

Children's Reactions to Stress

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Children are like mirrors and sponges: they reflect and absorb whatever they see, feel, or sense from the adults that surround them. That is why children's reactions to stress involve not only the impact of an unsettling event itself, but also the way in which their parents and other significant adults respond to that event. The presence or absence of parental leadership and reassurance during a frightening or uncertain situation contribute to a child's ability to cope with stress, tragedy, or loss.

There are four fundamental questions that children need to have answered during stressful situations: (1) Am I safe? (2) Are the people who take care of me safe? (3) Will my basic needs (food, clothing, and shelter) continue to be taken care of? (4) Will my daily routine stay the same?

The way those questions are asked and answered are different for each age group:

Children up to 3 years old

- ▶ **Possible Reactions to Stress:** Increased crying, biting, thumb-sucking, overall agitation, more frequent startle responses, a tendency to throw objects out of cribs, beds, or play areas, and occasional attempts to throw those objects at others. Children who are already toilet-trained or are close to that goal may have setbacks.
- ▶ **How to Help:** Provide comfort, soothing, lots of physical contact (cuddling, rocking), and as much of a routine and schedule as possible. Do not scold a toilet-trained toddler for regressing; reassure the child and yourself that this accomplishment will return.

Children 3-6 years old

- ▶ **Possible Reactions:** Because children at this age generally do not have the same degree of denial that older children and adults have, they may absorb stressful events more swiftly and express their reactions more directly. Many children engage in re-enactments of a stressful event, sometimes to the distress of parents. For example, after the events of 9/11/2001, children who saw video footage of airplanes hitting the World Trade Center used toy planes to continually crash into toy buildings. Some very young children who did not fully understand the concept of video replays were frightened that planes continued to crash into tall buildings for hours and days after the initial catastrophe.

Children at this age may also exhibit anxious attachment behaviors toward their caregivers, physically holding on to adults and not wanting to sleep alone. They also may become withdrawn and may manifest short "sadness spans" that suddenly appear and disappear throughout the day. They may also regress in their physical independence, refusing to dress, feed, or wash themselves. Many children at this age will experience sleep disturbances; nightmares will be common.

- ▶ **How to Help:** Maintain the daily routine as much as possible, setting gentle limits. Encourage drawing, painting, dramatic play, playing with clay, and playing with super-hero toys to help elicit or ventilate feelings. Allow some back-sliding in maturation (that is, do not criticize or scold the child for regressing), and provide reassurance (to yourself and the child) that tasks of self-care, toilet-training, and/or dressing oneself will return. Allow some extra security at night by permitting the child's or parent's bedroom door to be open, for

extra lights to stay on, or even for the child to sleep with a parent for a very brief time (perhaps a few hours a night for no more than two nights; the child should be returned to his/her own bed as soon as possible, except in circumstances where the family norm is for the child to sleep in the parents' bed). If the stressful situation concerns a public or national tragedy, try to limit your watching of the news even though you want to know what's happening; watch TV when your child is not in the room, privately check updates on your cell phone, and monitor what your child is watching on television and online.

Children 6-10 years old

- ▶ **Possible reactions:** In addition to some of the behaviors described in the previous section, expect some additional changes in behavior: for example, a normally quiet child may become more active and noisy, while an active child may become more quiet and withdrawn. You may also notice a preoccupation with, or fear of, injury. Common at this age is the child's fantasy that he/she will become the "savior" who is able to rescue family, friends, and society from disaster. Also expect the child to be less trustful of adults and less confident in the perceived safety of his/her environment. At the same time, expect the child to become more tentative in moving toward independence from parents. Headaches, stomach aches, and other physical ailments become common stress reactions at this age.
- ▶ **How to Help:** Answer their questions in an age-appropriate way; let them know that it is acceptable to be scared or sad, but that you, their teachers, and other adults (e.g., in a national crisis, our political leaders) will protect them; provide additional attention, hugging, and snuggling; temporarily lessen expectations of top performance at school and at home; encourage the verbal expression of thoughts and feelings; encourage the use of art, drama, and music to help ventilate and facilitate the expression of feelings.

Pre-teens, 10-13 years old

- ▶ **Possible Reactions:** Expect some or many of the reactions noted in earlier stages of development, as the pre-adolescent potentially takes on a more childlike attitude in response to stress. Pre-teens become particularly cognizant of the lack of safety in the world, and may exhibit considerable anger without a clearly defined target. They may feel more threatened, may feel the future is more uncertain, and may feel a sense of meaninglessness or purposelessness. Pre-teens may also become more withdrawn as they try to stuff their feelings deep inside.

Psychosomatic illnesses become more common at this stage. Please note that psychosomatic symptoms are *real*/physical symptoms precipitated by psychological stress. Typically, the part of the body that is the weakest or most prone to illness – i.e., the stomach, back, or head – may be the most likely site of increased pain or disability.

- ▶ **How to Help:** Supportive behaviors are similar to those defined in the previous stage of development. Provide an extra degree of attention and support, and temporarily lower expectations of performance. Most importantly, encourage the pre-adolescent to connect with same-age group activities (e.g., youth groups, sports, school clubs, and other extra-curricular activities that have adult supervision; if in-person gatherings are not possible, encourage or arrange online connections under your guidance and close supervision, without hovering *too* closely).

Adolescents, 13-18 years old

- ▶ **Possible Reactions:** Anger, increased rebelliousness, sleeplessness, nightmares, attempts to establish control over their environment, increased judgmental behavior toward themselves and others, being suspicious of others, exhibiting eating disorders (either an increase or decrease in food consumption compared to previous patterns), depression, anxiety, the possibility of substance abuse, and psychosomatic illnesses. In many ways, teenagers are the most vulnerable of these age groups because their minds and bodies are in so much developmental flux, and because they are painfully aware of the realities and implications of scary situations and tragedy. They are less likely to be or to feel protected from the assaults of the outside world, and they have limited capability to forge solutions on their own to make things better.
- ▶ **How to Help:** Encourage conversations with family and friends, not only about the stressful event itself but perhaps about issues of, and the realistic limits of, justice, power, and control; provide opportunities for community involvement (volunteering, tutoring, etc. to help foster feelings of accomplishment and contribution), encourage involvement in extra-curricular activities to the fullest extent possible, and recruit the talent, experience, wisdom, and comfort of clergy.

Some general tips on connecting with children during times of stress:

- ▶ Explain and reassure, over and over again.
- ▶ Provide the physical comfort of hugs, regardless of age.
- ▶ Paraphrase their statements to show you understand their worries and concerns.
- ▶ Solicit their questions.
- ▶ Listen carefully.
- ▶ Provide as much information as your child can understand and handle, but only present to them what is specific and known. Don't speculate. Provide simple, accurate information.
- ▶ Acknowledge your own feelings in an appropriate way, but don't overdo it; your child is not your therapist.
- ▶ Don't be afraid to tell them that you have feelings and reactions, too, and that you sometimes need some time to yourself to re-group and think.
- ▶ Make it clear that the parent/child, caregiver/child, or teacher/child relationship remains positive and intact.
- ▶ Control what you can control. Adhere to a routine as much as possible. Demonstrate strength and leadership to whatever extent you can. Show that you have some degree of control over your day-to-day life.
- ▶ Maintain a sense of purpose.
- ▶ Be in close touch with teachers and caregivers to form a network of support around your child.
- ▶ Hold family meetings to discuss what's happening and to consider how to most effectively respond.

- ▶ Connect with your clergy, your faith, your extended family, your friends, and/or your community.
- ▶ Seek the services of a trusted professional (psychologist, psychiatrist, social worker, pediatrician, family doctor, teacher, guidance counselor) to help you, as well as your child, through this difficult time.

Adult Reactions to Stress, Loss or Tragic Events

Most typical reactions: confusion, fatigue, depression, anger, immobilization, sadness, and fear.

Approximate stages of stress reactions and grief:

1. **Shock:** denial; isolation coupled with a simultaneous need to be close to loved ones; feelings of unreality (it's a dream, a movie, or a nightmare); other events lose their importance.
2. **Panic:** wandering around in a daze; extremes of emotion; feelings of emptiness; fear about what may happen next.
3. **Guilt:** questions posed like "did I do enough to prevent what happened?", "could I have stopped it from happening?", "did I say enough and do enough for the person/people involved?"
4. **Depression:** numbness, sadness, aloneness, despair, purposelessness.
5. **Anger:** directing the depression outward rather than toward the self; assigning fault or responsibility to others; hostility.
6. **Hope:** reconciliation; acceptance of the reality; doing something to make things better (volunteering to help others in need, giving to charity, etc.)

Pay close attention to your own well-being: eat well, sleep well, exercise, and stay hydrated.

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