

## Chapter One: Our Stressed Kids

### Case Study 1: Timothy

The *Tyrannosaurus rex* pummeled my arms and face, and its teeth tore relentlessly at me. Fortunately, the dinosaur was made of felt.

“Wow,” I said to the puppeteer, as he paused for breath. “The dinosaur seems angry.”

“He’s mad!” screamed Timothy. “He’s really mad!” Sweat shone on his freckled face. His red hair stood spikily out from his head.

Hurling his sixty pounds toward me, Timothy again drove his puppet-clad hand toward my face.

As I warded off the next onslaught with my forearms, I marveled at this wiry, 8-year-old boy’s ferocity.

Always a rambunctious child, Timothy’s behavior had lately reeled out of control. His rude, aggressive, and downright violent behavior at home and at school had driven his parents to bring him to me. During the interview with his parents that preceded the T. Rex play session, I had learned that Timothy was a fair student, although his grades had recently taken a nosedive. He had always been active, even, his mother swore, in the womb. One of his favorite activities was doing daring, almost reckless tricks on his bicycle.

Over the past couple of months, he had become increasingly prone to fits of rage. If he was frustrated or angry, he would break things, scream, refuse to cooperate, openly defy his mother, and stomp off to his bedroom to continue his tantrums. These wild episodes generally occurred when his mother told him he couldn’t do something he wanted to do. The school had called the week before to say Timothy was behaving in a similar fashion in the classroom. Twice, he had run out of the classroom in a rage. He had also begun to push and hit other students. Sometimes his outbursts were so extreme an adult had to physically restrain him. His parents feared they couldn’t control him. While his parents relayed this information, I looked at Timothy, who was picking at a scab on his knee. Catching my stare, he looked up and smiled. It astonished me that this smiling, polite boy was capable of such emotional tempests. Not until he picked up T.Rex did I realize his parents weren’t exaggerating.

His father had thought his wife was exaggerating too. That is, until the previous weekend he had refused to let Timothy play with his friends because it was “chore day.” His father’s unreasonable denial of such a small request provoked Timothy to have his first tantrum in his father’s presence. His father reacted by spanking Timothy and sending him to his room for an hour, then rousing him to do those chores.

When I asked for more information about family routines, it became clear that Timothy’s father ran a tight ship at home. Trim and fit at 50, he radiated the studied, controlled intensity of the

Army captain he had once been. He currently owned a printing business, which I suspected he managed with an iron hand.

Timothy's mother was a day-care teacher. Sweet and soft-spoken, she seemed cowed by her husband, always letting him speak first and glancing nervously at him for approval when she did speak. She admitted that she faithfully enforced the rules set out by her husband.

Both parents demanded a great deal from their four children. Each was expected to do well in school, and play a sport and a musical instrument (Timothy played the trombone). Though Timothy was the youngest child, he nonetheless had to do a long list of household duties: feed the dog, empty the trash, load the dishwasher, weed the garden, clean his room, and fold his clothes.

Timothy's sport was baseball. His father acted as his personal coach, tightly scripting the boy's practice and performance. Even the family fun -- camping in the nearby Rocky Mountains -- sounded more like boot camp. The rules were many and the consequences of breaking a rule were significant (hours of bedroom timeout or hours of punitive chores). On the other hand, the parents also expressed affection toward their children. The children were polite and respectful--until Timothy began to balk at the rules, neglect his chores and his studies, talk back to his mother and the teachers, and fall into prolonged tantrums.

At the end of this appointment, I suggested that we continue with play therapy for Timothy. Play therapy serves as both assessment and treatment. In the first play session, the T.Rex puppet allowed Timothy to distance himself sufficiently from the usual constraints to express the raw emotions that he felt. Repeat sessions would provide Timothy with a means to work through those feelings. Even though he could not verbally discuss his conflict, he, like all children, was sufficiently aware of his situation and life issues to act them out in play.

In his second therapy session, Timothy ran to the toy room, rummaged around a bit and came up with a green foam brain and announced we would play a game with it. I sighed in relief that we were not playing puppeteer and punching bag again.

"This brain will be the ball," he said. He explained the rules for a game that sounded like a cross between volleyball and soccer. With puppets on our hands, we had to kick, hit, slap and serve the "ball" to one another. The goal was to keep the brain in play as long as possible.

Timothy peppered our play with critical commentary. "You've got to keep the brain in the air, Dr. Shannon. You're not trying hard enough. No, that's wrong. Do it this way. Not so easy, hit it hard, like this." With this last command, he whacked the toy brain at me. It bounced off my shoulder before I could react.

As we played, I began to think that Timothy's inner world perhaps resembled a game of brain volleyball. The image of the brain slapped back and forth with little predictability echoed Timothy's uncomfortable lack of control over his emotions, which arose paradoxically from his father's tight control over his world. Without the maturity to intellectualize his experiences, he felt bounced from one strong emotion to another. Most of his feelings about his parents' strict

rules were subconscious. For one, Timothy's young age prevented his conscious understanding. For another, most kids have trouble accepting strong negative feelings toward parents. It's easier to punch a schoolmate than to tell your father he's making your life miserable. Whereas some children might have developed physical pains or a sad mood, Timothy's temperament spurred him to act out his feelings with aggression, defiance and tantrums.

Observing the way Timothy behaved when his parents were in the room, I could tell that he loved them both, even his father, who cared enough to come to every appointment. Most of our visits would begin with Timothy and both parents reviewing the past week's events. His father did most of the talking. When I encouraged Timothy to speak, his father would cut him off mid-sentence. While his father spoke, Timothy usually draped his small body over his dad. I found it interesting that most of Timothy's tantrums occurred when his father was not present. The fact that he primarily misbehaved around his mother and his teacher made me suspect that he was afraid to act badly in front of his father. Although, at eight, Timothy could not intellectually understand it, he knew intuitively that his father would not tolerate expressions of defiance or anger.

My working theory was that Timothy was, like his father, strong, willful and stubborn. He both loved and resented his inflexible, insensitive father. Timothy appreciated that his father spent a lot of time doing activities with him, but disliked his authoritarian style. Neither parent understood Timothy's conflicting feelings toward his father, nor Timothy's need for increased personal control and autonomy. Most of the time, Timothy repressed his anger and frustration.

My strategy was two-pronged. First, I sought to help Timothy's parents understand how their son felt. I pointed out that the boy's rages stemmed from his frustration and anger over their excessive and rigid demands, his unrequited need for increased control over his life, his shame at being the "problem child" in the family, and his confusion over his conflicting feelings of love and resentment toward his father. I showed how all these things had created a level of psychological stress that outstripped Timothy's ability to cope. In private meetings with Timothy's father, we explored his childhood relationship with his own father. This reflection brought up memories of the way his harsh, insensitive father had made his early years so painful. He realized how much alike he and Timothy were. He realized he was inadvertently reenacting old father-son patterns and resolved to stop history from repeating itself.

The second arm of therapy was to allow Timothy to make continued progress in play therapy. I believe that, with a modicum of adult support, a child's mind can resolve many of these underlying stressors. The mind's powerful ability to heal and seek wholeness transcends intellectual awareness. In other words, Timothy didn't need to understand intellectually what was going on for play therapy to work. This innate drive to health forms the foundation of a number of therapies.

To tame Timothy's volatile emotions, I also recommended his parents remove sugary and caffeinated foods from his diet and give him a calming herbal formula. I chose to ignore the school counselor's request for psychiatric medications to improve Timothy's behaviors. Although drugs could have swiftly produced benefits, I didn't think they were necessary. Furthermore, they would not have remedied the deeper problems. Within a month, Timothy was

much better. Still intense, but he was no longer aggressive or violent. These changes were more enduring than those any medication could produce.

Small changes occurred much more quickly. In our third play-therapy session, Timothy decided to play with toy trains, which represent machines whose power is restrained by the tracks they move down. With me as his obedient assistant, we laid about 15 feet of wooden track. Timothy then built a barn at the end of the track inside of which he gently placed the prize—the toy brain. I found it interesting that a barn, a structure for containing domesticated animals with an inherently wild nature, housed the brain.

Once the infrastructure was in place, Timothy announced that we would each place a train at the start line and – ready, set, go – race to the brain in the barn. The first race was urgent, wild, and fraught with crashes and derailments. The second was slower and more controlled. By the third round, Timothy was almost polite and methodical.

In less than an hour, he had made progress. He encountered some obstacles on the way, but worked through them. The tempo and pace he felt moving through his life shifted from a tarantella to a minuet. Somehow his play helped tame his wild impulses, helped set his emotions more on track. Within three play sessions, Timothy had moved from expression of his turmoil (the violent T. Rex attacks), to reflection on his experience (brain volleyball), to an adaptive response (the trains).

In sum, Timothy is a portrait of overwhelming stress. His stressors included: high parental expectations, performance pressure, an inflexible and overly controlling parenting style, insufficient free time, and a personality clash with his father. Instead of directing his anger and frustration toward his father, his strong emotions diffused in a more general way into his home life (mostly when his father wasn't around) and his school days. So great was his inner turmoil that it boiled away his concentration for academics and his self-control.

Were Timothy more introverted, he might have developed other symptoms, perhaps headaches, stomachaches, low self-esteem, or more obvious signs of depression. Furthermore, had Timothy failed to receive treatment or had merely received drug treatment, his condition may well have deteriorated. His tantrums at age eight might have shifted by ages ten or eleven to more aggressive behaviors—bullying, talking back to teachers, and truancy. By fourteen or sixteen, he might have moved to substance abuse, vandalism, theft, and other legal peccadilloes.

## **Case Study 2: Katie**

“Katie does not have any psychological problems,” announced Katie’s mother.

Those are the first words I heard after I had introduced myself to Katie and her parents.

“All right,” I said. “Why don’t you begin by telling me why you’re here?”

While her parents took turns relaying Katie's medical history, thirteen-year-old Katie sat on the sofa between her parents and stared into space. Shadowed green eyes stood out in her thin, pale face. At intervals, she bit her lower lip.

Her parents told me that, over the last month, Katie had developed severe stomachaches. After a series of medical tests failed to show any abnormality, her pediatrician suggested the family contact me. Their tense voices and unsmiling faces make it clear they would rather be almost anywhere else but in a psychiatrist's office. I learned that Katie's father taught high school social studies during the week and played flute in an Irish band some weekends. Katie's mother was an attorney who put in twelve-hour days at the office and sometimes traveled to argue court cases. Both parents had high academic expectations for Katie. Of the two, Monica, who excelled in school herself, was the sterner taskmaster.

At this point, I sent the parents to the waiting room so that I could speak with Katie alone. At first, she talked reluctantly and picked at her cuticle. Once I discovered that one of her favorite activities was singing in a children's chorale that performed all over the state. Her participation, while she enjoyed it, took a lot of her time.

I asked her about friends. Katie looked down at her hands and admitted she didn't have many.

When I asked how she felt about that, she answered, "I just don't feel like I fit in. All the other girls in my grade have—well, you know—developed." She paused and swallowed. "My best friend from elementary school well, I was happy because we were both going to the same middle school. But now, she's started wearing makeup and liking boys. And she got on the field hockey team. I'm not much of an athlete. Anyway, we've sort of drifted apart."

I asked about exercise. Gym class at her school had recently been cut to three days a week. Aside from that, she didn't exercise. I asked about her diet. Katie ate pretty well most meals, though her appetite was poor lately. At night, she drank Diet Cokes which, as she put it, "helped her study."

"What about your classes?" I asked.

"They're hard," she said. "Mom made sure I got into the gifted and talented classes."

"So, do you have a lot of homework?"

"Yeah. Lots of nights, especially when I have choir practice, I'm up till eleven. Sometimes later. But I've been able to keep up my grade point average," she added, as though she needed to reassure me.

"Eleven o'clock is pretty late. Do your classmates stay up that late?"

"Some of them do. I think one reason I stay up late is that I have trouble concentrating. It's like I get so nervous about getting the work done I can't think straight. Sometimes I'll read a

paragraph and realize I didn't get anything out of it. Sometimes I have to re-read stuff two or three times."

"I can see how that would add to your homework time. What time do you have to get up in the morning?"

"School starts at 7:30. So I'm usually up by 6 or 6:30." She yawned. "Sorry."

"How's your sleep?"

"Sometimes I have trouble getting to sleep."

"What keeps you awake?"

"I don't know. Sometimes I worry about school. Like if I have a test the next day."

I broached the subject of her mood. She didn't feel happy very often, except when she was singing. In addition to feeling sad, she also felt anxious most of the time. She noted that her stomachaches seemed worse when she was most worried about school.

"What do you think came first, your worries or your sadness?" I asked.

Katie thought for a moment. "I can remember feeling happier during elementary school. And when I was really little. I think I've always been a bit of a worrier."

"What do you think might happen to make you feel happier?"

"I would get A's without even trying, and everyone would like me." She smiled ruefully then added, "Yeah, right." I waited to see if she would say more. She took a shaky breath, "I just want to be good enough."

We talked for a minute about her feelings of inadequacy. Mostly she worried that she wasn't very smart and that no one liked her. After a minute I asked again what changes would make her feel better.

"I could get out of the gifted and talented program," she said.

"What about that? Have you ever talked to your parents about changing academic tracks?"

Katie shook her head. "No. I mean, my parents would freak. My mom especially."

"Why?"

"She thinks I'm smart enough to do the work. I guess she'd be disappointed if I couldn't."

I nodded, sure that Katie was right. But how sad that she would sacrifice her own mental health to avoid disappointing her mother.

“Mind if I talk to her about it?”

“No.” Katie rubbed her eyes. “Okay, sure. Why not.”

I invited Katie’s parents to rejoin us. I told them I thought Katie’s stomachaches stemmed from the pressure she felt to perform academically and musically. I said that Katie loved being part of the children’s chorale, so it seemed a shame to cut back there.

“What about moving Katie back to the regular academic track?” I suggested.

“But she gets straight A’s,” her mother protested. “If we move her to an easier curriculum, she won’t be challenged.”

I glanced at Katie, who gave me a “what did I tell you?” look.

“Most of Katie’s symptoms arise from stress. She feels sad and anxious. She has trouble sleeping. She’d like to have more friends. Katie, tell me if I’ve got this wrong.”

“No,” she said, glancing at her mother, then her father. “You’ve got it right.”

Her mother bit her lip.

“Go on,” her father said to me.

“If she could reduce her stress level, her anxiety would abate and her mood will improve. Lightening her academic load would be a good place to start.”

The parents agreed to talk it over. I suggested other stress-management skills, chiefly exercising and cutting caffeinated sodas.

“I hate team sports,” Katie said.

“You don’t need to be on any kind of team to get exercise. And exercise is a great way to boost mood and reduce anxiety.”

We explored the activities that most appealed to her: yoga, hiking, and hip-hop dance. I said that, along with gains in strength and flexibility, yoga would help calm and center her mind. A dance class had the extra benefit of helping her connect with kids her age. The family agreed to find out about classes that wouldn’t conflict with her choir schedule. As a means for supporting Katie’s social life, the parents said they’d also call the church they attended sporadically to learn about youth groups.

I recommended a gentle herb that Katie could take at bedtime to help her sleep, adding that I didn't think she'd need it for long. I explained that thinking habits could either decrease or increase stress. I gave an example of two ways to react to the same situation. Katie said she'd be interested in learning more. With a laugh, her mother said she could benefit from that kind of skill too. We agreed to work on that next time. I was glad the family was willing to return as I knew it would take more than one session to readjust Katie's belief that she had to be perfect to please her parents and to soften her parents' expectations of her. But I was confident we'd get there.

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Katie's story highlights several important points:

1. Stress can produce physical symptoms. Parents (and also doctors) typically focus so these symptoms, to the exclusion of more subtle signs of psychological distress.
2. Not only can parents miss signs of stress in their children, but they can unwittingly add to their children's stress level.
3. Even kids who seem to be doing well can be carrying invisible burdens of stress.
4. Kids want to please their parents. They both loathe to disappoint their parents and to worry them with their problems. Eventually, they may internalize parental expectations to become hard-driving, stress-ridden teens and adults.
5. More often than boys, girls may internalize stress. Instead of acting out with bad behavior, they may develop psychological problems such as anxiety or depression, or physical problems such as headaches or stomachaches.
6. Stress can produce symptoms reminiscent of psychological problems. Katie had symptoms of depression and anxiety, but the force driving those symptoms was stress. I was certain that if I could reduce her stress level and give her coping skills, she would feel much better. A month down the road, she was, in fact, doing quite well. I suspect that, had I prescribed an anxiety-relieving antidepressant and done nothing else, Katie could have maintained or even escalated her stress level, which may well have led to more serious psychiatric symptoms in two to four years.
7. The more deeply that we can understand a child, the more tools we can use to help her manage stress. In Katie's case, she needed to work on diet, exercise, sleep, thought habits, and she needed some support in reducing her academic load and in making friends.

### **The Rising Tide of Childhood Stress**

Radical shifts in the social fabric of America over the past fifty or so years have created a world that's vastly different from the one most of us grew up in. The culture has been evolving, but that evolution has recently speeded from 33 to 78 rpm. The most obvious, quantifiable changes involve violence, sex and alcohol and drugs, all of which children are exposed to at ever younger ages and degrees of intensity.

Our kids are plugged into the media, which, although it offers many educational tools, isn't altogether healthy. According to a 1999 Kaiser Family Foundation study, the average American

child engages with various electronic media five and a half hours a day, not counting exposure in school. About 16 percent of children eight and older rack up 10 hours or more. Sixty-five percent of kids eight and up and 32 percent of kids under eight have TVs in their bedrooms.

Most parents do not supervise their children's media usage. We have allowed the media, television in particular, to become *de facto* parents. We seem to have forgotten our duty to wait until our children are mature enough to reveal to them information about sex, violence, illness, and death.

Exposure to media violence and sex has become alarmingly commonplace. In *The Other Parent: The Inside Story of the Media's Effect on Our Children* (Atria Books, 2002) James P. Steyer quantifies our children's steady diet of media sex and violence. Each year, the average American child is exposed to more than 14,000 references to sex or simulated sexual intercourse on TV alone. By the time they enter middle school; most kids have seen on TV eight thousand killings and a hundred thousand more violent acts. Later we'll talk about the damage these experiences can wreck on a child's mind.

In his documentary film, "Bowling for Columbine," Michael Moore explores the question of gun violence in the United States. His conclusion: "It is not the guns themselves, but the atmosphere of fear about crime and personal safety that drives much of American gun violence." Moore interviewed Barry Glassner, PhD, a sociology professor at the University of Southern California in Los Angeles and author of *The Culture of Fear: Why Americans are Afraid of the Wrong Things*. Glassner built a case for how the media magnifies our fear by focusing reports on violence and the treat of violence. "If it bleeds, it leads," is the new media motto. Politicians capitalize on fear and sensationalism.

Glassner notes that, even though violence is down 20 percent, reportage of violence is up 600 percent, creating a false sense of insecurity and fear. In recent years, the youth homicide rate has dropped by about 30 percent. Three times as many people are struck dead by lightening as die in acts of school violence. A single kidnapping can dominate the airways for weeks at a time, yet only about 250 such events occur each year, most of them by noncustodial parents. Nevertheless, the media encourages parents and their children to fear unlikely events.

Hence, we begin to believe the world to be more dangerous than it really is. We lock doors, install alarm systems, buy guns, gate our communities and keep our children indoors. Our anticipation of imminent catastrophe can create debilitating anxiety symptoms.

We saturate the media with sexual images, and then tell kids to maintain their chastity until marriage. Although births to teens have begun to decline, the United States still has the highest teenage pregnancy rate of all developed countries, with approximately one million teenagers becoming pregnant each year. In the meantime, a rise in nasty sexually transmitted disease has made it more likely that sex will make you sick or kill you.

Although use of alcohol, drugs, and cigarettes by children and teens has remained relatively stable over the last decade, the percentage of kids who try these health-damaging substances is nonetheless high and the numbers of teens admitted to addiction treatment is on the rise.

According to the National Institute of Drug Abuse, 20 percent of eighth graders and 49 percent of high-school students have smoked marijuana; 52 percent of eighth graders and 80 percent of high school seniors have drunk alcohol (and three percent of seniors drink daily); three percent of eighth graders and 11 percent of seniors smoke at least a half pack of cigarettes a day.

Free time has become an endangered concept. Researchers from the University of Michigan found that school-age kids' free time has diminished from 40 percent of the day in 1981 to 25 percent of the day in 1997. Yet play (and not just athletics organized by adults) is one of the best antidotes to stress and is critical to a child's development and well-being. It doesn't help that many kids don't even have a safe place to play.

Less quantifiable, but equally important, are the pressures we place on our children. Children today are under a lot of more stress than we were as kids. They have more homework. Their athletics are adult-organized and competitive. The social jungle is thornier and requires more equipment: the right clothes, the right shoes, the right haircut, and the tough-mindedness to say no to a host of temptations.

And we, the overworked parents, are often too worn out by our own stressful days to "be there" for our children. The idyllic situation wherein one parent brings home the bacon and the other looks after the children has become a rarity. And when parents are around, we may actually add to our kids' stress levels.

One way adults and the culture in general stress kids is by accelerating their development. Parents show infants flashcards and play Mozart in hopes of making them smarter, earlier. In the big cities, where academic competition starts early, parents sign up their children for preschool and daycare before they're even born. By age 3 or 4 many kids are already taking lessons in tennis, gymnastics, violin and foreign languages. Kindergartners know designer labels before they know how to read. Grade-school kids start playing competitive sports, because, if they wait till they're older, their peers will have surpassed them. Many high-school aged kids are preoccupied with taking advanced placement courses, college-level coursework that will earn them early credits. Why? So they can hurry through college in record time? So they make a dent in mastering all there is to learn these days? So much to do, so little time. Just thinking about it is enough to make your pulse race, enough to make you feel psychologically winded.

## **What is Stress?**

The word stress comes from the Latin *strictus*, which means tension. Strict and stricture also derive from this Latin root. The American Heritage Dictionary defines stress as "a force that tends to deform a body and as a mentally or emotionally disruptive." Most of us think of stress as an outside influence that pressures us or threatens our well being.

Around 1936, Hans Selye embarked on research that showed that stressful stimuli (called stressors) produced a series of reactions that he named the "general adaptation syndrome." He defined stress as the "nonspecific response of the body to any demand made upon it." *Stressor* was the noxious outside influence that produced the stress response. He called the nonspecific

response to a stressor the general adaptation syndrome. The response has three stages. The first is the alarm reaction. Here, the initial exposure to a stressor herein activates of the adrenal glands to produce adrenaline (epinephrine) and the branch of the nervous system called the sympathetic nervous system. The results are elevated blood pressure, heart rate, respiratory effect, and anxiety. Everything speeds up, including our thoughts. Back in the Stone Age, most stressors called for a fight or flight response. Now, instead of fleeing saber-toothed tigers, kids are more likely trapped in a classroom where neither fleeing nor fighting is appropriate. Pity the child who has a stress reaction to a math quiz and has to corral his stampeding thoughts and racing heart. He wants to run and shout and hurl things, but society demands he stay glued to his seat.

The alarm phase has a second step, wherein the brain releases a hormone that causes the adrenal glands to release cortisol. Its main job is to maintain blood levels of sugar and other chemicals the body can use to generate energy. When released briefly, cortisol also stimulates the immune system (so that you're better able to fight infection should you injure yourself fleeing from a predator) and causes the event that triggered the release to become emblazoned in memory. This last function is why most of us remember exactly where we were and what we were doing upon hearing of the September 11 terrorist attacks.

The second is the stage of resistance, wherein the organism readjusts. Two concepts come into play in this stage. The first is *homeostasis*, the tendency of an organism to seek internal order and balance. The second is *ponos*, the fight of the body to restore itself to balance after injury or illness. Hippocrates felt that a natural healing force, a *vis medicatrix naturae*, powered this restorative process. And it's true that all organisms, including humans, are programmed to regain a state of balance. After a stressor disturbs the system, attempts are made to do so. This balance or readjustment occurs, unless the stressors overwhelm their abilities.

The third stage, the stage of exhaustion, occurs when the stressor is so great that the person (or other animal) can not fully readjust and instead becomes ill or dies. A host of chemical reactions participate in this last phase. Chief among them is cortisol, the hormone that does great things over the short term. When elevated for long periods, the consequences are undesirable: wasting of the muscles, deposition of abdominal, loss of bone density, suppression of immunity system, problems with memory and other mental skills, and erosion of mood.

A similar situation happens when a less catastrophic, but nevertheless noxious stressor, frequently recurs or becomes chronic. Modern children are more likely to encounter such repetition: the bullies who haunt the schoolyard each day, the empty house each afternoon, the nightly grind of homework. If these things act as significant psychological burdens, the stress response spikes repeatedly or gets stuck in the "on" mode.

Our children are showing us that mounting stress levels have pushed them past their ability to successfully cope into the stage of exhaustion. However, children's natural healing forces are strong. If we merely lessen their stress load and support their healing process, they usually will bounce back.

### **The Four Categories of Stress Response**

After the initial exposure to a stressor, a person adapts or partially adjusts or completely fails to adjust. Adaptation is the ideal reaction to stress. A child who adapts to a stressful event incorporates the experience into her life. She has a conscious awareness of what has happened, copes well with the event, then moves on without a sense of threat and anxiety.

Here's an example. Sarah is bicycling home from school when a dog bolts a fence and begins chasing her. She peddles like mad for home. The dog gives up and trots off in a new direction. Sarah stands in the safety of her yard, going over what happened. Gradually, her pulse and breathing rate slow, her hands stop shaking, and her thoughts stop swarming about her brain like gnats. She talks to her parents about what happened. Then she eats dinner, does her homework, and sleeps soundly. She resumes her life with a new wariness of dogs, but without undue terror of them.

The example above illustrates adaptation to a single, isolated stressor. Kids can also adapt to a bigger changes with more enduring impacts. Take twelve-year-old Ben, who finds out his father's new job will take the family to a different state. At first, he's sad, angry, and apprehensive about the future.

His mother gives him a book about the new state. Ben reads it and is intrigued by descriptions of the caves and canyons, landscapes, which sound exotically different from the deciduous forests that surround his home. He and his younger brother talk about places that want to explore. His dad asks him to help pick out driving routes on the map. Although Ben is still sad about leaving his friends, plans for holiday reunions make him feel better. In short, Ben has begun adapting to a significant stress, the stress of relocation.

**Adjustment** involves a more superficial reaction to a stressor. Compared to adaptation, the child who merely adjusts is not as aware of what's going on and does not completely recover his balance. Had Ben merely adjusted to the news of moving, he would be more preoccupied with the sadness of leaving his home, his town, his school, and his friends. He might harbor resentment at his father for wrecking his life. He might feel more afraid about the new neighborhood and, especially, the new school. However, he would continue to function fairly well day to day and would maintain his performance at school, though he might be more irritable and argumentative.

In **regression**, the child moves backward in his coping skills. Because he perceives the stressor as a significant threat to his well being, he shifts into survival mode. Certain stress hormones remain elevated, keeping the body edgy and somewhat exhausted.

Had Ben regressed, he might respond by holing up in his room and building car models (a hobby he abandoned two years ago). He might ruminate about his concerns about coping with a new school and making new friends. His grades might drop. Under the influence of stress hormones, his immune system might weaken, causing him to catch more colds. He might move beyond irritability to outright anger. He might oppose or defy requests from teachers, parents and other authority figures. In short, his behavior would backslide to that of a much younger boy. Other examples of regression in kids include going from nighttime dryness to bedwetting, clinging to

parents or stuffed animals, or lapsing into fear of the dark, temper tantrums, or other behavioral outbursts.

In **decompensation**, the mind can not fully process the traumatic event, which is typically horrifying. The child feels so threatened and vulnerable that her mind seems to fragment or unravel. Let's say that Sarah had fallen off her bicycle, and the dog had bitten her arms and face before a neighbor pulled him away. Because of the disfigurement, she had to undergo two rounds of plastic surgery. Months later, she keeps reliving the trauma. She avoids dogs and bikes and anything associated with the bad event. She won't go to the houses of friends who have dogs. Whenever a dog does approach her, she panics. She startles easily. She has trouble sleeping, concentrating, and controlling her anger. Things she used to enjoy -- going to Brownie meetings, roller skating with friends, playing the piano -- no longer seem fun and she stops doing them. This extreme stress response is called posttraumatic stress disorder or PTSD.

Although it's handy to categorize stress response, in real life, most kids will react to any given stressor with a mix of responses. A typical child like Ben might respond to a major stress (relocation) by initially regressing, then adjusting, then finally adapting. Over time, kids' coping styles evolve -- ideally for the better. Coping methods are easier to observe in young kids, who tend to act out their feelings. The older the child, the more internalized this process will likely be, meaning it's more difficult for parents to know how their child is handling a stressful situation.

### **What Stresses Kids**

Children thrive on stability. Anything that suggests instability and uncertainty is stressful. In other words, change causes stress; the bigger and scarier the change, the greater the resultant stress. The exact thing depends upon the developmental stage of the child. If you have an infant, your every departure is mildly stressful. If you have an older child, changing schools or moving to a different town causes distress.

The most stressful events are those that cause children to fear for their safety and security. (A survey following the September 11, 2001 terrorist attacks found that 60 percent of kids do feel such angst). Even vague threats to safety (e.g., news that terrorists might attack again at an unspecified time and place) carry profound psychological implications. Some fears are based in reality (walking through a gang-infested neighborhood to school); some are imagined (monsters in the closet) or exaggerated (premature parental demise).

Specific things that stress kids include the death of a loved one (parent or other relative, friend, companion animal), violence (in the home, school, or neighborhood), war, natural disasters, sibling rivalry, bullies, social rejection, peer pressure, excessive demands (academic, athletic, social, domestic), physical or mental illness, parental neglect, loneliness, divorce, moving to a new town, changing schools, other changes in routine (travel, babysitters), and family financial troubles. Basically, any big change is stressful. Keep in mind that even good changes (getting a puppy, moving to a nicer home, getting into a top-notch school, holidays, falling in love, vacation, travel) are stressful. In the absence of stress, we would not be able to stay awake.

Other stressors are more insidious and add weight to a child's stress load. I'm talking about the daily habits that can steadily nibble away at physical and psychological health: poor nutrition, insufficient sleep, too little time to relax and play, lack of exercise, environmental pollution, and family conflict. These types of stressors, though they aren't the ones that immediately come to mind when we talk about stress, do tax a child's resources. In my practice, I find they have a huge impact on kids' mental health. Fortunately, many of them are inexpensive and relatively easy to change.

Of these low-grade, chronic stressors, I would say that nutritional stress is the one that worries me the most. I believe that one factor contributing to the rise in mental health conditions over the last couple of decades is suboptimal nutrition. These deficits can serve to derange brain metabolism and to produce inflammatory responses, both of which impair the ability of the brain to function. Research studies have begun to substantiate the significant benefits that nutritional intervention can make in disorders such as anxiety, depression, bipolar disorder, and attention deficit and hyperactivity disorder. Another way to look at types of stress is to determine whether they represent an excess or deficit of something. In other words, too much academic responsibility is an excess. So is having to cook dinner when you're only seven or seeing too much sex or violence at too young of an age. Deficits might come in the form of parents who are too often absent or inattentive, insufficient food, exercise and sleep, the lack of a sustaining culture or spiritual beliefs.

### **Patterns of Stress**

Exposure to stress can be acute or chronic. Acute events occur suddenly and resolve soon thereafter. A cold, for instance, is an acute illness. An acute stress could be a car accident or the death of the family dog.

Chronic means the thing is persistent, habitual, or repeated. Cancer is chronic. Family dysfunction is often chronic. A child who must navigate a gang-infested neighborhood to get to a school where many students carry weapons is under chronic stress. Chronic stress is usually more debilitating than acute stress because the former robs us of our awareness of the problem. In other words, we become inured to the bad things rather than changing them. We start thinking of physical and mental tension as the status quo.

A child's stress response can be acute or chronic. In the former, the child gets over the upset quickly (within hours or days). In the latter, she takes much longer to recover (months, years, a lifetime).

Another way to subcategorize stressors and kids' reactions to them is as physical, psychological, or spiritual. A physical stressor affects the body. For instance, being out in the snow without a coat is a physical stressor.

A psychological stressor afflicts the mind or the emotions. Think of timid child who must recite poetry before the class. Sarcasm, criticism, teasing, and other forms of verbal harassment bruise mind and spirit, but even just the fear or anticipation of them can cause anxiety.

Spiritual stressors injure or distort the child's sense of values or meaning. Just knowing that there are adults who would rape or beat children bruises the spirit of every one of us.

Any given stress can produce responses on different levels. For example, a child who fears going to school for some reason may react not with anxiety (a psychological symptom), but with stomachaches (a physical symptom). A child may, in fact, manifest physical symptoms to any type of stress. A girl may react to a beating by becoming angry or depressed. Or a boy may respond to a divorce by acting out in school.

In general, the more devastating the stressor, the greater the negative impact on the child and the more levels of being (body, mind, spirit) are disturbed. A child who is raped by her father will have trouble reconciling this devastating betrayal (spiritual damage), will feel depressed and angry (psychological injury), and will suffer bodily harm from the violent act itself.

### **The Crisis: The Link Between Stress and Mental Illness**

When I look at statistical trends, I can't help but notice that childhood stress and childhood psychiatric disorders have risen in parallel with one another. An examination of these recent trends reveals two disturbing conclusions.

The first is that the prevalence of many childhood psychiatric disorders is escalating. According to one large study, between 1979 and 1996, the proportion of kids with psychiatric diagnoses jumped from 6.8 to 18.7 percent.

According to the Surgeon General's report on mental health in 1999, an estimated 20 percent of children have mental or addictive disorders. Ten percent of children or adolescents have severe enough illness to impair their day-to-day function. Only twenty percent of these kids receive appropriate treatment. The World Health Organization predicts that by 2020 childhood psychiatric disorders will rise by 50 percent internationally to become one of the five most common causes of disease, disability, and death among children. [Proceedings based on the Surgeon General's conference on children's mental health 1/01, [www.SurgeonGeneral.gov/cmh/childreport](http://www.SurgeonGeneral.gov/cmh/childreport).

Compared to kids with serious illness, a larger number of children and adolescents experience mild psychiatric problems. When you factor in mild transient symptoms such as stress-related anxiety, most kids, at some point in their lives, experience mental or emotional challenges.

Here are some other facts:

- Nearly 20 percent of second and fourth graders have significant sleep problems, problems that often stem from psychiatric distress.
- Experts estimate that over 25 percent of all children will experience serious depression by their eighteenth birthdays.
- Since the 1950s, the teen suicide rate has more than tripled and suicide currently ranks as the second leading cause of death among 15 to 19-year-old boys. Twenty-seven percent of high school teenagers regularly have suicidal thoughts

- About a third of teenage girls have a serious eating disorder and only a tenth of these girls receive any treatment.
- Studies estimate that the rates of childhood autism have increased three to seven-fold in the last two decades.

The second conclusion is that many of these disorders appear to be occurring at younger and younger ages. Twenty years ago, experts debated whether or not childhood depression even existed. Now, in any given month, I see one to five children with newly diagnosed major depression. When I was in training, bipolar illness was extremely rare in kids. Now, bipolar illness in children has become so common that a book on the subject has become a bestseller and the topic was a *Time* magazine cover story in 2002. Unfortunately, the general rule is that the earlier the onset of serious psychiatric disorders, the worse the illness and the greater the likelihood of recurrence.

Anyone who examines the recent increase in childhood mental health disorders will come away alarmed. Unfortunately, no tidy solution exists for this disturbing state of affairs. We haven't even identified with certainty the factors undermining kids' psychological well being, though I have my theories. Our leaders prefer to talk around the issue, focusing on problems with education and health care, the effects of sex and violence in the media. We prefer the relative comfort of avoidance and denial. I suggest we take an unflinching look at the facts about childhood stress and mental illness, about the way we shortchange kids, and move forward toward a solution.

Clearly, we face a grave crisis in children's mental health. In spite of modern medicine's best efforts, we are losing ground. I believe the solution lies in looking at these issues in a different manner. Specifically, we need to broaden our assessment of children to include the many factors that influence mental health and also broaden our treatment strategy to address those underlying problems. The good news is that my experience makes me believe that such a strategy works, and many of these strategies involve simple changes that you can make in your child's life, starting now.