Psychological Stress and Anxiety in Middle to Late Childhood and Early Adolescence: Manifestations and Management

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Late and middle childhood and early adolescence are filled with transitions that can cause psychological stress. Degrees of stress experienced are a function of both emotional response and coping abilities. Age, gender, development, temperament, and parental models affect both susceptibility to stress and effectiveness of coping mechanisms. Failure to recognize manifestations of stress, and to assist with the development of positive coping skills, causes detrimental effects to the child's mental, physical, and emotional health. This article will enable primary care nurses to recognize signs of stress, assess coping skills, and provide children and caregivers with interventions and anticipatory guidance necessary to successfully navigate childhood stressors.
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AS ADULTS, MANY caregivers tend to think that children live happy, pressure-free lives filled with games, toys, and make-believe. However, even children can feel the emotional and psychological pressures of certain personal and environmental situations. Stress arises when the demands of a situation exceed an individual's ability to cope with and resolve the problem, resulting in emotional, behavioral, and cognitive disturbances that can adversely affect a person's physical and mental well-being (McCance, Forshee & Shelby, 2006). Perhaps the most important thing to remember is that stress manifests itself due to the manner in which a person relates to a certain situation, and not necessarily due to the sole *existence* of the situation at hand. Therefore, stress can be considered a function of both the demands that are present in a certain situation and an individual's ability to effectively deal with them (Sheslow & Stehl, 2005).

Developing the capability to cope with challenges and the capacity to adapt to stressful situations is an integral aspect of human development. The methods that children learn to cope with stress are important mediators of both current and future adjustment, and ineffective coping during times of psychosocial stress is a significant risk factor for the development of psychopathology later on in life (Compas & Boyer, 2001). Also, the ways that children learn to deal with stress during childhood will undoubtedly follow them into adolescence and may shape the patterns of how they cope with and relate to situations in adulthood. Furthermore, it is increasingly recognized that a child's overall health is impacted by not only biological factors but also the complex interactions that biological functions have with psychological and social processes (Compas & Boyer, 2001). It is crucial that health care providers are able to recognize the signs of overwhelming emotional stress and patterns of negative coping so that children may be taught more effective ways to handle adverse situations. These are tools that are necessary for children to mature into healthy, well-adjusted, and competent adults.

PHYSIOLOGICAL STRESS RESPONSE

When examining the effect that stress has on the minds and bodies of children, it is helpful to review the physiological mechanisms behind these

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responses. Once presented with a potential stressor, which can be in the form of many things including infection, pain, noise, anxiety, or depression, the adrenal and pituitary glands work together to initiate the stress response. Once the stress response is activated, these systems promote the release of catecholamines and various hormones that fuel the response. The major catecholamines responsible for initiation of the stress response are epinephrine and norepinephrine, and the major hormone involved is cortisol (Table 1). Overall, the catecholamines are essential in preparing the body to perform an action in response to stress while the various hormones act to mobilize and make available the energy sources that the body will need to perform the desired actions (McCance et al., 2006).

CHILDHOOD STRESSORS

Numerous types of events or situations can trigger the physiological stress response of the body. Some of the most common causes of stress during late and middle childhood and early adolescence will be reviewed here. It is important to remember that different individuals will find different events more or less stressful than others and that the child's mental attitude and beliefs play a major part in his or her response to the situation (Streight & Copeland, 1999). Therefore, not all children will have the same levels of stress in similar circumstances. In general, stress in children is usually caused by new, unfamiliar, or unpredictable situations; unclear expectations; anticipation of something unpleasant; or the fear of failure (Streight & Copeland, 1999). More specifically, the most common causes of childhood anxiety stem from either school stressors (such as grades and extracurricular activities), parent or family stressors, sibling stressors, or interpersonal stressors (between friends and peers; Donaldson, Prinstein, Danovsky, & Spirito, 2000).

Brown, Teufel, Birch, and Kancherla (2006) completed a study among 1,004 boys and girls aged 9–13 years that investigated commonly cited childhood stressors (Table 2). This study was conducted in 10 school-based health education centers in seven different states. The schools were of various sizes (ranging from 0 to 300 students to over 1,500 students) and located in a range of city sizes. Most study participants were of White (58%), Hispanic (25%), or Black (14%) ethnicity, with a small number of Asian/Pacific Islander (3%) students also included. The study revealed that the most frequently reported worry was about school grades followed by (in order of frequency) looks/appearance, problems at home, being liked/fitting in, being out of shape/overweight, the future, being a failure/disappointing loved ones, and friends/problems of friends (Brown et al., 2006).

In addition to their own worries about getting good grades and rising to the expectations of teachers and other mentors, many children are also

Table 1. Key Catecholamines and Hormone Involved in the Physiological Stress Response

	Norepinephrine	Epinephrine	Cortisol
Location of release	Brainstem Adrenal medulla	Adrenal medulla	Adrenal cortex
Resulting physiological responses	Constriction of peripheral blood vessels (thus elevating blood pressure) Inhibition of gastrointestinal activity Dilation of pupils Piloerection (goose bumps) Increased sweat secretion (armpits and palms)	Increased blood pressure and cardiac output (these effects are a result of enhanced myocardial contractility, increased heart rate, and increased venous return to the heart) Bronchodilation Transient hyperglycemia (caused by activation of enzymes promoting glucose formation, reduction of glucose uptake by muscles, and decreased insulin release)	Formation/Circulation of metabolic substances (substances include fatty acids, lipids, amino acids, and glucose) Inhibition of bodily use of metabolic substances (thus reserving metabolic substances for use in the brain) Prolonged elevation can cause immunosupression (caused by suppression of immunoglobulin synthesis; alteration of the amount of eosinophils/lymphocytes/macrophages in the peripheral blood, and inhibition of the T-cell response).
Resulting emotional responses	Increased arousal Increased anxiety and fear Increased vigilance		

Note: Data from McCance, Forshee, and Shelby (2006).

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