3), stress resides neither in the person in isolation, neither in the situation alone, but rather in a transaction between the person and the situation. The impact therefore of a stressor is mediated by the individual's appraisal of the stressor in terms of risk to the person and his or her ability to cope with the situation.

According to Romano (1992:199), this interactional model of stress proposed by Lazarus and his colleagues is more complete than the others. However, Lazarus fails to elaborate on the benefit of this model to the management of stress, especially childhood stress.

Despite these criticisms levied by Romano, the TM has several applications to the management of childhood stress, especially those in the M-C phase. As the central focus of Lazarus's theory revolves around the person's appraisal of the situation, the child will perceive stressors differently than an adult, due to, for example, the influence of age and personality on the perceptual process. However there is also a degree of commonality between children in the M-C phase due to their common developmental level, in other words, intersubjectivity of perception (cf Lewis 1999; Lewis 2001). It would therefore be beneficial to understand general theories surrounding the M-C developmental and becoming phase, taking into consideration the potential for individual differences (cf 2.2.1-2.2.6).

Cultural differences will also give rise to differences in meaning attribution, subsequently effecting thinking and behaviour (cf Lewis 1999; Lewis 2001). Children of different cultural backgrounds will in instances experience and perceive stress differently, so it is important to bear this possibility in mind when managing childhood stress (cf Olshevski, Katz & Knight 1999:26).

3.3.3 Childhood stress management programmes

As was previously mentioned, the main tenets of the three main stress theorists tended to filter through to stress management programmes. Theorists either focussed on the individual principles of the main theories or created a generic model consisting of several tenets from these main theories. Although these theories can be criticised for several limitations, cognisance should be taken of Romano's (1992:199) conclusion:

> Although there is a lack of consensus about the correct definition or conceptualization of stress, these different models are useful, because they can serve as means for teaching youngsters how stress affects them and how best to cope with it.

Proponents of childhood stress programmes also maintain this stance of individual and composite (generic) emphasis, and it is therefore necessary to focus on several of these programmes so that a proper critique can take place. A selection of the most relevant programmes will be made but this selection is in no way considered complete.

3.3.3.1 JL Romano

Professor John L Romano of the University of Minnesota, Minnapolis related stress theory to specific management techniques which can be then taught to children. According to him, the necessity of counsellors and other health care specialists in helping educators understand the theory behind stress and its practical application to the management of stress is important.

To Romano (1992:200), stress management interventions can be divided into three categories and it is important that these interventions are incorporated into the school curricula in a holistic manner:

- Interventions designed to alter *physiological* reactions;
- Interventions designed to alter dysfunctional *thinking*;
- Interventions that focus on maladaptive *lifestyle behaviours*.

Romano has taken tenets from both Selye's GAS (physiological responses as well as positive and negative stress), Holmes and Rahe's LCM (stressful life events) and Lazarus's TM (the influence that negative cognitions can have on individuals) and incorporated them into his psycho-educational intervention model for handling childhood

stress. However, what his model necessarily lacks is an emphasis on the knowledge of the child's developmental stages (cf Hencke 1995:2), techniques of identifying stress in children and a structured approach to the management of childhood stress.

3.3.3.2 Louis Chandler

Chandler broadly subscribed to the tenets of TM and LCM, but elements of GAS also filtered through his theory concerning childhood stress (ie a child's physical reaction to stress). Chandler (1985a:5) defines stress as a state of emotional anxiety that arises from:

- unfulfilled *internal* needs of the person;
- *environmental* pressures or threats.

According to Chandler therefore, stress arises from actual distressing events and from situations seen by the individual as though they were traumatic, that is the individual's perception thereof. This may bring on changes in physiological functioning as the child seeks ways to adapt, and changes in behaviour as the individual strives to manage the stress. Invariably this impacts on the child's thinking, emotions and behaviour. Chandler (1985a:40) uses these tenets to describe his model for stress management and presents a model:

- Chandler (1985a:40-42) regards it important to understand the *nature* of the problem as well as the *severity* of the problem. This involves:
  - that comprehending the problem precedes intervention;
  - checking environmental causes before assuming the cause to be internal;
  - checking physical/medical considerations.

- If the problem is primarily psychological and not physical, an evaluation of the child's *perception* and experience of stress is also essential. This involves a comprehensive assessment of the child's experience of stress which deals with:
  - identifying stressors in a child's life;
  - exploring the child's perception of those stressors;
  - assessing the impact of stress on the child's health, school and social performance;
  - estimating the impact thereof on the child's behavioural adaptation.

This assessment and identification of stressors in a child's life can be achieved by using a life events inventory (cf 2.4.3.4); as well as a comparison with similar aged children[1].

Regarding the child's perception of stressful events, Chandler (1985a:44) recommends the use of projective techniques such as the Children's Apperception Test (CAT) and the Thematic Apperception Test (TAT) in understanding children's perception of stressors. The use of this projective media is consistent with his definition of stress arising from unfulfilled inner needs and/or from environmental demands or threats. Need-threat binaries found in children's thematic productions can be analysed in terms of their frequency and include the following binary groupings: independence-domination, affiliation-rejection, security-insecurity, achievement-failure, aggression-punishment (Chandler 1985a:44-45; Chandler & Johnson 1991:79,125-128).

Teacher's and parents can also contribute to a perception of the child's behaviour at home and school by completing questionnaires and rating scales which elicit specific information on the impact of stress in major areas of the child's functioning. In the former instance one such questioning tool being the Structured Parent Interview (SPI), while the Stress Response Scale (SRS) (cf 2.4.3.4) is an example of the latter (Chandler 1985a:45-46).

Chandler's (1985b:147-167) model for assessing the child's experience of stress is conceptualised by his Stress Assessment System (SAS) which includes the Children's Life Events Inventory, the Need-Threat Scoring System, the Stress Response Scale (SRS), and the Structured Parent Interview (SPI).

- Once the problem is clearly understood, *intervention* helps the child cope with stress more effectively. Intervention methods include: manipulation of the environment (primarily exercised by the parents: For example, the provision of food, shelter, clothing; structuring of relationships), techniques for child behaviour

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[1] Chandler (1985a:43,48) notes that a child aged eight normally has experienced seven stressful life events on average. He also notes the same frequency for a ten-year old child. However, this assumption of Chandler appears to be incorrect as in another source he notes that not only do older children experience more stressful life events, but also those children coming from lower socioeconomic status groups (Chandler, Million & Shermis 1985:743-746).

management (knowledge of children, their development and their needs); working with parents, parent counselling, education and training, as well as individual and group psychotherapy (Chandler 1985a:51,55-64). To Chandler (1985a:53), the aim of the intervention process is "*...not to seek to eliminate stress from the child's life, but rather to modify its effects and to help the child to cope more effectively.*" Chandler (1985a:53) notes several factors which have to be examined in determining an intervention method:

- Child-centred factors pertain to the child's developmental level; the nature of the problem (is it essentially organic or psychological?; is it a reaction to an adjustment or is it a personality tendency?; is it a resemblance of adult neuroses reaction?); severity of problem (slight, mild, moderate or severe?); extent of the problem (its relation to a situation, is it a reaction to an event?, is it a general pattern of managing with life's stressors).
- Environment-centred factors: Openness of parents to intervention, parents' ability to follow through with programme, family's financial condition and the availability of services.

Before an appropriate intervention method can be decided upon, it is important to consider the effectiveness (therapist drawing upon literature and experience) and efficiency (maximum results with minimum effort) of the chosen method as well as the (possible negative) impact of that intervention on the child. According to Chandler (1985a:55), "*Only the minimal level needed should be called for*", thereby propagating a parsimonious, yet effective approach to the management of childhood stress.

This model for the management of childhood stress of Chandler presents a more holistic approach, however, it does show some limitations. For example, Chandler does not discuss a means of assessment after a period of therapy, thereby applying effective control of the process thereby ensuring the attainment of the initial aim and objectives.

3.3.3.3 Edward W Schultz

As was previously noted (cf section 2.4.3.3), Schultz's view of stress was influenced by Selye's GAS and Lazarus's TM. He distinguishes between positive (eustress) and negative stress (distress) as well as stress having a physical and psychological basis. These aspects would subsequently feature in his stress management programme.

According to Schultz (1980:13): "*Adaptive coping with stress in school can be taught to children, and once adaptive coping is learned, more stress in school will become eustress and not distress*." These coping skills advocated by a management programme should take into consideration (Schultz 1980:13):

- the child's *individuality;*
- the need of the child to learn *flexible* self-management skills;
- the use of a stress *desensitisation* process;
- that the child experience *success* in handling stressful school events;
- the making aware of the *nature* of stress and anxiety to the children as well as different ways of coping with stress and anxiety;
- instructing the child in *relaxation* skills for use as a critical self-management skill;
- guiding the child in *developing* plans and skills that result in more effective coping; and
- furnishing the child with stress-management *practice* situations.

Schultz notes that stress management skills need to be learned by children for several reasons:

- Their *preventative* value;
- Their *restorative* value;
- Its use as a *lifelong* skill.

He goes on to expound one skill that he sees as central to the stress management process and that is the art of relaxation. Schultz (1980:14) then goes on to provide several techniques in helping children relax their thoughts, emotions, and bodies. To him, a cardinal requirement in the selection of a relaxation technique is that of 'goodness of fit' between the child and method (ie taking into consideration the child's uniqueness). Also, the effectiveness of this technique depends on that it is done frequently and with constancy.

Schultz's model presents several positive contributions to the management of stress, but also lacks in several aspects. In the first instance, there is no indication as to whether he is speaking of children in general, or those of school-going age. Although he refers to the role played by teachers in the management of childhood stress, this could also refer to pre-schoolers who have different developmental needs to children in the M-C phase. What is also lacking from this model is any referral to the developmental phases of the child. Although he refers to the need to understand the uniqueness of the child, it is also important to understand those developmental generalisations applicable to the physical,

cognitive, emotional, social and moral development of children, especially in this research to children in the M-C phase.

3.3.3.4 James H Humphrey

Although greatly influenced by Hans Selye, Humphrey hinges his theory of childhood stress on the tenets of the GAS, TM and LCM general models of stress (cf sections 2.3.4.1–2.3.4.3).

In his monograph, *Stress management for elementary schools* (Humphrey 1993), James Humphrey emphasises the need for stress management within the school setting. Although this appears to be only focussed on the role of teachers, his previous monograph, *Children and stress* (Humphrey 1988b) gives a more general applicability to parents and teachers. The childhood stress management model proposed by Humphrey (1988b,1993) is:

- **Stress education for children**

For children to be educated about stress, it is necessary for adults themselves to be *au fait* with the concept. Humphrey (1993:99) notes "*...if people are going to be healthy they must obtain valid knowledge in health matters.*" A way in dealing with this is to resort to already prepared scientific materials. Three such materials mentioned by him for this purpose being: The Humphrey programme, Kiddie Quieting Reflex (QR) and "Tiger Juice" (Humphrey 1988b:11-21; Humphrey 1993:99-113).

- **Stress management for children**

To Humphrey (1988b:95) stress management pertains to striving to master problems of stress. However, of importance is that conditions causing stress, individuals' ways in dealing with and procedures for dealing with stressful problems differ. Humphrey (1988b:95) proposes a fitness triangle in "*enabling people [read children – AL] to gain greater control over anxieties and help eliminate stressful living*" by means of:

- nutrition;
- physical activity and exercise;
- rest and sleep.

Humphrey (1988b:95) notes the importance of adult supervision in the administration of this health programme as well as the acquisition and development of skills in assuming more and more control in taking responsibility, therefore insuring lifelong learning.

Humphrey (1988b:104-106; 1993:22-24) proposes several principles for dealing with childhood stress. Here the role of adults is again stressed, but with recognition of the development of skills within children in eventually taking responsibility:

- personal health practices should be cautiously observed, primarily by parents;
- the continuous effort of evaluating events and the reaction to them;
- recognition of accomplishments;
- learning effective time management;
- learning to take things less seriously;
- doing things for others;
- talking things over with others and getting a different perspective;
- constructive stress in right amounts can promote motivation, thinking and task completion.

Humphrey (1988b:113-137) then goes on to elaborate on and emphasise the importance of several modes of relaxation responses to reduce stress in children, namely those of progressive relaxation, meditation and biofeedback. In his book specifically for the school setting, *Stress management for elementary schools*, Humphrey (1993) discusses the relaxation response in children, together with several stress reducing exercises for immediate use in stressful classroom situations, the use of games and stunts in the reduction of stress, as well as the use of creative relaxation.

A critique of Humphrey's works shows that he recognises the importance of having knowledge of the stress phenomenon, understanding the whole child, the sources of stress and the management thereof by adults and children. He recognises the importance of understanding individual differences in children as well as knowledge of their development. However, what is lacking in his model are constructive ways in identifying childhood stress in general. His management model also lacks structure in that it refers haphazardly to general ideas and does not propose a structured programme of management, taking into consideration general management principles, neither does it specifically refer to follow-up assessment procedures.

3.3.3.5 Jan Jewett

Jan Jewett is the Regional Director for the Centre for Supportive Education, Washington State University, Vancouver. According to Jewett (1997:172) children experience stress in four separate stages:

- stressful *events* that cause alarm;
- *appraising* the event so that some meaning can be acquired;
- search for *coping* strategies;
- the *implementation* of the identified coping strategy/ies.

In the alarm stage, Jewett (1997:172) notes that children with a lower tolerance for external stimuli are more susceptible to alarm and will therefore find a wider collection of events to be stressful. In the appraisal stage, children interpret and determine the meaning of the stressful event/s. This interpretation is different from that of adults (cf Chandler 1981b:276). Jewett (1997:172) mentions three types of experiences in which children report stress:

- those experiences where children feel a true sense of *loss* regarding an important person, pet or space;
- those experiences where they are *threatened, ridiculed, or denounced*;
- those experiences where they feel *tormented* and experience *disruptions* and a *loss of control* in their own daily lives.

According to Jewett, the search for a coping strategy is important in the child's successful resolution of a stressful experience and can be distinguished as primary or secondary strategies. Primary strategies are those used where the child has a real opportunity to change or influence the stressful condition. Secondary techniques are those where the child realises that he or she cannot change the event, and must therefore adapt to existing conditions (cf Fallin, Wallinga & Coleman 2001:18). To Jewett (1997:173): "*Coping skills work best when children can differentiate between these two types of conditions and can then select an appropriate strategy.*" Generally children over the age of twelve show an ability to demonstrate secondary coping strategies (Hardy, Power & Jaerdicke in Jewett 1997:173) and it can be assumed that children in the M-C phase lack these skills.

3.4 CHILDREN WITH AIDS AND THE MANAGEMENT THEREOF

It was previously noted that children who themselves have HIV/AIDS (direct effects) as well as living with care-givers who have the disease (indirect effects) are at risk of several stressors and the impact thereof on physical, emotional, cognitive, normative and social development and becoming.

It is generally assumed that children infected with HIV/AIDS reflect higher levels of psychological distress than children who are not. However, although children living with this chronic disease do show signs of psychological adjustment, this cannot be accepted as the norm. Research done by Bachanas *et al* (2001:online) on children aged between six and sixteen indicates this. To these researchers: "*The majority of children with HIV in this study did not appear to evidence significant psychological adjustment problems, reflecting a tremendous amount of emotional resiliency in the face of this devastating disease* (my emphasis)". Except for individual coping skills (ie showing resiliency), these researchers theorise that the reason for this is children being exposed to and having access to multidisciplinary health services as well as children and care-givers reflecting a defensive adaptational style resulting in under-reporting as possible reasons. Given the limitations of this research, a beneficial aspect thereof is the benefit of psycho-social interventions on the psychological adjustment of children with HIV/AIDS.

3.5 LIMITATIONS OF STRESS MANAGEMENT PROGRAMMES

What has revealed itself in the literature are several limitations pertaining to the general management of stress as well as its application to children:

- The *theory* of stress is often not discussed (cf Makin & Lindley 1991).
- There is an emphasis on either the *physical* aspects of stress or the *psychological* (cf Selye 1976).
- Scant and in some cases no information concerning the child's *developmental stages* is provided (cf Schultz 1980; Romano 1992).
- Programmes do not encompass the *holistic* aspect of human nature.
- No mention is made of follow-up procedures of *control* (cf Chandler 1985a).

3.6 A HOLISTIC STRESS MANAGEMENT PROGRAMME FOR CHILDREN IN THE M-C PHASE

From the aforementioned discussion on the phenomenon of stress, and more specifically stress of children in the M-C phase, a programme is proposed that will encompass a more holistic look and not just one that focuses on a single aspect (eg physical development).

Observing the World Health Organisation's (WHO) (in Woodbrigde 1998:46-57) definition of health as "*the mental, physical, social and spiritual well-being of an individual*", it is therefore fitting that a management programme that encompasses such a holistic[2] approach (Palmer & Dryden in Woodbridge 1998:50). Also, this programme will reflect the stress management principles of planning, organising, leading and control (cf sections 3.2–3.3) against the backdrop of psycho-educational criteria (cf section 1.7.3).

Literature (cf Schultz 1980:13-14; Hencke 1995:5; Grant & Grant in Humphrey 1988b:108; Humphrey 1988b104-106; Nucho 1988:15; Humphrey 1993:22-24; Woodbridge 1998:46-57) provides several hints in planning and suggesting stress management strategies which, together with that which has emanated from the previous literature study (cf Chapter 2; 3.1–3.4) are a cardinal aspect of this proposed management programme:

- *no single theory* of childhood stress provides a panacea for the management thereof;
- *several factors* influence an individual child's response to stress and include age and development level; gender, intellect, motivational factors; severity, longevity and emotional significance of the stressor; personal resources and -control, prior experience; and support systems (micro and meso);
- changes are not dramatic, but rather focused on *gradually* increasing well-being and vitality;
- taking into consideration the *uniqueness* of the child, yet acknowledging *commonalities;*
- stress is a *part of human life;*
- helping the child and care-givers understand the nature of stress as well as ways of coping with and handling it as a *lifelong coping skill*, in other words, problem-solving skills such as effective time management, nutrition, exercise, relaxation, communication, and being kind to oneself are but some examples;
- children employ *various coping strategies;*
- taking into consideration the *culture and values* of the care-givers;
- knowledge of the *age and developmental level* of the child/ren;
- being *consistent* with the programme;
- providing *exposure* to a model, instruction, practice situations and feedback;
- learn to *identify the early signs* of extreme stress;
- pay attention to *dramatic* behavioural changes;

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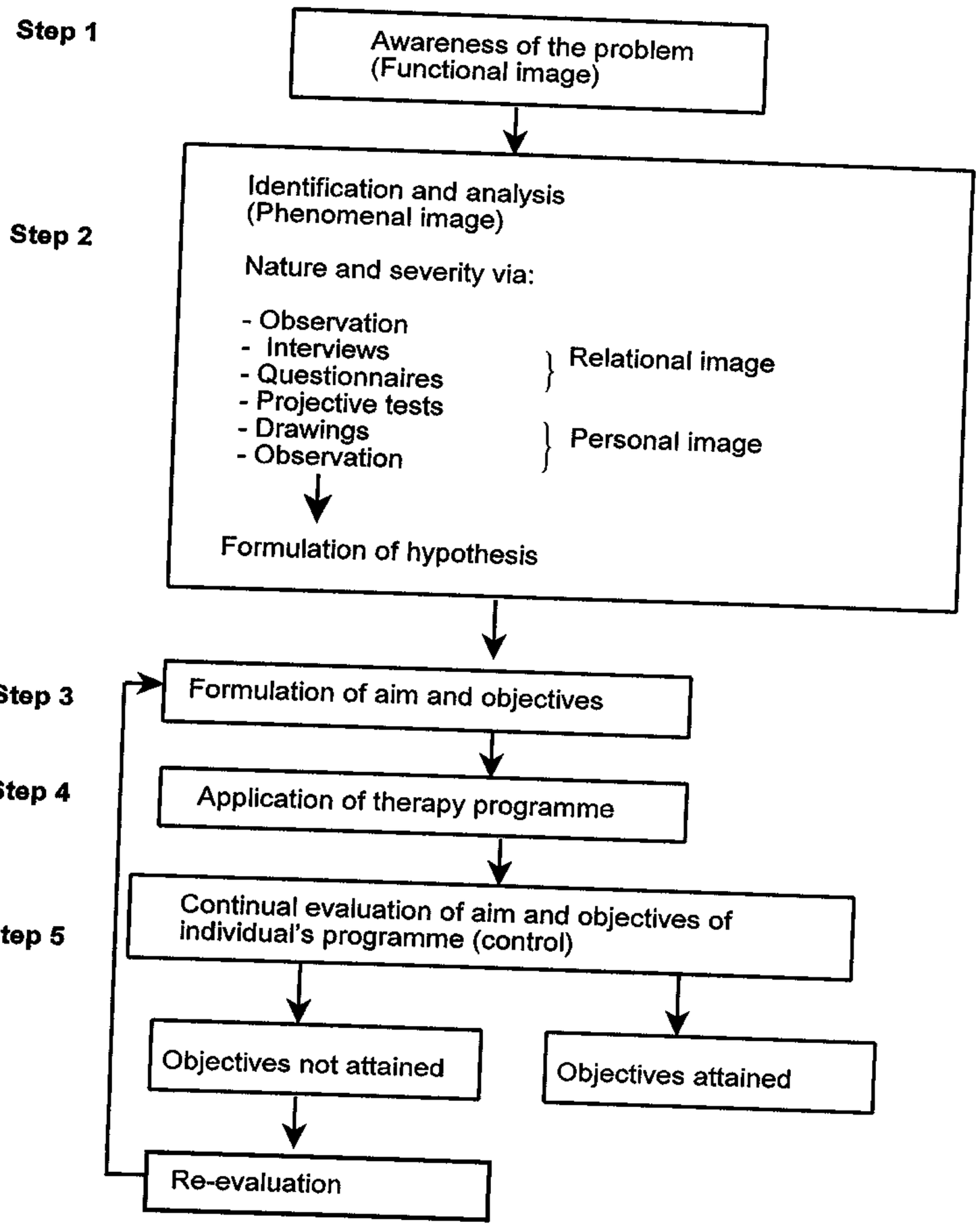
[2] Several management programmes do propagate a more holistic approach. One such person is Nucho (1988) who advocates a model of "Syntonicity." To her: "*Syntonicity is a condition in which all the subsystems of an entity work together in harmony with each other and with the surrounding systems...Attention has to be given not only to the physical body but to all aspects of functioning, including the spiritual dimension*".

- be *flexible* in planning, organising, leading and controlling of coping strategies and resources;
- a '*goodness of fit*'[3] between the child, care-givers and the selected technique.

The following holistic management programme model for children in the M-C phase is proposed and elaborated on by the researcher in the light of the previous literature analysis:

Figure 3.3

Lewis Stress Childhood Stress Management Programme (LCSMP)



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3 This model is expounded by S Chess and A Thomas in their book, *Know your child* (1987, New York:Basic Books) and although primarily focuses on the compatibility of care-givers' expectations and childrens' temperament, abilities and behaviour (Hencke 1995:3), this implies the selection of a compatible technique to cope with childhood stress.

3.6.1 Step 1 – Awareness of the problem (functional image)

This step involves the care-giver becoming aware of the child's problematic thinking and behaviour and bringing him/her to an educational psychologist for assistance.

3.6.2 Step 2 – Identification and analysis (phenomenal image)

Once the functional image (cf Section 1.5.5.9 – "functional image") has been presented, the stressors in the child's life have to be identified and analysed[4] (cf section 1.5.5.9 – "phenomenal image") in order to propose a stress management programme which encompasses subsequent therapy. Several aspects thus have to be dealt with within this step:

3.6.2.1 The nature and severity of the problem

Both the *nature* of the problem and the *severity* of the problem, namely childhood stress have to be identified and analysed.

A first step in diagnosing the nature of the presenting (cf section 1.5.5.9 – "functional image") problem would be ensured during the initial interview/s. Here the reason for the intervention will be shared between the care-givers, therapist and child/ren. During the initial interview a biographical questionnaire will be completed by the therapist in co-operation with the care-givers and children (if they are old enough).

Reasons for the child's problematic thinking and/or behaviour will be sought, starting firstly with possible environmental factors (physical problems [eg a skin disorder] and deficiencies [nutrition, exercise, rest] within the child and his/her environment which could be placing stress on the child's body and ensuing behaviour. If these have been explored and negated, possible psychological reasons are to be explored. In both instances, the sharing of knowledge about the phenomenon of stress with the child and the child's care-givers is essential so that they understand its effect and so be empowered to deal with it in their and their child's life. If environmental factors are responsible for the stress experienced by the child, refer the child to a medical practitioner to ensure that there are

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4 It should be noted that this part of the programme is directed specifically for use by qualified therapists in conjunction with the child's educators (primary and secondary).

no future limitations. Follow-up therapy with the care-givers and child can ensure the effective management of future stressful experiences.

If there are no apparent physical disorders, then aspects of the child's psychological being will have to be looked at. This involves analysing and identifying stressors in the child's life as well as the child's perception of stress by:

- *Firstly*, identifying those events and situations in the child's life which might cause stress. This involves identifying potentially stressful experiences in his or her life history and current circumstance. Arnold (1990:510) mentions two of the best known means of quantifying childhood stressors as being Axis IV of the DSM-III-R (now IV-TR) scale and the Coddington Life Events Scales for Children and Adolescents. Other measurement scales include Chandler's (1981:164-168) Children's Life Events Inventory[5] (cf section 3.3.3.2) as well as Johnson and McCutcheon's Life Events Checklist (LEC) (Johnson 1986:39-46).

- *Secondly*, as situations and events are stressful to an individual as so far his or her perception thereof, exploring the child's perception of those stressors is a critical factor accounting for the differential effects of stress (cf section 1.5.5.9 – " person image"). Here Chandler (1985:44) suggests the use of projective techniques in exploring this aspect. Two such techniques being the Children's Apperception Test (CAT) and the Thematic Apperception Test (TAT). As Human Figure Drawings and Family Drawings are also two techniques that a child can use to express underlying concerns, anxieties, or conflicts, their use is recognised in reflecting the individual child's perception of stressors. According to Chandler (1985:14), "*Through [drawings] the child is often able to express fears, concerns, and perceptions that are impossible to verbalize.*" Children's play is also a means of gauging a child's interpretation of stressors and "*may [even] mirror a child's distress* (Chandler 1985:81).

- *Thirdly*, by examining the child's perception of stress, the magnitude or impact of the problem can be gauged by appraising the pervasiveness of stress effects.

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5 Chandler (1981a:166) notes that this inventory can be used as a checklist during intake or referral to be completed by the care-giver. Such an inventory therefore assures the therapist that significant sources of potential stress will not be overlooked during the assessment. In a later source, Chandler (1985:43) observes that the typical eight year-old has experienced, on average, seven stressful life events and if experienced more than this is likely to be at risk for emotional adjustment problems.

Here parents can contribute useful information about the child's behaviour in school and home. A questionnaire for use by parents in this regard is the Structured Parent Interview (SPI) which exacts specific information on the impact of stress in major areas of the child's behaviour (Chandler 1985:45). In this research, a holistic questionnaire, the Lewis Childhood Stress Questionnaire (LCSQ) will be completed by both the child's care-givers (LCSQ1) and educator (LCSQ2).

- *Lastly*, by looking at the behavioural response to stress, the amount of behavioural (mal) adjustment can be determined. Several techniques can be used: Chandler (1985:46) suggests the use of and completion by an adult of the Stress Response Scale (SRS) which reflects a profile of the child's typical behaviour pattern in response to stress, which in turn will guide behaviour management efforts on the part of care-givers and teachers. In this research, the therapist will constantly observe and evaluate the child's response to stress.

3.6.3 Step 3 – Formulation of aims and objectives

After evaluating the nature and intensity of the child's stressors and the child's experience thereof, several aims and objectives will be formulated based on hypotheses obtained from the previous steps.

Throughout this initial phase of the stress management programme, the principles of management, namely planning, organising, leading and control will be adhered to taking cognisance of being flexible in that diagnosis can also occur during the application of therapy.

3.6.4 Step 4 – Application of therapy programme

The next part of the programme involves the application of therapy techniques in ensuring that the aim and objectives of the programme are realised. This application, although largely individual, can also be in groups (cf McCaffrey 1993:131-156).

Once the stressors have been identified in the child, an intervention process can be formulated for the child and so commence. In all these holistic components it is important to consider the aim and objectives of the technique/s and their intended outcomes.

Although the aspects of the holistic treatment model are discussed separately, they influence each other reciprocally and are inseparable. The application of treatment is also considered flexible and should be adapted to suit the child and context. These aspects will be discussed in the ensuing paragraphs.

3.6.4.1 Physical

Physiological responses caused by stressors can be addressed in several ways, depending on the individual case. Once the relationship between stressors and physiological response has been presented, a discussion and demonstration of how the child can reduce the physiological impact can occur and include:

- referral to a medical practitioner;
- the prescribing of medication;
- proper nutrition, physical activity and exercise, rest and sleep (cf Saunders & Remsberg 1984:172-185; Saunders & Remsberg 1987:151-163; Humphrey 1988a:77-90;1988b:96-104; Nucho 1988:131-139);
- proper care and shelter;
- somatic relaxation techniques, for example tensing and relaxing muscle groups, progressive relaxation, getting up and walking around; stretching and practising yoga postures, engaging in deep breathing activities, exercising, athletic endeavours, finding a quiet place for solitude, lying down and resting (cf Schultz 1980:14; Humphrey 1988a:77-114; Hencke 1995:6-7; *Texas Child Care* 1995:22-26[6]; Saunders & Remsberg 1984:94-102);
- diaphragmatic breathing (cf Romano 1992:200);
- biofeedback training (BFT)[7] (cf Sue *et al* 1997:214; Humphrey 1988a:145-156; Romano 1992:200).

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6 This article refers specifically to relaxation techniques for early childhood, however, due to the overlapping nature of developmental phases these techniques are therefore suitable for children in the early part of the M-C phase.

7 This is a therapeutic technique in which the chid is taught to voluntarily control a physiological function (Sue *et al* 1997:214). Humphrey (1988a:145) cautions that BFT be performed by and done under the auspices of one trained in this area however, elementary concepts can be taught such as the awareness of hand and finger tension, muscle tension and heart rate (Romano 1992:200).

3.6.4.2 Cognitive

Cognitive intervention training assists in the correction of cognitive distortions in the appraisal of events. Such thoughts include "*all or nothing thinking*", "*perfectionistic thinking*", "*catostrophizing*" and "*self-punishing thinking*". According to Romano (1992:201) "*these and other distortions of thinking can create excessive stress, immobilize a person, and erode self-confidence.*" Ways of preventing these irrational beliefs include:

- a thoughts diary (cf Romano 1992:201);
- thought relaxation, for example reading for pleasure, watching television, playing chess and like relaxing games, creative writing, drawing, puzzles, sharing a story with someone, meditation, daydreaming (cf Schultz 1980:14; Chandler 1981b:277);
- cognitive appraisal of stressors (cf Forman 1993:92-103; Fallin, Wallinga & Coleman 2001:19);
- cognitive therapy techniques (cf Taylor & Marshall; Forman in Woodbridge 1998:52-53);
- making the negative positive (cf Saunders & Remsberg 1984:116-129);
- self-instruction training (cf Forman 1993:79-91);
- self-nurturing and positive self-talk (cf Nucho 1988:98-107).

3.6.4.3 Emotional

Ways of preventing these irrational beliefs include:

- emotional support (cf Chandler 1981b:277);
- the importance of listening to children (Saunders & Remsberg 1984:130-137);
- emotional relaxation, such as fantasy exploration, guided imagery experiences, positive memory recall, sense imagery (visualisation) activities, thought/feeling watching, thought/feeling sharing[8] and role-playing feeling states (cf Schultz 1980:14; Romano 1992:200; Hencke 1995:6-7).

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8 This technique can be especially beneficial with children with life-threatening illnesses, eg HIV/AIDS where children can talk about their feelings such as fears, anxieties, etc (cf Martin 1993:74-83; Hunter & Williamson in Schiettinger 1998:7).

3.6.4.4 Social

For some children, many social situations are stressful. Social skills training helps children deal with interpersonal and social stressors, and include:

- information provision (eg giving advice and/or providing materials) (cf Fallin, Wallinga & Coleman 2001:18);
- companionship (cf Fallin, Wallinga & Coleman 2001:18);
- social skills training (cf Forman 1993:49-63);
- assertiveness skills (cf Forman 1993:64-78);
- social networks (cf Nucho 1988:141-153).

3.6.4.5 Behavioural

Behavioural aspects include:

- ensuring structure in the child's life (cf Chandler 1981b:277);
- setting realistic goals (cf Chandler 1981b:277);
- developing self-discipline (cf Chandler 1981b:277);
- understanding consequential behaviour (X causes Y) (cf Chandler 1981b:277; Saunders & Remsberg 1984:138-149);
- systematic desensitisation (cf Humphrey 1988a:127-135);
- effective time-management (cf Nucho 1988:111-120);
- living a healthy lifestyle (cf Saunders & Remsberg 1984:172-185; Nucho 1988:121-129; Romano 1992:201);
- behavioural self-control (cf Forman 1993:129-144);
- self-instruction training (cf Forman 1993:79-91);
- problem-solving (cf Saunders & Remsberg 1984:138-149).

3.6.4.6 Normative aspects

These include using:

- the transpersonal factor (Nucho 1988:155-166).

3.6.5 Step 5 – Evaluation

Throughout this application of therapy, an evaluation of the therapy plan will be imperative. If certain objectives of the therapy plan are not realised, there will be a re-evaluation of the child. If the objectives are attained, a discussion will be held with the care-givers

conveying this information and if the need arises later for further therapy, a similar approach of management will be followed.

3.7 IN SUMMARY

In order to manage childhood stress effectively, the concept of management has to be understood as well as the principles that underpin it. To manage efficiently requires planning, organising, leading and control. These principles find resonance in stress management as well.

An analysis of stress management programmes in general and their specific application to children has shown several limitations and shortcomings with regard to the general management principles. What has emanated is a need to design a holistic stress management programme which takes into consideration the holistic development and becoming of the child according to the principles of effective stress management. In keeping with this philosophy, a holistic stress management programme was designed in accordance with the psycho-educational principles of the RT.

Chapter four will record the application of this holistic stress management programme to an empirical investigation so that guidelines and recommendations can later be drawn.

CHAPTER FOUR

RESEARCH DESIGN

CHAPTER 4

RESEARCH DESIGN

4.1 INTRODUCTION

The aim of this research is to understand the phenomenon of childhood stress holistically by those involved in educating children in the M-C phase and in so doing propose a holistic psycho-educational management programme. While Chapter two investigated the phenomenon of stress, and specifically its impact on children, Chapter three made a critical analysis of several existing childhood stress management programmes. While each of these programmes displayed merit, several shortcomings were also presented. A more holistic programme was presented by the researcher in the form of the Lewis Childhood Stress Management Programme (LCSMP).

It is therefore the aim of this research, and specifically this chapter, to subject this programme (LCSMP) to an empirical investigation. This empirical investigation should correlate meaningfully with that information gleaned from the previous literature investigation.

4.2 RESEARCH APPROACH

In this study a qualitative approach was adopted. This approach, according to Van den Aardweg and Van den Aardweg (1988, sv "Qualitative approach") "*...is [primarily] an assessment of a situation expressed in words*", in other words, understanding and describing a social phenomenon from the participants' point of view (Lemmer 2002:205). By means of words, an understanding and assessment of a management program for childhood stress (LCSMP) were gained from the participants' perspectives through the interpretation and analysis of data gathered by certain psychological media, observation, interviews and questionnaires.

This research approach was selected due to its depth and its recognition of the context in which the phenomenon should be understood and assessed and because of its

capacity to provide generalisations to the greater population. According to McMillan and Schumacher (1993:394), "*the researcher does not aim at generalizations of results, but at the extension of understandings, detailed descriptions that enable others to understand similar situations and extend these understandings in subsequent research.*" Furthermore, this approach is adopted for its flexibility and its multiple approach to data collection (Schulze 2002:56). Therefore, this research focuses on the possibility of applying this stress management program to children in the M-C phase and cannot and is not considered the *alpha and omega*.

This research primarily employed an interactive approach with all participants (McMillan & Schumacher 1993:374).

4.3 SAMPLING

The study was located in the Gauteng Province, South Africa. Several people whose children (aged between 7 and 11, ie the M-C phase) appeared to be subjected to stress related symptoms were either approached by the researcher or referred to the researcher to participate in the programme. An initial interview with the children's guardians indicated whether these children were suitable for the study.

Purposeful sampling (McMillan & Schumacher 1993:378) was primarily adopted in this research project on the basis of the potential richness of information which these cases might present. This sample was also convenient to the researcher due to its practical implications of local situatedness (cf McBurney 1994:203).

The following participants agreed to partake in this research:

- TS
- DV
- SS

4.4 ETHICAL MEASURES

Several ethical considerations were employed throughout this research:

Prior to any form of participation, permission to take part in this study was obtained from the guardians of the children involved. This included the use of any information which

emerged from this study. Both the children and parents were assured of anonymity and confidentiality and that participants would not be identifiable in print.

The researcher is aware of his own shortcomings and will strive toward total objectivity.

4.5 TRUSTWORTHINESS

Whereas quantitative research makes use of reliability and validity to ensure verifiability, qualitative research is more accurately assessed according to its trustworthiness. In order to ensure trustworthiness of the qualitative data, Lincoln and Guba's model (in De Vos 2002:351-354) for ensuring trustworthiness was employed. The criteria employed in this model include:

- **Credibility (truth value)**

Truth value determines how confident the researcher is that the findings are true for the particular subjects and context within which the study has been undertaken. No single reality is possible and cognisance should be taken of different perceptions of reality (cf Lewis 1999, Lewis 2001).

- **Transferability (applicability)**

Applicability refers to the extent to which the findings of this study can be used in other contexts. Although generalisability is not the aim of qualitative research, applicability in this instance, refers to the extent with which findings can fit into similar contexts outside the present study.

- **Dependability (consistency)**

Consistency refers to the extent to which the findings would be consistent if the study were repeated in a similar context. In order to ensure consistency, the researcher endeavoured to make the programme as flexible as possible without being prescriptive, yet maintaining a high degree of scientific rigour.

- **Confirmability (neutrality)**

In order to ensure objectivity, an approach of neutrality will be endeavoured by the researcher. This will ensure freedom from bias in research methods and findings and conclusions so that authentic recommendations can be made.

4.6 THE GATHERING OF INFORMATION

After the initial contact session with the children's guardians (to establish if the children are suitable candidates), a follow-up meeting with the guardians will be arranged in which the aims of the study are explained. Ethical considerations will also be dealt with. The gathering of autobiographical details will then commence in order to establish rapport and trust with the guardians as well as to establish modes of communication (verbal and non-verbal). Once this initial phase is completed, information will be gathered regarding the stress experienced by the child so that a suitable management programme can be proposed for each individual. This will be done by:

4.6.1 Structured parent interview

During the initial interview a biographical questionnaire will be completed by the therapist in co-operation with the care-givers and children (if they are old enough). As interviewing is the most common method of data collection in qualitative research, it will be conducted by means of a definite research agenda (Schulze 2002:60) where guardians will be asked to identify and rate several areas of stress experienced by their children. Its suitability and importance in determining childhood stress are noted by Chandler (1985b:158) who notes that: "*[In order] to assess the effects of stress [on children], some systematic procedure is needed for gathering data about a child's life, his [and her] history, and current situation.*"

4.6.2 A questionnaire

A questionnaire (LCSQ) will be handed to the child's educators (primary [LCSQ1] and secondary (LCSQ2]) where it will be asked to identify and rate several areas of stress experienced by their children. An indication of the care-givers' perception of the stressors in the child's life will also be reflected in the questionnaire. Schulze (2002:38) gives the following for writing effective questionnaire questions and statements:

- Make sure that items are clear;
- Refrain from double-barrelled questions;
- Respondents should be proficient to answer;
- Questions should be appropriate;
- Refrain from negatively stated items.

4.6.3 Projection media

Both drawings (Kinetic-Family-Drawings [KFD], Draw-A-Picture [DAP]), Kinetic School Drawings [KSD] and the Children's Apperception Test [CAT] and Thematic Apperception Test [TAT]) will be used to determine the child's perception of those stressors in his or her life. This notion of understanding a child's perception of stress is purported in these tests' rationales. Burns and Kaufman (1970:13) for example note that kinetic figure drawing "*provides an excellent method of exploring the world of the child*", in other words, his or her perceptions. This is also in accordance with the TAT's founders, Morgan and Murray's, contention that the TAT "*...was based on the well-known fact that an individual confronted with an ambiguous social situation and required to interpret it was likely to reveal his own personality in this process*" (Tomkins 1947:3). Similarly, the CAT is "*...a method of investigating personality by studying the dynamic meaningfulness of the individual differences in perception of standard stimuli* (Haworth 1966:2).

4.6.4 Observation

Participant observation in a research setting refers to the systematic and careful experiencing and recording in detail of the many aspects of a situation by the researcher. Moreover, it involves the researcher constantly analysing observations for meaning (Schulze 2002:72). The researcher will constantly be observing the children, their guardians and other factors which could impinge on the research such as the possibility of parent-child relationships as a source of stress for children.

4.7 PROCESSING AND INTERPRETATION OF DATA

According to De Vos (2002:340), "*Qualitative data analysis is a search for general statements about relationships among categories of data; it builds grounded theory.*" As data will be collected over a period of time, a cyclical approach will be followed, that is, an interim analysis. This process involves the collection of data (interviews, questionnaires,

projection media), the analysis of this data, the collection of additional data and analysis of additional data. This type of analysis ensures a deeper understanding of the research topic (Johnson & Christensen 2000:425).

As the data gathered by the semi-structured, open-ended interview/s and projection media is unstructured, the data needs to be transcribed, segmented and coded into prevalent themes and topics so as to ensure an authentic integration of data (Johnson & Christensen 2000:426-427).

On the basis of these empirical inferences and the information obtained from the literature study, hypotheses will emerge from which guidelines (aims and objectives) for an individualistic programme can be developed so that educators (primary and secondary) can facilitate the management of childhood stress more effectively.

4.8 IN SUMMARY

This chapter reported on the empirical phase of the study. This included a description of the basic research design, in this instance, a qualitative design; an account of the ethical measures employed as well as the measures of trustworthiness, sampling, a description of data collection and processing methods. In the ensuing chapter, the findings of the empirical investigation will be presented.

CHAPTER FIVE

RESEARCH FINDINGS

CHAPTER 5

RESEARCH FINDINGS

5.1 INTRODUCTION

In this chapter, the empirical data obtained by way of the application of the childhood stress management programme is presented. The chapter begins with a discussion of the research sample, providing a description of the participants of the management programme. As the management programme forms the focal point of this research, the data will be continually presented and critiqued under those headings identified as:

- identification and analysis;
- application;
- control.

5.2 DESCRIPTION OF PARTICIPANTS

The participants of this research share the following characteristics. They all have children who:

- exhibit external and internal manifestations of stress both in a generally negative form. The management programme was presented in *reaction* to stress.
- were referred to the researcher by care-givers who wanted their children to acquire skills in dealing with stressful situations, therefore in a *pro-active* capacity.

The participants of this research were located by two means:

- Children brought to the researcher by their care-givers after the latter had heard about the stress management programme offered during the researcher's internship period. They participated voluntarily.
- Children brought for therapy while the researcher was doing his internship. It was established that the stress management programme would be beneficial to their therapy. They also participated in the programme voluntarily.

The following data reveals the application and outcome of Lewis Childhood Stress Management Programme (cf Figure 3.3). In order to protect anonymity and uphold

confidentiality, pseudonyms have been used. Here follows a salient description of the participants:

- **TS**, currently in Grade 4 (aged 9 years 9 months at the time of admission), is an Afrikaans-speaking boy living with both his parents, DS (mother) and KS (father). DS brought TS to determine his intelligence level (tested 96 with the SSAIS-R) and current intellectual levels as he is struggling academically. She also mentioned that he shows signs of stress, perfectionism and has previously been diagnosed as having an attention deficit disorder. Regarding the latter aspect, the resident psychologist with whom the researcher is doing his internship is of the opinion that TS is hypo-active and not attention deficient.

  TS's parents initially sent him to an English-medium primary school until the end of the first term of Grade 2. He is presently in an Afrikaans-medium private school. His mother would like to enrol him in a larger public school as she is currently experiencing problems with the current school system, more notably the teachers. TS was not told directly by his parents about the possible move, but found out second-hand. This subsequently caused him much grief and anguish. It was at this point that the researcher started the stress management programme with TS.

- **DV**, aged 8 years 3 months is currently in Grade 3. She is an Afrikaans-speaking girl presently living with both her parents, NV (mother) and DV (father). DV has a history of experiencing stress: she was born under stressful circumstances and later on developed visual, and subsequently visual-perceptual problems. She started wearing glasses at the age of five. During the previous year, the family had returned from living in New Zealand and Australia for eight years.

  DV was brought to the researcher after her mother had heard about the presentation of a stress management programme. She was certain that DV was prone to stress as she was showing several somatic, emotional and cognitive disorders (ie lack of concentration, forgetfulness, difficulty in sleeping, temper tantrums, separation anxiety and stomach aches). NV felt that this stress was caused by several factors: a strict teacher, learning problems due to her visual-perceptual difficulties, her perfectionist nature, the difference in cultural

environment between the Australasian and South African school cultures (holistic versus task-oriented) and even the tense family situation.

- **SS**, aged 10 years 11 months is currently in Grade 5. She is an English-speaking girl currently living with her mother. At the time of coming to see the therapist, SS's parents were in the process of getting divorced. Initially it was SS's mother, CS, who came for therapy. Later she wanted SS to come as she felt that the divorce was impacting negatively on SS and she needed psychological assistance.

  SS has a brother, CCS who is a year younger than SS and lives with the father, KS. SS and CCS have for a time witnessed their parents' marital strife and animosity, as well as the institutionalisation of their mother for depression and suicide. It was revealed that SS demonstrated several physical, social, cognitive and emotional problems (ie hypo-activity, feels overweight, constant feeling of tiredness, sibling confrontation, laziness, cries easily and isolation).

5.3 IDENTIFICATION AND ANALYSIS OF CHILDHOOD STRESS

As the literature has revealed (cf section 3.3.1), it is necessary firstly to identify those stressors that are impinging on the child's life so that an effective management programme can be planned. To verify the sources of stress within the child, several types of media were used which either augmented or enhanced the identification process. Media used in this research to identify childhood stressors included several projective techniques (ie the CAT, TAT, DAP, KFD and KSD), interviews, observations and questionnaires.

5.3.1 Projective techniques

Literature has shown that an individual's perception is a crucial factor in determining the extent to which is stress is central in any given event or situation (cf 2.3.4.3). Projective tests give one an idea of a child's hopes, desires, needs, wants, fears and anxieties as well as perception of significant others (cf Chandler & Johnson 1991:v). Projective techniques are therefore an important media source. They provide an estimate of the meaning attributed or importance that children invest in certain themes, thus giving one an idea of their experience and subsequent perception of stress.

5.3.1.1 Children's Apperception Test (CAT) and Thematic Apperception Test (TAT)

The CAT was applied to all the participants up until age nine years (ie DV and TS) due to its usefulness in exploring children's perception of stress (cf Chandler, Shermis & Lempert 1989:47-54). Although several means of analysing projective tests exist, the Need-Threat Analysis (NTA) approach of Chandler *et al* (1989:47-54) was used predominantly as it shows preliminary data in support of reliability. This NTA approach will be interpreted in the light of the Relations Theory (cf section 1.7.3). The TAT was applied to children between ten and eleven (ie SS) also due to its value in investigating a person's perception of stress.

A thematic analysis of **TS's** CAT cards reveals a need for experiencing affiliation (card # 9); a subsequent fear of unknown situations (card # 4); and rejection, isolation and rebuff both by his peers (card # 5) and his parents (card # 6,8). For example, regarding his fear for unknown situations (card # 5) he said: "*[Dat hulle] vir [die] eerste dag skool toe ... [hulle] voel benoud en bangerig ... [hulle] voel hartseer as [die] maatjies nie goed is nie*" (loosely translated: "That they are going to school for the first time and that they feel scared. They also feel sad when the other school children are not kind to them"). This theme of being scared and anxious (*benoud*) was very prevalent in TS's CAT exercise, especially in the light of his having to attend a new school. Evident are TS's experiences of insecurity with both his peers and parents which could possibly be caused by a low self-image. Since experience determines the quality of relationships, unfavourable experience due to his possible low self-image will lead to poor relationships both at school and home. Also evident in TS's CAT are concerns for the need of achievement (card # 1) as well as a need for freedom, independence and autonomy (card # 10), which contribute to the development of a positive self-image and eventual self-actualisation and are possibly lacking in his instance. In this instance, under-actualisation refers to an inadequate realisation of TS's potential.

A thematic appraisal of **DV's** CAT cards displays two main themes, namely concerns with a need for experiencing security (cards # 1, 2, 4, 5, 6, 7, 8 and 9) as well as a need for achievement (cards # 2, 3, 6, 7 and 9). For example, regarding a need for experiencing security, DV stated in card # 1: "*[Die hoenders] voel bang, want hulle [die hoenders] is bang dat daar 'n monster [in die huis] is*" (loosely translated: "The chickens feel scared because they think that there is a monster in the house"). There were several other referrals to monsters in this and other cards as well as a need for security. A need for

experiencing achievement and recognition also featured prominently in DV's CAT. For example, this was very poignant in card # 9 where she states: "*As [die hasie] nie slaap nie gaan hy nie sy somme regkry by die skool nie*" (loosely translated: "If the bunny does not sleep, he is not going to get his sums correct at school"). DV said that it was important for the bunny to do well at school and when asked how the bunny felt when experiencing success, she stated that "*[Die hasie voel] baie bly, want dan kom hy deur, en dan gee sy ma en pa vir hom 'n drukkie*" (loosely translated: "The bunny feels very happy because then he passes and then his mother and father give him hugs". She then related that if the bunny does well, it receives lots of hugs, but when he does not do so well he receives fewer: "*Die hasie kry net een drukkie [as hy sleg doen]* (loosely translated: "The bunny only gets one hug if he does not do so well"). According to DV, a hug is a very special form of parental affection. These unrealistic or inadequate meaning attributions may result in DV's experience of a sense of failure, helplessness, fear, anxiety and stress. Research by Rice (in Janse van Vuuren 2001:44) has shown that high standards set by parents cause children to set their own unrealistic standards in an attempt to win parental favour. These unfavourable experiences could therefore impede DV's involvement in meaningful actions, therefore causing her experience of stress.

A thematic appraisal of **SS's** TAT cards displays three main themes, namely her negative self-concept (card # 1); feelings of depression and sadness (card # 1, 2, and 3) and poor family relationships, especially her parent's separation and impending divorce (cards # 2, 3GF, 4, 5, 6GF, 7GF, 8GF, 9GF and 10). For example, with regard to her self-esteem, SS mentioned in card # 1 that "*The boy is upset because his parents said that he was stupid*". SS clearly did not perceive herself positively as indicated by these comments by her parents. Given the observation by Schaefer and Millman (1981:98) that: "*Underlying many childhood problems is a basic feeling of low self-esteem*", one can understand SS's poor estimation of herself. Feelings of depression are amplified by statements such as "*He feels like he wants to go away*" (card # 1). With reference to card 3GF, for example, the negative relationship between SS's parents is amplified by her comment that: "*The girl is crying. On the other side the mother and father are there and they are fighting*". This and other examples indicate SS's negative experience of her parent's relationship which impacts on her sense of self.

5.3.1.2 Drawings

Children's drawings as a projective technique are an expression of a child's developmental and personality features (cf Chandler & Johnson 1991:16) and are a suitable means of

investigating stressors in a child's life (cf Blau 1992:7). The children were asked to produce three types of drawings, namely the DAP (which included three wishes), KFD and KSD.

TS's DAP (cf Addendum A) was that of a female aged 24 (his teacher) which could possibly denote some degree of sexual inversion or alternate sexual identification. It could also possibly signify her significance in his life, to the extent that he does not want to leave her and go to a new school. Developmentally the picture was congruent with the ability expected from his age group. Emotionally, several aspects of importance were evident. TS is possibly uncertain about life (drawing situated in lower half of page, little time spent on drawing), frustrated (feet pointed in opposite direction), socially dependent (figure drawn from front, oval mouth), perfectionistic (detail on clothes), experiences rejection (triangular nose), in need of love and nurturing (arms widespread) and shows either a suppressed aggression or anger outbursts (glove-type hands).

TS's KFD (cf Addendum B) shows that he possibly strives for independence (all figures of equal size), is anxious (sketchy drawings), perceives his mother as hopeless (no hands) and wants the family to interact (yet ironically he draws barriers between each figure – gas stove and chair) except between himself and his dog. His attention to detail reflects a perceptive approach on his part or possible perfectionism.

TS's KSD (cf Addendum C) shows his teacher as central in his experience of learning activities. However, there is quite a distance between the teacher and children and the children are drawn in a rigid line which could possibly denote a strict approach to discipline on the part of the teacher.

DV's DAP (cf Addendum D) was of herself and was developmentally appropriate, so much so that it reflects a talent for drawing and creativity. Several aspects of her DAP reflect anxiety, perfectionism, rigidity, withdrawal and basic uncertainty (excessive time spent pondering before commencing with task, excessive time spent drawing, constantly rubbing out, attention to detail [ie the drawing of shoe laces which are also evident on the KSD], positioning of drawing in the centre of the page, arms hanging down and positioned next to body). She could possibly be frustrated (feet pointed in opposite direction), socially dependent (figure drawn from front, oval mouth) and displays either a concealed aggression or anger outbursts (glove-type hands). Her KFD (cf Addendum E) shows her sister, AV, situated closer to her parents which could possibly denote her need for

affiliation with her parents. It also suggests that her sister could be receiving more attention than she does, thereby contributing to an unrealistic attribution of meaning of the attention that her sister receives from her parents. This is corroborated by the fact that her own head is bent in the direction of the 'alliance' between AV and her parents (especially her mother, NV).

Although the KSD (cf Addendum F) shows a positive interaction between the teacher and learners, DV does not include herself in the picture. This shows a possible lack of involvement which may indicate that she has no clear goal in view, an unwillingness to do things or defective attention and these factors may give rise to anxiety and stress.

SS's DAP (cf Addendum G) is of a nine or ten year-old girl. Several aspects of her DAP show alienation and partial loss of reality (only drew the head, only one iris drawn), aggression (slash-like mouth, only a drawing of the head, threatening eyes, nostril and long neck), a striving toward high standards (drawing on top-half of page, long neck) and hypoactivity (faint lines and long neck).

Her KFD (cf Addendum H) shows a family order where SS is closer to her mother and brother, however, a ball separates her and her mother. Although her parents are divorcing, the father is still present which possibly shows her need for him as well as conflict with divided loyalties toward both parents. Both parents' expressions appear unhappy and the only figure with outstretched arms is SS's father. The others hold their hands behind their backs which denotes possible aggression and guilt.

5.3.2 Life Events Inventory

By using a Life Events Inventory (LEI) (cf Addendum I) it was possible to identify and quantify how many potentially stressful events the child may have experienced and what those events were (cf 2.3.4.2, 3.3.2.2). It provides a relative estimate of the number of stressors in the child's life over the past year. In this research, the LEI first proposed by Holmes and Rahe, adapted for children and found in Saunders and Remsberg (1984:73-75) was used. However, even this inventory was found to be under-represented and limited. Therefore, an extra section was added to accommodate additional stressors present in children's lives. These additional stressors were given *ad hoc* representative weights by the researcher.

TS's Life Change Units (LCU) score amounted to 302 which shows that he has a heavy stress load with the potential to experience problems in health and behaviour. TS did display stress-related health and behaviour problems: stomach problems (a stomach disorder) and nailbiting.

DV's LCU's was 127 which reflects an average stress load. However, this quantification of stressors does not provide a full reflection of her state of mind as she is currently experiencing several health and behaviour problems (cf section 5.2 "DV") which are impacting negatively on her life, thereby causing her stress.

SS's LCU's amounted to 239 which shows an above-average likelihood of showing symptoms of stress. The interview with SS indicated that although she experienced the divorce negatively, she viewed the eventual move out of the house and her mother getting a new job positively.

The following table quantifies the participants' LCU's:

Table 5.1

Quantification of participants' LCU's

Sample	LCU	Possibility of stress
TS	302	excellent
DV	127	average
SS	239	above-average

From this table it is apparent that all three samples have an average to excellent chance of revealing stress-related symptoms.

5.3.3 Questionnaires

Three questionnaires were used in the identification process. The first questionnaire, completed by the parents gave data on the child's biography, developmental milestones and current functioning. This questionnaire was a standard admission questionnaire (Q1) used by the resident psychologist and was utilised in a supplementary capacity to the Lewis Childhood Stress Questionnaire (LCSQ1). This latter questionnaire is a holistic questionnaire focusing on the child's complete development with the aim of identifying possible stressors and was completed by the child's parent. This questionnaire was also

given to the child's educator and was returned to the researcher (LCSQ2). The reason for the latter's completion was that parents perceived their children as having lower levels of stress than the children themselves perceived. Statistical analysis according to Humphrey (1993:20) has revealed greater congruence between teachers' and children's perceptions of stress and mental health status.

The questionnaires showed that **TS** is experiencing several aspects of his development negatively which could be causing undue stress. These include aspects of his physical development (being overweight), cognitive (easily distracted, not coping with homework), emotional (anger tantrums), moral (egocentric) and conative development (easily discouraged). These stressors occur at home, school and with his peers. Although several aspects of the LCSQ1 and LCSQ2 correlate, TS's educator identified several more aspects of TS's development that were lacking and the cause of possible stress (eg low self-esteem, forgets easily, peer pressure, lacks motivation and the will to succeed).

The questionnaires indicate that **DV** is experiencing several aspects of her development which could be causing stress. These include aspects of her physical development (poor vision, less adventurous, hypo-active), cognitive (easily distracted, forgetful, perfect-ionistic), emotional (negative, anger tantrums, fear of strict teacher), moral (egocentric, ambivalent behaviour [well-behaved at school and not at home]) and conative development (easily discouraged). These stressors occur especially at home and school.

SS's LCSQ1 shows that she is experiencing several physical, social, cognitive, emotional and conative developmental stressors, these were correlated by means of the Q1. Physically she is not as active as she should be and constantly feels tired. Regarding her social development, she and her brother, CCS are at loggerheads. Cognitively, reports her mother, she has become lazy in looking for things. Emotionally she bottles up her feelings, has a need for security and tends to be weepy, while conatively she shows signs of loneliness and isolation. SS's educator failed to submit the LCSQ2 which could have elucidated several aspects of her scholastic performance.

5.3.4 Interviews

Interviewing is the most common method of data collection in qualitative research. In this inquiry, interviews were directed by means of a specific research agenda, developed on the basis of the previously mentioned questionnaires and other sources (ie Q1 and

LCSQ1). The participants' mothers were asked to elaborate on the answers that they gave in Q1 and LCSQ1. In this way a more comprehensive picture of the children was acquired.

In DV's case a separate interview had to be conducted with her mother, DV, without DV as there were several issues that required elaboration by the researcher in the role as a therapist. Her mother attributed aspects such as reasons for DV's fear and lack of adventuresomeness to her visual problems. NV was also asked about DV's perception that her sister, AV, was receiving more attention than she did (cf DAP). NV felt that the opposite was a truer reflection and that DV received much more attention: "*I am bending over backwards for DV.*" This, together with the other interviews gave the researcher more information about the individuals, such as a possibility that DV's unrealistic negative self-concept was hampering a realistic meaning attribution and causing a poor relationship with her sister and invariably with her parents. What also emerged from this interview was her husband's negativity toward therapy. NV stated: "*He's an engineer . . . and feels that therapy is not necessary.*" NV mentioned that her husband is a highly stressed person but does not show it.

DV's perceived perfectionism was also discussed with NV and it emerged that several factors could be contribute to this. NV herself was very disorganised which could be the cause of stress in DV's life. According to Hamachek (in Janse van Vuuren 2001:44), abnormal levels of perfectionism can be the outcome of negative parental modeling, in this case NV's disorganisation.

In order to formulate an intervention programme from the identification phase, it is necessary to tabulate the identified stressors in all the participants. From the aforementioned identification process, the following stressors have been identified in **TS's** life:

Table 5.2

TS's identified stressors

TS	Stressor situatedness and verification		
Area of Development	**Family**	**School**	**Peers**
Physical	- Overweight, clumsy, poor muscle tone, gets stomach infections and 'flu (Q1, LCSQ1, interview) - Lacks exercise (Q1, interview) - Tired (Q1) - Financial problems (LEI)	- Overweight, often gets 'flu (LCSQ2)	
Social	- Fears parental rejection, isolation, rebuff (CAT, DAP) - Need for affiliation and interaction (CAT, DAP, KFD)	- Fears unknown situations (CAT, 3 wishes, interview) - Low self-esteem (LCSQ2)	- Fears rejection, isolation, rebuff (CAT, DAP) - Loner (Q1) - Need for affiliation (CAT, DAP)
Cognitive	- Easily distracted (LCSQ1) - Not coping with homework (LCSQ1)	- Struggles scholastically (Q1, LCSQ2) - Easily distracted and forgetful (LCSQ2) - Spelling problems (3 wishes)	
Emotional	- Anger tantrums (Q1, LCSQ1, DAP) - Mother's hospitilisation (LEI) - Possible loss of dog (LEI, KFD) - Parents increased arguing (LEI) - Anxious (KFD)	- Apprehension in attending new school (LEI) - Anxious (KSD)	- Easily influenced (LCSQ2)
Moral	- Egocentric (LCSQ1)		
Conative	- Easily discouraged, loses interest (Q1, LCSQ1) - Seeks independence (KFD)	- Fears failure (LCSQ2) - Does not pursue goals (LCSQ2) - Lacks motivation (LCSQ2)	

From the aforementioned, it appears that TS:

- experiences new situations as stressful;
- fears social isolation;
- is frustrated with several domestic situations;
- struggles scholastically;
- does not follow a healthy lifestyle;

- does not have a positive self-concept.

Subsequently these aspects are placing undue stress on him and need to be managed.

From the aforementioned identification process, the following stressors have been identified in **DV's** life:

Table 5.3

DV's identified stressors

DV	Stressor situatedness and verification		
Area of Development	**Family**	**School**	**Peers**
Physical	- Stomach aches, insomnia, poor vision, hypo-active, not adventurous (CAT, interview, Q1, LCSQ1)	- hypo-active, not adventurous (CAT, Q1, LCSQ2) - Stomach aches (therapy)	
Social	- Sibling rivalry (interview, LCSQ1, observation) - Need of affiliation and security (CAT)	- Need of affiliation (KSD)	- Need of affiliation (KSD)
Cognitive	- Easily distracted, forgetful (interview, Q1, LCSQ1, observation) - Perfectionistic (interview, Q1, LCSQ1, observation)	- Perfectionistic (LCSQ2)	
Emotional	- Anger tantrums, frustration, need of affiliation and security (CAT, interview, Q1, LCSQ1, DAP, KFD LCSQ1)	- Weepy, stutters (therapy)	
Moral	- Egocentric, contradictory behaviour at home and school (LCSQ1)	- Contradictory behaviour at home and school (LCSQ1)	
Conative	- Easily discouraged, loses interest, frustrated (Q1, LCSQ1)	- Easily discouraged, loses interest (Q1, LCSQ1)	

From the aforementioned, it appears that DV:

- perceives her sibling as getting more attention and so becomes frustrated and aggressive thereby causing her stress;
- experiences stress (both at home and school) due to her visual-perceptual problems;
- experiences stress due to her perfectionistic personality;
- does not have a positive self-concept.

Subsequently these points are evoking undue stress on her and need to be managed.

Table 5.4

SS's identified stressors

SS	Stressor situatedness and verification		
Area of Development	**Family**	**School**	**Peers**
Physical	- Hypo-active, exhaustion (LCSQ1)		
Social	- Sibling conflict (LCSQ1, KFD)		
Cognitive	- Lazy at times (LCSQ1)		
Emotional	- Feels overweight, bottles up feelings, weepy, need for mother's approval and security (LCSQ1) - Parent's divorce (interview) - Aggression and rebel-liousnes (DAP, KFD)		
Moral			
Conative	- Loner, wants to work independently (LCSQ1)	- Loner, wants to work independently (LCSQ1)	- Loner, wants to work independently (LCSQ1)

From the aforementioned, it appears that SS:

- Is showing signs of aggression and rebelliousness thereby causing her stress;
- Is experiencing stress due to her parents' divorce;
- Is depressed;
- Does not have a positive self-concept.

Subsequently these aspects are placing undue stress on her and need to be managed.

5.4 APPLICATION

Once the stressors have been identified in the children and hypotheses formulated, a therapeutic intervention process can be formulated, planned and applied with aims and objectives based on these hypotheses. The technique/s selected will be based on the above-mentioned hypotheses which direct the development of the individual's stress management aims and objectives.

Regarding **TS**, it was important to design a holistic therapeutic programme that takes into account those aspects of the previously mentioned hypotheses. As the programme's broad aim is the holistic identification of stressors in the child's life-world and the application of therapeutic measures in the child's dealing with stress, it is necessary to formulate individualised objectives to attain this aim. To help TS manage stress, the following objectives should be attained:

- impart knowledge of the stress phenomenon;
- help him reduce his fear of rejection;
- assist him obtain a realistic impression of his scholastic capabilities;
- develop a healthy lifestyle.

A discussion of **TS's** intellectual abilities took place during a SSAIS-R feedback session and provided the backdrop for the *first* therapy session of the application phase. Both TS and his mother were present and it was revealed that TS had an average intellect. This discussion disclosed TS's intellectual abilities to him and his mother at a *cognitive* level so that realistic scholastic expectations could be anticipated, thus reducing undue stress due to certain expectations which might hamper eventual self-actualisation. Unrealistic, defective significance attribution in perceiving himself as a failure every time TS did not meet unrealistic intellectual expectations could influence his self-concept negatively. Roets (2002:43) notes the importance of dealing with a person's intra-psychic structure in therapy first before progressing eventually to the inter-psychic structure. In this instance, it was first necessary to give TS and his mother a clear picture of his intellectual abilities so that a realistic self-concept could be formed.

This session also provided TS with the opportunity of sharing his feelings with the researcher about possibly going to a new school, a theme regularly amplified in his CAT as well by himself personally. As he does not have a large pool of friends, his greatest concern was that he would be leaving his friends behind. By guiding TS through the stages of *problem-solving* (relax, understand the problem, outline the options, rate the possible outcomes and choosing the best solution [cf Saunders & Remsberg 1984:142]) as well as illustrating this to him concretely using toy soldiers, he realised that he would not be going to the school alone. Some of his friends would also be going to the new school and he already knew a few children there. As unfavourable experiences may hamper TS's involvement in meaningful situations, this use of *cognitive therapy* potentially prepared him for his new school experiences.

The importance of imparting knowledge of the phenomenon of stress to all participants in the management programme was discussed during the *second* therapy session. In TS's case this was done by using the analogy of a car and all its parts which contribute to its overall performance. This example of using a *metaphor* was especially relevant to TS as he is interested in racing cars and he grasped the concept concretely. During this session TS explained that he gets a knot in his stomach before writing a test or when in a stressful situation. As negative involvement in stressful situations such as tests could possibly lead to unrealistic meaning attribution, an understanding of his physical reaction to stress was better understood in the light of the car analogy. A discussion with TS's mother about the stress phenomenon (ie *family therapy*) was also conducted at a cognitive level. This gave her a better understanding of her part in her son's experience of stressful situations.

The *third* therapy session focused on imparting several stress-reduction techniques to TS and his mother. Of importance in this session was his mother's remark that TS was now positive about wanting to go to school as opposed to the previous week's negativity: "*I must say, TS has become more positive about going to his new school. He can't wait to go.*" She attributed this turnaround to his opportunity to express his feelings as well as the therapist's techniques of preparing him for the move. While using the LCSQ1 as a discussion tool with both TS and his mother, the researcher touched on the importance of a healthy lifestyle both to reduce TS's stress levels and build up his muscle strength, thus eventually reducing stress (ie *Cognitive-Behavioural Therapy [CBT]*). It was appeared that TS did not receive the proper nutrition: due to his parents' busy career schedules, he was eating a lot of take-away food. TS's mother, DS, noted this link between stress and nutrition and said that she would attempt to improve the family's diet. Also of importance was TS's lack of involvement in sports due to defective bone-structure in his legs. Although he cannot take part in active contact sports, he could enjoy swimming and cycling possibly with the involvement of his father. An inadequate involvement in a healthy lifestyle probably contributed to TS's under-actualisation and feelings of failure, anxiety and frustration, which are invariably causing stress in his life.

The *fourth* session focused largely on TS's experience of his new school which was largely positive. He spoke about his positive experiences with his teacher, friends and peers, thereby reflecting a positive intrapsychic dialogue thereby leading to a positive self-concept. During this session his mother's continually 'chipped in' and TS's obvious dislike of this was reflected in his body language. While TS was drawing a picture of his first day

at school, the researcher and DS spoke about her need to gradually grant TS more independence. Several examples given reflected a refusal on her part to allow this. This led to the researcher to revise the objectives of the programme to include working on TS's sense of identity and self-concept as possible barriers to his self-actualisation as he clearly experienced his mother's over-involvement negatively.

As TS's mother was going for an operation, no more therapy sessions were scheduled which left several aspects of the management programme still unattended to. She suggested that her husband would probably bring TS for future therapy sessions, but this did not materialise.

The following table indicates the success of achieving the objectives set out at the beginning of TS's stress management programme:

Table 5.5

Success of LCSMP with TS

Sample	Objectives	Outcome
TS	▸ imparting knowledge of the stress phenomenon	✓
	▸ helping him strengthen his ego to reduce his fears of rejection	partially
	▸ get a realistic impression of his scholastic capabilities, and	✓
	▸ follow a healthy lifestyle	✓
	▸ work on his self-concept and sense of identity (revised objectives)	✗

It is obvious from the above table that not all of TS's objectives were achieved and that further therapy is necessary.

In **DV's** case it was also important to design a holistic therapeutic programme that took into account those aspects of the previously mentioned hypotheses. In DV's instance, it is necessary to achieve the aim of her stress management by means of the following objectives:

- impart knowledge of the stress phenomenon;
- help her develop a more positive self-concept and so improve her relationship with her sister;

- investigate the source of her fears and thereby addressing them;
- understand the nature of her perfectionistic nature, thereby treating it.

During DV's *first and second* therapy sessions the source of her fears was investigated as there were etiological differences. During the identification phase she had previously referred to certain fears in general terms (cf CAT, section 5.3.1.1). Her mother had referred to her fear of heights due to her visual-perceptual problems and fear of her teacher who is considered strict (cf interviews, sections 5.3.3-5.3.4). It was, therefore, necessary to clarify this contradiction and address the source of her fears as they may lead to (or already be the cause of) general feelings of apprehension, insecurity and stress which are obviously impacting on her intra-psychic structure (cf Roets 2002:43). This was done by means of *play therapy* using a dolls' house, furniture and characters. DV meticulously packed the furniture and selected her character, Maryka, while the researcher was allocated a male character, Pieter. NV had previously mentioned that DV was afraid of playing on a slide. Play therapy indicated that DV was not scared of sliding on the slide, but when asked what made scared, she answered:"*As ek saans alleen in die bed lê... Ek is bang vir die monsters*" (loosely translated: "When I lie alone in my bed at night . . . I am scared of the monsters"). When questioned about how Maryka feels, she answered: "*Haar maag begin grom...dit voel nie vir haar lekker nie...dit word seer*" (loosely translated: "Her stomach is growling...she does not like the feeling...it's getting sore"). When asked what could be done to reduce her fear she stated: "*'n Liggie in die kamer*" (loosely translated : "A lamp in the room"). Although imaginary fears are common amongst children, their occurrence is especially prevalent in children between four and six years, disappearing by age ten (Schaefer & Millman 1981:85). These fears are causing irrational thinking patterns in DV, thereby leading to feelings of apprehension, insecurity and stress. By addressing these fears in rational terms (ie *Rational Emotive Therapy [RET]*), the therapist's strategically placed questions suggested to DV a way of dealing with the fears. The researcher explained to DV why her stomach discomfort by means of the broken car *metaphor*. By comparing her stomach to a car's engine which does not run smoothly if there is a mechanical fault, so her growling stomach could be fixed by means of a 'trick', in this instance the use of a lamp in a room. After the play therapy, a discussion was held with DV's mother NV (ie *family therapy*) in which DV's fears were highlighted. The suggestion of a lamp in the room was immediately accepted by NV. She mentioned that a light was switched on in the passage, but agreed that a lamp would now be placed in the room. Given the comment by Schaefer and Millman (1981:85) that "*Most children outgrow fears if their environment is secure and irrational fears are discouraged*", the

therapy as well as the effort made by NV in addressing DV's fears provided the platform with which stress can be reduced in DV's life. Schaefer and Millman (1981:85) note three sources of fears: physical injury, natural events and psychic stress, of which DV shows the latter. It was also established that DV's dog had been poisoned during the weekend which caused her severe emotional stress. Her parents had subsequently bought her a new puppy. DV had the opportunity during this session to verbalise her emotions (ie *RET*) about the loss of her dog as well as her joy at acquiring a new puppy.

During the *third* therapy session, two aspects were discussed. In the first instance DV's perfectionism and secondly, her fear of the dark. *Clay therapy* was used to address these aspects. While unpacking the clay bucket, DV unpacked the clay jars in exactly the same way as they were packed in the bucket. When asked about this, she mentioned that she remembers that they were packed that way. A later discussion with DV's mother, NV, revealed that due to her visual-perceptual deficiencies, DV relies more on her other senses than on her vision. As DV is currently receiving therapy for her visual-perceptual shortcomings, the impact that this could possibly have on her perfectionistic behaviour cannot be determined as yet and still remains a hypothetical notion.

The object of using clay as a therapeutic means is to apply the technique of *monster-busting.* DV was asked to make a clay figure of her fear. While moulding this monster DV mentioned that her mother had not yet obtained the lamp for her room. Her mother had not yet responded to her daughter's therapy due to her scatterbrained nature (a trait she acknowledges). Janse van Vuuren (2001:46) notes that a large number of adult perfectionists attribute their behaviour to their reaction to another family member's lack of organisation. Possibly DV is reacting to her mother's disorganisation by showing perfectionistic behaviour. This suggests her negative experience of a certain aspect of her relationship with her mother (NV's disorganisation). When asked to give the monster a name, DV refused but said it looked like the Green Goblin. When asked to describe the monster, DV said: "*Hy's lelik*" (loosely translated: "He's ugly"). When asked what she wants to do to the monster so that it would not bother her again, she decided to bury it and added: "*Monster, jy gaan my nie meer pla nie*" (loosely translated: "Monster, you are not going to bother me again"). When asked if she would like to make something pleasant, she decided to make a cheetah doing so in great detail. A discussion followed and by using the *metaphor* of the cheetah, it was established that it was important for her to perform at school to please her parents. During an ensuing discussion with her mother, it was established that good performances were rewarded. NV even made the comment:

"*Maar dis mos nie 'n probleem nie, want ons doen mos elke kwartaal goed*" (loosely translated: "But that's not a problem because we always do well after each quarter"). These parental expectations, if not maintained, could possibly lead to feelings of inferiority, inadequacy, disappointment, depression, low self-concept, anxiety, stress, fear and even anger (cf Janse van Rensburg 2001:30) which could possibly impede DV's eventual self-actualisation. This observation is endorsed by the research of Eskilson *et al* (in Trad & Greenblatt 1990:530), which indicates that if a pattern of pressure is placed on a child in the M-C phase, by secondary school these children tend to possess lower self-esteem and resort to more deviant activities.

Almost six weeks elapsed before the *fourth* therapy session took place because the therapist had to undergo an operation. During this session, NV was accompanied by DV and her younger sister. The therapist immediately noted clear signs of sibling rivalry between the two. DV's sister had the dominant personality; DV assumed a more passive role in the relationship. The initial *family* discussion centred around building a climate of trust and rapport between the therapist and DV. It was also established that a lamp had been placed in DV's room.

After the initial talk DV and the researcher were left to do individual therapy together. As DV had a talent for and enjoyed drawing, she was asked to sketch her bedroom with the new lamp in it. DV appeared very relaxed and was extremely chatty. On completion of the drawing, the researcher employed *ego-stroking* and *ego strengthening* to boost her self-esteem. As a positive self-esteem is a necessary component to establish and maintain relationships, this was deemed necessary so that she would not experience her relationship with her sister as negatively. DV mentioned that she felt better ("*Ek voel beter*") now that the lamp was in her room. NV had also shown her how to position her legs in bed to *relax* so that she would fall asleep. The researcher mentioned that there were similar techniques to use when one is tense. DV mentioned that her teacher's anger outbursts, comprehension tests and her upcoming speech often made her stutter and her stomach ache and she felt weepy. A Cognitive Behavioural approach (ie *CBT*) was used to explain that a single test does not determine the outcome of passing a grade in school. Thereafter the researcher employed *Gestalt Therapy* when doing a relaxation exercise. DV shared her enjoyment of vacations in the Drakensberg mountains where her special place was "*veetjiebos*" (fairy forest). With closed eyes, she described her sensual experiences in the forest. She explained that it was beautiful ("*mooi*"), she enjoyed lying among the branches ("*lê tussen al die takke*"), on the rocks ("*lê op die rotse*") and

glimpsing a few monkeys ("*ek sien 'n paar ape*"). She agreed that she would enter this haven before writing her comprehension test and she even added "*Ja, en ook voor my praatjie*" (loosely translated: "Yes, even before my speech").

During the *fifth* therapy session, DV's sister accompanied DV and NV. Observation of the interpersonal dynamics again showed that she had the more dominant personality. In a *family* discussion with NV and DV (while her sister was playing with a dolls' house), the therapist discussed the previous week's therapy and praised DV's artistic skills, thereby doing *ego-strengthening* of DV in her sister's presence to boost the former's self-confidence. The purpose of ego-strengthening is "*to increase the patient's confidence and belief in him or herself, enhance general coping abilities, and minimize anxiety and worrying*" (Hammond 1990:109). Subsequently, DV's behaviour showed that this enhancing of her ego contributed to a better perception of herself in the presence of her younger, more dominant sister. As Branden (1994:28) notes: "*To have high self-esteem is to feel confidently appropriate to life*", this technique was aimed at coping with the stress of feeling inferior to her sister and to promote sociability. Wiley (in Alsop & McCaffrey 1993) points out that sociability can elicit positive attention from care-givers and promote communication skills. This invariably enables children to enlist adult support when needed, and so promote stress resilience at all ages from infancy to adulthood. Furthermore, during this *family* discussion, it was established that DV had indeed practised her *visualising* technique before her comprehension test as well as recitation, but that she felt that it had not helped. The researcher explained that this was only one technique and that there were several others. He then demonstrated additional *relaxation* techniques (deep-breathing and somatic relaxation [cf Humphrey 1988:69]). DV's homework was to practise these techniques.

Individual therapy with DV was aimed at further *ego-strengthening* and dealing with her perfectionistic nature. This was done by applying *hypno-therapy*. Given the observation by Olness and Gardner (1988:19) that "... *hypnotizability and suggestibility...increase markedly in the middle childhood years from about 7 to 14*", its suitability to address DV's low self-esteem and perfectionistic nature is apparent. As DV's safe place had previously been established, it was revisited in a state of hypnosis. After the induction phase DV was taken on a holiday to the Fairy Bush in the Drakensberg. With *ego-strengthening* taking place throughout the session, the aim was to focus on her perfectionistic nature by allowing her to visualise the less-than-perfect rock formations, while still acknowledging their beauty. DV stated: "*Ek sien hulle, en hulle is mooi*" (loosely translated: "I see them

and they're beautiful". After the hypno-therapy, DV mentioned that she felt relaxed during the session and talked about the Bushmen rock art and their beauty.

The objective during the *sixth* and final session was to elicit feedback from DV's mother about the therapy that DV had received and to do further *ego-strengthening* to boost her intra-psychic structure. Prior to this during *family therapy*, it was established that DV had not practised her relaxation techniques. Her mother apologised for this. It was reiterated that it was important that the programme be effectively implemented by all involved.

During *play therapy*, DV was enthusiastic and eager to play with the doll's house. This confidence had been evident previously and was now more obvious. She again showed her perfectionistic nature, saying: "*Die kamer is lekker deurmekaar*" (translated loosely: "The room is rather untidy"). When asked if was important for the room to be tidy, DV replied in the negative and mentioned that her room was sometimes untidy. It was asked if it is possible for rooms always to be tidy, she replied in the negative. Upon selecting her character, "Annemi", DV was asked to list good things about "Annemi". It came to the fore that she loved God, liked helping those in need and enjoyed helping her parents around the house. *Ego-strengthening* took place which helped to enhance her self-concept.

After play therapy, the therapist discussed the effectiveness of the therapy with DV's mother, NV. She replied that DV was more confident of late. By means of a sketch and diagram (ie *bibliotherapy*), the therapist showed NV how the intra-psychic structure influenced the inter-psychic structure and indicated its importance in DV's eventual self-actualisation (cf section 1.7.3.5). DV was also following a programme to address her visual-perceptual deficiencies and had shown an improvement at school. In general it appeared that the programme had helped DV as all the set objectives had been reached.

The following table indicates the way in which the objectives set at the beginning of DV's stress management programme had been met:

Table 5.6

Success of LCSMP with DV

Sample	Objectives	Outcome
DV	▸ impart knowledge of the stress phenomenon	✓
	▸ help her develop a more positive self-concept and so improve her relationship with her sister	✓
	▸ investigate the source of her fears and address them	✓
	▸ understand the nature of her perfectionistic nature, thereby treating it	✓

The table shows that DV's objectives have been achieved and that further therapy in this regard is not necessary. It was recommended that DV return in a month's time for a follow-up session.

As was the case with the other participants, it was necessary to set out several objectives whereby **SS's** therapy could be planned. The following objectives were set:

- impart knowledge of the stress phenomenon;
- help her develop a more positive self-concept and so improve her relationship with her self, her brother and father and enhance her understanding and acceptance of her parents' divorce;
- investigate and treat the source of her aggression, depression and rebelliousness.

The *first* therapy session with SS focused on assessing and helping her cope with her parents' divorce. Divorce is stressful for children and the extent and nature of emotional reactions depend on their age and developmental level. Arnold (1990:502) goes as far as noting that "*...it [divorce] may be the most ubiquitous and serious childhood stressor with which helping professionals need to deal from day to day*". Feelings such as sadness, anger and anxiety are not uncommon and are realised in the child's behaviour. The Nemours Foundation (2003: online) suggest minimising the stress that the situation creates by being transparent and honest in helping children through their parents' divorce. By means of *CBT*, SS spoke about her experience of the divorce and even mentioned *"that it's the best thing that has happened ... my parents don't fight anymore*". She regarded it as a positive step that she had moved to a new house and that her mother had got a new job. What emerged during the identification phase was her tendency to rationalise her parents' divorce, neglecting her own feelings which resulted in feelings of

depression, anxiety and aggression. As depression underlies a variety of children's behavioural problems (Schaefer & Millman 1981:109), it was necessary to investigate her self-concept to fathom her feelings of anger, rebellion and aggression. These emotions manifested in her relationships (in this case with her brother) and engendered a sense of loss (ie the divorce) which had an effect on her self-esteem. The concept of stress was explained to SS making use of the *metaphor* of the car.

When asked about her feelings about her father's absence, SS confessed that she really missed him. She also felt that her father favoured her brother more and he would sometimes call her derogatory names, such as "*stupid*". By making use of *RET*, SS was reassured that although her parents had divorced, she was still their daughter and they both loved her although they were showing animosity towards each other. In a subsequent talk with SS's mother (ie *family therapy*) where the father was not present, SS's feelings of loss and anger were highlighted. It was also stressed during this session that these emotions are normal and usually temporary. It was evident in the subsequent *family* session that SS's mother was taken aback by her child's emotions as she had been unaware of her daughter's intense feelings of loss and anger. It was suggested that SS's father should accompany SS for therapy to deal with several issues where his participation was important.

SS's mother did not bring SS for more therapy session, but did send a Short Message System (SMS) via her cell phone to the therapist: "*Hi Doc – just 2 let u know that we're surviving. Am still fighting a never ending battle with SS's father. Have SS's brother now! Go back to court 15/10. Rgds CS* - SS's mother.

The following table indicates the extent to which the objectives set out at the beginning of SS's stress management program were reached:

Table 5.7

Success of LCSMP with SS

Sample	Objectives	Outcome
SS	▸ impart knowledge of the stress phenomenon	✓
	▸ help her develop a more positive self-concept and so improve her relationship with her self, her brother and father as well as her understanding and acceptance of her parents' divorce	partially
	▸ investigate and treat the source of her aggression, depression and rebelliousness	×

The above table indicates that SS's objectives have only been partially achieved and that further therapy is necessary.

5.5 CONCLUDING REMARKS

What can be concluded from this empirical study is that the stress management programme designed provides an effective means to help the therapist identify and treat childhood stress. All three participants followed the programme, some fully; others partially.

Based on deductions made from the literature and the empirical study, the researcher will come to several conclusions and subsequently provide further guidelines for managing stress in the child during the M-C phase in Chapter six.

CHAPTER SIX

EVALUATION, CONCLUSIONS AND RECOMMENDATIONS

CHAPTER 6

EVALUATION, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

Chapter five consisted of the findings which emanated from the empirical study in the light of the literature study presented in chapters two and three. This chapter focuses on evaluating the literature and empirical study. This evaluation will result in general conclusions drawn from the literature study and empirical study so that guidelines can be developed regarding the management of stress in children during the M-C phase. In the spirit of transcending the limitations of "pure objectivistic modernism", the evaluation applied is tested by means of a descriptive test model (cf section 1.6). The emphasis is on the descriptive and negates any vaunted objectivity aimed towards proving facts. Thus, the model entails the testing of ultimate descriptions in the light of initial assumptions and points of departure. It is averred that what emanates is not proof, but description indicating certain patterns and tendencies.

6.2 GUIDING HYPOTHESES OF RESEARCH

Two principal hypotheses were formulated in Chapter 1 (cf section 1.5). These two hypotheses were:

- Negative stress can have a negative influence on the functioning of a child in the middle childhood phase.
- The negative impact of stress on the child can be addressed and rectified by applying a holistic stress management programme.

These two hypotheses and the general conclusions derived from the literature study and empirical study are tabulated below:

Table 6.1

Guiding hypotheses and general conclusions

Hypotheses	Conclusions
• Negative stress can have a negative influence on the functioning of a child in the middle childhood phase.	✓ Both the literature study and empirical investigation have shown that stress in its negative form can impact negatively on the child's physical, emotional, cognitive, conative and normative thinking and behaviour.
• The negative impact of stress on the child can be addressed and rectified by applying a holistic stress management programme.	✓ By means of the researcher's proposed holistic stress management programme (*cf* Figure 3.3, LCSMP) based on the previous literature study, feedback from the care-givers has shown improved ways of dealing with stress by all participants of the LCSMP.

6.3 FINDINGS WITH REGARD TO THE LITERATURE STUDY

The aim of the literature review contained in Chapter 2 was to investigate the nature of stress, specifically applicable to children in the M-C phase. The literature study in Chapter 3 comprised an investigation of stress management programmes with specific reference to M-C stress management programmes.

6.3.1 The Middle-childhood (MC) phase

The initial part of Chapter 2 entailed a discussion of the developmental and becoming aspects of the child in the M-C phase (cf section 2.2). It was found that the M-C phase differs profoundly from other phases regarding the physical, intellectual, emotional, social, conative and normative aspects (cf sections 2.2.1–2.2.6). In order for the child in the M-C phase to develop and become, these aspects should be attended to and developed holistically taking into consideration the individualistic nature of the child yet acknowledging his or her universality.

***Guideline**: - In order for childhood stress to be understood, children should be understood in the light of their holistic development and becoming.*

6.3.2 The stress phenomenon

This chapter highlighted the fact that stress manifests itself through physical and psychological symptoms (cf section 2.3.3). It can be either positive or negative and have its origin at either micro, meso or macro level (cf section 2.3.5.1). Stress is also culturally determined (cf section 2.3.2.2).

Stress is seen and defined differently by various theorists due to variances in conceptual emphasis. What emanated from the literature were three generally quoted and one less quoted theories of stress. These theories include: Hans Selye's General Adaptation Syndrome (GAS) which highlights the body's physical reaction to biological stressors (cf section 2.3.4.1). The Life Change Model (LCM) of Thomas Holmes and Richard Rahe sees stress as the result of changes (big/small/frequent/infrequent) in a person's life (cf section 2.3.4.2). The Transaction Model (TM) of Richard Lazarus views stress as a manifestation of a person's perception or interpretation of stressful circumstances or life changes (cf section 2.3.4.3). A fourth model is that of Stevan Hobfoll and is known as the Conservation of Resources Model (CRM). Hobfoll conceptualises stress in terms of the potential loss of resources (eg, material, personal characteristics, attaining the same) that a person may experience through a situation. The literature study indicates that, although there are conceptual differences in these theories, they assist in understanding the phenomenon of stress (cf section 2.3.4.4).

Childhood stress models are generally developed from these (three) main models and are used either singularly or collectively by childhood stress theorists (cf sections 2.4.2.1 – 2.4.2.4). Although the use of general models of stress is useful in the general understanding of stress, they do not underscore the phenomenon of childhood stress. Several models developed by researchers that pertain specifically to stress in children, especially those in the M-C phase, reflected a need to address the phenomenon from a specific point of view (cf sections 2.4.3.1 – 2.4.3.6). Although hinging on general stress theories, childhood stress has its own distinctive characteristics.

Guidelines: *- No single theory of stress is to be considered omnipotent, but they should be used collectively in understanding the phenomenon of stress.*
- Stress can be either positive or negative and manifests itself physically or psychologically at micro, meso and/or macro level.
- Although childhood stress is based on general stress theories, it has its own distinctive characteristics.

6.3.3 Stress management programmes for children in the MC phase

Chapter 3 entailed a discussion of the general concept of management (cf section 3.2) and how its underlying principles apply to the concept of stress and more specifically, childhood stress (cf section 3.3). Several childhood stress models were critiqued in the light of their strengths and weaknesses. Stress management models and their application to children tended to revolve around the thee main theories, namely GAS, LCM and TM either singularly or collectively. From this discussion, a holistic stress management programme was proposed in the light of psycho-educational criteria discussed in Chapter 1 (cf section 3.6).

Guideline: *In order for children's stress to be managed efficiently it should take into consideration the main tenets of stress management theories as well as the child's holistic development and becoming.*

A literature study on stress management programmes revealed a generic approach to stress management in the childhood phase (ie ages 3-11). This phase consists of several developmental phases (cf section 1.7.2) with several distinctive stressors evident in each phase.

Guideline: *A generic approach to stress management in children is not recommended. The developmental phase determines the type of stressor evident in the child and it is therefore imperative that the specific developmental phase that the child is in is taken into consideration.*

6.4 FINDINGS PERTAINING TO THE EMPIRICAL STUDY

Several important conclusions have emerged from the application of the LCSMP. The following are considered most significant:

6.4.1 Awareness of the problem (functional image)

Reasons for the children following the programme (cf section 5.2) varied from children brought by parents specifically to acquire skills in managing stress (pro-active in the case of DV) to those cases where it emerged that the need for stress therapy arose as a result of behavioural manifestations (reactive in the case of TS and SS). In the latter instance, stress management was not the presenting problem, but was seen as a necessary medium in augmenting the total therapeutic moment. Literature has reflected that stress management incorporates both a pro-active and reactionary approach to the management of stress. This aspect was verified during the empirical study where all the samples made use of the management programme in a pro-active and reactionary capacity. According to Arnold (1990a:18), "*Many of the same strategies and techniques useful for treatment [of childhood stress] can also be implemented preventively ... [except for] psychopharmacology and Amytal catharsis, which would generally be used after stress symptoms appear.*" The cases in this empirical research incorporated both a preventative and reactive approach to the management of childhood stress, thus concurring with Arnold's observation.

Guideline *- Stress management of children in the M-C phase can be either pro-active or reactive depending on the presenting problem.*

6.4.2 Stress identification and analysis process

Regarding the whole childhood stress identification process (cf section 5.3), several conclusions can be drawn. In the first instance, what has emerged from this diagnostic procedure is that no one means of stress identification media can be used and this was verified during this research. Several sources of media have to be used in order to verify the sources of stress and their effect on the child. For example, in DV's case her Life Change Units showed that she should be experiencing a manageable amount of stress. However, her CAT, DAP, KFD, interviews and observations showed that she was experiencing a great deal

of stress with the result that she was experiencing somatic and behavioural problems. Arnold (1990b:513,516) notes a limitation of LEI (in Arnold's instance, the Coddington Life Events Scale) is its focus is on acute events and not on enduring stressful circumstances. This was applicable in DV's instance as the family had recently returned to South Africa from Australia more than a year previously and she had been experiencing, among others, ongoing visual and visual-perceptual problems.

***Guideline**: - No one media source can be used in identifying stress in children. Several sources have to be used.*

Secondly, it is necessary to use media that is in line and relevant to the individual's developmental level. Children below the age of nine (TS and DV) for example, respond better to the CAT, while those older (SS) respond better to the TAT.

***Guideline**: - Use developmentally appropriate media when identifying stress in the child.*

Thirdly, what has also evolved in the identification phase is that a perceived stressor by a care-giver is not necessarily the actual source of stress as perceived and experienced by the child. In DV's case her mother perceived fears to be caused by her visual-perceptual deficiencies, however, during the application phase (ie therapy) it unfolded that she feared sleeping without a light in her room at night.

***Guideline**: - A child's source of stress needs to be investigated and verified by several sources of media.*

In all three participants, the sources of stress centred around the family, and/or peers and/or the school. In this research it can be concluded that childhood stress focuses on these areas.

***Guideline**: - A child's source of stress centres mainly around the family, and/or the school and/or his or her peers.*

6.4.3 Application of therapy

Several important conclusions also emanated from the application of therapy. In the first instance, the management of stress requires the use of several therapeutic approaches and not a single therapy technique. Trad and Greenblatt (1990:522) draw a similar conclusion and note that "*[s]everal treatment options are available for a child who is exposed to stress.*" Factors which influence the use of a specific method depend on the individual child's age, developmental level, and receptiveness to a specific technique. In all three samples, several procedures were used and not a specific one. TS, for instance, was very concrete in his thinking and required a more direct approach to therapy. On the other hand, DV was more open to creative techniques such as hypno-therapy due to her individual personality. SS only received one therapy session which resulted in a limited application and exploration of therapy techniques to suit her individual personality. Nonetheless, this single session with SS resulted in the use of several therapeutic techniques.

Guideline - *Several therapy techniques should be used in managing childhood stress, depending on the unique therapeutic context.*

Secondly, it is important that both parents are supportive of the stress management programme in order to ensure its effectiveness. As the stress management programme emphasises a holistic approach to the client managing stress, it is necessary that care-givers become actively involved in the stress management process. In all three instances the mother brought the child for therapy. DV's father was openly antagonistic toward therapy; TS's father was apathetic; SS's parents were in the process of a divorce. Trad and Greenblatt (1990:530) importantly note that: "*Numerous studies have found that the presence of supportive parents who are willing to talk about the stressful event[/s] with the child is often the most significant factor in ameliorating psychological trauma.*" While parents are very often the cause of childhood stress, they can alleviate it by modifying disabling factors (Trad & Greenblatt 1990:530). Although several factors contribute toward one care-giver being absent (eg work commitments, general apathy and negativity), it is necessary for the whole family to be positively involved in the IP's (identified patient's) continual management of stress so that effective self-actualisation can take place. Moreover, what is necessary is a combined effort on the part of all parties (ie, child, parents, psychologists, educators and medical professionals) to ensure preventative planning and action. Arnold (1990a:16) notes that

"*effective prevention or amelioration [of childhood stress] requires communication and collaboration among all the helping professions.*" Inadequate involvement in all aspects gives rise to an impression of failure, anxiety, frustration and confusion. It is up to care-givers to ensure that the child becomes adequately involved in his or her self-actualisation.

Guideline: *- Systems support is necessary in ensuring the success of a stress management programme.*

Thirdly, therapy is necessary to further investigate sources of stress identified during the identification phase and investigate and take into consideration new sources of stress (cf TS's fourth therapy session and DV's second therapy session). The identification phase may identify several causes of stress, but contradictions occur which need to be clarified and addressed by means of therapy. This was especially evident in DV's case where she showed certain fears. Several reasons were found to be the cause of her fear identified by her and mother. Her mother's reasons were specific, but DV's were vague and general. It was only during therapy that the real source of her fear, namely fear of the dark was revealed and addressed. Taken a step further, causes of stress may be further verified during therapy (application phase).

Guideline: *- Initial sources of stress may be falsified and modified during the application of therapy.*

Objectives, based on each individual sample's hypotheses are not necessarily achieved during the therapy. Several reasons are prevalent for this phenomenon. In this research, the fact that the samples were seen in a real-life therapeutic context, and not an experimental one, resulted in two of the three not completing their stress management programme (ie TS and SS) due to a host of reasons. Liebowitz and Kernberg (in Trad & Greenblatt 1990:536) note that the ultimate goals of therapy are:

- opportunities for further typical growth and development;
- positive relationships with the therapist;
- remedial emotional experiences.

In this research only DV truly reflected these therapeutic aspects. TS showed partial achieving while it cannot be yet established if SS reached any of these goals.

***Guideline**: - Therapy may result in the achieving of set objectives in a full, partial or negative manner.*

What has emerged from this empirical research is that the model developed to manage childhood stress has been found to be a useful and practical tool. It makes it possible for clients not only to finish the whole therapeutic process, but also allows clients several reasons to exit the programme and possibly resume it at another date. Of all the participants, only one completed the programme, with the other two exiting at various levels.

***Guideline**: - The LCSMP is a suitable model for therapists to manage childhood stress.*

6.5 LIMITATIONS OF THE STUDY

The major limitation of this study is the space with which this study was conducted. This research project is of limited scope and to discuss this topic in-depth, a much wider research space is needed. Areas which could have been researched in greater detail are the childhood stress theories and the management thereof. Several more samples could also have produced more extensive conclusions and guidelines.

This research was limited to samples considered to be representative of a Western thinking pattern. This was mainly due to several factors. The environment in which the researcher conducted the therapy is populated mainly by people with Western cognitive styles. There were no samples of children from a non-Western, holistic paradigm. This can be considered a limitation as the sample was not representative of the whole South African population.

6.6 CONTRIBUTIONS MADE BY THE STUDY

This research has contributed to a structured, yet flexible holistic programme to address and treat childhood stress. The Lewis Childhood Stress Management Programme (LCSMP) presents educational psychologists with a structured, yet flexible model with which to address M-C stress. Stress can therefore be effectively identified and analysed, treated, and assessed within the LCSMP model so that a more holistic approach can be followed. Although M-C stress has only been targeted of late, it has become a topic that has received much attention. However, this attention has not been very structured. This research has

endeavoured to place the topic within a certain framework so that more structured research can take place.

This research specifically focused on stressors that impinge on the life of children in the M-C phase. By looking holistically at the developmental phases of the child in the M-C phase, a holistic questionnaire could be developed which investigated specific stressors within this phase. This questionnaire was a useful tool in identifying stressors by both primary and secondary educators.

This research also contributed to a synthesis and evaluation of current literature on childhood stress to make it applicable to the situation in South Africa.

6.7 POSSIBILITY OF FURTHER STUDY

Although several possibilities for further research are evident from this research, the most striking is that the identification and analysis of M-C stress require several therapeutic sessions. What is needed is a tool that will identify and analyse M-C stress quickly and efficiently. In this research it generally took between two and three sessions to achieve this goal. Practical reasons such as a child's attention span, parent's financial situation and medical aid restrictions make it essential to develop a tool that will analyse and identify M-C stress in a time-efficient manner. Several tools exist for pre-schoolers (Booyse 1993) and adolescents (Kruger 1992), but no single tool exists, to the researcher's knowledge, to identify stress in children in the M-C phase. This indicates the necessity for future research.

Moreover, further research should investigate the effect of certain therapeutic schools' application on the management of childhood stress within a South African context.

This research was conducted with White South African samples. It is generally accepted that White people's cognitive framework functions within an individualistic paradigm and Black people's functions within a holistic cognitive framework (cf Lewis 2001). Future research could inquire into the effect that the LCSMP has on children raised in a holistic cognitive framework and its comparison with children from a Western background.

6.8 CONCLUDING REMARKS

In the past, the phenomenon of stress amongst children was not the focus of much attention. Over the past few decades this situation has changed dramatically with much research on the phenomena being conducted, especially from the USA and UK. This research attempted to contextualise the problem within a South African setting. By means of this research it is hoped that a better understanding of the phenomena and the management thereof will be reached within a South African context.

Bibliography

Bibliography

Alsop, P & McCaffrey, T (eds.). 1993. *How to cope with childhood stress: A practical guide for teachers.* Harlow, Essex: Longman.

American Psychiatric Association. 2000. *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).* Fourth edition, text revision. Washington, DC: American Psychiatric Association.

Are any other issues covered? Sa. Internet: http//www.children.gov.za/about_page10.htm> (accessed on 15 August 2002).

Armstrong, M. 1990. *Management Processes and Functions.* Wimbledon, London: Institute of Personnel Management.

Arnold, LE. 1990a. Stress in Children and Adolescents: Introduction and Summary. In: LE Arnold (ed), *Childhood stress.* New York: John Wiley & Sons:1-19.

Arnold, LE. 1990. Case illustration of stress assessment and interprofessional prevention opportunities. In: LE Arnold (ed), *Childhood stress.* New York: John Wiley & Sons:501-519.

Bachanas, PJ; Kristin, KA; Suzman Schwartz, K; Lanier, B; McDaniel, JS; Smith, J & Nesheim, S. 2001. Predictors of Psychological Adjustment in School-Age Children Infected by HIV. Internet WWW, http://www.jpepsy.oupjournals.org/cgi/conten... search=FIRSTINDEX=0&journalcode=jpeps (accessed on 15 March 2003).

Banton, M. 1987. *Racial theories.* Cambridge: Press Syndicate of the University of Cambridge.

Barnhart, RK (ed). 1988. *The Barnhart Dictionary of Etymology.* Sv "stress". Bronx, NY: HW Wilson Company.

Barron, C. 2003. Hyped to the hilt for the highest of highs. *Sunday Times Business Times* 2. 2 March:16.

Bartol, KM & Martin DC. 1994. *Management.* Second edition. New York: McGraw-Hill.

Bedeian, AG & Glueck, WF. 1983. *Management.* Third edition. New York: CBS College.

Bennett, R. 1991. *Management.* London: Pitman.

Bennett, J. 2003. Mind Games. *Sunday Times Business Times* 3. 2 March:1.

Blau, TH. 1992. *The Draw-A-Person Test: A Summary of Commonly Utilized Interpretive Features.* Tampa, Florida: Psychological Seminars.

Blom, GE.; Cheney, B.D. & Snoddy, J.E. 1986. *Stress in childhood: An intervention model for teachers and other professionals.* New York: Teachers College Press.

Booyse, MI. 1993. Die identifisering van stres by die kleuter. Ongepubliseerde DEd-verhandeling. Pretoria: Universiteit van Suid-Afrika.

Branden, N. 1994. *The six pillars of self-esteem.* New York: Bantam.

Burns, RC & SH Kaufman. 1970. *Kinetic Family Drawings (K-F-D): An introduction to understanding children through kinetic drawings.* London: Constable.

Chandler, LA. 1981a. The source of stress inventory. *Psychology in the schools*, 18:164-168.

Chandler, LA. 1981b. What teachers can do about childhood stress. *Phi Delta Kappan*, 63:276-277.

Chandler, LA. 1983. The stress response scale: an instrument for assessing emotional adjustment reactions. *School Psychology Review*, 12(3):260-265.

Chandler, LA. 1985a. *Children under stress: understanding emotional adjustment reactions.* Second edition. Springfield: Charles C Thomas.

Chandler, LA. 1985b. *Assessing stress in children.* New York: Praeger.

Chandler, LA; Million, ME & Shermis, MD. 1985. The incidence of stressful life events of elementary school-aged children. *American Journal of Community Psychology*, 13(6):743-746.

Chandler, LA; Shermis, MD & Lempert, ME. 1989. The need-threat analysis: A scoring system for the Children's Apperception Test. *Psychology in Schools*, 26:47-54.

Chandler, LA & Johnson, VJ. 1991. *Using projective techniques with children: a guide to clinical assessment.* Springfield, Illinois: Charles Thomas.

Charles, CM. 1995. *Introduction to educational research.* Second edition. White Plains, NY: Longman.

Chess, S & Thomas, A. 1987. *Know your child.* New York: Basic Books.

Choi, I & Nisbett, RE 1998. Situational salience and cultural differences in the correspondence bias and actor-observer bias. *Personality and Social Psychology Bulletin*, 24:949-960.

Coddington, RD. 1972. The significance of life events as etiologic factors in diseases of children. *Journal of Psychosomatic Research*, 16:7-18.

Cotton, DHG. 1990. *Stress management: an integrated approach to therapy*. New York: Brunner/Mazel.

DSM-IV-TR *see* American Psychiatric Association.

De Vos, AS. 2002. Qualitative data analysis and interpretation. In: AS De Vos; H Strydom; CB Fouché; CSL Delport. *Research at grass roots: For the social sciences and human service professions*. Second edition. Pretoria: Van Schaik:339-359.

De Vos, AS; Strydom, H; Fouché, CB & Delport, CSL. 2002. *Research at Grass Roots: For the social sciences and human service professions.* Second edition. Pretoria: Van Schaik.

Department of Education 2002. *Revised National Curriculum Statement Grades R-9 (Schools) Policy: Life Orientation*. Pretoria: Department of Education.

Du Toit, SJ & Kruger, N. 1991. *The Child: An Educational Perspective.* Durban: Butterworths.

Fallin, K; Wallinga, C & Coleman, M. Helping children cope with stress in the classroom setting. *Childhood Education*, 78(1):17-24.

Feldman, RS. *Child Development*. Second edition. Upper Saddle River, New Jersey: Prentice Hall.

Forman, SG. 1993. *Coping skills interventions for children and adolescents.* San Francisco: Jossey-Bass.

Freedman, SA; Gluck, N; Tuval-Mashiach, R; Brandes, D; Peri, T & Shalev, AY. 2002. Gender Differences in response to Traumatic Events: A Prospective Study. *Journal of Traumatic Stress*, 15(5):407-413.

Gibson, K. 1994. The Enemy Within. *Indicator South Africa. Supplement, Conflict*, Issue 3 (Sept):2-6.

Gouws, JS. 1997. *Sport management: Theory and practice.* Randburg: Knowledge Resources.

Gouws, E., Kruger, N & Burger, S. 2000. *The Adolescent*. Second edition. Sandown: Heinemann.

Hammond, DC (ed). 1990. *Handbook of hypnotic suggestions and metaphors.* New York: WW Norton & Company.

Harber, K & Payton, G. 1979. *Heinemann English Dictionary.* Sv "analysis", "application", "ego", "identity", "stress". London:Heinemann Educational Books.

Haworth, MR. 1966. *The CAT: Facts about fantasy.* New York: Grune & Stratton.

Hencke, RW. 1995. Stress and the developing child. *Journal of Psychological Practice*, 1(1):1-7.

Hobfoll, SE. 1988. *The Ecology of Stress.* New York: Hemisphere.

Holmes, TH & Rahe, RH. 1967. The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11:213-218.

Humphrey, JH. 1988a. *Teaching children to relax.* Springfield, Illinois: Charles C Thomas.

Humphrey, JH. 1988b. *Children and stress.* New York: AMS Press.

Humphrey, JH. 1993. *Stress management for elementary schools.* Springfield, Illinois: Charles C Thomas.

Jewett, J. 1997. Childhood stress. *Childhood Education*, 73(3):172-173.

Janse van Vuuren, E. 2001. Psigoterapeutiese hantering van perfeksionisme. Ongepuliseerde MEd-verhandeling, Pretoria, Universiteit van Suid-Afrika.

Johnson, JH. 1986. *Life events as stressors in childhood and adolescents.* London: Sage.

Johnson, B & Christensen, L. 2000. *Educational research: qualitative and quantitative approaches.* Boston: Allen & Bacon.

Jones Sears, S & Milburn, J. 1990. School-age stress. In: LE Arnold (Ed), *Childhood stress.* New York: John Wiley & Sons:223-246.

Kail, RV. 2001. *Children and their development.* Second edition. Upper Saddle River, New Jersey: Prentice Hall.

Koehler, G. 1987. Stress management for children. *Strategies.* Nov-Dec:23-24.

Kruger, EG. 1986. Die gesin en die skool in sosio-pedagogiese tydsperspektief. In: EG Kruger (Red), *Opvoeding – Verlede, hede en toekoms.* Pretoria: Euro:55-97.

Kruger, ACM. 1992. Identification of stress in adolescents: A psycho-educational perspective. Unpublished DEd thesis. Pretoria: University of South Africa.

Lemmer, EM. 2002. Families in schools: Parents' experiences of home-school relationships. *Tydskrif vir Christelike Wetenskap*, 38(3de en 4 de kwartaal):197-216.

Lewis, CE; Siegel, JM & Lewis, MA. 1984. Feeling bad: exploring sources of distress among pre-adolescent children. *American Journal of Public Health*, 74(2):117-122.

Lewis, A. 1999. Past and present perceptions surrounding mission education: a Historical-metabletical overview. Unpublished DEd dissertation, Stellenbosch, University of Stellenbosch.

Lewis, A. 2001. The issue of perception: some educational implications. *Educare*, 30(1&2): 272-288.

Lewis, A & Roets, HE. 2002. Notes on adolescent stress for parents, teachers and educational psychologists. *Educare*, 31 (1 & 2): 202-218.

Makin, PE & Lidley, PA. 1991. *Positive stress management: a practical guide for those who work under pressure*. London: Kogan Page.

Martin, A. 1993. Children with life threatening illnesses. In: P, Alsop & T McCaffrey (eds), *How to cope with childhood stress: A practical guide for teachers*. Harlow, Essex: Longman.

Markus, H & Kitayama, S 1991. Culture and the self: Implications for cognition, emotion and motivation. *Psychological Review*, 98:224-253.

McBurney, DH. 1994. *Research methods.* Pacific Grove: Brooks/Cole.

McCaffrey, T. 1993. Groupwork with stressed children. In: P Alsop & T McCaffrey (eds), *How to cope with childhood stress: A practical guide for teachers*. Harlow, Essex: Longman.

McMillan, JH & Schumacher, S. 1993. *Research in education: a conceptual introduction.* New York: Harper Collins.

Moodley, K. 1995. Physiological, psychological and behavioural consequences of teacher burnout. Unpublished MEd dissertation, Pretoria, University of South Africa.

Moore, T. 1975. Stress in normal childhood. In: Leve, L. (ed). *Society, stress and disease*. Volume 2. New York: Oxford University Press.

Moran, Lord. 1945. *The Anatomy of Courage*. London: Constable.

Mwamwenda, TS. 1995. *Educational Psychology: An African Perspective*. Second edition. Durban: Butterworths.

Noakes, T. 1992. *Lore of Running*. Revised edition. Cape Town: Oxford University Press.

Noshpitz, JD. 1990. Prevention and treatment of school-age and adolescent stress disorders. In: LE Arnold (ed), *Childhood stress*. New York: John Wiley & Sons:550-573.

Nucho, AO. 1988. *Stress Management: The Quest for Zero*. Springfield, Illinois: Charles C Thomas.

Olness, K. & Gardner, GG. 1988. *Hypnosis and hypnotherapy with children*. Second edition. Philadelphia: Grune & Stratton.

Olshevski, JL; Katz, AD & Knight, TJ. 1999. *Stress reduction for caregivers*. Philadelphia: Brunner/Mazel.

Patel, C. 1988. *Understanding stress*. London: Consumers' Association Limited.

Prinsloo, E; Vorster, PJ & Sibaya, PT. 1996. *Teaching with Confidence*. Newlands, Cape Town: Kagiso.

Romano, JL. 1992. Psychoeducational Interventions for Stress Management and Well-being. *Journal of Counselling & Development*, 71 (Nov/Dec):199-202.

Reber, AS. 1985. *The Penguin Dictionary of Psychology*. Sv "child", "infancy", "puberty". London: Penguin Books.

Roets, HE. 2001. Stress: The bridge to burnout. Unpublished notes, September. Pretoria.

Roets, E. 2002. Personality from an educational psychology perspective: relational theory. In: *Introductory orientation: guidance in educational contexts: only study guide for OSV451-3/OSV411-R*. Pretoria: University of South Africa.

Saunders, A & Remsberg, B. 1984. *The stress-proof child*. New York: Holt, Rinehart & Winston.

Schaefer, CE & Millman, HL. 1981. *How to help children with common problems.* New York: Van Nostrand Reinhold Company.

Scherer, KR 1997. The role of culture in emotion-antecedent behaviour. *Journal of Personality and Social Psychology*, 73:902-922.

Scherer, KR & Walbott, HG 1994. Evidence for universality and cultural variation of differential emotion response patterning. *Journal of Personality and Social Psychology*, 66:310-328.

Schietinger, H. 1998. *Psychosocial Support for People Living with HIV/AIDS.* Discussion paper number 5, June. Washington, DC: Health Technical Services.

Schultz, EW. 1980. Teaching coping skills for stress and anxiety. *Teaching Exceptional Children*:12-15.

Schulze, S. 2002. *Research Methodology. Study Guide 2 for MEDEM2/MEDEM1 Q/MEDEM4 T/MEDEM5 U; Study Guide 4 for MEDEM3 S.* Pretoria: University of South Africa.

Selye, H. 1976. *The Stress of Life.* Revised edition. New York: McGraw-Hill.

Stone, LJ & Church, J. 1979. *Childhood & Adolescence.* Fourth edition. New York: Random House.

Sue, D.; Sue, D. & Sue, S. 1997. *Understanding Abnormal Behaviour.* Fifth edition. Boston, MA: Houghton Mifflin.

Taitz, L. 2002. A day in the life of a stressed-out kid. Internet WWW, URL: <suntimes.co.za/2002/06/23/lifestyle/life10.asp> (accessed on 15 August 2002).

Texas Child Care. 1995. Find the calm, avoid the storm: Relaxation, 19(1):22-26.

The Life Skills Development Foundation. Sa. *Child-friendly' Community Schools approach for Promoting Health, Psychosocial Development, and Resilience in Children and Youth Affected by AIDS.* Chiangmai, Thailand: The Life Skills Development Foundation.

The Nemours Foundation. 2003. Helping your child through a divorce. Internet: http://www.kidshealth.org/parent/positive/family/help_child_divorce.html (accessed on 19 September 2003).

Tomkins, SS. 1947. *The Thematic Apperception Test: The Theory and Technique of Interpretation.* New York: Grune & Stratton.

Trad, PV & Greenblatt, E. 1990. Prevention and Treatment of Stress in Preschool Children: Psychotherapeutic Interventions. In: LE Arnold (ed), *Childhood stress.* New York: John Wiley & Sons:501-519.

Van den Aardweg, EM & Van den Aardweg, ED. 1988. *Dictionary of Empirical Education/Educational Psychology.* Sv "Psychopedagogical", "Qualitative approach". Arcadia, Pretoria: E & E Enterprises.

Van Niftrik, J. 2001. Stress in practice. In: Stress: The Bridge to Burnout by HE Roets. Unpublished notes, September, Pretoria.

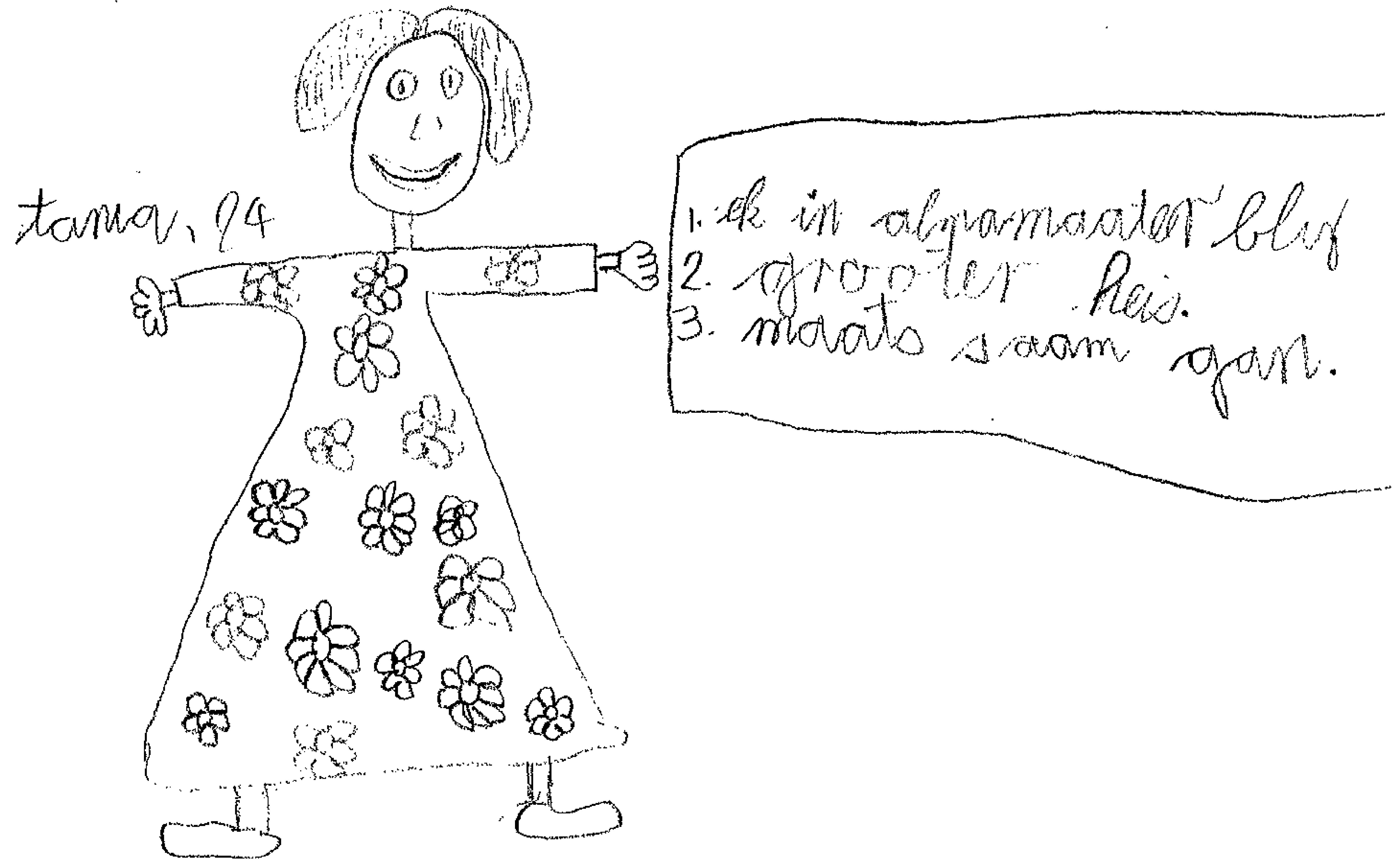
Venter, ISJ & Van Heerden, SM. 1989. *The grounding of History of Education.* Pretoria: Euro Publications.

Vorster, PJ. 1996. *Educational themes: senior primary child development: only study guide for ETH101-K.* Pretoria: University of South Africa.

Woodbridge, NB. 1998. Towards a stress management training programme for helping adolescents to cope with stress: an integrated approach. *Educare*, 27 (1 & 2):46-57.

University of South Africa (Unisa). 1996. *Human development and Education. Book B. Tutorial Letter.* Pretoria: University of South Africa.

Venter, ISJ & Van Heerden, SM. 1989. *The grounding of History of Education.* Pretoria: Euro Publications.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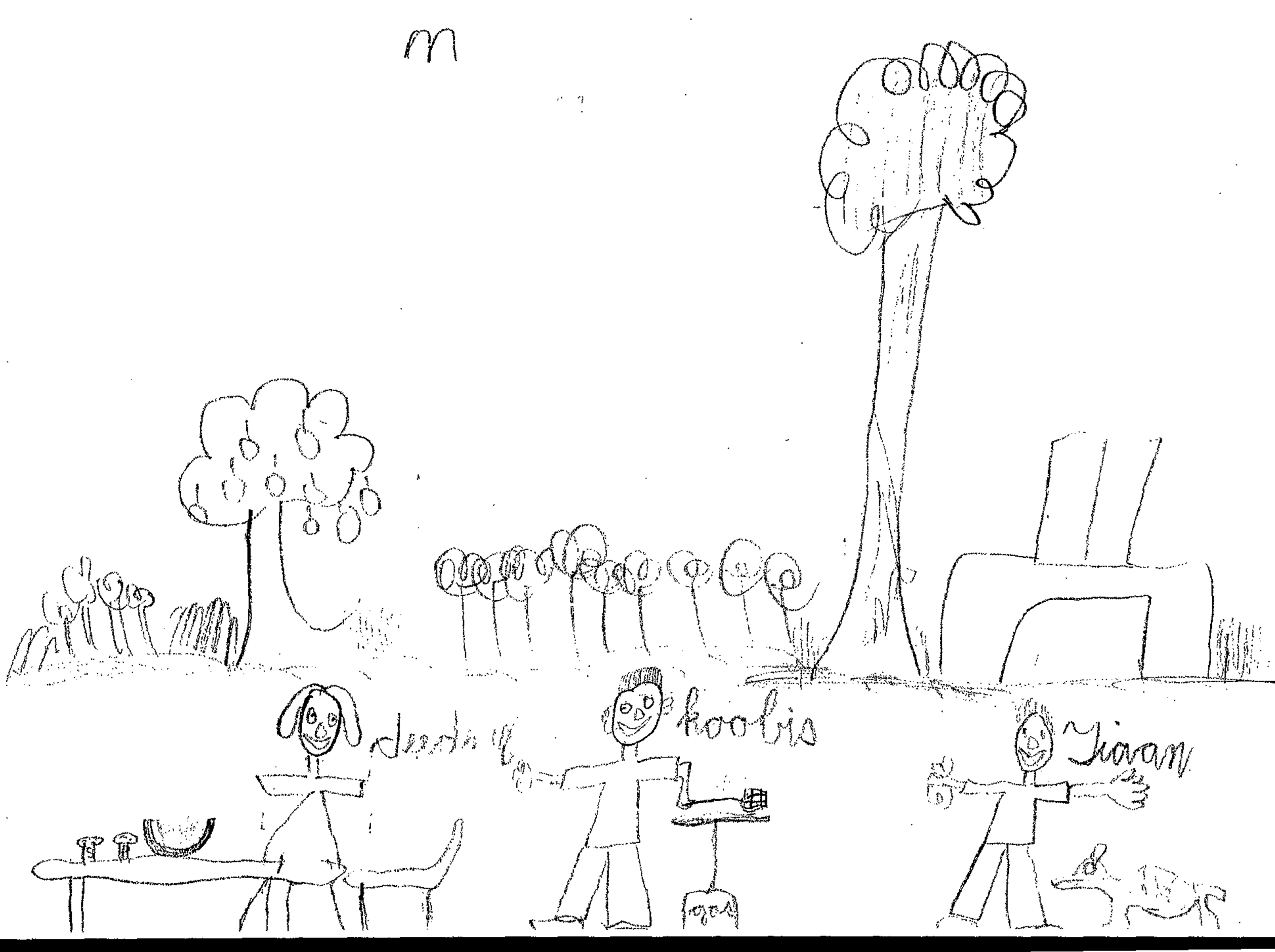
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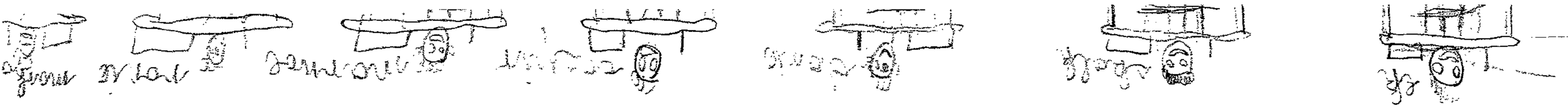
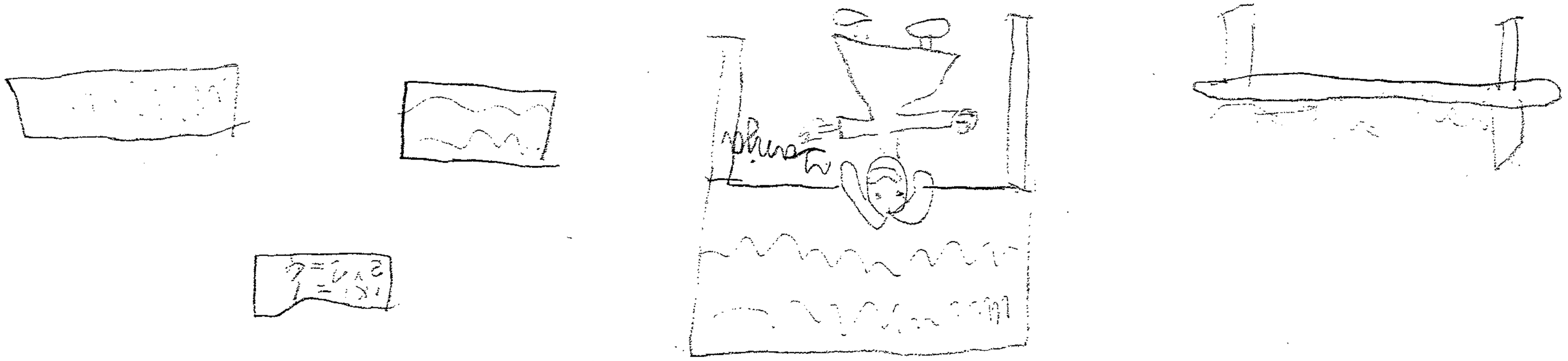
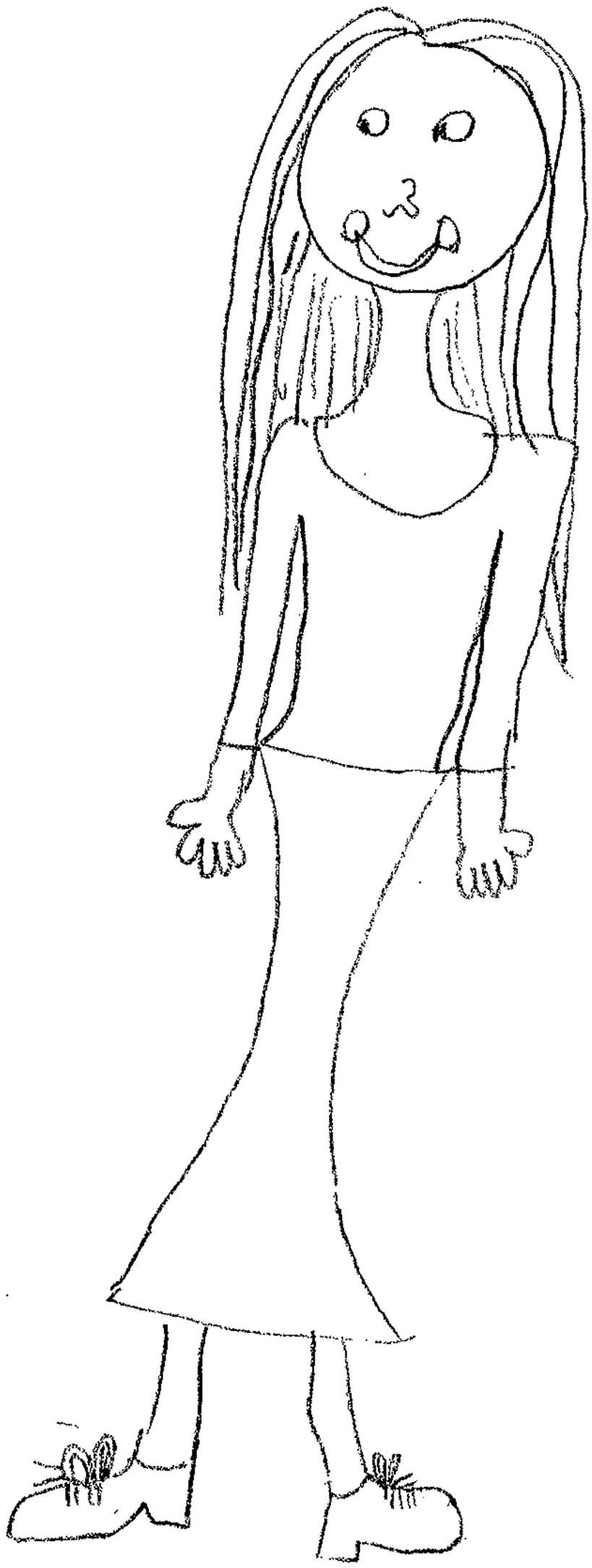
Addendum C







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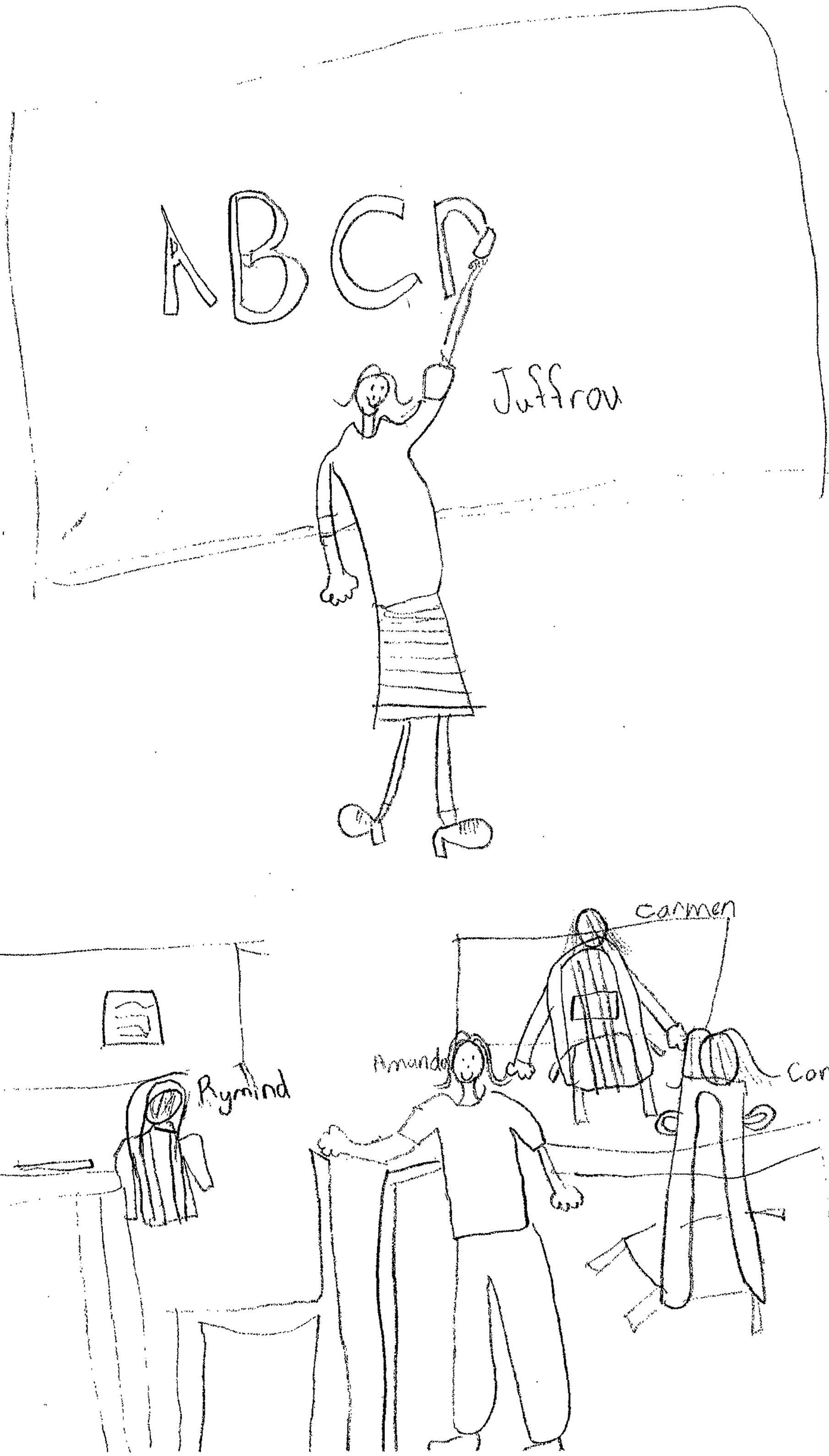
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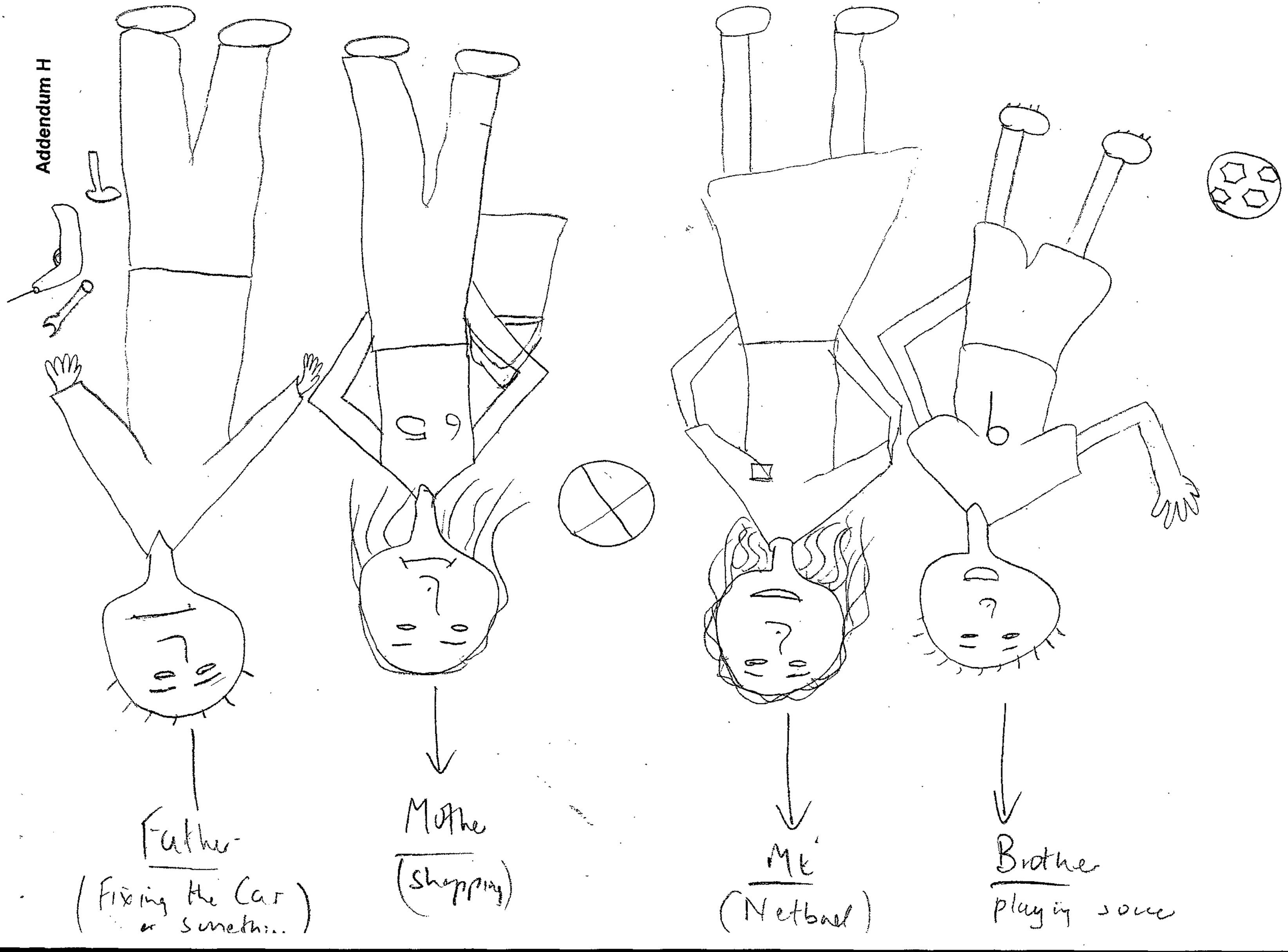
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Addendum I

This is a scale to check the amount of stress in your child's life. Identify those stressors that have touched on your child's life during the last ***Twelve months****:*

Score	Event	Score	Event
100	Death of a parent	29	Sibling going away to school
73	Divorce of parents	28	Winning school or community awards
65	Separation of parents	26	Mother or father going to work or quitting work
63	Parent's jail term		
63	Death of a close family member	26	School beginning or ending
53	Personal injury or illness	25	Family's living standard changing
50	Parent's remarriage	24	Change in personal habits (bedtime, homework, etc)
47	Suspension/expulsion from school		
45	Parent's reconciliation	23	Trouble with parents (lack of communication, hostility, etc)
45	Long vacation		
44	Parent or sibling illness	23	Change in school hours, schedule
40	Mother's pregnancy	20	Moving to a new house
39	Anxiety over sex	20	New sports, hobbies, recreation activities
39	Birth or adoption of baby	19	Change in church activities (more or less)
39	New school, classroom or teacher	18	Change in social activities (eg new friends, loss of old ones, peer pressure)
38	Money problems at home		
37	Death or moving away of close friend	16	Change in sleeping or nap habits
36	Change in studies	15	Change in number of family get-togethers
35	Parents quarreling more	15	Change in eating habits (going on or off a diet; new way of family cooking)
29	Change in school responsibilities		
29	Family quarrels with grandparents	13	Vacation
	300> stress load heavy, strong possibility child will experience a serious change in health or behaviour	12	Christmas
		11	Breaking a rule (house, school)
			Any other stressors in child's life:
	150-300 above-average chance of showing some stress symptoms		.....
			.....
	<150 average stress load		.....
			.....
			TOTAL

Source: Saunders & Remsberg (1984:73-75)