

The Meaning of Stressful Life Experiences
as Described by Nine to Eleven Year Old Children
A Phenomenological Study

By

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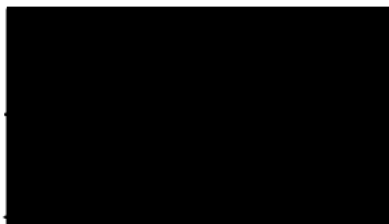
The preponderance of literature regarding stress and children has been based on adults' perceptions of how children view stressful life experiences. A qualitative study using the phenomenological method was conducted to answer the question: What is the meaning of stressful life experiences as described by nine to eleven-year-old children? Fourteen children participated in this study. The children's rights as research participants were protected through an approved human subjects' protocol. Data collection involved in-depth interviews with each child. Drawing was used as a means of establishing rapport and assisting the child to focus on the research question. Data from audiotaped interviews were analyzed using the methodological approach of Giorgi (1970, 1975, 1981, 1985).

The children identified 17 categories of situations that were concentrated within three principle dimensions: (a) feelings of loss, (b) feelings of threat to self; and (c) feelings of being hassled. The children described coping strategies they used to

respond to stressful life experiences they encountered. The theme of powerlessness was present throughout the interviews.

Children indicated that experiences related to loss, such as death of a significant person or pet, or move to a new home, although infrequent, are of great consequence in their lives. The interviews demonstrated the pervasivity of situations evoking feelings of threat to self and feelings of being hassled in children's lives.

This study has important implications for nurses and other health professionals, because through better understanding of the meaning of stressful experiences in children's lives, professionals can more effectively respond to their needs. Implications for nursing practice, education, and research are identified.



/ Co-Major Professor

11/26/91
Date

11/26/91
Date

Acknowledgements

Writing this has been much like naming my children. I felt they must have names that were "perfect" for them, and it seemed that those names were not yet created. Acknowledging those who have facilitated my learning and progress through this educational experience has been much the same. Fortunately, deadlines prohibit me from further pondering words that express "perfect" thanks and recognition to those individuals who have been so important to me during this time.

My committee members, Drs. Phyllis Kritek, Douglas Mickelson, Betty Mitsunaga, Susan Riesch, and Beth Rodgers consistently challenged my thinking and assisted me in clarifying issues that emerged as this study progressed. I hold them in high regard as knowledgeable and caring individuals and also as exemplary educators. I especially thank Phyllis Kritek whose empowering confidence consistently energized my spirit and whose knowledge and wisdom led me to realize that although I will never know THE TRUTH, the search for it can be an exciting and satisfying experience.

I appreciate the trust of the parents who allowed their children to participate in this study. I especially thank the children who so willingly and generously shared their important experiences with me.

During this time, it was the loving attentiveness of my husband, Gary, that held our family together. The resilience and good nature of our children, Tara and Geof, sustained them and me during this time. Their smiles and presence continue to fill my heart with joy.

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Chapter One

Introduction

The subjective and uniquely individual nature of children's stressful life experiences confounds the systematic study of these phenomena. Yet, children encounter changes in family structure, the impact of reduced financial resources, the pressure to excel in academic, athletic, and social skills, complicated by a culture that requires personal decisions about peer relationships, and sexual and drug related issues at an early age. They are forced to respond to these and other difficult issues. As a result, such inquiry is of importance and necessity for nurses who, as health care providers, encounter children in a variety of settings and for varying needs ranging from preventive health care or education to intensive intervention for acute illness or injury.

Despite the growth of interest in the study of stress, most of this effort has focused on the physiology of stress, with less emphasis on psychosocial correlates (Garnezy, 1983). Theoretical and empirical inquiry related to stressful life experiences has focused on adults (Rutter, 1983), leaving the study of children notably neglected. Humphrey (1988) notes that based on the examination of over 3,000 items of literature published on various aspects of stress, only 10-12 percent is concerned with stress during childhood.

Most of what is known about stressful life experiences has been developed by adults for use with adults. The measurements of stress and coping in adult research have been physiological, behavioral, and far less frequently social. Children are in the midst of physical, psychological, and social growth, and rely on their social systems to

assist them with their efforts at adaptation and survival (Leiderman, 1983).

Few have studied stress from the child's perspective, yet individuals who have done so report important findings. Yamamoto and Felsenthal (1982) reported that professionals' assessments of the stressfulness of children's experiences did not closely approximate children's views. In an earlier exploration, Yamamoto (1979) reported that children, when given an opportunity, could assess the stressfulness of their experiences in a reliable and discriminating manner.

Demographic data suggest potential stressors children may encounter. More than one million children are involved each year in a parental divorce. It is estimated that as of 1990, over one-third of the children in the United States will have experienced their parents' divorce before reaching the age of 18 (Boyce, 1985). As of 1982, more than 2.5 million children in the United States lost at least one of their parents through death (United States Bureau of the Census, 1984).

In addition to the loss of parents, children are exposed to many other stressful life experiences. Nearly 18% of children move with their parents to a new home each year (United States Bureau of the Census, 1984). At the national level, 1.3 million cases of child abuse were reported to authorities in 1986 (National Committee for the Prevention of Child Abuse, 1988). The fastest growing subgroup of homeless persons consists of women and dependent children (Wright & Weaver, 1988).

It is apparent that a growing proportion of health care concerns presented to health care providers are social and psychosocial in nature. Arnold (1990) provides examples of psychosocial problems children may encounter: absence or loss of parent, physical, sexual, or emotional abuse, fears of violence, competition, discrimination, threats in school or neighborhood, poverty, and iatrogenic stress caused by health care intervention. The prevalence of psychosocial problems seen in pediatric primary care settings, as estimated in five reports published since 1979 (Goldberg, Regier, & McInerny, 1979; Goldberg, Roghmann, & McInerny, 1984; Nader & Brink, 1984; Starfield, Gross, & Wood, 1979; and Starfield, Katz, & Gabriel, 1984) is summarized in Table 1.

Table 1

Prevalence of Psychosocial Health Issues in Pediatric Settings

Investigators	Children Surveyed	Prevalence
Goldberg, et al., 1979	3,742	5%
Starfield, et al., 1980	47,145	5-15%
Nader, et al., 1984	671	24%
Goldberg, et al., 1984	18,351	5%
Starfield, et al., 1984	2,591	25%

Although these factual data are available, it is not known what such experiences mean to children in their everyday lives. The 5-25% range is sizable, indicating that these phenomena still may not be accurately measured.

Nurses encounter children in a variety of settings in which preventive or intervening measures can be implemented when a child

faces or responds to a stressful experience. Ways of coping with stress are developed during childhood (Garmezy & Rutter, 1983). Ongoing stress causes psychosocial problems, as well as physiologic changes that may result in tissue damage or illness (Haggerty, 1986; Levi, 1975; Selye, 1985). Effective coping strategies can diffuse the negative effects of stress (Lazarus & Folkman, 1984). Nurses engaged in health promotion interventions with children may help to increase children's well-being and to actualize their health potential (Pender, 1987). Most children who have a major health event will encounter a nurse, who, if prepared, can assist them throughout this experience. When one considers the relative frequency and intensity with which nurses interact with children, the meager knowledge base in this area is troublesome.

Nurses are key participants in a profession that affords the opportunity to offer the caring acts and processes which are essential for human birth, development, growth, and survival (Leininger, 1988). In order to provide children with this caring experience, nurses must possess the awareness to recognize the need for care, and the knowledge that certain things could be done to improve the situation (Gaut, 1988). In order to do so, nurses need to know what situations are stressful from children's perspectives, and what these encounters mean to them in their life experience. In addition to caring for children and acting as facilitators and advocates of their health care, nurses also interact with adults who may benefit from theoretical knowledge about children's responses to stressful life experiences, or from awareness of interventions that may be helpful to children.

Children are continually in the process of learning. An important aspect of that process is learning coping strategies to be used throughout their lives when they encounter stressful experiences. These coping strategies are learned, deliberate, and purposeful emotional and behavior responses to stressors (Lazarus & Folkman, 1984), and are used to adapt to or change the stressors (Ryan-Wenger, 1990). Nurses need to study both the theory and interventions necessary in order to respond effectively to children encountering stressful life experiences.

Responding to this important need by organizing and delivering care for children experiencing stress, developing resources for children and all with whom they interact, providing for children's health through use of preventive and environmental measures, developing new knowledge through research, and taking an active role in health policy planning and implementation, constitute nursing practice that addresses the social concerns and commitments of the nursing profession (American Nurses' Association, [ANA] 1980). Nursing is defined as "the diagnosis and treatment of human responses to actual or potential health problems" (ANA, 1980). Responding to the needs of children as they relate to stressful life experiences is clearly within the realm of nursing. Children are members of a vulnerable population, who, by the nature of their being, may be unable to communicate their needs effectively or to act on their own behalf. Professional responsibility and knowledgeable, ethical practice demand that the nurse recognize the needs of the child reacting to stressful life experiences, and then formulate a plan of intervention based on careful nursing assessment.

In order to formulate applicable assessment tools, rating scales, or intervention strategies, it is necessary to understand the experience of stress from the child's perspective. The following review of literature will present studies that provided significant information concerning children's perceptions related to stressful life experiences. No researcher was found who explored with children the meaning of these phenomena. Phenomenology represents the effort to describe the human experience as it is lived (Merleau-Ponty, 1964). Based on phenomenological philosophy, the goal of the phenomenological method is an authentic description of the experience or phenomenon being studied (Omery, 1983).

The Phenomenological Movement

Understanding the development of the phenomenological movement serves as an important basis for understanding phenomenology as a research method. Spiegelberg (1965) divided the phenomenological movement into three phases (a) the preparatory phase, (b) the German phase, and (c) the French phase.

Franz Brentano (1837-1917) involved in the preparatory phase of the phenomenological movement, was the first to discuss the value of inner perception. He was also the first to discuss intentionality. Intentionality is "the property of all psychical phenomena to contain an object as inexistent, combined with the property or referring to an object" (Spiegelberg, 1965, p. 719). Cohen (1987) describes intentionality as the "notion that everything that we consider to be psychical refers to an object. For example, we do not hear without hearing something; we do not believe without believing something.

The second phase of the phenomenological movement was the German phase dominated by Edmund Husserl (1859-1938) and Martin Heidegger (1889-1976). Husserl's approach to phenomenology was founded on a critique of the positivists who, Husserl believed, were unable to see that there were more than particular data. Husserl also believed in the necessity of going to the beginnings of all knowledge.

Phenomenological intuiting, or anschauung is an important aspect of the philosophy. Anschauung has been translated by Spiegelberg (1960) as "(1) the act in which a phenomenon is contemplated and explored directly; (2) the intuited object of such an act" (p. 711).

Phenomenological reduction is another important idea Husserl introduced. The purpose of reduction is to allow one to critically examine that which is given before one's interpreting beliefs or judgments enter.

The additional concepts of intersubjectivity and lifeworld (Lebenswelt) emerged from the work of Husserl's students and colleagues. Spiegelberg (1965) described intersubjectivity as "a plurality of subjectivities making up a community sharing a common world" (p. 719). The second concept, life-world or the world of lived experiences, was discovered in Husserl's unpublished manuscripts.

Heidegger (1949) believed that because an individual participates in cultural, social, and historical contexts of the world, being human is to "be in the world." Language, cultural, and

social practices are handed down to individuals who embody the interpretations and meanings of these practices. Interpretations and self-understanding handed down through language are called "The Background" (Allen, Benner, & Diekelmann, 1986). The background is important because it includes who one is, a history of the present moment, and a view of "what can be."

Heidegger's perspective places emphasis on language that imbues and informs experience. Meaning within Heidegger's perspective is found in the interaction between an individual and a situation so that the individual both constitutes and is constituted by the situation.

Phenomenology moved from Germany to France following the Nazi takeover. It was Merleau-Ponty (1908-1961) who, in The Phenomenology of Perception, (1962), developed a case for considering the individual's experience and valuing the individual's perception of experience.

The Research Question

Based on the phenomenological movement, and phenomenology as a research method, the purpose of the researcher in this study was understanding the responses to the following research question:

What is the meaning of stressful life experiences as described by nine to eleven-year-old children?

It is posited that the way nurses elect to conceptualize these phenomena will affect the approach taken in offering health care to children.

Definitions of Terms

For the purpose of this study, the following definitions will be used:

phenomenon - "that which proximally and for the most part does not show itself at all: it is something that lies hidden, in contrast to that which proximally and for the most part does show itself; but at the same time it is something that belongs to what thus shows itself, and it belongs so essentially as to constitute its meaning and its ground" (Heidegger, 1962).

phenomenology - "the study of phenomena as they are experienced and lived by man" [sic] (Giorgi, 1970)

experience - personal situations described by informants

stressful life experience - an occurrence that triggers an imbalance between environmental demands and the child's coping resources that at the same time disrupts the equilibrium of the person (Lazarus & Folkman, 1984; Goldberger & Breznitz, 1982; Garmezy & Rutter, 1983). The disequilibrium may be observed or perceived in different systems: (a) physiological, as in the General Adaptation Syndrome described by Selye (1950); (b) subjectively, as in adverse feelings of distress; and (c) behaviorally, in disturbed interpersonal functioning or performances.

response - "an answer or reply, as in words or in some action; any behavior of living organism which results from stimulation" (Flexner, 1987)

meaning - "what is intended to be understood, signified" (Guralnik, 1984)

nine to eleven-year-old children - those boys or girls who have reached their ninth, but not their twelfth birthday. Informants are enrolled in a regular academic setting commensurate with their chronological age, an indicator in American society of competent coping.

Assumptions

For the purposes of the study, the following assumptions are made:

1. All children experience stress.
2. Children are able to describe their experiences in a reliable and meaningful manner.
3. Children may identify, describe, and respond to stress differently than adults.
4. Children may respond to stress in a manner different than is anticipated by adults.

Purpose of the Researcher

The purpose of the researcher, through this qualitative study, was to develop an understanding of stressful life experiences encountered by nine to eleven-year-old children. In order to effectively respond to children encountering stressful life experiences, nurses need understanding of such experiences from children's perspectives. Few researchers have studied these phenomena as children perceive them. The phenomenological method seeks an authentic description of the human experience as it is lived. Developing understanding of these phenomena as they are experienced within children's worlds, will enable nurses to respond

more effectively to the varied and complex health needs children
present.

Chapter Two

Review of the Literature

The researcher using the phenomenological method is meant to approach the phenomenon to be explored with no preconceived expectations, explanations, or categories (Oiler, 1982; & Omery, 1983). Therefore, an extensive literature review was not conducted until data gathering was completed. It would, nevertheless, be incorrect to assume that the researcher had no previous knowledge of the phenomena prior to data gathering. The researcher had sufficient knowledge of both the phenomena and the informants through previous educational experiences and clinical practice.

Although the body of literature related to children's stressful life experiences is growing, it is largely the disciplines of pediatric medicine and psychology that are contributing to the expansion of this body of knowledge. Nursing research in this area is limited. What is available is highlighted in Table 2.

Table 2

Nursing Research Related to Children's Stressful Life Experiences

Investigators	Focus of Inquiry
Lewis, et al., 1984	Exploring sources of distress among preadolescent children
Lamontagne, et al., 1985	Effects of relaxation on anxiety in children
Lewis & Lewis, 1985	Psychological distress and children's use of health service
Nelms, 1986	Assessing childhood depression: parent and child agreement
Yarcheski & Mahon, 1986	Perceived stress and symptom patterns in early adolescents: the role of mediating variables
Ryan, 1989	Stress-coping strategies identified from school age children's perspective
DeMaio-Esteves, 1990	Mediators of daily stress and perceived health status in adolescent girls
Ryan-Wenger, 1990	Schoolagers' coping strategies inventory
Sorensen, 1991	Identification of stress buffers in school-age children

In this chapter, the predominant literature relating to children's stressful life experiences is reviewed.

"Children are not strangers to stress" (Garmezy, 1983, p. 49). Health professionals recognize that stress is a part of each individual's life, and that learning how to successfully respond to stressful life experiences is an important aspect of children's development (Haggerty, 1983; Levine, 1985; Rutter, 1983).

Research in the area of children's stress has focused primarily on the following areas:

1. Identification of and rating of stressful life experiences and life events (Coddington, 1972, 1984; Elwood, 1987; Humphrey, 1984; Lazarus, 1984; Lewis, et al., 1984; Yamamoto, 1979; Yamamoto & Davis, 1982; Yamamoto & Felsenthal, 1982; Yamamoto & Phillips, 1982; Yamamoto, et al., 1987).
2. Coping (Chandler, 1985; Garmezy, 1983; Lamontagne, et al., 1985; Masten, 1985; Masten, et al., 1988; Rutter, 1981; Ryan, 1988, 1989; Ryan-Wenger, 1990; Sorensen, 1991);
3. Social support (Boyce, 1985; Shonkoff, 1985; Yarcheski & Mahon, 1986);
4. Divorce (Patten-Seward, 1984; Runyon & Jackson, 1987/88; Wallerstein, 1987/88; Wolchik, et al., 1986);
5. The relationship of stress to illness (Boyce and Jemerin, 1990; Haggerty, 1983; Plaut & Friedman, 1985).

Data collection rich in detail revealed additional concerns related to stress in children's lives that merit inquiry. Each child identified stress related to a particular loss and the subsequent grief involved. Literature related to loss and grief in children focuses primarily on the child's loss of a parent, and occasionally on the loss of a sibling. In addition to the loss of other significant family members (grandparent, great-uncle), children spoke of the losses they anticipated when their families moved. Regardless of the potential benefits of relocation, stress is inevitable as children encounter new environments and relationships (Marsico & Puskar, 1986).

Certain losses identified by children may seem trivial by adult standards. Yet, children's losses cannot be appraised by adult standards. Children lack the cognitive capacities, experiences, resources, and autonomy necessary to independently resolve their losses. Nevertheless, from birth onward, children grieve the loss of any significant attachment (Schneider, p. 43). Such significant attachments are invaluable in that they grant individuals (1) a sense of security and consistency; (2) an opportunity for the gratification of needs and desires; (3) alternatives that otherwise would not be available; (4) feelings of belonging and a sense of purpose; and (5) a sense of wholeness (Schneider, 1984).

Wolfelt (1983) emphasized the importance of the adult-child relationship as the primary means through which children deal with their innermost thoughts, perceptions, and feelings that contribute to the reconciliation of loss experiences. Only after children have experienced a sense of being respected and affirmed by significant

adults will they be willing to risk expressing any doubts, fears, or insecurities to them.

A comprehensive and systematic review of the literature related to grief was conducted by Cowles and Rodgers (1991). The study does not cite findings specific to children. However, the identification of the attributes of grief resulted in the definition of the concept as a "dynamic, pervasive, highly individualized process with a strong normative component" (Cowles & Rodgers, 1991, p. 121). This definition may be useful for nurses who interact with children.

The attribute of dynamic refers to the observation that grief does not occur in a linear progression. Cowles and Rodgers (1991) note that more recent use of the concept of grief reflects viewing grief as dynamic and changing in nature.

The process attribute of grief was related to the idea of work and time necessary to complete that work. Cowles and Rodgers (1991) cited a beginning trend toward the conceptualization of grief as being limitless in respect to time. While the authors noted that previous efforts had attempted to identify a list of symptoms common to all persons experiencing grief, the consensus was that grief is a highly variable phenomenon among individuals. A wide variation in manifestations might be reported by individuals experiencing grief.

Grief also was viewed as affecting every aspect of an individuals experience. Aspects affected may be categorized as physical, social, cognitive, affective, behavioral, and spiritual (Cowles & Rodgers, 1991, p. 122).

Although there was general agreement regarding the variability that exists with grief, there was an attempt to describe what

constituted "normal" grief. Cowles and Rodgers (1991) report there was consensus that there are limits to grief and that the argument was often made that individuals learn how to grieve as a result of membership in a cultural group. Children may not have had the opportunity for this learning. Their experience with grief may be their first encounter.

Identification and Rating of
Children's Stressful Life Experiences

Coddington (1972) was the first to attempt the systematic measurement of environmental stress in children utilizing the methodology employed by Holmes and Rahe (1967). The rationale underlying the methodology was based on the psychophysical law described by Stevens (1957), who with his co-workers, demonstrated that the magnitude of the difference between two physical measurements was equal to the magnitude between two subjective estimates of the measurements. Coddington used the birth of a sibling as a standard, with the arbitrarily assigned value of 500 units. Subjects were then asked to estimate other events related to the standard. "If the birth of a sibling requires 500 units of readjustment on the part of an adolescent, how much readjustment is required by the marital separation of his parents?" (Coddington, 1984, p. 99). The value for each event was determined and divided by ten to arrive at final weights.

Teachers, pediatricians, and mental health professionals who worked with children were asked to estimate the amount of readjustment necessitated by the occurrence of every event on each of several listings of events commonly considered important to children.

Life event data were then gathered from 3,500 normal children. The Life Event Scale for Children (LES-C) was designed to measure the stressfulness in a child's environment in a global way, never as a substitute for individual assessment of a child.

In an effort to determine content validity, the LES-C was administered 724 times, 345 times with children and 379 times with their parent. Events that may have occurred, but were not included on the LES-C were routinely solicited. Children reported only eight different additional events. Of the 378 events they reported, 370 (97%) were on the LES-C. Parents reported 555 events, 496 (89.4%) of which were on the LES-C.

It is important to note the instructions for the Coddington Life Event Scale - Children (Age 6 through 11): "If any of the events listed below occurred in the PAST 12 MONTHS, write the weight in the correct column on the right" (Arnold, 1990, p 514). Respondents also have the opportunity to "List below any events that occurred in the PAST 12 MONTHS but were not included in our list and place a mark in the correct column" (Arnold, 1990, p. 515). A noteworthy limitation is that the twelve month time frame negates the effects of any stressful life experiences that occurred prior to that time.

Yamamoto (1979) conducted a study of fourth, fifth, and sixth grade students in six southwestern states to determine if children's experiences in terms of stress and if their perceptions generally agree with those of adults. From the literature and from the suggestions of classroom teachers, 20 life events were identified as potentially unpleasant for children. The events were presented by

classroom teachers to fourth, fifth, and sixth graders in six southwestern metropolitan schools. Each experience was rated on a scale ranging from the most upsetting (7) to the least upsetting (1). Children also indicated whether they personally experienced an event. Ratings were provided by 42 girls and 42 boys in the fourth grade, 73 girls and 70 boys in the fifth grade, and 70 girls and 70 boys in the sixth grade. The children's perceptions, in their order of frequency, were as follows:

1. losing a parent,
2. going blind,
3. being retained in a grade,
4. wetting in class,
5. parental fights
6. caught in a theft,
7. suspected of lying,
8. a poor report card,
9. being sent to the principal,
10. having an operation,
11. getting lost,
12. ridiculed in class,
13. move to a new school,
14. scary dream,
15. not making 100 on test,
16. picked last on team,
17. losing in game,
18. going to dentist,

19. giving class report, and
20. new baby sibling.

In a subsequent study, Yamamoto and Felsenthal (1982) questioned whether professionals' assessments of the stressfulness of children's experiences correspond with those given by the children. Thirty-nine clinicians (nurses, social workers, school psychologists, speech pathologists, special education personnel), ninety-seven teachers, and sixty-one teachers-to-be (undergraduate college juniors and seniors) rated twenty life events, first making professional judgments for children, and next, inferring judgments of children themselves. The inferences made by these professionals underestimated the scale values (median ratings) of certain events given by 367 American children. These were mostly the experiences judged very upsetting by children (e.g., "receiving a poor report card," "being caught stealing something," and "hearing my parents quarrel and fight") (p. 1091). Towards the lower end of the scale, the professional inferences tended to overestimate the judgments of children (e.g., "going to dentist, " and "having a new baby sister or brother").

These professionals also estimated frequency of these events. Correlations among the three groups of adults involved in varying specialties and experience, were all well above .90. When compared with the earlier responses by children themselves, however, the estimates by the professionals as a group correlated only .68 for scale values, .55 for Q values (the measure of how well the

professionals agreed among themselves in rating the events), and .86 for frequencies.

Many instances of divergence are evident and adults' views did not closely approximate children's views. Although some of children's assessments seem to be in agreement with evaluations by professionals, these findings support Anthony's statement (1974, p. 106) that "stress as experienced by the child and the stress as estimated by the adult observing the impact of stress on the child are frequently of very different orders of magnitude."

Yamamoto and Felsenthal (1982) advanced the hypothesis that adult judgments had been based upon a prevalent set of normative expectations, which they describe as a type of "folklore" rather than upon accurate assessments of children's perceptions and attitudes. The possibility that children may possess their own widely shared expectations and valuations becomes evident when the scale values for stressfulness of the same 20 life events correlate 0.91 between American and Japanese children (Yamamoto & Phillips, 1982), and 0.85 between American and Filipino children, and 0.81 between Filipino and Japanese children (Yamamoto & Phillips, 1982).

Yamamoto, Soliman, Parsons and Davis (1987) expanded upon previous efforts by incorporating findings based on results from Egyptian, Australian, and Canadian children. Without exception, the experience of "Losing my mother or father" was rated the most upsetting, and that of "Having a new baby sister or brother," the least. In six out of seven groups, "going blind" was seen as the second most upsetting. Other events uniformly placed toward the stressful end of the scale were "Being kept in the same grade next

year," "Hearing my parents quarrel and fight," "Wetting pants in class," "Being caught stealing something," and "Telling the truth, but no one believing me" (pp. 857-858). The high degree of convergence among 1,814 youngsters living in Egypt, Canada, Australia, Japan, the Philippines, and the United States is noteworthy. With the exception of correlations among scale values between children living in Egypt and Canada (0.70) and Egypt and the Philippines (0.73), the correlations ranged from 0.81 to 0.98, with the majority above 0.86.

These findings indicate the possibility that there are certain life events uniformly perceived to be distressing to children across cultures. While the impact of certain events (e.g. loss of parent and going blind) may be evident to adults, the effect of others may remain hidden, unknown, or ignored. The frequency with which children cite belittling practices (e.g. being suspected of lying or ridiculed in class) merit consideration. Yamamoto, et al., (1987) encourage "closer inquiry into the world of children, seen inside out..." (p. 863).

Humphrey (1984) identified three important classifications of causes of stress in children: (a) stress occurring as a result of personal or self concerns; (b) stress occurring as a result of home conditions; and (c) stress occurring as a result of school anxiety. Humphrey did not report how these three classifications were determined. Self-concerns of children that may lead to stress include issues associated with meeting personal goals, concerns involving self-esteem, concerns related to change in values, concerns that center around social standards, issues involving personal

competence and ability, and self concerns about personal traits and characteristics (pp. 4-5). Humphrey notes that not all of these self-concerns relate to all children, particularly because of the individual differences among children. Furthermore, what may be a serious concern for one child may be a minimum concern for another.

Humphrey (1984) noted that children's home lives have been influenced by changes in norms of female behavior, both parents working, economic conditions and mass media (p. 6). Even the casual observer may note changes in the family that may threaten the balances of children's experiences.

In a study conducted with 200 fifth and sixth grade boys and girls, the children were presented with the question "What is the one thing that worries you most in school?" Despite a wide variety of responses, the one general characteristic that tended to emerge was worry stemming from the emphasis that teachers place on competition in so many situations (Humphrey, 1984).

In a challenge to the research related to discrete life events, Lazarus (1984) developed the concept of "hassles"--the chronic, low frustrations of everyday life. Lazarus argues that daily hassles are more proximal measures of stress than acute life events and that as such they hold greater significance for health and adaptive functioning.

Through individual interviews and small group discussions with 50 to 60 fifth and sixth graders, Lewis, Siegel, and Lewis (1984) generated a pool of items when the children were asked "What happens that makes you feel bad, nervous or worry?" (p. 117). An initial list of 22 items was developed from these interactions with the

children, most of whom were from middle-class, white families. These items then were administered by questionnaire to a second group of 30 sixth graders of similar ethnic and socioeconomic background. Data were collected on the perceived magnitude of the problems, in terms of how bad it would make children feel (from not bad to terrible) as well as its frequency of occurrence (never to all the time). Intensity and frequency were each rated on 5-point scales.

Two items almost always rated "not bad" were eliminated. The remaining list of 20 items was then administered to over 2,400 fifth graders involving a sample of communities selected for their diversity in terms of geographic location, population, and socioeconomic background. Coincidentally, one of the communities was in the area from which this researcher sought participants.

The fifth graders were presented with two lists of the same 20 items. On the first page, the instructions were "The following is a list of things that some kids say make them feel bad, or nervous or make them worry. For each, put a X showing how you would feel if this happened to you or if this happened to you, how you felt" (Lewis, et al., p. 118). The children placed an X in one of five categories labeled: not bad (scored as 1), a little bad, pretty bad, real bad, and terrible (scored as 5). For the second list, the instructions read, "Now please indicate if any of these things has happened to you in the past year, and if so, how often" (Lewis, et al., p. 118). The children placed an X in one of five categories: never (scored as 1), one or two times, sometimes, often, and all the time (scored as 5).

Children also self-rated their mental health status. There were significant associations between children's ratings of mental health and "Feel Bad" scores. Girls rated most items significantly higher (more bad) than boys. Factor analysis revealed three dimensions containing items related to (1) anxieties surrounding conflict with parents; (2) self-image and peer group relations; and (3) geographic mobility. This study revealed only five or six of the items representing discrete life events such as changing schools, or being late for school; the rest represented chronic role strains, such as not spending enough time with your mom or dad, being left out of a group, or being pressured to get good grades.

Elwood (1987) developed inventories of stressful situations (daily hassles and major events) and coping responses based on open-ended discussions related to stress and coping that were conducted in grades 4 and 7. Elwood's principle concern was that the experience of the child be identified (p. 932). Acknowledging that stresses may vary due to socioeconomic and academic background, five classes were selected at each grade: three regular classes (two in lower socioeconomic areas, one in an upper-middle socioeconomic area), one enrichment class (above-average ability), and one class for learning disabled children.

A series of four or five class discussions (enrichment classes had four meetings) based on a circle meeting (nonjudgmental, open-ended) format were conducted with each class. The first one or two meetings addressed general topics (e.g., rules, friends) and were used to accustom children to the discussion format. The next meeting addressed events or happenings the children found pleasant. Elwood

(1987) notes that the discussion of pleasant events was included at each stage of the research so that the children not experience an overemphasis on negative events. At the following meeting, the children considered events that the children found stressful or upsetting. The last meeting focused on the ways the children coped with stressful situations. Considerable care was taken to phrase items as children had expressed them to reflect as accurately as possible the children's experiences.

Reviewing lists of children's stressors revealed two categories of items: major but less often occurring events (referred to in adult literature as life change events) and events that occur often but are unlikely to alter the structure of the child's world (daily hassles). Stressors for each grade were presented as two inventories, one to be completed for situations occurring during the past week and the other for situations occurring during the past year.

In addition, an inventory of pleasant events (10 items each grade) was developed from discussion tapes. Blank spaces at the end of each inventory allowed children to add events or responses which either were not included in the list or were phrased in a manner a child might not recognize.

Elwood acknowledged that any single event or hassle might be a stressor for one individual but not for another, and included a rating scale which allowed each child to rate each stressor: "no trouble," "bothersome," "stressful," "very stressful" ("upsetting" and "very upsetting," used with Grade 4 list). So that children not confuse how they presently feel about an event that may have occurred

months earlier with how they felt at the time the event occurred, a double rating scale (how do you feel now when you think about the event; how did you feel when the event actually happened) was included in the one-year event inventory.

The most notable difference between the Coddington LES-C (1972) and the items reported by Elwood (1987) is the inclusion in the latter of situations referred to in the literature as hassles. These items refer to internal conflict or failure, effort, being controlled by others and interaction with others (Elwood, 1987, p. 938). In class discussions, children in both grades spent more time talking about these types of situations than major events. The discussions indicated that a lack of major stressors does not provide a stress-free existence.

Summary

The LES-C (1972) asks respondents to note the occurrence during the past 12 months of 35 discrete events. Examples include such items as "The death of a parent," "Loss of a job by your father or mother," "Move to a new school district," and "Failing to achieve something you really wanted." Respondents have the opportunity to list any items, occurring during the past year, that are not included on the list.

It is noteworthy that adults estimated the amount of readjustment necessitated by the occurrence of each event, and also that the LES-C includes only discrete events. It is also important to note that the scale was developed in 1972, and that significant social and technological changes have occurred since that time that

may influence children's lives and their perceptions of their experiences.

Yamamoto (1979) also developed a list of life events that was generated from review of literature and consultation with teachers. This list also includes only discrete life events, such as "Move to a new school," "Losing parent," "Academic retainment," and "Suspected of lying." The concurrence of children across cultures demonstrated by Yamamoto, et al., (1987) is noteworthy.

Humphrey (1984) described three classifications of causes of stress in children: (a) stress occurring as a result of personal or self concerns; (b) stress occurring as a result of home conditions; and (c) stress occurring as a result of school anxiety. Humphrey (1984) noted that the attitudes acquired during youth may affect the way one responds to stress as an adult.

Lazarus (1984) suggested that daily hassles are more proximal measures of stress than acute life events. No studies were found that explored the impact of hassles on children's lives.

Lewis, Siegel, and Lewis (1984) elicited data directly from children. Only five or six discrete events emerged, and those enduring situations that have no specific onset in time were frequently reported. Lewis, et al., (1984) suggest the life events approach may not be the most appropriate way to study children's encounters with stressful life experiences.

Elwood (1987) studied children's experiences with stress using class discussions as a means for generating data. Children then completed inventories, however, were requested only to include

situations occurring within the preceding twelve months. The significance of daily hassles in children's lives was evident.

These researchers significantly contributed to the knowledge related to children's stressful life experiences. There is still much to learn about these phenomena from children's perspectives and also evidence that in addition to discrete life events, the impact of daily hassles on children's lives merits further inquiry.

Stress and Coping

Lazarus and Launier (1978) suggested that "...the way people cope with stress may be even more important to overall morale, social functioning and health/illness than the frequency and severity of episodes of stress themselves" (p. 308). Coping refers to "...efforts, both action-oriented and intrapsychic to manage (i.e., master, tolerate, reduce, minimize) environmental and internal demands, and conflicts among them, which tax or exceed a person's resources" (p. 311).

Rutter (1981) identified personal qualities and characteristics that influence an individual's response to a stressful life experience. Relevant variables of this nature include age, sex, genetic factors, temperament, intelligence, and other problem-solving skills. The individual's coping processes involve what the person does about the stressful life experience (p. 344). The individual's coping mechanisms include an individual's "attempts directly to alter the threatening conditions themselves and the attempts to change only his appraisal of them so that he need not feel threatened. That is, coping must have the dual function of problem-solving and of a regulation of emotional distress..." (Rutter, 1981, p. 34).

Masten (1985) suggested there are currently three major approaches to the study of stress and coping in children:

1. studies of children "at risk" due to a variety of individual or environmental factors associated with risk to healthy development, such as prematurity, socioeconomic disadvantage, or having a parent with a major mental disorder;

2. studies focusing on one specific stressor such as illness, trauma, or divorce; and

3. studies linking composites of stressful life events to outcomes such as physical illness or maladjustment (p. 543).

These approaches do not consider the children who do not meet these criteria, and who are likely to comprise the majority of the population.

Recently, observations by physicians, parents, psychologists, educators and others have noted that some children manage to survive and even flourish in spite of extremely stressful life experiences. The overwhelming general evidence for resilience among children does not differentiate the characteristics of the stress-resistant child nor does it demonstrate the process through which stress-resistance is manifested. Nevertheless, diverse literature at least identifies significant factors associated with stress resistance in children (Garmezy, 1983):

1. Age: Children of different stages of development respond differently, both immediately and long-term to the same stressor.

2. Sex: usually boys appear to be more vulnerable to stressful life experiences, although the reasons are unclear.

Perhaps biological or social advantages buffer girls more effectively. For example, female children encountering stressful life experiences may receive more social support than their male peers.

3. Personal resources: There appear to be a number of individual differences associated with resilience, with many involving a favorable genetic disposition. For example, children who successfully respond to stressful life experiences appear to be more intelligent, more reflective in cognitive style, have a more internal locus of control, and an "easier" temperament.

4. Interpersonal resources: Resilient children appear to live in a social environment having at least one or often more competent and stable adults. These may be family members, teachers, or others who consistently demonstrate a model of competence, and provide safe arenas of affection and organization in children's lives.

5. Socioeconomic resources: As socioeconomic disadvantage is a pervasive risk factor, socioeconomic advantage seems to be a general protective factor, although the particular nature of this buffering effect is unclear. It is acknowledged that higher socioeconomic status is related to less exposure to stressful life experiences, higher income, better health care, more parental education, family stability, and other positive family attributes.

Masten, Garmezy, Tellegen, Pellegrini, Larkin, and Larson (1988) examined the associations of stress exposure to various aspects of school-based competence in a normative sample of 205 children aged 8-13 recruited from two elementary schools in the city of Minneapolis. These schools were located on one multi-school

campus and drew students from the same community neighborhoods which were diverse in socioeconomic and ethnic representation, but predominantly lower and middle class.

Potential moderators of these relations, including child attributes of sex and intelligence quotient, environmental attributes of socioeconomic status (SES), and family qualities also were studied. Stress exposure was indexed by a life event questionnaire that was modeled on Coddington's (1972) and consisted of 50 events. Competence was assessed by teacher ratings, peer assessments, and through school record data. Family attributes were derived from a set of rating scales completed by interviewers after 6 hours of interviews with a parent. Data collection spanned a total of three years due to funding restrictions, the number and magnitude of the assessments, and sample size.

Results suggested that the relations of stress exposure to competence vary as a function of individual differences as well as the competence criterion. Disadvantaged children with lower IQ and SES, and less positive family qualities, were generally less competent, and more likely to be disruptive at high stress levels. Advantaged children were more competent, and with stress were less positively engaged in school, but were not likely to be disruptive. Boys were less socially competent than girls when experiencing a high degree of stress, and appeared to be less protected by positive family qualities. Masten, et al., (1988) identified the need for further analyses to identify patterns of vulnerability and resilience from childhood through adolescence. The authors expect that the

relative advantages of girls observed in middle childhood will have diminished in adolescence.

Chandler (1985) reported five behavioral responses typically occurring in children encountering stressful life experiences:

1. Impulsive (acting out) children often described as demanding, selfish, defiant, with frequent temper outbursts. They are prone to fighting and picking on other children. They are impulsive, uncooperative, and stubborn, and have difficulty accepting criticism. They show a rather poor attitude about school, usually not caring about schoolwork. They are sometimes mischievous, willful, detached.
2. Passive aggressive children often are described as underachievers who procrastinate, seem detached, daydream, tend not to complete assignments, show declining grades, and have a generally poor attitude toward school. They tend to be uncooperative and stubborn.
3. Impulsive (overactive) children are often described as easily excited, mischievous, playful, and talkative. They tend to participate in activities and are not at all withdrawn, passive, or shy.
4. Regressive children are often described as being sensitive, easily hurt and upset, worrying, nervous, and lacking in self confidence. They are often afraid of new situations.
5. Dependent children are often characterized as dependent and nonassertive. They lack self-confidence and are unable to take criticism. They seldom participate in activities.

Chandler suggested that behavior patterns often labeled as behavior disorders may be extreme examples of normal coping behaviors.

White (1963) indicated that it is the development of competence that strengthens an individual for encounters with future stressful life experiences. Garmezy listed six aspects of competence in the middle years of childhood (1973):

1. Effectiveness in work, play, and love, satisfactory educational and occupational progress, peer regard and friendships.

2. Healthy expectations and the belief that "good outcomes" will follow from the imposition of effort and initiative; an orientation to success rather than anticipation of failure in performing tasks; a realistic level of aspiration unclouded by unrealistically high or low goal-setting behavior.

3. Self-esteem, feeling of personal worthiness, a proper evaluative set toward self and a sense of "fate control," that is, the belief that one can control events in one's environment rather than be a passive victim of them (an internal as opposed to an external locus of control).

4. Self-discipline, as revealed by the ability to delay gratification and to maintain a future-orientedness.

5. Control and regulation of impulse drives; the ability to adopt a reflective as opposed to an impulsive style in coping with problem situations.

6. The ability to think abstractly; to approach new situations and to be able to attempt alternate solutions to a problem.

Ryan (1988) considered the stress-coping process in school age children with a focus on gaps in knowledge needed for health promotion. Most health promotion research on the stress-coping process in children has applied theory developed by adults for adults, with little investigation of its applicability. Instruments used with children have predominantly been developed from an adult perspective of what is stressful to children, and how children should cope. There has been little validation of the accuracy of such instruments by children themselves. The knowledge base related to stress and coping must be expanded before health promotion strategies for children can be developed and validated (Ryan, 1988).

In looking at stress-coping strategies identified from the school age child's perspective, Ryan (1989) studied 103 children, 8 to 12 years old, to identify the coping strategies used to help them deal with stressors that they experienced in their lives. Stressors were defined as things that make children "feel bad, nervous, or worried" (Lewis, Siegel, & Lewis, 1984, p. 117). Data were collected through group discussions and individual questionnaires. Children were asked to think of specific events that were stressful to them. Reconstruction of recent stressful encounters and a description of how one responds is believed to be a more valid method of eliciting data about coping than reacting to a hypothetical event or to stressors in general (Lazarus & Folkman, 1984). The children were not asked to identify the stressors they were thinking of because that was not the purpose of the study.

Children reported 518 coping strategies that were sorted into 13 categories inductively derived from the content of the described

behaviors. Girls named significantly more coping strategies involving social support and emotional behaviors, while boys named coping strategies involving more physical exercise activities. The research findings disclosed strategies that were used during different stages of the coping process:

physical exercise - run, take a walk, lift weights, ride my bike,
kick the soccer ball;

aggressive motor - jump on the couch, beat up my brother, kick the
dog, hit the pillow, throw things;

social support - talk to my mom, hug a friend, ask for help, go to
dad's house;

aggressive verbal - yell, scream, cuss, tattletale, talk back,
insult people, call people names, pick on my brother;

isolating - lock myself in the closet, go to my room, go off by
myself, be alone, hide;

avoidant - run away, try to forget about it, change the subject,
don't worry about it, lie;

habitual - crack my knuckles, twist my hair, bite my nails, eat,
chew gum;

spiritual - pray, talk to God;

relaxation - try to relax, take a deep breath, stay calm, lie down
and rest;

cognitive - figured out what to do, think about it, think
positive, read, write, talk to myself, work on a model, plan
what to do;

emotional - cry, pout, mope, panic, have a fit, get mad, feel
sorry, be thankful, celebrate;

distracting - watch TV, cuddle a stuffed animal, clean my room,
listen to the stereo, call time and temperature, play a game,
mow the lawn, and
others - wait, tell the truth, apologize, go through with
it.

The strategies that children perceived to be helpful included social support (27), cognitive (17), avoidant (13), distracting (11), and physical exercise (9), whereas those not helpful included aggressive verbal (16), emotional (17), distracting (19), avoidant (9), and habitual (9) (p. 118).

Using the knowledge generated by this study, Ryan-Wenger (1990) proceeded to formulate the Schoolagers' Coping Strategies Inventory (SCSI), a self-report instrument developed to measure the type, frequency, and effectiveness of children's stress-coping strategies. A 30-item instrument was developed by selecting three to four of the most commonly named strategies from the top five categories, and one to two of the most commonly named strategies from the remaining eight categories. Pilot testing indicated internal consistency of the instrument was 0.85. Eight highly intercorrelated items were replaced by three reworded items, resulting in a 25-item instrument.

Three elementary schools and one middle school in a small midwestern college town provided the sample for testing the psychometrics of the SCSI. The final sample consisted of 250 Caucasian subjects. Occupational groups, ranging from farm laborers and service workers to professional and technical occupations were

used to rate family's socioeconomic status (SES). The family's SES was determined based on the father's occupation, or if no father reported, by the mother's occupation. The occupational groups in the sample indicated a wide range of SES. Ten percent of the children in the sample were reported to have a chronic health condition ($n=25$), principally asthma ($n=11$) and allergies ($n=6$). The SCSI demonstrated adequate internal consistency for a new instrument (.79) and moderate test-retest reliability for a changeable construct (.73 to .82). Construct validity was supported by significantly lower coping scores among children with one or more stress-related conditions compared to asymptomatic controls. Factor analysis suggested SCSI is a one-factor instrument. Low correlations between the SCSI and related but different constructs (stressors and self-esteem) measured by two different methods (self-report and observation) in a multitrait-multimethod matrix showed divergent validity.

A study by Sorensen (1991) attempted to identify and describe stress buffers among school-age children. Thirty-two children, aged 8 through 11 years, representing twenty families, volunteered to complete daily semistructured journals over a period of 6 weeks. All the children were healthy, white, lived with both parents, and attended public elementary schools. Parents were well-educated (mothers with mean of 2.30 years of college education, and fathers with a mean of 3.35 years of college education). All fathers were employed, and 40% of the mothers were employed outside the home. Stress buffers are those "personal or situational characteristics

that mediate stressor effects, or assist in coping efforts" (p. 16).

The instrument consisted of open-ended items seeking short written statements related to perceived daily sources of stress, actual coping responses, and stress buffers. Children were given semistructured daily journals in 6 packets of 7 journals, with instructions that while daily entries were encouraged, they were not necessary, and that the amount or nature of journal content was the choice of the child. Parents returned one set of journals from the child in weekly, postage-paid envelopes provided, regardless of how many entries were made.

Data were subjected to content analysis. Stress buffers were identified as "those situations, people, events, or activities listed in the daily journals as 'the best part of the day'" (Sorensen, 1991). Data revealed 16 categories of stress buffers, emerging from four major themes of intrapsychic comforts (internally focused, emotionally and intellectually satisfying situations), physical-social activities (group activities, generally where both physical activities and peer relations were involved), social supports (friends, relatives, mother and father, personal attention from teacher), and physical comforts (bath, sleep, favorite foods, being at home). Girls reported buffers of greater frequency among themes of social support and intrapsychic comfort, while boys led in physical-social activities and physical comfort.

Based on this study, Sorensen (1991) identified the following research questions: (a) What are the relationships among specific

stressors, coping responses, and stress buffers? (b) What are the relationships among specific characteristics of children, such as age, gender, or temperament to effectiveness of specific buffers?; (c) Which buffers are most effective in decreasing stress effects?; and (d) What therapeutic nursing interventions can best enhance or facilitate such moderating variables? (pp. 21-22).

Summary

The importance of the coping strategies children use when responding to stressful life experiences cannot be ignored. Yet, few researchers have attempted to study stress and coping from children's perspectives. Ryan (1989) was among the first to look at stress-coping strategies identified from school-age children's perspectives. Children did not identify stressors in Ryan's study, as the focus was on coping strategies.

Masten (1985) suggested that the major approaches to the study of stress and coping focus on children at risk due to a variety of individual or environmental factors, children experiencing a specific stressor, and children experiencing physical illness or maladjustment following stressful life events. The absence of research concerning children who do not meet any of these criteria supports this observation.

The characteristics of the stress-resistant and resilient child may significantly affect the manner in which children respond to stressful experiences and mobilize coping responses (Garmezy, 1973; 1983; Masten, 1988). There is a need for further analyses to identify patterns of vulnerability and resilience from childhood through adolescence (Masten, et al., 1988).

Those researchers who have studied stress-coping responses from children's perspectives have engaged primarily white, middle-class subjects residing in the midwest region of the United States (Ryan, 1989; Ryan-Wenger, 1990; Sorensen, 1991). All researchers engaged in studying children's stress-coping responses encountered research processes that were complicated by both complex phenomena and diverse populations. Research of this nature is intellectually and emotionally challenging, and also time-consuming and economically costly. Ethical considerations related to conducting research with vulnerable subjects are of utmost importance.

These studies have provided significant bases from which nurses can expand the body of knowledge related to children's coping responses to stressful life experiences. Children from all backgrounds and experiences can provide significant data in this effort. The effect and interaction of significant factors associated with stress resistance merit inquiry. These include age, sex, personal resources, interpersonal resources, and socioeconomic resources (Garmezy, 1983). Nurses' awareness of stress-buffers would enable those working with children to provide the education and therapeutic intervention necessary to maximize the benefits they provide.

Social Support

Social support is defined as "information leading the subject to believe he [sic] is cared for and loved, esteemed, and a member of a network of mutual obligations" (Cobb, 1976). The

specific benefits that individuals receive from social support networks can be described within three categories: instrumental supports, such as material goods and services; emotional support such as friendships and religious affiliation; and referral or information supports such as community grapevines" and organization newsletters (Shonkoff, 1985).

The role of social support as an influence on positive health outcomes is receiving increased attention among researchers. The health promoting aspects of social support in children appears promising and worthy of further study. Nuckolls, Cassel, and Kaplan (1972) reported lower rates of gestational and perinatal difficulties among women with access to higher levels of support. Boyce (1985) describes the replication of these findings by demonstrating a four-fold increase in the rate of neonatal complications among single, adolescent mothers with average to low support compared with those reporting high levels of support. Evidence suggests that social support may offer to protect children against a variety of stress-related problems, or at least ameliorate the effects of others.

Yarcheski and Mahon (1986) investigated the relationship between perceived stress and symptom patterns in 136 seventh and eighth grade boys and girls enrolled in a parochial school in a suburban middle class New Jersey community. The study also examined the effect of affective-oriented coping and perceived social support, two variables hypothesized as mediators of this relationship. Participants completed the Modified Adolescent Life Change Events Questionnaire, the Jalowiec Coping Scale, the PRQ-A Social Support System, and the Symptom Pattern Scale. As predicted, the positive

relationship between perceived stress and symptom patterns decreased when controlling for affective-oriented coping. The more often the adolescents used coping strategies such as day-dreaming, crying and worrying, the more often they experienced manifestations of psychosocial distress (p. 295). Meanwhile, the relationship between perceived stress and symptom patterns increased when controlling for social support. Subjects who perceived events as highly stressful, and who experienced a low degree of social support, manifested high levels of symptom patterns. When early adolescents perceived developmental and nondevelopmental life events as stressful, and they also perceived a high degree of social support, the stress-buffering effect of social support was evident (p. 295).

Summary

Researchers have demonstrated the value of social support across the life span. The work of Ryan (1989) and Sorensen (1991) demonstrated that school-age children identified the value of social support in responding to stressful life experiences. Both Ryan and Sorenson reported that girls cited social support with more frequency than did boys.

Divorce

In a study by Wolchik, Sandler, Braver, and Fogas (1986), the stressfulness for the "typical" child of 62 events that occur to children of divorce ($n=58$), their custodial parents ($n=58$), and clinicians ($n=50$) was examined. In addition, a larger group of children ($n=123$), eight to fifteen years of age rated the goodness or badness of the events that had happened to them. The rank

orderings of the mean stress ratings for the typical child made by the children, parents, and clinicians were highly correlated. However, when the absolute stress value of the events were compared across raters, children rated 10 events as significantly less stressful than did parents ($p < .05$); parents' and clinicians' ratings differed for nine events, parents rating seven as less stressful ($p < .05$). The rank ordering of the children's mean ratings of events they actually experienced correlated highly with the rank orderings of their mean ratings of the events they anticipated for the typical child.

Examination of the 10 most stressful events as rated by children who actually had experienced these events and the 10 most stressful events as rated for the typical child revealed agreement on nine of these events. The following were rated the most stressful events using both methods:

1. being blamed for the divorce,
2. physical fights between parents,
3. parental arguments,
4. relatives saying bad things about the child's parents,
5. father telling the child he [sic] doesn't like the child spending time with the mother.
6. people in the neighborhood saying bad things about the child's parents,
7. the father saying bad things about the child's mother,
8. the child having to give up pets or other things he or she likes, and
9. the mother acting unhappy.

In summary, across several methods of assessment, events involving interparental conflict were identified as highly stressful. The data suggest that although children, parents, and clinicians agree in their assessment of the relative stressfulness of divorce events, some divorce-related events are judged less stressful by children than by parents or clinicians.

Wallerstein (1987/88) described efforts that began in 1971 to study the effects of divorce on middle class people who continued to function despite the stress of the marriage breakup. These were families in which, despite a failing marriage, the children were doing well at school and the parents were not in clinical treatment for psychiatric disorders. Half of the families attended church or synagogue. Wallerstein described this as "divorce under the best of circumstances" (1987/88, p. 108).

This study, which would become the first ever made over an extended period of time, eventually tracked 60 families, most of them white, with a total of 131 children, for 10, and in some cases, 15 years after divorce. Initially, Wallerstein with a colleague, Joan Berlin Kelly, planned to study the short term effects of divorce on these middle class families. Many hours were spent with each member of the 60 families, hearing their first-hand accounts of this experience. The case study was the core of the research effort and through this method, the researchers examined the way each of these people processed, responded to and integrated the events and relationships that divorce brings with it.

Wallerstein and Kelly (1987/88) planned to interview families at the time of decisive separation and filing for divorce, and again 12 to 18 months later, expecting to chart recoveries among adults and to look at how children were mastering troubling family events. They report being stunned, when at the second series of visits, family after family remained in crisis. Turmoil and distress had not noticeably subsided. Many adults were angry, and felt humiliated and rejected. An unexpected large number were on a downward course with symptoms worse than they had been immediately after divorce.

In a follow-up study, interviewing 56 of the 60 families in the original study, it was found that although half the men and two-thirds of the women (even many of those suffering economically) said they were more content with their lives, only 34% of the children were doing well (Wallerstein, 1987/88, p. 108). Another 37% were depressed, could not concentrate in school had trouble making friends, and suffered a wide range of other behavior problems. The remaining children showed a mixed picture of good achievement in some areas and faltering achievement in others.

At a 10-year follow-up conducted in 1980 and 1981, many of those first interviewed as children were now adults. Overall 45% were doing well and had emerged as "competent, compassionate, and courageous" individuals (1987/88, p. 109). But 41% were doing poorly; they were entering adulthood as "worried, underachieving, self-deprecating and sometimes angry" men and women (1987/88, p. 109). The rest remained notably uneven in their adjustment.

At the 10-year point, two of the most unexpected findings became apparent. The first Wallerstein and Kelly (1987/88) called

the " sleeper effect," which indicates that girls experience serious effects of divorce at the time they are entering young adulthood.

In a second major unexpected finding of the 10-year study, Wallerstein and Kelly (1987/88) found that fully a quarter of the mothers, and a fifth of the fathers had not gotten their lives back on track a decade after divorce. Diminished parenting continued, that permanently disrupted the childrearing function of the family. The parents were chronically disorganized and unable to meet the challenges of being a parent. As a result, they often leaned heavily on their children, so that the child's role became that of the "overburdened child," one of holding the parent together psychologically (1987/88, p. 110).

The school-age child has internalized a set of rules and labels of "good" and "bad" according to parental and societal influences. Divorce of parents during this time produces moral outrage. The child thinks the parents are behaving immorally and irresponsibly and experiences intense anger toward one or both parents (Runyon & Jackson, 1987/88, p. 102). Children may experience shame and embarrassment regarding parents behavior, and may be unable to share this distress with peers or other significant individuals.

Summary

The research efforts of Wolchik, et al., (1986) and Wallerstein and Kelly (Wallerstein, 1987/88) merit consideration. Despite the fact that these findings represent a limited sample, they provide information that can be useful to those who interact with children who have experienced their parents' divorce. Based on the longitudinal research conducted by Wallerstein and Kelly,

it can no longer be assumed that girls are generally less troubled by divorce than boys. Wallerstein (1987/88) indicates that girls experience serious effects of divorce at the time they are entering young adulthood.

The stressful events children cite related to divorce provide health professionals with data that merit further study. These findings may be useful for education and therapeutic intervention with children and parents.

The Relationship of Stress to Illness

In a classic study by Meyer and Haggerty (1962) involving 16 families (32 adults and 68 children) the incidence of acute infection in the 68 children was related to stressful events recorded daily by their mothers. In the two weeks preceding the onset of respiratory infections (nonstreptococcal as well as streptococcal) and the acquisition of streptococci, the rate of stressful events jumped threefold to fourfold.

More recent epidemiologic studies have implicated both acute and chronic stressors in a wide range of pediatric health outcomes including use of health services (Horwitz, Morgenstern, & Berkman, 1985), childhood injuries (Horwitz, Morgenstern, & Di Pietro, 1988), and respiratory tract infections (Boyce, et al., 1977; Graham, Douglas, & Ryan, 1986). Most recently, Boyce and Jemerin (1990) reported that the associations between stress and illness are only modest, and that the stress-illness hypothesis does not adequately account for the uneven distribution of morbidity in children. Boyce and Jemerin suggest that individual differences in children's behavioral, emotional, and biological responsiveness to the

environment may provide a more useful perspective for understanding the effects of stress on children's health. From this viewpoint, stressful events are seen as the interactive product of environment and organismic processes. Viewing the child in this perspective would attend first to variances among children in their emotional, behavioral, and biological responsiveness to the world, and would begin to reveal a richer, more complete picture of stressful experiences during childhood and the impact of these experiences on children's health.

Summary

Although there may be pathophysiologic mechanisms that link stressful life events and illness, the more important issue is to measure stressors more dynamically (Haggerty, 1983). Children's behavioral, emotional, and biological interaction with the environment provides valuable information for understanding how stressful life experiences influence children's physical health.

Summary

The Life Event Scale (LES-C) developed by Coddington (1972) was the first to attempt the systematic measurement of stress in children. Professionals who worked with children were asked to estimate the amount of readjustment necessitated by the occurrence of events commonly considered important to children. It is unclear how it was determined that the events included on the scale were those actually determined to be important by children. The LES-C lists only discrete events, and deals only with events occurring within the past twelve months. Children have the opportunity to list other events not included.

Yamamoto (1979) also identified stressful events based on the literature and teacher's suggestions. Children were asked to rate the stressfulness of events to determine whether their perceptions generally agree with those of professionals and also to indicate whether they personally experienced an event. Professionals underestimated the values of certain events. These were mostly the experiences judged very upsetting by children ("receiving a poor report card," "hearing my parents quarrel and fight") (p. 1091). Toward the lower end of the scale, professionals tended to overestimate the judgments of children (e.g., "going to dentist," and "having a new baby sister or brother").

Yamamoto, et al. (1987) expanded upon previous efforts (Yamamoto & Davis, 1982; Yamamoto & Felsenthal, 1982), and found a high degree of convergence among American, Japanese, Filipino, Egyptian, Australian, and Canadian children. Without exception, the experience of "Losing my mother or father" was rated the most upsetting, and that of "Having a new baby sister or brother" the least (Yamamoto, et al., 1987, pp. 857-858).

Humphrey (1984) identified three bases of stress in children: (a) personal or self concerns, (b) home conditions, and (c) school anxiety. Although such stressors may be discrete events, they also may include situations which occur often that are unlikely to alter the structure of the child's world. These include what Lazarus (1984) described as "hassles"--the chronic, low frustrations of everyday life. Lazarus suggests that hassles are closer measures of

stress than acute life events and as such hold greater significance for health and adaptive functioning.

Lewis, Siegel and Lewis (1984) sought data directly from children through individual interviews and small group discussions. Children were asked "What happens that makes you feel bad, nervous, or worry?" (p. 117). Factor analysis revealed three dimensions containing items related to (1) anxieties surrounding conflict with parents; (2) self-image and peer group relations; and (3) geographic mobility. This study revealed only five or six of the 20 items representing discrete life events such as changing schools, or being late for school; the rest represented chronic role strains, such as not spending enough time with your mom or dad, being left out of a group, or being pressured to get good grades.

Lazarus and Launier (1978) suggested that "...the way people cope with stress may be even more important to overall morale, social functioning and health/illness than the frequency and severity of episodes of stress themselves" (p. 308). Rutter (1981) identified personal qualities and characteristics that influence an individual's response to a stressful life experience: age, sex, genetic factors, temperament, intelligence, and other problem-solving skills.

The study of stress and coping in children focuses on three major areas: (a) children at risk due to a variety of individual or environmental factors associated with risk to healthy development; (b) children encountering a specific stressor such as illness, trauma, or divorce; and (c) children experiencing physical illness or maladjustment as a result of stressful life events (Masten, 1985).

This approach ignores children who do not fall into any of these categories, and who may constitute the majority of the population.

Recent observations have noted that some children manage to survive and even flourish in spite of extremely stressful life experiences. Garmezy (1983) noted factors associated with stress resistance in children: age, sex, personal resources, interpersonal resources, and socioeconomic resources.

Masten, et al. (1988) examined the relationships of sex, intellectual functioning, socioeconomic status (SES), and quality of parenting in potentiating or ameliorating the quality of school functioning following stress exposure. Stress exposure was indexed by a life event questionnaire. Disadvantaged children with lower IQ and SES, and less positive family qualities, were generally less competent, and more likely to be disruptive at high stress levels. Advantaged children were more competent, and with stress were less positively engaged in school, but were not likely to be disruptive. Boys were less socially competent than girls when experiencing a high degree of stress, and appeared to be less protected by positive family qualities.

Ryan (1989) studied 103 children, 8 to 12 years old, to identify the coping strategies used to help them deal with stressors that they experienced in their lives. Data were collected through group discussions and individual questionnaires. Girls named significantly more coping strategies involving social support and emotional behaviors, while boys named coping strategies involving more physical exercise activities.

Using this knowledge, Ryan-Wenger (1990) proceeded to formulate the Schoolagers' Coping Strategies Inventory (SCSI), a self report instrument developed to measure the type, frequency, and effectiveness of children's stress-coping strategies. Ryan-Wenger reports that all coping strategies on the SCSI were used at varying rates by children in all age groups, which suggests that these 25 strategies were learned prior to age 8.

Sorensen (1991) attempted to identify and describe stress buffers among school-age children generating data from daily semi-structured interviews the children completed over a period of 6 weeks. Data revealed 16 categories of stress buffers, emerging from four major themes of intrapsychic comforts, physical-social activities, social supports, and physical comforts. Girls reported buffers of greater frequency among themes of social support and intrapsychic comfort, while boys led in physical-social activities and physical comfort. The role of social support as an influence on positive health outcomes appears promising (Boyce, 1985; Nuckolls, et al., 1972; Yarcheski and Mahon, 1986).

Wolchik, et al. (1986) examined the stressfulness of events that occur to children of divorce. Using several methods of assessment, events involving interparental conflict were identified as highly stressful. Wallerstein (1987/88) described the effects of divorce over an extended period of time. At a 10-year follow-up conducted in 1980 and 1981, many of those first interviewed as children were now adults. At the 10-year point, two unexpected findings became apparent. The first Wallerstein and Kelly (Wallerstein, 1987/88) called the "sleeper effect," indicating that

girls experience serious effects of divorce at the time they are entering young adulthood. The second unexpected finding was that a quarter of the mothers, and a fifth of the fathers had not gotten their lives back on track.

Boyce and Jemerin (1990) reported the stress-illness hypothesis (Boyce, et al., 1977; Horwitz, et al., 1985; Graham, et al., 1986; Horwitz, et al., 1988) does not adequately account for the uneven distribution of morbidity in children. Boyce and Jemerin (1990) suggested that individual differences in children's behavioral, emotional, and biological responsiveness to the environment may provide a more useful perspective for understanding the effects of stress on children.

These researchers have provided significant information for those interested in studying the phenomenon of stress as children experience it. Within each study certain limitations and further research questions emerge. An essential concern may be whether school-age children are reliable respondents. Holaday, Turner-Henson, and Swan (1991) report that children's responses to question of fact were more stable than responses to questions of opinion. The methodological issues of research with school-age children merit further study.

Need for Further Research

The identification and rating of stressful life experiences by children merits further inquiry. Coddington (1972) and Yamamoto (1979) have provided significant information in this area, yet neither sought responses directly from children as a basis for their studies. Coddington's Life Event Scale for Children listed only

discrete events, and children were asked to respond to events occurring only within the previous twelve months. Life events included on previously formatted scales may be outdated as a result of social and technological changes that have occurred in the American culture. It may be that ongoing situations or circumstances are sources of stress for school-age children. Such situations and also the concept of hassles as children experience them merit further study. Events occurring more than twelve months previous may continue to be significant in children's life experiences.

Children involved in all areas of study related to stress have primarily been Caucasian, and from middle-class families. This provides important data, yet does not consider children from other ethnic and socioeconomic groups. Nursing research has studied children primarily residing in the midwest region of the United States. Regional differences may influence children's life experiences.

Children--particularly girls--have already cited the value of social supports (Ryan, 1989; Sorensen, 1991) in their lives. Nurses may be able to enhance the benefits social support provides, and further research is needed to determine how this may best be accomplished.

Studies dealing with the stress-coping responses in children have focused on children identified "at risk." Children who are not identified as such, still may encounter stressful experiences that challenge their coping skills. Research with these populations may provide additional insights into children's life experiences.

At the basis of all these efforts remains the need to develop understanding of stressful experiences as children perceive them. Developing that understanding is the purpose of this study.

Chapter Three

Methods

The purpose of the researcher, through this qualitative study, was to develop an understanding (perceived meaning) of stressful life experiences encountered by nine to eleven-year-old children. A phenomenological approach with data collected in two unstructured interviews was used in this study. In accord with the phenomenological method, prior to the extensive review of literature and data collection, the researcher attempts to suspend all that is known about the phenomena being studied through the process of phenomenological reduction, also known as bracketing. It is impossible to be completely free of bias, however, by bracketing, the researcher attempts to control judgments that may be based on values, motivations, and preconceptions (Giorgi, 1981).

In this study, the researcher bracketed the following beliefs:

1. Children possessing the support of parent(s), teachers, and other adults committed to their well-being will be better able to respond to stressful life experiences.
2. It is possible for children to learn new behaviors that enable them to respond more effectively to stressful life experiences.
3. Experiences perceived as positive events by children can also be significant sources of stress.
4. Inability to deal with the demands of stressful life experiences can lead to illness or injury.

5. It is important that health professionals with whom children have contact recognize children who are encountering stressful life experiences.
6. Social support is likely to be helpful to children facing stressful life experiences.
7. Coping behaviors that one learns and utilizes as a child are frequently used throughout one's life.
8. Some children are better able to deal with stressful life experiences than others.
9. Health care providers generally do not respond to the psychosocial needs of children unless a serious problem is evident.
10. Children in the American culture feel great pressure to succeed.
11. Children desire to please others with whom they have contact.
12. Experiences as a parent, nurse, and educator will influence responses to all children.

Overview of the Research Approach

The method used in the study was based primarily on the approaches to phenomenological research presented by Spiegelberg (1960, 1965, 1976) and Giorgi (1970, 1975, 1981, 1985). Phenomenological research is an inductive, descriptive approach that evolved from the phenomenological method in philosophy. Spiegelberg (1976) studied the evolution of the phenomenological movement in philosophy, and identified seven steps to the method:

1. investigating particular phenomena;
2. investigating general essences;

3. apprehending essential relationships among essences;
4. watching modes of appearing;
5. watching the constitution of phenomena in unconsciousness;
6. suspending belief in the existence of the phenomena; and
7. interpreting the meaning of the phenomena.

A description of the first three steps is useful as a basis for understanding the modifications made by Giorgi, whose method was used in this study.

Investigating particular phenomena. In step one, investigating particular phenomena, Spiegelberg (1976) included three operations: (1) the intuitive grasp of the phenomena; (2) the analytic grasp of the phenomena, and (3) the description of the phenomena. These operations are labeled "phenomenological description," and occur simultaneously, although they are separate in operation.

Intuiting is the process of coming to understand the phenomena as described by the subject. It requires complete concentration on the phenomena, without becoming so absorbed in them that one is unable to view them critically.

Phenomenological analyzing, the second step in investigating phenomena, involves tracing the elements and structure of a phenomenon acquired by intuiting. It is an effort to reveal the constitutional elements of the phenomena in order to understand the whole lived experience. Spiegelberg (1976) described analyzing as "the general examination of the structure of the phenomena according to their ingredients and configurations" (p. 671).

The third operation, phenomenological describing, is undertaken after "seeing" in intuiting and analyzing the phenomena that have been established. Phenomenological describing directs attention toward the major characteristics of the phenomena, presenting the essences and looking beyond them. It is a selective process, resulting in an evolution of the meaning of the elements and structure of the lived experience.

Investigating general essences (eidetic intuiting). To capture the general essences of phenomena, it is necessary to examine the particulars. Spiegelberg (1976) cited the example "using the particular red of an individual rose as a point of departure we can see it as an instance of a certain shade of red in general. But we can also see it as exemplifying redness and finally color as such" (p. 677).

Apprehending essential relationships. This step includes considering the internal relationships between the particulars within a single general essence, and also relations among several general essences. The goal is to determine the general essences. Spiegelberg (1976) described the process through which this is achieved as "imaginative variation" (p. 680). This process consists of two operations: first, to omit certain components within each essence of the phenomenon completely, and second, to replace them with other components. These processes are directed toward addressing the nature of the essences, general and particular, of the phenomena. If it is possible to omit a component without changing the nature of the essences, then that component is not essential and should be eliminated. If components that replace others are

determined to be in accordance with the nature of the essences of the phenomena, they should be included. Through this process the phenomena are understood in greater depth.

The Giorgi modification of the phenomenological method was used in this study. Giorgi (1975) described the following characteristics of phenomenological research:

1. "Fidelity to the phenomenon as it is lived;"
2. "Primacy of the life-world" viewed as experience within the world in which one lives, prior to any explanation or theoretical interpretation (p. 99);
3. descriptive approach;
4. the subject expresses a personal viewpoint of the situation;
5. the "lived situation" is the basic unit of research (p. 100);
6. a biographical emphasis because all human phenomena are temporal, historical, and personal;
7. aim to presuppositionless description; and
8. a search for meaning (pp. 101).

The Phenomena

The meaning of stressful life experiences as described by nine to eleven-year-old children was the phenomena studied through this investigation.

The Informants

Fourteen children, nine to eleven years of age, were interviewed for this study. This age group was chosen in order to study grade school age children's perceptions of stressful life

experiences. Voluntary informants were sought through parent-teacher organizations and individuals who have contact with children of this age range. No informant was well known to the researcher. Males and females were equally represented. All were native born Americans, culturally similar, and English speaking residents of the Chicago metropolitan area. Urban, suburban, and outlying areas were represented. All resided in environments providing adequate food, housing, and clothing. The children's fathers were all employed in business, professional, or technical positions, as were all but three of their mothers, who were full-time homemakers. All the children participated in organized extracurricular, cultural arts, or athletic activities. All the families vacationed together at least once a year. These children were from families of middle to upper middle socioeconomic status. It may be significant to note that the vast majority of subjects in the research cited in the review of literature were from similar socioeconomic groups.

The number of informants in phenomenological research is limited because of the quantity and richness of data obtained, and the "extent to which the phenomenon is explored in the interview" (Drew, 1989, p. 431). Ages and gender of informants are summarized in Table 3.

Table 3

Age and Gender of Informants

<u>Age</u>	<u>Female Informants</u>	<u>Male Informants</u>
9	2	2
10	2	3
11	3	2

Feasibility

The researcher had conducted a pilot study with four nine and ten-year-old children that demonstrated that children of this age are capable and willing informants. All subjects were attentive and cooperative. Girls were more verbal than boys, who tended to be more succinct and brief in their responses. Whereas the boys' interviews lasted 45 minutes and one hour each, the girls' interviews lasted nearly two hours. The children in the pilot study seemed relaxed during the interview process. All subjects in the pilot study cited parents' disagreements and the pressure to do well in school and whatever outside activities in which they were involved as being stressful for them. Athletic accomplishment was important to all. The two girls cited fear of rejection if they did not succumb to peer pressure, even though they were definite in their conclusions that what they were being asked to do was wrong.

All children spoke of the security, comfort, and support they felt from their parents--both mother and father--when they would

spend time with them at bedtime reviewing the events of the day, and looking ahead to the next.

Ethical Considerations

All who agreed to participate in the study were informed of the purpose and nature of the study, the time commitment, and the method of recording information. Completed consent forms (Appendices A and B) were obtained from informants and parents.

Confidentiality was assured in that interview data were not linked to informants' identification. At the completion of the interview process, each informant was asked to select a pseudonym to be used in written report or subsequent publication or presentation of study results. Several children wished their own names used. The issue of confidentiality was explained once again. They were offered the option of choosing a pseudonym, or having the researcher select one for them. Those children who initially did not choose a pseudonym still did not wish to do so, and as the study progressed, having such identification was found to be unnecessary, and in fact would have been cumbersome when reporting findings.

Approval from the Institutional Review Board for the Protection of Human Subjects at the University of Wisconsin - Milwaukee was obtained prior to beginning data collection. Informants were made aware that they could choose not to respond to any question(s), that they could stop the interview at any time, and that they could withdraw their participation in the study at any time prior to the submission of the final draft of the dissertation for the oral defense.

Data Collection

The researcher collected data through in-depth interviews conducted at the informant's home, in a quiet, private setting that was free of everyday distractions. The children chose the specific settings for the interviews that occurred in the bedroom, kitchen, living room, family room or playroom, screened porch, or backyard. A parent was present in the home, but not present in the area in which the interview was conducted. The date and time of the interview was chosen by the informant, with care taken that it did not interfere with another activity, such as a baseball game or an activity planned with friends.

Prior to the first interview, the researcher spoke with the informant and parent by phone. The researcher's purpose for conducting the study was explained and a date and time for the first interview was established. At the time of the first interview the purpose was repeated with opportunities for clarification provided prior to the informant and parent signing consents to participate (see Appendices A and B).

Yarrow (1960) noted the "interview is a technique particularly well adapted to uncovering subjective definitions of experience, to assessing a child's perceptions of significant people and events in his [sic] environment, and to studying how he conceptualizes his life experience" (p. 561). Intensive or in-depth interviewing allows for the flexibility needed in asking questions, provides the opportunity to observe non-verbal behavior, and permits children to define and describe the problem being studied in their own words, and within their own frame of reference (Bailey, 1978; Selltitz, et al., 1976).

The researcher guided the interviews to achieve the following:

1. focus on the informant's life-world;
2. understanding of the meaning of the phenomena in the informant's life-world;
3. as many descriptions from the informant's life-world as possible;
4. precise, uninterpreted description;
5. specific situations and action consequences in the world of the informant;
6. rich and presuppositionless descriptions of the relevant themes of the informant's life;
7. focus on certain themes of the life-world of the informant;
8. acceptance of the ambiguity and contradictory statements with the task of the researcher to clarify whether the ambiguities and contradictory statements are due to failure in communication, or whether they reflect real inconsistencies, ambivalences, and contradictions by the informant;
9. openness to changes as the informant may discuss them;
10. an interpersonal situation between two people;
11. the potential for an enriching experience for the informant (Kvale, 1983).

The researcher had two contacts with each informant. It was anticipated that each interview would last approximately 40 minutes. In all cases, the initial interview was the longer of the two, ranging in time from 30 minutes to two hours. The second interview occurring five to ten days later, allowed the child to expand or

clarify earlier responses, and provided the researcher with an opportunity to validate information gathered during the first interview. With the exception of one child who wished to listen to the audiotape of the initial interview, the second interviews were considerably shorter, lasting 20 to 30 minutes. Several of the children used the time to interview the researcher. They questioned the purpose of the researcher more personally: "Why do you want to do something like this?" All the children affirmed their initial interviews.

All interviews were tape recorded to ensure accurate transcription. The researcher explained the rationale for audiotaping to each participant. Little interest was expressed in this process. Two children asked and were curious about the mechanical features of the recording device. The researcher completed all transcriptions.

The researcher was sensitive to each child's attention span, fatigue, and other nonverbal cues such as physical responses, characteristics of language, interactional behavior, and personality style (Yarrow, 1960). All children were attentive throughout their interviews and none seemed affected by fatigue through this interaction. Other subjective comments, unique to each informant, were noted in field notes that were recorded immediately after the researcher left the informant's home.

The interview began with the researcher presenting the child with the research question: Many times children find themselves in situations where they don't know what to do, or they have times when what they usually do doesn't work for them. For this project I'd

like you to think about a time when you felt something like that, and then draw a picture about it (Appendix C - Instrument 1, Interview Guide). The researcher supplied the child with art materials (Appendix C, Instrument 2, Art Supplies).

Drawing was used with the children as a means of building rapport, reducing anxiety, and gaining further information (Faux, Walsh, & Deatricks, 1988). Drawing also attempted to free the child to get in touch with the experience and to "be" in the world of the experience. One child did not draw. He responded:

I really don't want to draw about it, um, it makes me sad. I remember it good. I know what happened . . . It was my grampa. My grampa died. He just died all of the sudden just like that--I can't draw it . . .

The researcher retained the drawings. At the second interview each child was offered a copy of the picture. Two of the children, whose pictures illustrated troublesome events, declined the copies.

"You can have it. I draw lots of pictures."

"Naw. You can keep it. I don't like to think about it so much."

Each interview continued according to the interview guide, and until the informant and researcher were satisfied that the interview questions had been thoroughly addressed. In all but one case, the children controlled the time factor involved with the first interview. Occasionally time restrictions initially determined by the informants were adjusted by them:

"It's okay. I'll be able to find my friends."

"I can sell lemonade later."

"No, I got more time."

In one case the interview was stopped by the researcher after two hours because it was near the child's bedtime. The informant was surprised that two hours had elapsed, and seemed physically alert and remained actively engaged in the interview process.

Content validity of the vocabulary and essential interview questions was addressed by presenting them for review by persons who consistently have contact with this population: three school teachers, a school counselor, a speech and language pathologist, a school nurse, and more than 15 children. The limited ability of children in Piaget's (1983) operational level of cognitive development to understand or formulate abstract concepts was recognized.

Informants were encouraged to tell their own stories uninterrupted, with non-directive intervention by the researcher. Examples of non-directive responses included:

"I heard you say _____, can you tell me more about that?"

"I heard you use the word _____, what does that mean to you?"

"Go ahead."

The researcher refrained from nursing intervention until the interview was completed. Problems or misconceptions were viewed as important information and were analyzed from that perspective (Faux, Walsh, & Deatricks, 1988). The nurse researcher is responsible for intervening appropriately when the interview is complete. The therapeutic role of the nurse takes precedence over the role of the nurse as researcher if role conflict occurs (Munhall, 1988).

Intervention was primarily in the form of clarification of information the child shared with the researcher.

In one case the researcher attempted to help the child consider an option that might help him through some of his difficulties relating to the loss of his grandfather:

You know, 2 years is a very long time to feel so bad--you know what I mean? I'm thinking, I wonder if your mom or dad know how bad you still feel about this--and I'm thinking if I had a boy who felt like this, I would want to know so that I could help him. I'm wondering if maybe it might help if we talked to your mom or dad. You know, maybe you could think about it, and when I come back next week, we can talk about it. How does that sound?

The decision to intervene in such a way with this child was based on the time elapsed and the degree to which this loss had affected significant aspects of his life. This is illustrated by reference to school and play:

I think about him all the time. The only time I don't is when I'm playing sports. I try to play a lot so that I don't have to keep thinking about him...Sometimes it's hard in school cuz I don't listen to the teacher cuz I'm thinking about him.

The researcher was aware that there would most likely be one more face-to-face contact with the child. Waiting until the next interview would not have provided the child time to think about the researcher's suggestion to speak with his parents together. The researcher believed the child might either hastily agree or decline without having the opportunity to feel sure about his decision. It was an option to offer him the time to "think about it" with the agreement that the researcher would contact him by telephone to learn the decision.

The researcher's decision to intervene at the end of the first interview was based on three factors. First, the child had already

offered significant information about his experience that was of potential importance. He was the ninth subject to participate in this study. The eight previous children had offered their substantive responses to the researcher during their first interviews. The researcher believed it was likely for this child too, that this first interview revealed the salient aspects of his responses to the researcher's question. Second, use of the telephone for contact after the research process was completed was impersonal and incongruent with the face-to-face contact that was part of the interview process. Third, the researcher believed that at times, both children and adults provide information to nurses and other health professionals with the hope that those individuals would provide assistance. The researcher believed that this child had presented such information, and the time was right to intervene.

It was possible, although extremely unlikely that a child could disclose information that indicated it was necessary to immediately stop the interview process, and intervene appropriately. Such information was that indicating any form of abuse to the child, or a desire by the child to do serious harm to oneself or another. Had this occurred, the researcher would have immediately stopped the interview process and explained to both the child and the parent(s) present in the home the reason for doing so. The child and parent(s) would have been provided with at least two referral sources offering intervention related to the difficulty presented. The researcher was prepared to assist with the initiation of this referral, however, it was never necessary to do so.

Reliability and Validity

The literature related to phenomenological research does not directly address the issues of reliability and validity, nevertheless these issues are implied in the method. The validity of the questions posed to the informant depended on the extent to which they explored the subject's experiences apart from the subject's theoretical knowledge related to the questions (Colaizzi, 1978). Using phenomenological reduction or bracketing assisted the researcher in remaining true to the research questions. The phenomenological approach demands understanding the meaning of the informants' experiences from their perspectives. Thus, data obtained from self-observers can be accepted as having face and content validity because the informants have had experience with the topic and were able to communicate their experiences (Colaizzi, 1978).

The researcher attended to reliability and validity issues by honoring the sample criteria, maintaining consistency within each interview and throughout the entire data gathering process, and creating a milieu within the child's environment that afforded the opportunity to respond freely and according to his or her own line of thought.

The researcher cannot assume understanding of the meaning of the phenomena without obtaining clarification from the informant (von Eckartsberg, 1971). Lincoln and Guba (1985) describe this as an approach to demonstrating credibility, that can be established by checking with the individuals who served as sources for the data. The second interview with each informant provided this opportunity.

The researcher maintained documentation of every process step in the data collection. This was accomplished through a reflexive journal in which the researcher's methodological thoughts and bases of decision about the inquiry were addressed on a regular basis. With respect to the researcher, the reflexive journal provides data about the human instrument that is often provided about "paper and pencil" instruments. With respect to the method, the journal provides information about methodological decisions made, and the reasons for making them (Lincoln & Guba, 1985, p. 327).

Data analysis proceeds from the researcher's perspective of the data (von Eckartsberg, 1971). Giorgi (1975) stated:

Thus the chief point to be remembered with this type of research is not so much whether another position with respect to the data could be adopted (this point is granted beforehand), but whether the reader, adopting the same viewpoint as articulated by the researcher, can also see what the researcher saw, whether or not he agrees with it (p. 98).

Analysis of Data

Data were analyzed according to the steps described by Giorgi (1985):

1. The researcher read the entire description in order to get a general sense of the whole statement.
2. Once the sense of the whole had been grasped, the researcher went back to the beginning and read through the text once more with the specific aim of discriminating "meaning units" that focused on the phenomena being researched.

3. Once the "meaning units" were delineated, the researcher went through all the meaning units to express the insight contained in them more directly.

4. The researcher then synthesized the transformed meaning units into a consistent statement regarding the subjects' experience (p. 12).

The first step involved a careful reading of the interview. The researcher read the text with the goal of understanding the language of the informant. Many descriptions took multiple readings. The researcher validated the transcription by listening to the interview tape. The general sense after reading the text was not questioned, nor made explicit. This served as a basis for the next step, the discrimination of meaning units.

The second step involved breaking down the text into manageable units. Giorgi (1985) stated "the meaning units that emerge as a consequence of the analysis are spontaneously perceived discriminations within the subject's description..." (p. 11). The meaning unit discriminations were noted directly on the description whenever the researcher, when rereading the text, became aware of a change in the meaning of the situation as it was related to the informant. The subject's language was not changed in any way in this step.

Giorgi (1985) described the researcher's attitudes in step two as one of "circumscribed determinateness" or "empty determinateness" (p. 13). Giorgi explained this further: "...a certain general expectation is established...but on the other hand, a certain

openmindedness is maintained so that general discoveries may ensue...What differentiates the phenomenologically inspired method is the fact that a disciplined spontaneity is allowed to function whereby one first discovers the relevant meaning unit, or its category, and only later, based upon a subsequent analysis, explicates its actual full import" (p. 13-14). This clearly supports research in the context of discovery rather than in the context of verification.

The meaning units established in this step are understood to be constituents and not elements, following the terminology of Gurwitsch (1957/1964). A constituent is a part determined in such a way that it is context-laden. An element is a part determined in such a way that its meaning is independent of context as much as possible. For example, the letter "m" as the 13th letter of the alphabet means the same regardless of where it is found; the specific concrete meaning of the word may depend on its use in the sentence or paragraph. In this case, the former would be an element, the latter a constituent. The meaning units discriminated in this method are understood to be constituents.

The third step, transformation of the subjects' everyday expressions into psychological language with emphasis on the phenomena being investigated, took place primarily through a process of reflection and imaginative variation. During this step, there may be tension between the specifics of a concrete situation, and the more general categories raised by the description. It is the intent of the phenomenological method to arrive at the general category by going through the concrete expressions, and not by abstractions. A

researcher might transform the concrete language unit "I was relieved when..." to a classification entitled "situations evoking hopefulness," with a listing of specific situations (Omery, 1983, p. 58).

The final step, synthesis of transformed meaning units into a constituent statement of the structure of stressful life experiences, required that the researcher synthesize and integrate the insights contained in the transformed meaning units into a consistent description of the scientific structure of the event. In this step, all transformed meaning units were taken into account. As was expected, all of the meanings of the transformed meaning units were at least explicitly contained in the general description.

The phenomenological method is an inductive, descriptive approach to research that attempts to study the human experience as it is lived (Merleau-Monty, 1964). The researcher begins with a naive description of the experience that is being studied, and lets the experience emerge as it exists for the subject in an unbiased way (Giorgi, 1975). Blumensteil (1973) describes phenomenology as "the trick of making things whose meanings seem clear, meaningless, and then discovering what they mean" (p. 6).

Chapter Four

Report of Findings

This study was an exploration of the meaning of stressful life experiences described by nine to eleven-year-old children. Fourteen boys and girls responded to the interview question: Many times children find themselves in situations where they don't know what to do, or they have times when what they usually do doesn't work for them. For this project I'd like you to think about a time when you felt something like that, and then draw a picture about it (Appendix D). The data were composed of 28 transcribed interviews.

The children all resided in the Chicago metropolitan area. Urban, suburban, and outlying areas were represented. Children's families were of middle to upper-middle socioeconomic status. Three children attended parochial schools; the remainder attended local public schools. Three children lived in apartments, and the remainder in single-family homes. Only two children, representing one family, did not reside with both natural parents. Twelve children had siblings, and twelve children had pets. Six informants were the oldest or only child in their family, and four the youngest. In this chapter, discussion of their experiences is presented in depth. Verbatim quotations are used to provide support for or description of the findings.

Data Analysis Commentary

Immersion in the data was a lengthy process beginning with multiple readings of each interview transcription. Once the researcher felt a general sense of the child's whole statement, the interview text was read again, with the specific aim of

discriminating "meaning units" related to the child's perception of stressful life experiences. These meaning units were noted on index cards. The informant's language was not changed in any way in this step.

Once the meaning units were determined, the researcher went through all the meaning units to express the insights contained in them more directly. It is the intent of the phenomenological method to arrive at the general category by going through concrete expressions, and not by abstractions. For example, the statement "My friend and her dad came here for a year on a business trip, and then when it was time for her to go I was real sad" was transformed to a category entitled "situations evoking feelings of loss." Many statements were transformed to more than one category. The child speaking in the above statement continued "We never fought. This year's sad--just played on the hopscotch board all recess. [She] and I used to play real fun games like tag, jumprope, hopscotch, play on the monkey bars...I miss [her] and [my pet]. I try to forget about them but it's very hard." This meaning unit was also included in the category "situations evoking feelings of ongoing and unresolved sadness."

Through this process, the following categories were generated:

1. situations evoking feelings leading to aggression;
2. situations evoking feelings of being blamed unfairly;
3. situations evoking feelings of threat to the safety of personal belongings;
4. situations evoking feelings of threat to personal safety;
5. situations evoking feelings of anger;

6. situations challenging the ability to respond to peer pressure;
7. situations evoking feelings of ongoing and unresolved sadness;
8. situations evoking feelings of loss;
9. situations evoking feelings of actual or potential threat to self-esteem;
10. situations evoking feelings of disappointment in self;
11. situations evoking feelings of threat to approval by a regarded adult;
12. situations evoking feelings of not knowing what to do;
13. situations evoking feelings of fear;
14. situations evoking feelings of conflict;
15. situations evoking feelings of loneliness;
16. situations evoking feelings of lack of regard or respect for one's feelings; and
17. situations evoking feelings of being hassled.

The final step, synthesis of transformed meaning units into a constituent statement of the structure of stressful life experiences, required that the researcher synthesize and integrate the insights contained in the transformed meaning units into a consistent description of the scientific structure of the event. In this step, all the transformed meaning units were taken into account. All of the meanings of the transformed meaning units are at least explicitly contained in this final step.

Giorgi (1985) acknowledges the difficulty of this last step, because more so than with traditional methods, the researcher has the freedom to present findings in a variety of ways. He acknowledges the importance of presenting the results in a manner befitting the audience to whom one is communicating. In this study, the meanings of children's stressful life experiences are described according to constructs, rather than doing so using an informant by informant approach. The reason for doing so is because of the vast quantity and richness of data presented by the informants. Phenomenological studies typically have fewer than 14 informants, in which case an informant by informant approach is more manageable and useful. An additional rationale for describing children's stressful life experiences according to constructs is that it is this knowledge that will be useful to nurses and others who have contact with children.

The synthesis of transformed meaning units into a general meaning of the phenomena involved another lengthy process of immersion in the data. It was found that the meaning of children's stressful life experiences was concentrated within three principle dimensions: (1) feelings of loss, (b) feelings of threat to self; and (c) feelings of being hassled. These dimensions and categories occurring within each are summarized in Table 4.

Table 4

Categories Within the Principle Dimensions of Children's Stressful
Life Experiences

Principle Dimension	Categories Present
I. Feelings of Loss	Unresolved sadness, loss of significant person, pet, or space
II. Feelings of Threat to Self	Threat to approval by regarded adult, lack of regard or respect for informant's feelings, threat to self-esteem, being unfairly blamed, feelings leading to aggressive behavior, feelings of disappointment in self, feelings of fear, threat to personal safety or well-being, threat to safety of personal belongings, not knowing what to do, challenging one's ability to respond to peer pressure
III. Feelings of Being Hassled	peer conflict, teacher's expectations, being teased or demeaned

These experiences occurred on the continuum of intensity and duration with some seeming relatively insignificant to those remaining ongoing and unresolved. Children were readily able to evaluate their experiences and spoke of those perceived to be most troublesome immediately and without prompting. Dimension I, encompassing feelings of loss, describes concrete losses children encountered: significant persons, pets, or space. Dimension II, involving feelings of threat to self, at times also involved losses. These losses, however, were of an intrapsychic nature, i.e., feelings of threat to approval by a regarded adult, lack of regard or respect for feelings, actual or potential threat to self-esteem. Because of the capacity of such losses to act as a threat to the child's feelings of well-being, it is in that dimension that these experiences are considered. It is noteworthy that all children in this study spoke in detail of their feelings concerning losses occurring in one or both of these dimensions.

In addition to the dimensions of stressful experiences occurring on a continuum, situations within each dimension were also carefully ordered by the informants. In all cases, experiences occurring in Dimension I or II were perceived to be more troublesome than those of Dimension III which concerned hassles.

Children who encountered experiences in both Dimension I and Dimension II consistently perceived those in Dimension I as more troublesome. Within each dimension, as more categories were associated with each experience, the gravity assigned each experience increased. Thus experiences relating to fewer categories within each

dimension were perceived as less stressful than those affecting more categories.

The interview transcriptions do not capture the seriousness with which the children responded to the researcher's inquiry. Words do not always capture one's message as effectively as facial expressions, tone of voice, or posture. Nor do the interviews effectively capture each child's striving for personal growth and wish for affirmation from regarded individuals.

When possible, findings of the study are presented using the three dimensions as an organizational format. The various subheadings reflect the third step of data analysis, the transformation of the informant's everyday expressions into specific situations focusing on children's stressful life experiences.

Dimension I: Feelings of Loss

Five of the 14 children described situations related to either actual losses or those that they anticipated with relative certainty. Discussion of loss encompassed a variety of experiences, most having occurred during the preceding one to five years. As stated previously, the losses included within this dimension are those of a concrete nature: significant person, pet, or space such as home, school, friends, or familiar neighborhood. Other losses will be discussed within Dimension II: Threats to Self. Children whose stressful experiences focused on loss spoke of them immediately and without hesitation after they were presented with the research question.

Loss of a Significant Person

Two of the boys immediately focused on the death of a relative with whom they had a special relationship (Appendix D). A ten-year-old boy spoke of the death of his uncle:

I know. My uncle died. Well he was smoking a lot and whenever we'd go there, he'd go like "Here, have a bag of candy." He's my mom's uncle. Well one time he brought us a BB gun. Whenever we'd go there, he'd always know what we'd like to do. He lives right on the Fox River, and we'd sit there and he'd drink beer and I'd eat cookies or something and we'd just talk or look at baseball cards or something...Well I had a choice, but um I wasn't allowed to go to the funeral but I didn't want to go to the wake either. I just think about going to see him by the river...I just talked to my mom and I just played with my friend and just got over it...I still miss him though. He always knew just what to do.

An account of another ten year-old-boy's experience related to his grandfather's death two years prior to the interview vividly describes the impact of this event:

I really don't want to draw it. Um, it makes me sad. I remember it good. I know what happened. It was my grampa. My grampa died. He died all of a sudden just like that. I can't draw it. We came home from school, my sister and my friend and me. My mom said [my friend] had to go because she had to tell us something. She was weird. She never said that before. I thought my dog ran away or something...She sat us down I remember and held us tight and said he just died--his heart just stopped, just stopped--He was my best grownup friend...You know, I can draw this (tears off scrap of paper)--when she told me he died, it was like it was crushing me--just crushing me. Smaller, and smaller, and smaller. I couldn't get any air...It's like it just happened. I remember the day so good.

We did lots of stuff together. The wallpaper I got in my bedroom my grampa put up. I helped him--he let me brush the stuff, the paste with that brush. We did lots of stuff like that...One time, one time we went to the ballpark and I almost caught a ball.

Again in this case, the special nature of this relationship is presented:

Well he was just fun. He never yelled or anything--well once in a while, but not much. He always knew what to do for fun...Sometimes we'd go for a walk, or to McDonalds. He liked to go for breakfast everyday. We could sit together. Sometimes I'd have a milkshake for breakfast...I couldn't believe it. I kept thinking they're gonna say it was a mistake...I would go in my bedroom you know, and cry in my bed...My mom talked to me about it...I didn't have much to say. I didn't want to cry in public, you know. I wish he was here with me...I don't know what to do about it, I don't know what to do.

Intervention that occurred as a result of the unresolved sadness this child was experiencing is presented in the discussion of the findings.

Children experience losses of significant persons through occurrences other than death. Adults may not recognize the significance of the loss of a child's peer relationship. A nine-year-old describes her experiences relating to the loss of a friend who returned home to Finland after living in Chicago for one year:

My friend and her dad came here for a year on a business trip, and then when it was time for her to go I was real sad. She had to go all the way [home]...I miss [her] and [my pet]...I just try to forget about them, but it's very hard...I played with [her] every day. We never fought. It is sad this year. I just play hopscotch board all recess. [My friend] and I used to play real fun games like tag, it, um jump rope, hopscotch, play on the monkey bars.

This loss is that of a friend, playmate, and confidante. The conversation relating to this loss and the loss of a pet hamster carries with it feelings of ongoing and unresolved sadness. This same feeling of pervasive sadness seems to accompany the child in his experiences in relating to the death of his grandfather.

Conversations with these children clearly indicated they did not know

what to do, and they perceived themselves powerless as they described the pain they were experiencing related to these events.

Loss of a Pet

The ten-year-old boy who described the death of his uncle, also described the death of his pet bunny:

Like when my bunny died--um, oh let's see--that was the day before Easter vacation. We got him when he was just born just before Easter and then he died just before Easter. We came home from school one day and my mom said "Something happened in our family," and I said "Did my uncle die?" And she said "No, our bunny died." It was a hot day and he was in the greenhouse and ran out of water...I just talked to my mom and I played with my friends. That's how I got over it.

The nine-year-old who previously described the return of her friend [home] is obviously still mourning the death of her pet hamster one year ago:

My hamster's very sick. She died. I was only 8 then. He was my first pet that I ever gotten--it was either for my birthday or Christmas...It was real sad. She got dehydrated cuz my mom wasn't changing her cage and she just got dehydrated, and then the doctor said she could live for a couple more days and if a miracle happened then she could survive or else we could have her put to sleep and we just had her put to sleep. It was scary...I'm still sad...It makes me sad because she was my first pet--she was so cute--she went to the art fair with me...Nothing can help...If only I had [my pet] here with me, it would be an awful lot better.

This child's feeling of loss was compounded by the loss of an adopted stray dog that occurred when she was three years old:

See one day he goes out at night, and we let him outside and he always comes back in the morning, but one time he stayed out for a week and came back. And the very next week he went out for a week again, but then he came back with his new wife dog and his puppies...And the next week [our adopted dog] ran away, but we thought he would come back, but he never came back...That was just as sad as [my hamster].

Losses of Space

These children encountered loss of space through relocation and through another's intrusion into their space. Losses occurring as a result of intrusions into space challenged the children's control over their environment, and threatened their feelings of value and importance within their family group. These experiences will be considered within Dimension II: Threats to Self.

For these children experiencing loss of space as a result of relocation, the resulting issues are vividly present in their world. Relocation can involve the loss of the comfort and familiarity of one's home, the need to change schools, and especially cited by two girls facing a move, the loss of nearby friends and family in their neighborhood.

An eleven-year-old girl stated:

I don't want to move. I wouldn't be able to go riding with my friends in the summer cuz they were too far away and um if we didn't move I could stay and go to [the Junior High]. Even if we just moved a little bit I could go there. That would be better...I don't want anyone to buy our house. I feel like saying (about the sign) "Take it down" or something like that. I like my school and I'm used to my neighborhood. We go bike riding and everything and play baseball and stuff...Even if I had my own bedroom, I guess I would still like to stay here. It's good here. I just like it here.

A nine-year-old shared her views related to a move from an urban to a rural area:

I think about it a lot. I don't wanna go. Not at all. I don't want to move cuz I'll miss all my friends, sometimes like I won't get to see em a lot, I won't be seeing them at school everyday, and um I'm thinking like I probably won't see em again, but--well sometime--but um I'll only be able to see em like if they could come over. Now like usually they could cuz all my friends live close to me now and um it'll be weird cuz like I'll be spending more time with my other new friends than them, and I'll probably forget about them. Maybe they'll forget about em.

The focus was on loss of friend as a result of the move. Although the child expressed sadness over this loss, the expectation of new friendships was evident.

Dimension II: Feelings of Threat to Self

Children described many and varied situations that evoked feelings of personal threat. Particularly prevalent were those areas concerning interpersonal loss, i.e., loss of approval by a regarded adult, lack of regard or respect for feelings, loss of self-esteem, and feelings of being blamed unfairly. Other categories resulting in feelings of threat to self include situations leading to feelings of aggression, feelings of anger, feelings of fear, threat to personal safety or well-being, threat to safety of personal belongings and feelings of not knowing what to do. Equally varied were the responses children included, which ranged from "just be by myself in my room" to "I just took my fist and went wham like that and punched him in the face." The situations children described included not only those threatening to them personally, but also those affecting close friends.

Loss of Approval by a Regarded Adult

Several children expressed their concerns related to their fears of disappointing or "letting down" an adult whom they held in high regard. Although in most cases this was a parent, children also cited teachers and coaches.

An eleven-year-old boy and girl discussed this aspect of their relationships with their father and mother:

I hate when I get in trouble with my dad, when I do some bad things he tells me not to do and I just do it anyway--Um, I feel like um Why'd I do that?" and I tell myself "You stupid, why'd I do that?" and he sends me to my room and I think about it for a while and then...I just hate to mess up with my dad.

My mom always says all these other people are saying stuff about your stroke. I hate it when she criticizes me. You're not used to your own mother criticizing you or saying things about you because, because she's your mom. And she cooks you everything and everything. You usually aren't ready for her to say something like you did this wrong--it bothers me cuz I don't want her to be mad with me.

A nine-year-old described her "hardest times" as those where she "screws up with her mother:"

Well, I sort of uh, my friend was playing and when she had to go home, but then um, well she was supposed to help me clean up and um, well I left it and um then I stayed out, uh I stayed out and when I got back someone else was cleaning it because company was coming for dinner. Then I had to clean it...The hardest times for me is when I screw up with my mom, when she's not happy with what I do. I'm angry at myself too. I don't want my mom to be upset with me.

Other relationships illustrated the value children place on their relationships with adults. An eleven-year-old described her experience:

I'm afraid the coaches will get sick of me. When I get an asthma attack I start to cry and everything. But maybe they won't get sick of me--they get sick of any kid who cries or anything. I try to do my best. I don't want to let him down.

The ten-year-old boy, who described the loss of his uncle and bunny also speaks of the importance of being respected by a favorite teacher:

I really like Mrs. J. She has a sense of humor. She's funny. She teaches English. We have to fill in sentences with like nouns, and she said we could fill in with like it said "What is your favorite food?"--we could fill in like chocolate covered ants, and something like that. Some of the teachers only like girls. I hope Mrs. J. likes me--I mean the boys, she's cool.

Although it was not the purpose of this study, children also spoke of "doing for" those adults whose relationships were valued. This included actions such as drawing pictures or making some type of craft, purchasing small gift for a special occasion or holiday, or surprise demonstrated by some helping activity. The children took great pleasure in planning and executing these demonstrations of affection.

Feelings of Lack of Regard or Respect for Personal Feelings

Feelings of loss can also occur when individuals believe their feelings are neither regarded nor respected by valued significant persons. The simple statement may be "You just don't understand me," however, children state their experiences most explicitly themselves.

My sisters, they always boss me around. They call me "Shrimp" or like "Hey you, kid"--they never call me like "Sister" or something like that. This really bothers me--okay--every time they go out with their friends, they never bring me with hardly, unless my mom and dad's going out and I have to go with them.

A situation previously described again was of importance. In this case a nine-year-old expresses feelings regarding a friend:

I was angry at myself and at my friend cuz um she never helps me clean--she just leaves. She just says "My mom wants me home," and she just leaves. She could just help me clean up a little.

An eleven-year-old described her feelings related to her relationship with her sister who was four years younger:

She has her own stuff, but she always wants to use my stuff. She gets to play in my room. Well I can tell my mom she messed up my room and then my mom says to clean it up, but she never does. Especially when she has friends sleep over--she has like I have a double bed and she has just a single and she always thinks when she has friends over she wants to sleep in my room, and she messes it up...I'm just stuck with it. And she always has her friends in my room

because I have a big tape recorder and her tape recorder is usually broken. And my mom says, but she just um says like your sister is little and she probably just looks up to you cuz you're her big sister...My mom always sticks up for her. She says she's my little sister and she likes me and that stuff, really I'm just stuck.

A ten-year-old described another issue:

Sometimes I like to cuss. It helps me feel better. I like to say "damn," but my mom doesn't like me to say it in front of adults. She doesn't like me to say things that at all seem bad. I don't know why--she has this thing about cuss words, and I'm like "Oh please." I don't like it you know. No one likes lectures, especially not grown people, but little people probably hate it the most--yeah little people like me hate it the most.

An eleven-year-old relates her experience.

Today I slammed the door at my mom and started screaming. She signed me up to help with swimming lessons over at the beach and I didn't want to do them, so she still made me do them. I didn't want to do any of them and she signed me up for weeks. I never get to do anything. I just sit there. But what I really didn't like was that I didn't want to do it and she just didn't care.

Feelings of Threat to Self-Esteem

Situations threatening to children's self-esteem that also included a component of loss of a special relationship provoked many responses.

A ten-year-old boy describes his experiences:

I had this [best friend], and um there's this [new kid] he came to school and he was really popular so [my friend] started hanging around with him and just forgot about me...He ditched me and then I had some other friends and they started being jerks to me so they said I was a nerd a school.

A nine-year-old girl relates:

Mostly I like the kids. They're real nice. But some of them, they're mean. Like they don't like you if you don't like this person, or sometimes they don't like you if you do like the person, then you can't hang around with them or they won't be your friend, or they'll tell your friend not to be your friend.

A ten-year-old girl states:

I hate when I have a fight with my girlfriends--not physical, just verbal--it's sad really. Well there was something that made me even sadder because um (sigh) I like this boy, and I thought he liked me and then I found he went with this other girl--he just, I just found out this other girl said she'd go with him. Actually, I thought they were playing a joke on me--my friends. Then I found out they weren't, and the other kids were like "You finally got it," and I'm like "Huh!" I felt so stupid.

Certain situations in which children believed they were perceived badly by others also threatened their feelings related to self-esteem:

The bunks were really bad and the food was terrible. And also I'd never been gone before. I wish I could've called home, but then I would probably end up crying and that would be embarrassing too. And like when we ate, they were sabotaging everybody's dinner. Like they dumped chocolate milk in E's grape juice. I said "Don't put anything in my food," but they always end up doing it. Then finally somebody sees it and they blame you in front of everybody, like you would do that to yourself.

I hate being in split class. People look at you like you failed or something.

Some kids are slower than others and a lot of times they make fun of you if you can't keep up with them and everything. Like I was stuck in the A relay, and I had to swim the 100 free, and I get asthma attacks when I swim sometimes, um they were so stuck on winning, and they were blaming on me when they lost, like [the first girl], we got 2nd, by four one hundredths and like [the first girl] she blames it on me and everything. She goes "You shouldn't breathe so much in the end, we could've beaten em."...Like they're so much faster you feel uncomfortable cuz I'm with those girls who are 12 and it's really uncomfortable cuz I'm so much slower than them.

This was a fastball and it got right past me (Appendix D). I just let go of my bat and I thought NOOOOO--the ump said strike three, and the ball slid past him. There's like two outs at the last inning and I lost the game--that strike out...Like when I'm in the outfield and it's and I drop the ball like if I overrun it or if I catch it and if I make a bad throw and he scores--it's like I'm responsible.

When I play basketball and I miss, and say I keep on missing like four shots, I want to quit, I say I don't want to play any more. I have a bad temper, I'm kind of a whiner, but I try to cut that...Sometimes I get mad over little things. Like today I went downstairs and started playing Bases Loaded and I got like, uh, the computer beat me. I got real mad at that...I try to calm myself down because if I don't I'll be mad the whole day, I'll be crabby to people. I fix what I did or just forget it, or I go watch TV, or play a different game, or just play catch with my dad.

I really like soccer and baseball. My mom knows that and that's what happens when I get in deep trouble. I get grounded from a game. We have a good team and I hate to miss...I hate when the coach yells in the game, uh, it's just like everybody's looking at you and everything, like it's just you.

It would be misleading to speak of the children's perceptions of athletic activities only in terms of being stressful life experiences which challenge their feelings of self-esteem. The children also spoke of the fun they had during their involvement in these activities. They talked about their friendships that developed as a result of the activity in which they were involved, and although they did not realize it, in many respects they were describing the values of social support--both from peers and other adults with whom they had contact.

Another aspect of significance related to athletic activities was the seriousness with which the children described their commitment to their sport. Seven of the 14 children spoke of the importance of individual or team sports in their lives. All seven spent time discussing their efforts to improve at their particular activity. All those involved in a team sport, such as baseball or soccer, spoke of the need to "do your best so you don't let your team down."

Feelings of Being Blamed Unfairly

Children frequently identified what they perceived to be unjust treatment either to themselves or to a peer. Based on their descriptions of numerous and varied instances, and also their willingness to accept responsibility when they are at fault, they hold firm in what they believe is right or fair. Several children cited at least one brief incident during which they felt they were blamed unfairly:

I just bent down to pull my sock up and she (teacher) said I was talking to [the girl next to me].

She (teacher) said [he] was talking during the test. It wasn't him, it was [the other boy]. She picks on [him] for nothing.

They said I lost the ball and I never even had it that day.

They said I was with them when they locked him in the locker. I was just changing from gym. Not that time--it wasn't me that time.

I asked [my friend] if she had an extra pencil (during a test). [The teacher] thought I was cheating. I swear I was just asking for a pencil. She never believes us.

The ump said [my friend] left the bench, so he got an out. It wasn't him. It was that guy coming for the next game. He just came over for a minute.

These responses demonstrate the seriousness with which children view such occurrences.

Situations Resulting in Feelings Leading to Aggressive Behavior

It was interesting to note that of the four boys who described situations in which they responded with physical aggression, three did so in defense of another person. Whereas the girls described verbal disagreement that was often of long duration, boys described physical expression of their aggressive feelings. These physical

gestures occurred when the informants perceived that a friend or sibling was repeatedly being treated unfairly by a peer. The repeated and continuous intimidation seemed to instigate the physical response in these situations. Two of the boys were quite pleased with their interventions, and expressed no remorse for their actions:

We were at the picnic, and [a boy] was right in back of me, and he was making fun of [my friend]. And he kept calling him names and stuff, and you know like fatso. And he's not really fat, he's just big, kind of like Mike Singletary, you know. Well he kept right on, you know, every time he saw us and so I just took my fist and went what like that, and punched him in the face.

Well you know, then there's [that boy]. No matter who it is, he makes fun of them. You know he never gets in trouble either. The teachers all think he's such a good guy. He's a jerk. He makes fun of you and takes things from your desk or if we let him play football he kicks us like. Well this one day we were at the park and he kept teasing and teasing so a bunch of us we just went up to him and smacked him. Too bad for him--he had it coming.

Another described his feelings of frustration and anger after he responded in behalf of his brother:

Well [my brother] played on the baseball team, and this kid who's a couple grades ahead and real big kept calling him names--like Wimp or Baby or something like that. Um [my brother] is kind of small and he's not so good like some of the kids. Like he strikes out you know. So all summer--all season this jerk kept making fun of him. Like my mother said just ignore it and don't pay any attention. And like the coaches thought it was funny. They liked this kid cuz he hit a lot of homers. I'll bet he made fun of [my brother] about 27 times. So this one day we were walking out after the game, and he comes past and says "Hey kid, when you gonna learn to hit the ball? So I shoved him, and said "Bug off." I swear I only meant to shove him. Anyways he tripped and he fell and he hit this rock that cut his hand real bad. And it was bleeding real bad, and they called the paramedics and everything. So he had to go get stitches. Then he couldn't play ball cuz he couldn't hold the bat or catch or anything. Did I get nailed. Everybody was blaming me like I was the jerk--the coaches. I got grounded for starting a fight.

The fourth boy spoke of his actions which he called "just self-defense:"

This kid took a rock and threw it at my head and I had a big bump. The principal doesn't ever see him, so she can't do nothing about it and so he gets away with it. And then the next day he started throwing me to the ground, and so we got into a fight and stuff. I broke my finger. It was a big fight.

All four boys spoke of their experiences in a very matter-of-fact manner, as if their response was the only logical one, and that was just the way such problems are handled. If there were consequences, such as being grounded or a disciplinary action from school, they indicated that was acceptable to them. They expressed confidence that they had handled their particular situation most effectively.

Feelings of Anger

Both boys and girls spoke of situations which made them angry or "mad." Situations evoking such feelings were varied; however, frequently they involved an interaction with a parent or a teacher. In most of those cases, the children elected to remain silent, or to physically withdraw from the setting causing them difficulty. The boys more often than the girls, described pounding their pillow or bed, using a punching bag, or tearing or crunching paper and throwing it away. Both boys and girls were certain about situations that made them angry, and their responses to such events were well established and personally effective.

When I'm angry, I usually calm my mind reading--or yell at people. I particularly like yelling at people, who doesn't? I feel better then. Sometimes I talk to my best friend.

When we're angry we have verbal fights. Boys have physical fights. Cuz of that the girls never fight. Or hardly ever fight. I mean they can if they want to, but they don't because they see how dumb the boys act.

I had something I didn't want to do today (Appendix D)--I slammed the door at my mom and started screaming...She signs me up for things I don't want to do...And also I didn't want to clean my room. She said I had to clean my room. She's been telling me that all week--When I get angry I feel like screaming...I get angry when people make me do something I don't want to do. No one can usually tell, because I just be quiet and don't say anything...I just want to by myself.

When I'm angry about things I just be quiet and everything.

Sometimes it's hard at school. Um sometimes I feel I get like mad for some thing that's just really little... Sometimes I've got a really bad temper so I get mad and I just quit what I'm doing...Like today...the computer beat me, I got real mad at that. I try to calm myself down. Because if I don't calm myself down, I'll be mad the whole day. I'll be crabby to people. I just try to fix what I did and then I'm happier, or just forget it. I go watch TV or something, play a different game, or just play catch with my dad sometimes.

I get mad when I get yelled at. I just go to my room and punch my bed. I got a little punching bag, so I can punch on it too. Or I tear up a piece of paper or something--or just mush it all up--that's all I do.

I get mad like when kids blame it on you and you don't even do it, and it just gets you real mad when people push you or kick you and there's nothing you can do about it at school.

Feelings of Fear

Despite the breadth of knowledge and the verbal and social sophistication demonstrated by these boys and girls throughout their interactions with the researcher, the discussions related to situations that aroused feelings of fear in them were powerful reminders of the essential needs and desires present during childhood. Their conversations reinforced documentation emerging in the literature that adult perceptions of children's life events may,

in fact, be much different than the perceptions of the children themselves.

In the following situation, a ten-year-old boy describes an incident that left him immobilized for nearly a week.

(Clears his throat deeply several times) I got detention (Appendix D). I had this paper--it was bad--I signed it. I was supposed to show it to my mom and get her to sign it. I was scared, and so um I just waited, and then I signed it cuz my teacher said I had to bring it back. So she knew I signed it, and then I got the detention note, and so I had to bring that home and have her sign that. So I got it on Friday and kept it all weekend, and I didn't know what to tell my mother. I knew I would get in deep trouble--be grounded from sports for a game. So um I left the detention in my bag. I knew I was in trouble. I thought about it all weekend, but I didn't know what to do (sigh). I was, I didn't know what to do. So on um Monday I gave it to her when the bus was coming...I wish I had done something different. I wish I'd given her the test...This never happened to me before--usually for talking or forgetting my homework, but not like this. I didn't know what to do.

A ten-year-old girl described a situation in her life, that despite occurring 6 years ago, remains vivid in her memory.

When my parents were still married (spoken very quietly) I was about 4, and [my sister] was 2 or 3. They'd fight--all day--and that's really sad...I don't want to remember it really...It's a lot to think about something. Sometimes I sit and think "Why'd they do that?"...It was awful, especially if you were my age, a little girl...Me and [my sister] would stand in the hall here and listen (Appendix D). And I would get scared um, and so um what we'd do, me and [my sister] would go in our room and sometimes what we did, uh, we would move our mattresses..and we'd jump up and down and try to play so we wouldn't have to hear them and be scared.

The vividness and intensity with which children carry memories of significant, unresolved events is noteworthy.

This was the only child to talk about parental disagreements, whereas in the pilot study involving 4 children, each of them talked about how distressing it was to hear their parents arguing. Those

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four children described any discussion involving loud voices as argument, and found those situations frightening. Despite their heightened anxiety around this issue, they did not assign it the gravity of the child in this study. Rather they viewed it as something they did not like and would prefer not to occur.

An eleven-year-old girl stated her fear simply and clearly:

When my dad wants to go to these horror movies, and you don't want to see em--No I don't want to see em. You feel really scared because you have to go see this. He made us like go see Jaws. I don't like to get scared like that.

This child's subsequent discussion revealed her concern that her father would regard her as "chicken," therefore, she felt she could not tell him she did not like to view movies that she found frightening.

Feelings of Threat to Personal Safety or Well-Being

It was evident from the children's discussions that any threats to personal safety or well-being were the result of accident or injury. There was absolutely no reference to the slightest possibility that they would ever not feel well or encounter anything more significant than a brief acute illness. The children who experienced childhood injuries spoke of them matter-of-factly, and with confidence that the doctor could fix whatever happened and with comfort that they would be well cared for by a parent or some other relative.

Except for one child, the rest presented their encounters with the emergency room or doctor's office and moved on to other thoughts:

I fell bad and was crying and crying, and when I got to the hospital, they gave me this one book (goes to bedroom and brings out Gold Book "Alice in Wonderland"). This is what they gave me. They gave me that to read while I was--they

had like 4 ice packs on my arm, and like my mom was reading it to me and showing me the pictures...My arm was broken.

We made like a slide out of building blocks, and like um we were playing with em, and like um he was sitting right here and I was on the floor playing with the building blocks and the building blocks hit me in the nose and I got a broken vein. It would bleed a lot and like I had to get my nose cauterized...It was funny cuz like when I came home from getting it cauterized there was these little tissues that stick out of my nose that they put em up there.

I had stitches in my knee right there cuz me and my friends were playing soccer in the alley and there was glass and I went to reach for the ball but I tripped over it and my knee got stuck in there and I had to get stitches...One of my friends said to pull the glass out and it won't be as painful and I pulled it out and it started bleeding more. I said to go get my mom, and I went "Oooh Mom, Hurry!"

Only one child spoke of an incident clearly related to peer pressure, which resulted in his encounter with emergency care.

Well it was just over here. Look at it, look at my leg. We were lighting fireworks, and said I didn't want to do it so I so I uh standed back and they started calling me chicken, and I just kept standing back and then they threw a firework at me, and it hit my leg and junk. I was just getting off my bicycle. I had a burn mark. I didn't want it to happen. There was smoke and I was scared. I got a picture of my leg with the bandage I could show you. It's at my Grandma's I got the bandage on and I'm riding the lawn mower.

For this child the more troublesome aspect of this event was the taunting encountered rather than the injury that occurred. All the children describing injuries did so briefly, and did not refer to them again during the interview.

Feelings of Threat to Safety of Personal Belongings

Despite threats to the safety of personal belongings, children involved in such incidents did not assign them particular seriousness. Their stance was "This is what happened, and this is what you have to do about it." This is illustrated by their remarks:

I had a bicycle ripped off from my apartment, and then my friend's bicycle it just got ripped off from my backyard cuz he was upstairs. He was just there about 2 minutes and it's gone so he got into deep trouble for that. Now we gotta take the bikes inside with us.

One time our house caught on fire. It was the Friday before school...We were counting all our school stuff, and my dad was home and my mom smelled something funny, and he was just going out to get pizza, so he goes we "I'm sure it's just like somebody that's cooking on the grill." So he said "I'm just gonna go." So my mom said "You wait a minute. We've got to remember what happened to [our friends' parents]. They thought it was nothing, so they went back to sleep, and the next day their house burned down. So my dad went outside, and smoke was coming out from the two vents, so we got stuff out of the house, my mom called the fire department, my dad got the hose and went up to the roof and started spraying...And uh the fire truck came except they didn't have to do anything because either there was no fire or my dad put it out because um the fan burned out. So it all worked out.

When they had to do the lunches, like um they were sabotaging everybody's dinner--so you couldn't eat--like what they did to E...Even if I was thirsty, I would not get a drink if I had my food there cuz I was worried about what might happen.

Feelings of Not knowing What to Do

Situations in which children did not know what to do have already been presented, however, there was one child who made such a statement whose experience has not yet been described. It may be one that is rather unusual, however, the child, an eleven-year-old girl, spoke at length about what she called "the worst" thing in her life. She did not choose to draw about this, yet her description made her point well:

Even though my sister goes into my room and uses my stuff, and messes up my room, and uses up my batteries, that's not the worst thing. Nope. I would say it's my dog...He's crazy...he runs around the house, like all the way around the house. When he gets in a crazy mood, he barks his head off and runs around the house, looks out, he goes up to the window like if someone's watching TV, he'd go like right up to

the window, and he'd go, he'd go right up in front of the television and everybody'd be yelling at him. Once he got out and almost got caught.

At a second interview she continues:

It's the dog. He's crazier and crazier. He's awful. (At this time, almost on cue, the dog--an Irish Setter--escaped from it's crate, and ran through the room. It took about 3 minutes to contain the dog and the chaos during this short time was incredible.) This is how he is. He drives me crazy. See his scar. He got out and ran out on [the street] and got hit. Somebody picked him off the road and brought him to a vet. The vet called us from his tag. His leg was broken. He couldn't run around for a while. He was trouble even when he was hurt--barking and everything. Sometimes he's even worse than this. I wish we never got him. See how he runs around the house--just in circles, or else he tries to get out the door, or out the window. He's crazy. I don't know what to do about him. You can't have anybody around with him. He jumps on everybody. My mother tried taking him to school. He wouldn't listen. He couldn't learn anything. When he's really bothering me I just put him in the crate. I don't know what else to do. That's all. Nothing else works. My mom says we can't give him away cuz nobody will take him. He's the worst thing. He never quits.

Because of the unusual behavior of this pet, this child lost much of the comfort one hopes to find in one's home, and also a significant degree of control over her environment.

Dimension III: Feelings of Being Hassled

Feeling "hassled" seems to be a common childhood experience. Each of the children who participated in this study described situations that evoked these feelings. None of the children expressed any thought about seeking help related to these situations or attempting anything that might change the way they were influenced by them. They spoke of them matter-of-factly, as though they were expected, everyday occurrences over which they had no control. Several children related their experiences:

I tell my mom she messed up my room and then my mom says to clean it up, but she never does.

When she has friends over she wants to sleep in my room and she messes it up.

She has her own stuff, but she always wants to use mine.

We have our own room, but of course she always wants to come in mine.

Sometimes I've got something she wants--she always gets her way.

Like every Saturday or so we've got to clean the house or some things like that.

I try to help her and she never helps me.

I share with her and she never says "thank you."

Like when we go on a car trip he gets over the line to my space.

She has her station on, and won't change it even if it's a bad song and everybody hates it.

I wanted to use her tape and she won't let me, but if I have a tape, then she uses it.

Like I let her (friend) use my new markers, and she got the tips black and when she gets new markers, she never lets me use them.

My sister goes to the park with us to watch us, but she always has a friend with her, and she doesn't pay any attention to us.

Mrs. B. doesn't let you talk in class at all--not even a whisper.

My dad was mad cuz we messed up the attic with toys and Easter grass.

She never lets me go with her unless my mom and dad make her, or she's bribing me.

My sisters boss me around.

They call me names.

I hate fights with my friends--verbal fights, you know.

Adults like to lecture kids.

My mother's always telling me to clean my room.

I hate when I have to do something I don't like to do.

I hate when teachers make you do boring things.

Sometimes people make fun of you.

It's hard when people are sarcastic and you don't know what they mean.

Sometimes kids start being jerks to you and you don't even know what happened.

All the children encountered hassles on a regular and frequent basis. They did not suggest taking action to change these situations or even suggest that change may be a possibility.

Overwhelming Powerlessness

It is curious, and perhaps even alarming, that throughout all categories in all dimensions, the possibility of exploring options, or seeking information or assistance from a trusted adult that might help alter the situation was expressed only by one child. The overwhelming sense of powerlessness with which children navigate through their life experiences is startling and merits careful consideration.

The interview responses were examined using the theory of social power developed by French and Raven (1959). Cartwright's definition of power is used as the basis for their theory: "Power is a relation between two agents, O and P. It is concerned with the maximum influence which O can exert on P at a given time to change in a given direction" (1959, p. 194). The emphasis is directed at the social relationship or the interaction involved in the exercise of power.

French and Raven formulated a taxonomy comprised of five bases of O's power (1971, p. 525):

Reward power, based on P's perception that O has the ability to mediate rewards for him or her;

Coercive power, based on P's perception that O has the ability to mediate punishments for him or her;

Legitimate power, based on the perception by P that O has a legitimate right to prescribe behavior for him or her;

Referent power, based on P's identification with O.

Expert power, based on the perception that O has some special knowledge or expertise.

Data were examined considering these five bases of power. With one exception, all responses related to coercive or legitimate power. French and Raven (1971) distinguished between legitimate and coercive power. "Legitimate and coercive power are similar in that each produces initial changes which are dependent upon O, the influencing agent. That is, even if P does not see the reason for the change, or accept the intrinsic value of the influence, he will nevertheless conform, in order to avoid punishment (coercive power) or because he accepts the right of O to influence him (legitimate power)" (1971, p. 528).

Examples whereby the children encountered coercive power were presented:

Dad yelled at me. Now no one is allowed up there.

Even if you whisper to ask someone for a pencil or something, she'll write your name on the board, and you'll have to do a 100 word summary on the chapter.

(Sister) won't share a tape unless I give her one of mine.

They call me shrimp.

She would keep (a song) on just to get us mad.

Some teachers are just mean.

When we ate, they were sabotaging everybody's dinner...So you couldn't eat--like um they did to E--they dumped chocolate milk in her grape juice, and then they (counselors) yell at E...Even if I was thirsty I would not get a drink if I had my food there cuz I was worried about what might happen.

They were blaming me when we lost...She goes "You shouldn't breathe so much in the end, you could've, we could've beaten em."

When my dad gets mad, he goes like "Fine"--he never looks back at me.

He made us like go see Jaws, and I was scared. If I didn't go he would call me "chicken."

Cuz like when I go shopping, and I come back and she says--"You got another thing again, you have too much" and it really bothers me.

I would get into deep trouble...grounded from sports--miss a game.

And then I got detention, and then I had to tell my mom, and I forgot to tell her.

Situations in which children encounter legitimate power were frequently reported:

You get scared if you yell at em, cuz like sometimes she says "You're not going out for a week."

Like um they always have to watch us, but she always goes by her friend and whenever I go around her she goes "Go play with your friend--you got her, now go!"

My mom will only let me play outside till 7:00 on Sunday cuz I have to get to bed at 9:00 and I have to take a bath and get my stuff ready for school on Monday.

I don't want to move--we're going to the country.

I didn't want to move.

I'd rather clean the bathroom cuz it's an easier job than going around the house and dusting and vacuuming, but they always give it to [my sister], or when it's after dinner, and we're supposed to do the dishes, and it's not even my turn to do em that day, and I always end up picking up the dog stuff.

If I've got something and she wants something, then she gets her way.

She (mother) just says "Your sister is little and she just looks up to you cuz you're her big sister."

There's nothing I can do, my mom always sticks up for her.

I like to say damn, but my mom doesn't like me to say it in front of adults. She doesn't like me to say things that at all seem bad.

No one likes lectures.

My friend had to go back to home.

She (mother) said "I'll just sign her up for 2 weeks."

The coaches get kind of sick of me cuz I start to cry, but they get sick of any kid who gets scared or cries.

They said I can move down there when I'm 13.

I get sick of my mom making me clean my room...It's never clean enough. She says I can't come out of my room til it's finished.

My dad threw out one of my game boards without me knowing it.

I've gotten drs (disciplinary reports) a couple times--usually for not doing homework.

I feel bad when I get in trouble--like if I fool around in practice.

I feel bad when I get in trouble with my dad--when I do some bad things and he tells me not to do it, and I just do it anyway...He sends me to my room and I think about it for a while.

In the sole situation illustrating an example of reward power, the child stated "My mom said we could find a house where I could have my own bedroom."

Summary

The children in this study related a variety of stressful life experiences that were concentrated within three principle dimensions: (a) feelings of loss, (b) feelings of threat to self, and (c) feelings of being hassled. The experiences these children described occurred on a continuum of intensity and duration with some seeming relatively insignificant to those that remained ongoing and unresolved. These children were readily able to evaluate their experiences and spoke of those perceived to be most troublesome immediately and without prompting.

In addition to the dimensions of stressful experiences occurring on a continuum, situations within each dimension were also carefully ordered by the informants. In all cases, experiences that occurred within Dimension I (loss) or II (threats to self) were perceived to be more troublesome than those in Dimension III (hassles).

Children who encountered experiences in both Dimension I and Dimension II consistently perceived those in Dimension I as most troublesome. Within each dimension, as more categories were associated with each experience, the gravity assigned each experience increased. Experiences relating to fewer categories within each dimension were perceived less stressful than those affecting more categories. This illustrates the cumulative nature of stressful life experience.

Chapter Five

Discussion of Findings

The purpose of the researcher, throughout this study, was to develop understanding of stressful life experiences encountered by nine to eleven-year-old children. The phenomenological method using unstructured interviews was used to allow the children to describe their experiences as freely as possible.

The data were initially in the form of audiotaped interviews, and were transcribed verbatim by the researcher. The transcripts were rich in the descriptions of children's experiences. Findings have been presented in the previous chapter, using verbatim quotations to support them. In this chapter, discussion of the findings will be presented, and articulation between these findings and those of other researchers will be considered.

Introduction

Prior to discussing children's experiences, it is important to consider some of the observations noted that are process, rather than content oriented. Perhaps the most striking was the seriousness with which children responded to the researcher's inquiry. It was the researcher's expectation that the children may become sidetracked, distracted, bored, or wish to become involved in some other activity. This never occurred. It was striking to the researcher that all 14 children remained engrossed throughout the interview process.

The children gave careful consideration to each question or comment by the researcher. Comments these children made led the researcher to believe that they viewed many aspects of their life with equally careful thought.

A ten-year old boy commented:

Well you try to do the best you can when your mom or dad say something. It's important to do a good job.

An eleven-year-old boy related:

I didn't know what sport to choose. I couldn't do both...I kept thinking. I didn't want to make a mistake. I wanted to do the best choice.

Another eleven-year-old boy shared:

It is my turn to pick the vacation. I can't decide. I want everyone to have good time.

A nine-year-old girl stated:

I really don't like it (chores around the house). But my mom works too, so we all have to help. I try to do the best I can, but sometimes it's hard.

Another important revelation was that even though children may not have spoken of an experience for many months--or even years, these vivid memories remain active and fresh in their minds. It is noteworthy that the LES-C developed by Coddington (1972) sought input from children concerning only events that occurred during the past twelve months. The long-range study by Wallerstein and Kelly (Wallerstein, 1987/88) indicates that in the area of divorce the effects may continue for several years. Children's silence concerning their experiences does not necessarily mean that their feelings have changed or ceased to exist. What adults might perceive as indifference may be children's efforts to protect themselves in the only way known.

There may be reason for adults to reflect on communication that implies to children that they should keep important or troublesome issues silent. It is important for adults to acknowledge children's

nonverbal behaviors and then respond to them. Wolfelt (1983) cited important reasons for doing so:

1. Responding behavior creates a feeling on the part of the child that "the adult understands me."
2. It assists in establishing rapport with the child.
3. The child will be more at ease because of the rapport.
4. Responding helps the child to move toward resolution of feelings rather than away from it (p. 4).

The fact that home and school environments provide children opportunities for gaining surprising knowledge in a variety of areas may lead adults to grant children more knowledge and skill than they actually possess. Children's vulnerability to the effects of stressful life experiences may be because their adaptive and conceptual skills are not yet fully developed. They may make assumptions that they are unable to verify or that turn into self-fulfilling prophecies (Schneider, 1984). Even if their thought processes are effective and accurate, children may not have the power, autonomy, or resources necessary to realize the actions or changes that would be helpful to them.

The differences within the nine to eleven-year-old age group deserve consideration. Although all children participating in this age group were capable of describing their experiences, the manner in which they did so varied among age groups. Language, labeling experiences, and opinions clearly change as children grow. Developmental changes remain an ongoing factor for children whose physical, emotional, psychological, and social growth influences the

way in which they respond to their world and also the way in which they respond to the researcher.

At any age the children in this study were able to demonstrate their resilience toward the difficulties they encountered. Demos (1989) described the abilities involved in resiliency:

1. The child takes an active stance toward the difficulty and views it as a problem that can be worked on, changed, endured, or resolved in some way.
2. The child is able to persist, and to continue trying to find a way to improve things.
3. The child has the capacity to develop a range of strategies and skills to bring to a problem.
4. The child has a broad range of interests which help in the development of varied and complex skills and strategies.
5. The child is flexible and able to determine when to use what skill.
6. The child's efforts are successful at least some of the time (pp. 4-5).

These children's successful responses to stressful life experiences were clearly influenced by a proactive approach, persistence, a broad range of strategies and skills, flexibility, and previous successful efforts.

Children identified 17 categories of situations related to stressful life experiences. These were situations that evoked (a) feelings leading to aggression, (b) feelings of being blamed unfairly, (c) feelings of threat to safety of personal belongs,

(d) feelings of threat to personal safety or well-being,
(e) feelings of anger, (f) feelings of being challenged by peer pressure, (g) feelings of ongoing and unresolved sadness,
(h) feelings of loss, (i) feelings of actual or potential threat to self-esteem, (j) feelings of disappointment in self, (k) feelings of threat to approval by a regarded adult, (l) feelings of not knowing what to do, (m) feelings of fear, (n) feelings of conflict,
(o) feelings of loneliness, (p) feelings of lack of regard or respect for one's feelings, and (q) feelings of being hassled.

The researcher then synthesized and integrated the insights contained in these categories into a consistent description of the structure of the event. It was found that the meanings of children's stressful life experiences concentrated on three principle dimensions: (a) feelings of loss, (b) feelings of threats to self, and (c) feelings of being hassled. The children's perceptions of these experiences ranged from mild or trivial to overwhelming.

The children in this study both confirmed and raised questions related to various aspects of previous researchers' findings. Elwood (1987) and Lewis, et al. (1984) elicited information directly from children. In contrast to the stressors identified by Yamamoto (1979) and the items included in the LES-C (Coddington, 1972), the children in this study, along with those participating in the work of Elwood (1987) and Lewis et al. (1984) focused on situations of an ongoing, enduring nature with significantly greater frequency than those situations that would be identified as discrete life events. Those children in this study referring to discrete events focused on loss

of a person, loss of a pet, or move to a new home. A comparison of the situations identified by the children in this study with those situations identified by the children involved with the research of Elwood (1987) and Lewis et al. (1984) is summarized in Table 5.

Table 5

Comparison of Stressful Experiences Identified by Children

Jacobson (1991)	Lewis et al. (1984)	Elwood (1987)
loss of significant person	parents separate	teased badly
loss of pet	pressure to try something you really don't want to	something broken, lost or taken away
move to new home	parents argue	punished
adults don't care how I feel	not spending enough time with mom or dad	fight with friends or parents
"letting down" adult	fighting over house rules	parents arguing
changing schools	homework not done	started new school
do poorly at sports	moving	parents divorce
friend or sibling teased by others	not getting along with teacher	had to do something I didn't like
blamed unfairly	overweight or bigger	I was hurt or sick
don't want to do chores	changing schools	parents upset
fear of parent's response	not enough spending money	couldn't do what I wanted
parental disagreement	unable to dress the way you want to	no one listened to what I had to say
physical injury	feeling left out	others disappointed with me
bicycle stolen	nothing to do	someone close died
disruptive family pet	pressured to get good grades	had to do something too hard for me
teased at school	not good at sports	fearful of mistake
excluded from activity	late for school	had to make big decision

Jacobson (1991)	Lewis et al. (1984)	Elwood (1987)
forgot homework	feeling body changing	fear of mistake
forgot lunch	smaller than peers	afraid of making mistake

From the literature and from the suggestions of classroom teachers, Yamamoto (1979) identified 20 life events that were potentially unpleasant for children. It was this list of events that those who participated in subsequent research (Yamamoto & Davis, 1982; Yamamoto & Felsenthal, 1982; Yamamoto & Phillips, 1982; Yamamoto, et al., 1987) reviewed to determine if children assess experiences in terms of stress, and if their perceptions generally agree with adults.

The Life Event Scale for Children (Coddington, 1972) included events commonly considered important to children. Teachers, pediatricians, and mental health professionals who worked with children were asked to estimate the readjustment necessary as a result of each occurrence. Selected representative events from this scale and those identified by Yamamoto (1979) are compared to the experiences identified by the children in this study in Table 6.

Table 6

Comparison of Stressful Life Events

Jacobson (1991)	Coddington (1972)	Yamamoto (1979)
loss of significant person	death of parent or sibling	losing parent
loss of pet	divorce, separation	going blind
move to new home	death of grandparent	academic retainment
adults don't care for how I feel	hospitalization of parent	wetting in class
"letting down" adult	remarriage of parent	parental fights
changing schools	birth of sibling	caught in theft
do poorly at sports	hospitalization of sibling	suspected of lying
friend or sibling teased by others	loss of job by parent	poor report card
being blamed unfairly	change in parent's income	sent to principal
don't want to do chores	start of parent's problem	having operation
fear of parent's response	end of parent's problem	getting lost
parental disagreement	new adult in home	ridiculed in class
physical injury	mother working out of home	move to new school
bicycle stolen	starting 1st grade	scary dream
disruptive family pet	move to new school	not making 100 on test
teased at school	failing a grade in school	picked last on team
excluded from activity	school suspension	losing in game

Jacobson (1991)	Coddington (1972)	Yamamoto (1979)
forgot homework	problem with parents	going to dentist
forgot lunch	recognition for excelling	giving class report
	appearance in court	new sibling
	failing desired achievement	
	death of pet	
	hospitalization (self)	
	death of friend	
	involved with drugs	

The following presents a discussion of the researcher's findings, followed by a presentation of the implications for nursing practice, education, and research.

Dimension I: Feelings of Loss

Although these children spoke of other issues within the dimensions dealing with threats to self and hassles, the gravity assigned to issues of loss--both in words and in affect--was profound. As noted previously, children experience both concrete and intangible losses. Dimension I addresses the concrete losses that children experience, i.e., significant person, pet, and space. Intangible losses, although not always evident to others, nevertheless act as significant personal threats to children, and will be considered within Dimension II: Threats to Self.

Resources both in terms of literature and social support are available to children whose loss is that of a parent. Literature

addressing the loss of a sibling is also available, but less plentiful than that addressing the loss of a parent. The researcher was unable to locate literature addressing the loss of a grandparent or other significant person.

Loss of a Significant Person

The boys who described the loss of their uncle or grandfather were experiencing not only the loss of the individual, but also the loss of the opportunities presented by the special relationship each had with these individuals. Both perceived that these individuals provided them with unconditional acceptance. They likely were able to see the world through these children's eyes. The boys' statements are remarkably similar: "Whenever we'd go up there, he'd always know what we'd like to do" and as the other boy stated, "He always knew what to do for fun." The boys' descriptions of the memorable times they had, indicated that these were persons who were genuinely present for them. It was not so much the activities they did that were so important, but the fact that they were with an adult who was able to enter their world and truly be with them.

The similarity of their experiences ends with the event of their loss. Whereas one child spoke of remembering and still missing his uncle, he also could say "I just talked to mom and I just played with my friends and just got over it." He spoke of dealing with the loss of a pet bunny in the same manner. The degree of social support this child described, and the regularity with which it was mobilized is noteworthy in that it may have played an important role in the way in which he responded to these experiences. He actively engaged the social support categories described by Shonkoff (1985): instrumental

supports (material items), emotional supports (friends and family), and referral or information (verbal communication and reading materials). He regularly spoke of doing rather complicated special projects with his dad, often centering around a chemistry lab he had set up in his basement. He frequently brought up "just talking" to his mother, and spoke positively about his relationship with certain teachers. He often became sidetracked during the interview, speaking about things he had done with friends, sharing mildly mischievous experiences, or plans he and his friends had for the future. He clearly demonstrated the 6 aspects of competence in the middle years of childhood cited by Garnezy (1973):

1. Effectiveness in play, school, friendships;
2. Orientation toward success;
3. Sense of self-worth, with an internal locus of control;
4. Self-discipline;
5. Ability to control impulses;
6. The ability to approach new situations, and to be able to consider alternate solutions to problems.

He was confident and enthusiastic in his descriptions of his favorite food, school, and sports-related events. His final statement "I guess I have a pretty good life" captures his generally optimistic attitudes.

The difference in the affect and demeanor of the child who lost his grandfather was noteworthy. He, too, spoke of the special times they had together--sometimes just sitting together, or doing building projects. Yet after 2 years, this child was stuck in his memories:

"I think about him all the time" and "I don't know what to do about it."

Because of the time elapsed since his grandfather's death, the intensity of the feelings he was experiencing, and the fact that it seemed these feelings were preventing him from engaging in school and play activities customary for a ten-year-old, the researcher suggested to the boy that we talk with his mom or dad to see if they were aware of how he was feeling about his grandfather's death, and to explore some possibilities for helping him with this. He thought about this during the week that elapsed between the first and second interviews, and decided that it would be "okay," as long as this was not tape recorded, and no other children would be around. He was afraid of "crying in public," and did not want to be embarrassed by doing so.

His mother was very surprised by the intensity of his feelings. She felt the family had "put things back together" after her father had died, and had assumed that because her son no longer spoke about it, he was doing well. In fact, it seemed that her son remained stuck in his grief and he spoke of being unable to concentrate in school, or never really having fun with his friends as he once had. If this child had the benefits of social support, perhaps he was unable to recognize it or respond to it. Perhaps he had tried to do so, but needed more time to grieve.

The researcher left the child and parent several suggestions, and contacted the family after one month to see how things were progressing. They had agreed to seek professional assistance if there was no change in the way the child was feeling. Verbal

communication increased between the child and his parents, and the child also was writing in a journal both about how he experienced the loss of his grandfather, and later about his memories about the time they had spent together.

A fifth grade teacher, who assisted with content validity in the early stages of this project, noted the response when children are given the back-to-school creative writing assignment: Most Memorable Experience This Summer. Those children who lost a grandparent during that time not only focused on that experience, but did so with great energy, intensity, and detail.

The statement made by the boy "...When she told me he died, it was like it was crushing me--just crushing me. Smaller, and smaller, and smaller. I couldn't get any air..." is markedly similar to that made by an eight-year-old boy in a less formal situation: "When I found out she died (grandmother), it was like it was just squishing me and squishing me. Like I was in the middle and things were all around me tighter and tighter and I couldn't breathe..." The responses of children to the loss of their grandparents and other significant persons demand further inquiry.

Although only two of the children in this study experienced the loss of a significant relative, the impact of this loss on their lives is noteworthy. When these children were presented with the research question, they replied immediately and with certainty. The child speaking of the death of his grandfather spoke only of that event during the interview. The boy who spoke of the death of his uncle also spoke of hassles he encountered in his life.

Nevertheless, it was the loss of his uncle that provoked the most discussion and self-reflection during the interview.

Researchers who elicited the identification of stressful life experiences directly from children did not report that children identified the death of parent, grandparent, or other significant person (Lewis et al., 1984). Elwood (1987) reported that children in the fourth grade expressed concern over the physical comings and goings of people in their lives. Yamamoto et al. (1987) reported that when 1,814 children in Australia, Canada, Egypt, Japan, the Philippines, and the United States were presented with a list of stressful experiences, all reported "Losing my mother or father" (p. 857) the most upsetting.

Unlike children in the study conducted by Lewis, et al. (1984), the children in this study did not refer to parent's separation. All these children's parents were living, and two of the girls (siblings) had divorced parents. Neither spoke of the divorce. This may be attributed to the stressfulness of the marriage, their young age at the time of the divorce, and the fact that another individual has assumed the role of their father.

The losses incurred when significant persons were no longer accessible to these children merit recognition. The child whose friend left the United States to return [home] revealed the significance of this loss. It may have been this special friend, and her pet hamster who provided her with a feeling of unconditional acceptance. Neither remained available, leaving the child without the support she once perceived. These losses may seem insignificant to adults who may not recognize the gravity with which a child views

the move of a close friend or the loss of a small pet. At the time of the interview the child sought comfort from snacking, which neither assuaged her grief nor provided her with the social support she once perceived. Sorensen (1991) noted that children cited favorite foods as measures of physical comfort that helped them deal with stress. Children included burritos, doughnuts, ice cream, candy, cookies, pizza and caramel apples (p. 20).

Loss of a Pet

One of the two children who spoke of the loss of a pet obviously was still mourning the death of her pet hamster that had occurred one year ago. The guinea pigs she had since acquired did not ease her sadness; it was her first pet on which she continually focused. She also spoke of the loss of an adopted stray dog five years earlier. This child, in fact, experienced many losses, in addition to the loss of her pets, including the loss of her familiar home when her parents divorced shortly after the adopted dog ran away, the loss of her father's presence, and more recently, the loss of a friend who moved home after spending a year in the United States.

Despite her feelings of sadness, this child kept herself busy with an active lemonade stand during the warmer weather, and swimming at a nearby pool. She was a conscientious student, and gave the impression of a child who was trying to do things to feel better, yet despite these efforts, her feelings of sadness seemed overwhelming.

Coddington (1984) included "Death of a pet" in the Life Event Scale for Children, and assigned it a weight of 40. Death of a parent, and the death of a brother or sister were assigned the

weights of 109 and 86. Information regarding children's responses to death of a pet remains limited. The researcher first became interested in this phenomenon after meeting with a previously healthy eleven-year-old, who after the death of the very troublesome family dog, experienced numerous gastrointestinal complaints, diagnostic evaluation, and finally after six months of physical complaints and chronic lack of energy, took to her bed for two weeks. Recently a child referring to a marked sudden change in mathematical accuracy stated "Don't you remember? That was the time my dog was lost." The significance of pets to children, and the subsequent loss may be an area that is not well understood by adults. For children who do not have persons to provide unconditional love and acceptance, the pets may play a major role both as recipients of care and the unconditional companionship they provide (Cowles, 1985).

Loss of Space

Those who have studied stressful experiences in children, recognize the impact of changes in home or school (Lewis, et al., 1984). Moving to a new home often involves the loss of the familiarity and comfort of one's home, switching schools, and leaving friends and familiar activities. The children in this study were definite in their opinions related to moving. Given the choice, they would not elect to do so. A ten-year-old child not facing a move stated "This is our family's home. I would like to live here when I have a family. If my mom and dad sell the house when we're all grown, then I will buy it..." The children in this study who spoke of moving clearly valued the comfort their home environments provided them.

One can compare a child's moving to a new school to an adult starting a new job--something many adults find very stressful. Children encounter their entry into a new school at the same time they are experiencing the losses occurring as a result of their move. For many, the task of entering a new social environment may be a difficult one, as social circles are not always open systems to young newcomers.

The researcher has noted the strategies employed by mothers whose families relocate on a frequent and regular basis. No time is spent "waiting" to get acquainted, and rather, the mothers take a proactive approach to getting themselves, and concomitantly their children engaged in the social support network of the community. They quickly and readily reach out to others, giving the impression of having well established roots in the community. Suddenly, a job transfer may occur, and the process begins once more. The skills and strategies used by these families may be helpful to both parents and children who are not so proficient at this process of change.

Dimension II: Feelings of Threat to Self

All children interviewed identified one and often more situations where they felt a sense of personal threat. For many, these were in the realm of intangible losses: approval by a regarded adult, regard or respect for feelings, self esteem. They were serious and thoughtful in describing their feelings of fear. These children's affect when describing feelings when being blamed unfairly was one of devastation.

These children described issues that resulted in aggressive behavior, feelings of anger, feelings of threats to their personal safety or well-being, or feelings of threats to safety of their personal belongings much more matter-of-factly. These situations were viewed from the perspective that they happen, and they get worked out. They did not hold the same emotional impact as the other categories within this dimension. This may be due to the fact that children were able to exercise some power and control in these areas. Aggressive responses were unanimously viewed as the intervention of choice when a friend or sibling was perceived as being teased or victimized. Several children were able to control issues related to anger in a manner that was helpful to them. When their personal safety or belongings were threatened, they were able to identify steps to be taken to correct the problem or prevent it from occurring in the future.

As in all the dimensions, as the children encountered more categories in which stressful experiences occurred, their perceptions became more grave. A self-limiting event such as "forgetting lunch" was troublesome, but quickly resolved. Another event, such as "forgetting homework" or "not doing homework" was viewed as slightly more troublesome in that there was often a consequence such as "a mark on my card," or "mom had to sign" or "I had to stay after school." These ramifications did not hold the significance of those incidents that affected interpersonal perceptions of relationships. An example of such a situation was a child who did not have a test paper signed. This led to a consequence at school--still described

"not too bad." Parents' responses complicated matters. The child described being "grounded," thereby missing soccer practice and a game. He reported his coach was "mad" and "the guys were mad I missed the game...called me names and gave me trouble." As additional social networks became involved, the situation became increasingly stressful. The overall impact is cumulative.

Loss of Approval by a Regarded Adult

Adults would be wise to take positive, nurturing, and growth-producing advantage of the importance, influence, and power children grant them. The researcher's experience with these children, and also with those in the pilot study, indicated that for the most part, these children wanted to do what was right, and strive for affirmation and approval from those adults whom they held in high regard. They spoke of the importance of their parents, teachers, and other adults in their lives, and expressed their fear of disappointing or "letting down" an adult whom they felt had some expectations of them. The children also talked of wanting to surprise certain adults with items they made, small gifts they purchased with their allowance, or some job they did around the house.

The fact that these children expressed such a fear and concern of this loss of approval may be an important issue. Particularly in regard to parents, one may question the meaning of this fear when the parent-child relationship is based on the child feeling secure in parents' love and commitment to his or her well-being.

Feelings of Lack of Regard or Respect for Feelings

These children frequently expressed their desire to be understood and respected by significant persons in their lives. All persons with whom they had contact were important in this regard. Interview data indicated that children often felt that they were discounted or not considered by others. They wanted their ideas, feelings, and beliefs to be valued.

Three children expressed their distaste for "lectures" by adults. They expressed the desire that adults could "give the reasons," "explain things better" and "quit yelling."

One child spoke of a fourth grade teacher who "only gives hope to the good kids." Further exploration of this statement revealed the child's perception that the teacher was committed primarily to the academically advantaged children. This child expressed her confusion over this situation stating, "I never knew a teacher like this before--my other teachers always helped everybody." The child's perception of her teacher's attitude toward her and other children in the class presents her with an enduring stressful experience as long as she remains in that setting.

Another child spoke of a teacher who "makes you look bad in front of other kids--she calls your name if you get a bad paper, you know--it's like she likes to do it--but nothing you can do..."

It may be that children's perceptions are not always totally accurate by adult standards, however they may be an accurate description of how children feel in their world. It has been the researcher's experience that children's commentaries generally contain a significant component of validity. Further exploration of

events or situations consistently revealed a basic honesty as children described their experiences. They were able to explain or describe their experiences in further detail, at times restating to ensure the researcher's understanding.

Feelings of Threat to Self-Esteem

The frequency with which children encounter threats to their self-esteem leads one to believe that their feelings of self-worth are regularly challenged. Name-calling, teasing, coercion, and exclusion are a part of everyday life. Comments such as "It happens to everybody," "It's just the way it is," and "We give it--we take it" indicates that children believe that even if they are not the person directly affected, it is just a matter of time before they will be.

It is troublesome that children involved in these occurrences believed that adults present, or responsible at that time, were aware of the activities taking place, but elected not to intervene. Children may be receiving an unspoken message that adults cannot be expected to help them when need arises, that they don't care about the child involved, and that the children alone, must confront and respond to difficulties they encounter.

A specific area in which children's self-esteem is challenged is in the area of team sports. These children were quick to assume responsibility for a team loss, whereas they do not so quickly acknowledge their efforts when they contribute to victory. When their team loses, children assume the stance "I lost the game," when in fact, several others are involved and contribute whether it is a win or loss situation. The "team" concept may be more complex than

middle grade school-aged children are able to integrate into their world.

The value of team sports cannot be ignored. One of the ways school-aged children develop feelings of self-worth is through competency and skill in physical activities (Minuchin, 1977). For many children, team losses or personal errors are forgotten when they are chosen for a team, cross home base, score a goal, make a basket, or win a race. The feeling of success, and feeling successful and competent contribute handsomely to feelings of self-worth.

For children whose feelings of self-worth are fragile, it is important for adults to explore the children's talents with them. All children have talents of which they may be proud. Unfortunately, not all children have had the resources or opportunities to explore the universe available to them. Children who wish they were talented in a particular area may be able to enhance their skill in that area so that they feel reasonably competent in it. Children are eager and generally quick to learn those things that capture their interest. The sources for feelings of success and worth are endless.

Feelings of Being Blamed Unfairly

With equal frequency to issues of self-esteem, children cited specific situations when they perceived that either they or a peer was treated unfairly. It seems these children do have a reasonable sense of right and wrong, and generally willingly accept responsibility when they are at fault. These children seem to have the expectation that adults whom they respect should have the knowledge and ability to treat them fairly, and in their descriptions seemed disappointed and even a bit shocked that, as they viewed their

world, adults did not know better and act accordingly. It may be that children do not allow themselves a wide margin of error, and they have the same expectations of adults. This is another example of how seriously children treat their lives.

The crucial aspect of being unfairly blamed seems to center on not being believed. These children seemed to view not being believed by a teacher as an aggravation over which they have no control. When their mothers did not believe them, they responded with shock and disbelief themselves. They are devastated when they describe their feelings about the person in whom they generally place their greatest trust. When the researcher asked children what could help them through their tough times, their responses were startling:

I wish she would explain things so I knew what she meant.

I wish she believed me.

I wish she believed in me.

I wish they (parents) were around more.

I wish they (parents) would talk to me.

I wish we could have family games.

I wish she wouldn't stay mad at me when I go to bed.

Don't yell so much.

I wish I could take a day off school and just my mom and me could do something together--like go to the mall or miniature golfing, or to the museum or something.

I wish my mom could be home more.

I wish my mom didn't go out at night.

It is noteworthy that all the children were referring to their mothers, and two children included their fathers, in their comments.

Sorensen (1991) cited the social support of parents as a stress

buffer children identify, and notes statements such as "A good thing about today was that Mom was home" (p. 20). Lewis, et al. (1984) noted that their inquiry of 2,480 fifth graders revealed not spending enough time with mom or dad as a significant source of feeling bad, nervous, or worried. Despite their independence, and fondness of time spent with friends, children clearly indicated their desire to have more time with parents and family. Much of family time in the American culture may be spent "taking care of business" rather than in taking pleasure in one another's company.

It is noteworthy that when asked the question "What could help you when things are not going good?" The children consistently referred to getting help from their parents. The simplicity of these children's requests is important. No material request was ever made. What they are seeking is available to all children whose parents are willing to reflect on how they may be perceived by their children, and then give of themselves through their genuine presence and commitment to them.

Situations Resulting in Feelings Leading to Aggressive Behavior

The greatest divergence between genders was noted in the way children handled feelings of aggression. Whereas girls often described verbal hurtfulness or exclusion, boys described physical expression of their aggressive feelings. Ryan (1989) reported that boys used more physical exercise activities (frequency boys 26, girls 8) than girls, but did not report increased physical aggression by boys (frequency boys 20, girls 18).

It was interesting to the researcher that the boys' aggressive behaviors occurred more often in defense of a friend or sibling, than

in self-defense. Also interesting was that these responses occurred after boys felt threatened for a period of time, and at no time did any of them consider an alternative response, such as talking about it or seeking advice from a friend.

When they had reached their limit of tolerance, they took care of the problem with a punch, smack or shove. At that time, they felt the matter complete and finished. There was no evidence of grudges or ongoing fighting. Often there were consequences, such as some disciplinary action at school or by parents, yet this held little significance to the participants. The sentiment seemed to be that whatever happened was worth the satisfaction received from solving the problem.

Female aggression, although less overt and more subtle, was clearly evident. Rather than physical fighting, girls used verbal disagreement, note writing, coercion, and exclusion to address their issues. Unlike the boys, their disagreements were often ongoing--sometimes for days or longer.

Although the boys' responses received more attention from adults and often resulted in some consequence to the action, the situations seemed to end quickly with fewer repercussions to all involved. The situations girls described were often ongoing, with only the players changing roles.

It is interesting to note that girls were not compelled to defend or assist a friend who was experiencing difficulty with peers. Their stance was passive and their approach one of "waiting." Despite animated descriptions of their own feelings when they were

singled out or excluded, they did not acknowledge others' feelings when these situations were encountered.

Feelings of Anger

Situations evoking feelings of anger generally occurred following an interaction with a parent or teacher. It is noteworthy that although they expressed the desire that it would be possible, children generally did not feel they could talk with these adults.

The physical responses boys put to use are again evident. These seem to be effective approaches that relieve their feelings, although they do not address the issue causing the angry response. Nevertheless, the knowledge that children receive some sort of relief from pounding their pillow or bed, using a punching bag, or engaging in some physical activity is important to those who interact with them.

Although two girls cited yelling as a means of dealing with anger, the response cited with most frequency by girls was withdrawal--both physical and emotional. The girls who spoke of yelling also used withdrawal to cope with their feelings of anger. Yelling was used only with their mothers. The general sentiment seemed to be that when you're angry, there is nothing that can be done, and it is best to be quiet. The issue of powerlessness is clearly evident.

Although withdrawal may provide necessary solitude and comfort, it may be incorrect to assume that it is always helpful or what the child desires. Children may be in situations where they are unable to express their needs, and responsible action by adults with whom children have contact, includes exploring these circumstances.

Feelings of Fear

The breadth of knowledge and verbal and social sophistication children demonstrate, may cause adults to lose sight of the fact that these young individuals, although precocious in many regards, nevertheless are children. The confidence and certainty they exhibit make it easy to overlook issues of importance during this stage of their development.

Of all the areas children addressed, speaking of their fears seemed among the most formidable. In addition to speaking of the circumstances eliciting their fear, the fact that they felt as they did, seemed troublesome in and of itself. Consequently, children faced the issue to which they responded with fear, and then the difficulty dealing with this feeling, which they seem to believe marked them as inadequate in some manner. Being "scared" is difficult to acknowledge, and even more difficult to share with others.

At times children are frightened because of situations in which they recognized they have acted improperly. Their fear seems to focus on their anticipation of the known or unknown response of a regarded adult--most often a parent.

Particularly frightening to children are issues related to parental disagreement. Children may label disagreement or fighting by adults differently than adults, and seem to be very sensitive to any interaction that may be threatening to the feelings of security within their family system.

One cannot assume that absence of related conversation indicates absence of concern. Because children do not talk about

issues and concerns does not mean they do not exist. They hold their thoughts and memories with surprising persistence and intensity. Adults need to be sensitive to cues children convey whereby opportunities become available to talk about their fears and concerns. Clarification, validation, and anticipatory guidance may serve to ease the fears that children encounter.

Feelings of Threat to Personal Safety or Well-Being

These children's threats to personal safety or well-being were related only to accident or injury. Only one child made reference to a chronic health condition, which was troublesome to her. The children in this study expressed complete confidence that they would remain healthy, and that their parents would ensure their physical safety in their environment.

No child expressed concern that safety or well-being might ever be threatened by another person. This is interesting in light of the fact that these children were prime targets during the "stranger danger" campaigns of the 1980s. Nevertheless, as noted previously, silence is not always an indication of freedom from difficulty.

Feelings of Threat to Safety of Personal Belongings

The children in this study grant minimal significance to threats to safety of personal belongings. They accepted these incidents, and continued with their usual activities. This response seems to be based on the fact that in their experiences, parents serve as protectors. This is not the case where children face such a threat independent of parental support or assistance, and where they then maintain the vigilance they feel necessary to preserve their personal safety.

Feelings of Not Knowing What to Do

Children encounter many experiences and situations where they do not know what to do. Many of those have already been cited: most notably when they are feeling a great loss, or when they fear parents' response to some action.

The child describing the family pet presents a different circumstance, and one deserving consideration. In this case an eleven-year-old girl described the family's dog, who because of disruptive behavior, has effectively taken over the family home. Children cannot visit or play when the dog is not contained in some manner. The degree of disruptiveness caused by this animal must be understood, and the child's descriptions were verified during the interview process.

The parent's decision in this matter is that the pet needs to stay in the family because no one would be willing to take him, and even if they did, there was concern that the animal might not be treated properly. One can only speculate as to the effect this animal has on the family members, and also the role and purpose this pet serves within the family system. Considering the impact the loss of a pet has on children, it would be interesting to note children's responses to the loss of a pet who has been so disruptive to their environment.

Dimension III: Feelings of Being Hassled

All the children who participated in this study described the hassles they experienced. These seemed to occur on a regular, almost daily basis. Lazarus (1984) notes that hassles may provide a closer

appraisal of children's stressful experiences than reviewing life events. Situations labeled as hassles typically happened, and were accepted as situations over which the child had no control. These events, or lack of them, seemed the basis for what children described as "good day," "bad day," and "lucky day" or "not my lucky day."

Occasionally hassles became more intense and troublesome, and then became more threatening to the child. For the most part, situations such as forgetting homework or lunch, disagreements with siblings, or the need to assist with household chores are quickly forgotten, and the child goes on with the activities of the day. Hassles which become more threatening are generally those of an interpersonal nature, often involving disagreement with a parent or friend. Hassles relating to sibling relationships were reported with notably greater frequency and intensity by girls.

Frequency of Dominant Experiences within the Principle Dimensions

It is interesting to consider the children's responses as a group. There is a remarkable degree of consistency in how they evaluated their experiences. It is noteworthy that children who focused on issues of loss clearly felt these were the most troublesome. Two of those children did not identify experiences within the other two dimensions, and focused only on the painfulness of the losses they had encountered. The frequency of dominant responses within the principle dimensions are summarized in Table 7.

Table 7

Frequency of Dominant Experiences Within the Principle Dimensions

Informant	Loss	Threats to Self	Hassles
1		XXXX	XXXX
2	X	XXX	XXXXXXXX
3		X	XX
4	X		XXXX
5		XX	XXXXXX
6	XXX		
7		X	XX
8		XX	XXX
9	X		
10	X	XX	XX
11		XX	X
12		XX	X
13		X	XX
14		XX	XXX

Note. X = frequency of dominant experiences

The most difficult issues of loss are those over which the children have no control. There is clearly nothing that can be done when death occurs. The losses occurring as a result of moving, although difficult, afford some opportunity for negotiation and compromise.

Within the interview process, these children spoke of the stress-coping responses used when they encountered stressful life experiences. The stress-coping responses identified by children in this study are compared to those reported by Ryan in Table 8.

Table 8

Comparison of Stress-Coping Strategies

Category	Strategies Identified	
	Ryan (1989)	Jacobson (1991)
Physical Exercise	run, walk, ride bike	hopscotch, play catch with dad
Aggressive Motor	throw things, hit wall, kick dog, punch pillow	tear paper, punched him, slam door, pound pillow
Social Support	talk to mom, hug friend	talk to mom, call friend
Aggressive Verbal	yell, scream, cuss talk back, call names	cuss, yell, scream
Isolating	hide, go to my room, be alone	be by myself, go to my room, be quiet
Avoidant	run away, ignore it, try to forget it	try to forget, quit, wait
Habitual	twist hair, bite nails, eat, chew gum	eat
Spiritual	pray, talk to God	-----
Relaxation	take deep breath, stay calm, lie down	try to calm down, calm myself reading
Cognitive	figure it out, think about it, read, write	think about it, read, write
Emotional	cry, pout, mope, get mad, panic	cry, get mad, worry
Distracting	TV, clean room, play game	listen to music, work on model
Other	tell truth, apologize, go through with it	fix what I did

The examples related by the children in this study are similar to those that 103 school-age children, 8 to 12 years old reported to Ryan (1989). As Ryan (1989) reported, the girls in this study also described more social support and emotional support behaviors than did boys. In this study, however, the girls also described significantly more aggressive verbal activities than did boys. The boys in this study named significantly more physical exercise activities (as did those participating in the study conducted by Ryan (1989) and also significantly more aggressive motor activities than did girls. None of the children in this study described spiritual coping strategies. This may be attributed to the small sample number, and also to the fact that coping strategies were not the focus of the study. Nevertheless, the overall similarity of these children's responses to those reported by Ryan (1989) is noteworthy. They provide nurses with important information as to how children respond to stressful life experiences that occur in their worlds.

Limitations

Limitations are inherent in any research process. In this study selection bias may have occurred as a result of convenience sampling. Informants in this study were all Caucasian children from families of middle to upper middle socioeconomic status. Caucasian children were sought in order to eliminate stressors related to ethnicity. Children with inadequate material resources were not included in order to eliminate the effects occurring as a result of poverty. The goal of the researcher was to learn about the meaning of stressful life experiences encountered by the mainstream of children who may not be identified as "at risk" or recognized as having to respond to

such experiences. As a result of limiting the sample in this way, the valuable information that all other children could offer is unavailable. It is noteworthy that those involved in studies conducted by previous researchers were also predominantly Caucasian middle-class children.

Throughout the interviews children spoke of wanting to please adults with whom they had contact. This also could have been the case in this study. Responses may have been influenced by children wanting to respond "correctly" or as they thought the researcher desired.

Only the researcher was involved in sample selection, data collection, and analysis. Bias may have occurred as a result of personal perceptions of the researcher.

The rapid developmental changes children experience emphasize the fact that children's responses may change over time. Other significant responses may be expected from older or younger children.

The children participating in this study provided information rich in detail, however, the generalizability of the data to other children is unknown.

Implications for Nursing Practice, Education, and Research

The children who participated in this study provided nurses with a richness of information that can be used to provide services that better meet their complex health care needs. It may be a myth that children receive adequate health care, even when the indication for it is clearly evident. School nurses regularly encounter children who do not have mandated physicals and immunizations, and

who do not receive appropriate intervention in the presence of communicable diseases.

Health promotion and disease and injury prevention are absent for most. Yet, obesity is an increasing problem among school-age children. High school-aged girls continue to smoke cigarettes as if cigarettes presented no health risk. The average age of experimentation with alcohol is 11. Teen-age pregnancy continues to be a significant problem. Teen-age suicide continues to increase. In 1988, when there were about 18 million 15 to 19-year-old teens in the United States, the suicide rate among them was 11.3 per 100,000 (National Center for Health Statistics; National Institute of Mental Health, 1991). As the awareness of cult activities increases, educators and health professionals are recognizing the danger of such involvement for children and adolescents.

This information merits careful consideration; yet of equally important consideration are the common, enduring life experiences children encounter. These may not attract attention from health professionals, parents, or others with whom children have contact, yet the frequency with which they occur, and the affect with which children describe them indicate that they are of significant importance in children's lives.

The insights presented by the participants in the study provided nurses with rich data regarding the experiences children encounter. The implications for those nurses who interact with children and their parents in community health care settings, schools, and acute care settings are significant. Equally important are the implications for the education of nursing students and

continuing education for professional nurses. Nurses need to listen carefully to what these children are saying in their responses. Learning about children from children will influence future approaches to nursing research with them. The knowledge acquired from such study will influence the substance of children's health care, and also the manner in which it is provided.

Implications for Nursing Practice

Interventions related to children's responses to stressful life experiences need to be directed toward the children encountering these situations, and also toward their parents, teachers, and others with whom they have contact. Interventions that demonstrate nurses' understanding of children's needs and interests will capture their attention and optimism, and foster children's beliefs that they can effectively influence their lives.

As with all interventions, nurses must formulate an objective, and then determine the optimal manner in which to achieve that goal. Various strategies that suit each child's age, personality, and coping style are necessary. Thus, nurses must be knowledgeable so that needs and objectives can be clearly delineated, and then they also must be skilled in determining strategies for effecting those objectives. The researcher's experience with children indicates that children respond positively to interventions that challenge their innate creativity, provide them with an effective means of self-expression and thereby enhance their feelings of self-worth. A variety of approaches may be used in this effort.

It has been the researcher's experience that many children enjoy drawing or using media such as paints or clay. The researcher

found drawing an effective means for establishing rapport and for helping children focus on the research question. Some children respond well to creative writing activities, or to working on journals or scrapbooks that are related to those issues that are of importance to them. Age appropriate fiction can be useful, and given the current visual nature of the American culture, children are familiar and comfortable with video methods of intervention and education. Some children may respond positively to opportunities for role playing or using musical talents as a means of responding to difficulties they are experiencing.

This study revealed a multitude of children's needs and numerous opportunities for nurses to effectively intervene when those needs are present. The process of intervention, in and of itself, communicates to children that they are important, cared for, and can feel secure that adults will be available for them when situations become too difficult for them to manage independently. Nurses can assist children so that rather than being captured by stressful situations, they are able to capture the situation through the use of effective coping skills.

Nurses need strategies for addressing children's grief responses to the loss of significant persons, particularly grandparents and other family members with whom children have a close and supportive relationship. Children may need help to move toward and through grief, so that they can then move toward healing and a renewed feeling of well-being. Parents may need education so that they are better able to recognize, guide, and support their children through this process.

Loss is an important issue for many children. Nurses can help children deal with issues related to the loss of a pet, and also be available to children who have experienced multiple losses.

Nurses need strategies for helping children respond to the changes that occur as a result of relocation. Some children may benefit by assistance in becoming familiar with their new community. Some may need opportunities to grieve the loss of their previous home, school and friends. These children can be identified through schools, and as they enter primary health care settings. Nurses can provide valuable information to parents and teachers. In addition to children who have moved to a new home or school, children who have lost friends as a result of their move may need assistance finding alternative sources of companionship and social support.

Nurses can help parents to develop ways of helping their children feel secure in their relationships with them. When children in this study were asked what could help them through their tough times, their responses consistently referred to some interaction with a parent. A critical role for nurses may be that of parent education, so that parents are more readily able to fulfill this need that children identify.

Communication skills that nurses take for granted may not be skills that parents possess. Parents can benefit by something as simple as learning how to offer positive reinforcement to their children, or making neutral comments to encourage further communication.

These children related many situations in which they did not understand their own responses, and in which they stated they did not know how to respond. Nurses can provide children with information, and also explore options that may be more effective responses to their issues. Children need help understanding and responding to their feelings of aggression, anger, and fear.

Nurses can help children with communication issues. Children in this study frequently felt powerless in their experiences. Areas leading to disagreement are particularly troublesome. Children need information to better understand what it means to disagree, how adults express disagreement, and how disagreement is expressed in families. Of particular importance is helping children recognize options when they feel they do not know what to do about the situations they encounter.

Parents and teachers need to know about the hassles children encounter on a regular basis. These children reported their perceptions that their hassles are unimportant to adults, yet they have a significant impact on children's everyday lives.

Nurses can help children learn ways to overcome their feelings of powerlessness. This single change could make a drastic difference in children's lives. Related to this is helping children respond in ways so that they do not become victims in relationships with peers or others with whom they have contact.

Nurses can help children understand how the health care system can address their needs and how they can interact with nurses, physicians, and others who attend to their health needs. Children

need to feel that there is help available to them, and that nurses can be an important source of assistance.

Implications for Nursing Education

Students preparing to become professional nurses need precise understanding of children's growth and development. This will enable them to anticipate and respond to issues that occur during their school-age years. This knowledge base needs to incorporate both physical and psychosocial needs that children encounter.

Nursing students need understanding of how the concept of health promotion can be implemented with school-age children. This is an excellent opportunity to educate and socialize children so that they begin to recognize ways in which they can positively influence their physical health and overall well-being.

Nursing students need to examine their own values and beliefs relating to children's health care needs. They need to consider how their own beliefs interface with the values and beliefs of the American culture regarding children's health care.

Those entering the nursing profession need proficient communication skills so that they are able to effectively and competently interact with children. Closely related to communication, is a need for those working with children to have a variety of intervention techniques available that address the varied ways children best cope with important issues they face. Knowledgeable and creative nursing faculty could serve as models for these processes and techniques as they help nursing students prepare for the varied knowledge and skills they will need for effective clinical nursing practice.

Implications for Nursing Research

This study serves as a preliminary basis for learning about the meaning of stressful life experiences in children's lives. These children demonstrated that they were willing and effective participants in this research effort. The interview format provided them with an opportunity to share their perceptions, and they did so willingly, with rich descriptions of their experiences. The drawings were used to establish rapport with the children, and to assist them in focusing on the research question. Future research utilizing analysis of the drawings may provide additional useful data.

Longitudinal studies could explore the meanings of these children's stressful life experiences as they progress through their childhood and adolescent years. Exploration related to these children's responses would provide information that would be useful in planning health promotion programs and intervention strategies.

This study eliminated children experiencing the effects of poverty. Knowledge acquired from those children's views of stressful life experiences is likely to be different from the children in this study, whose lives were not touched by lack of food, clothing, or comfortable housing. Living in poverty and in constant need may provide children with stressful life experiences totally unanticipated by health care professionals. There may be children experiencing poverty, but doing so in a way that they are not recognized that may make providing care they need a complicated matter.

This study eliminated all but Caucasian children. Children from certain racial, ethnic, or religious groups may encounter stressful life experiences very different than those described by the children in this study.

Children, who for varying reasons, are not enrolled in a regular classroom setting may also have very different perceptions of stressful life experiences. Perhaps an interesting approach in future research would be to use only age as a sample criterion, and invite participation by any child willing to do so (with proper parental consent).

The area of gender differences merits further inquiry. In the manner in which they interacted with the interviewer, and in the responses to stressful life experiences that they identified, boys and girls reacted very differently. Better understanding of these differences may enable more effective interaction between children and health professionals.

Further research related to any of the discrete life events children identified would provide additional information for health professionals. Particularly noteworthy were children's responses to loss. Further inquiry and better understanding of children's responses to losses is necessary.

The degree to which children identify the frequency and stressfulness of hassles in their lives suggest there is much to learn about how these chronic, enduring situations affect them. The fact that children perceived they had no control over the hassles in

their lives, and that they perceived no options or alternatives in responding to them raises another area that merits further study.

There is much to be learned about children's stressful life experiences. No one can teach us more than they. Once nurses learn more about children's worlds through their eyes, they will be able to offer care that more effectively responds to children's needs.

Conclusion

This study has demonstrated that children can provide valuable contributions to nursing research that can ultimately influence both the substance of their health care and the manner in which it is made available. Each of the children identified situations they had experienced from which nurses could identify programs for intervention, health promotion, or further nursing research.

Review of the literature indicates that children's experiences with stress have been studied almost exclusively from adult's perspectives. Considering the richness of the data shared by the children who participated in these interviews, it becomes overwhelming to imagine how the configuration of children's health care would change if nurses and others involved listened, and responded to what children are saying. Listening, and allowing and welcoming children to teach us, will then allow us as health professionals to interact more effectively with them.

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APPENDIX A

INFORMANT CONSENT FORM

I, _____, state that I am _____ years of age, and wish to participate in the project being conducted by Gloria Jacobson, R.N., a student in the School of Nursing at the University of Wisconsin-Milwaukee.

The purpose of the project is to learn what it is like when I find myself in a situation where I don't know what to do, or when I have times when what I usually do doesn't work for me.

The project involves about two hours of my time--one hour each at two separate meetings. I will speak privately with Mrs. Jacobson, who is a nurse, and what I say will be tape recorded. If for some reason, we run out of time, we will set up another time that is good for me so that we can finish talking. Mrs. Jacobson will ask me to draw about one of my experiences with markers and paper she brings. She will keep the drawing, and will make me a copy if I like. After we are finished talking, Mrs. Jacobson will type what we said during the interviews. After the second interview, the interview tape will be destroyed.

If I decide I don't want to do this, I can stop at any time. Once Mrs. Jacobson has completed her final paper, I will not be able to stop my information being included in the project. If my mother or father ask, they will be able to read my interview.

If I have questions about our talk or the study, I can call or write Mrs. Jacobson:

Gloria Jacobson
[REDACTED]

My answers will be used to help nurses and others who spend time with children understand what it is like when children experience situations like those that I talk about.

If I have questions about the way I am treated as a part of this project, I will call or write:

Dr. William Hoffman, M.D., Vice-Chairman
 Institutional Review Board for Protection of Human Subjects
 Environmental Health and Safety
 University of Wisconsin - Milwaukee



Although Dr. Hoffman will ask your name, all complaints are kept in confidence.

I have received an explanation of this project and want to participate. I understand that I am volunteering to do this, and will receive no payment for being a part of this project.

_____ Name _____ Date

I understand that my talk with Mrs. Jacobson will be audiotaped.

_____ Name _____ Date

Mrs. Jacobson may contact me after our interviews are over if she has any questions, or if she is doing any other projects.

_____ Name _____ Date

This research project has been approved by the University of Wisconsin-Milwaukee Institutional Review Board for the Protection of Human Subjects for a one year period, valid until (February 9, 1992).

APPENDIX B

INFORMED CONSENT FORM - PARENT

THE MEANING OF STRESSFUL LIFE EXPERIENCES AS DESCRIBED BY
NINE TO ELEVEN YEAR OLD CHILDREN

I understand that Gloria Jacobson, a doctoral candidate in Nursing at the University of Wisconsin - Milwaukee, is conducting a study to better understand the meaning of stressful life experiences encountered by healthy nine to eleven-year-old children. I voluntarily agree that my child _____, who is _____ years old may participate in this study.

Participation will involve two interviews, lasting about one hour each, during which my child will be asked to describe personal encounters with stressful life experiences. All interviews will be conducted in our home and I will be at home, although not immediately present in the room in which the interview is conducted.

I understand that the interview will be taped recorded, and the recording is only for purposes relating to this study. This tape recording will be used only by Gloria and members of her dissertation committee. If I request, I may have access to the transcript of my child's interview. The interview process, interview transcription, and all written work related to the study will protect my child's confidentiality. I understand that consent for which will be offered my child.

My child is not being exposed to any risk by participation in this study. In the unlikely event that my child disclosed information indicating immediate actual or potential risk to him/herself or another individual, the interview will immediately stop, my child's responses will not be included in the study. With both of us present, Gloria will review the reasons for stopping the interview.

I understand that there is no compensation for this interview.

The findings of this study will be shared with other nurses and individuals who have interaction with children, and who would benefit by this information.

If at any time _____ decides not to participate in the study, information gathered will be destroyed. Once the final report is submitted to the dissertation committee, withdrawal from the study will not be possible.

Once the study is completed, I will receive a summary of the results
 In the meantime, if I have questions, I will contact:

Gloria Jacobson, R.N.
 [REDACTED]

If you have complaints about your child's treatment as a participant
 in this study, please call or write:

Dr. William Hoffman, M.D., Vice-Chairman
 Institutional Review Board for Protection of Human Subjects
 Environmental Health and Safety
 University of Wisconsin - Milwaukee
 [REDACTED]

Although Dr. Hoffman will ask your name, all complaints are kept in
 confidence.

I have received an explanation of the study and agree that my child
 may participate. I understand that my child's participation in this
 study is voluntary.

 Name Date

I understand that the interview will be audiotaped for the purpose of
 accurate transcription. Following completion of the project, the
 tape will be destroyed.

 Name Date

My child may be recontacted if there are any questions related to
 this study or for purposes related to future projects.

 Name Date

This research project has been approved by the University of
 Wisconsin-Milwaukee Institutional Review Board for the Protection of
 Human Subjects for a one year period, valid until (February 9, 1992).

APPENDIX C - INSTRUMENT 1

INTERVIEW GUIDE

Introductory Statement

Many times children find themselves in situations where they don't know what they should do, or have times when what they usually do doesn't work for them. For this project, I'd like you to think about a time when you felt something like that, and then draw a picture of that experience. Do you have any questions before you get started.

Non-Directive Responses

I heard you say _____, can you tell me more about that?

Go ahead

I heard you use the word _____, what does that mean to you?

What was that like for you?

Nodding, and intentionally remaining silent

Thank you for sharing these important things with me. Before we end, is there anything else you would like to tell me?

APPENDIX C - INSTRUMENT 2

ART SUPPLIES

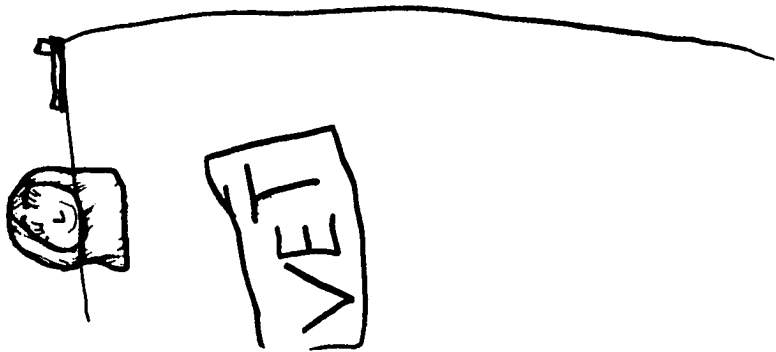
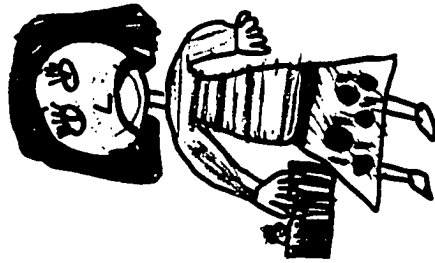
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2. 1 box primary color markers
3. 1 box pastel color markers

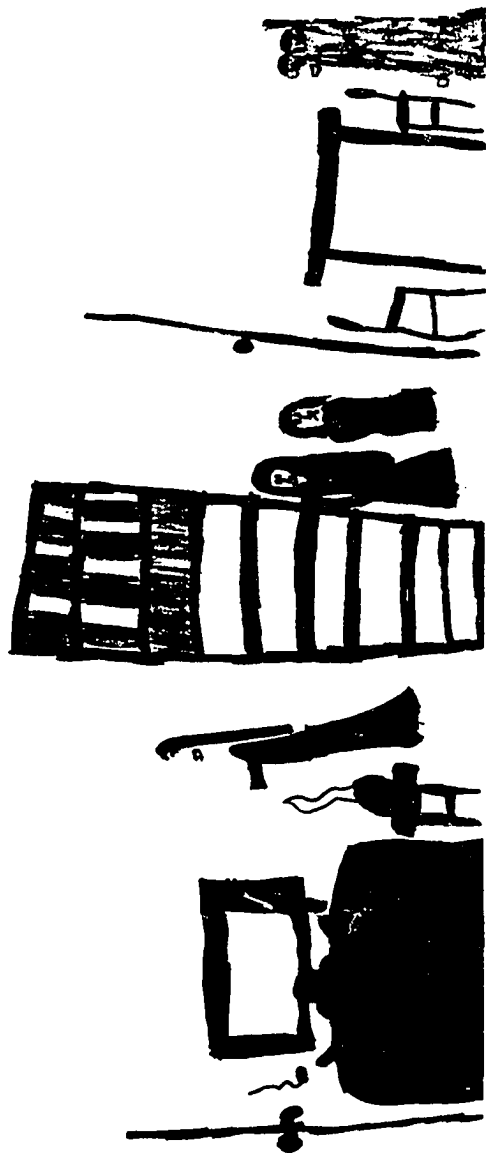
APPENDIX C - INSTRUMENT 3

DEMOGRAPHIC INFORMATION

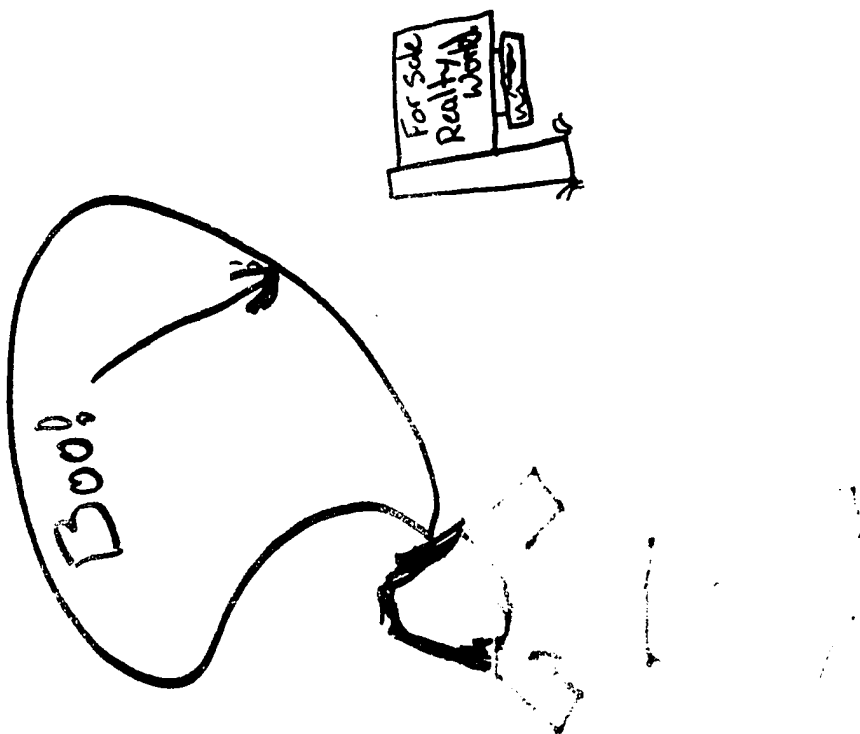
1. Initials _____
2. Male _____ Female _____
3. Date of Birth _____
4. Pseudonym _____

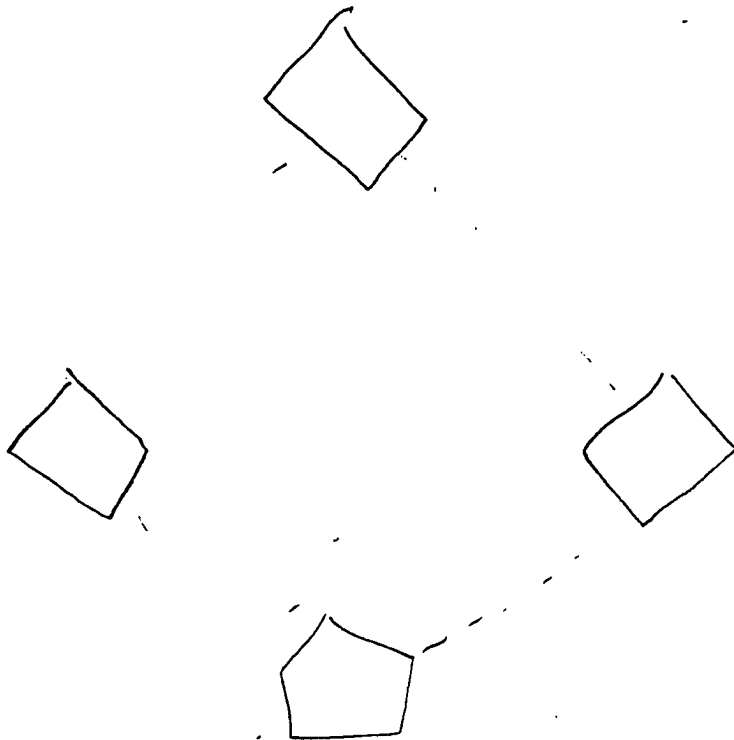
APPENDIX D





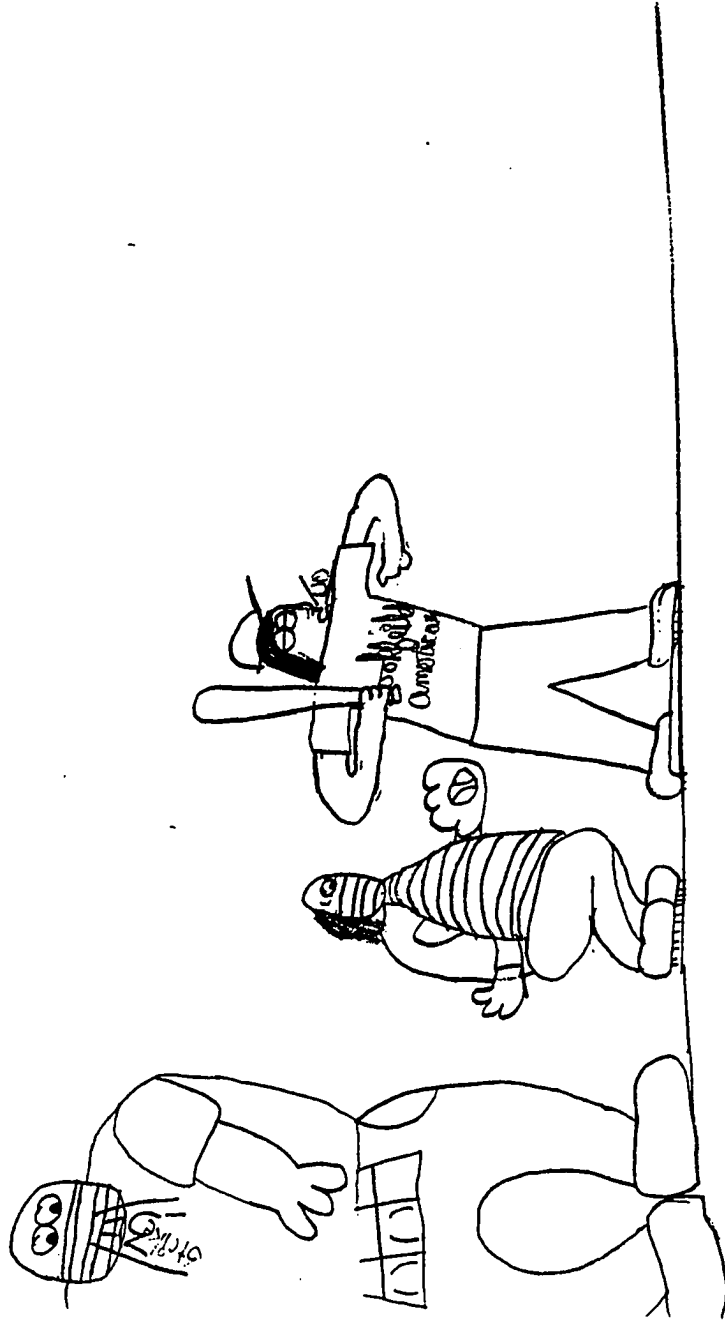


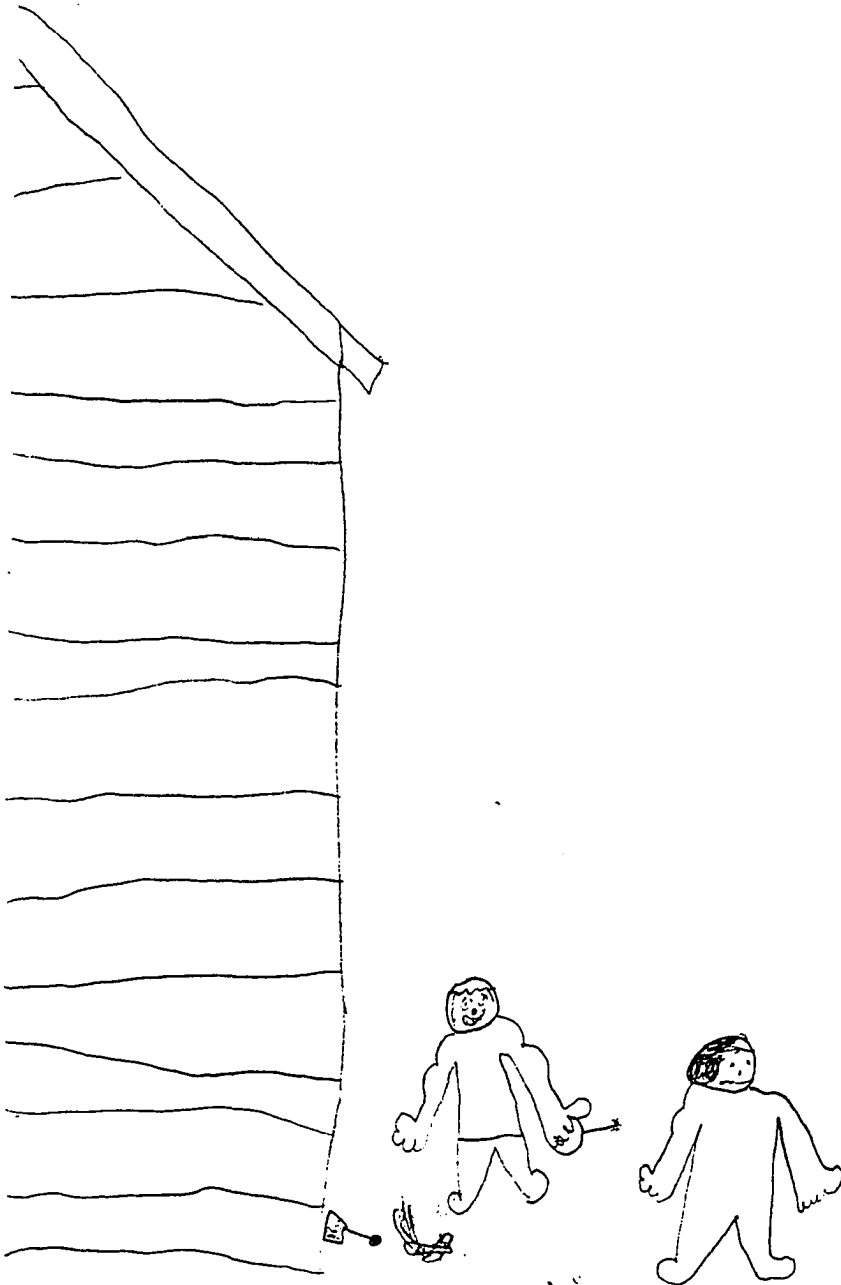




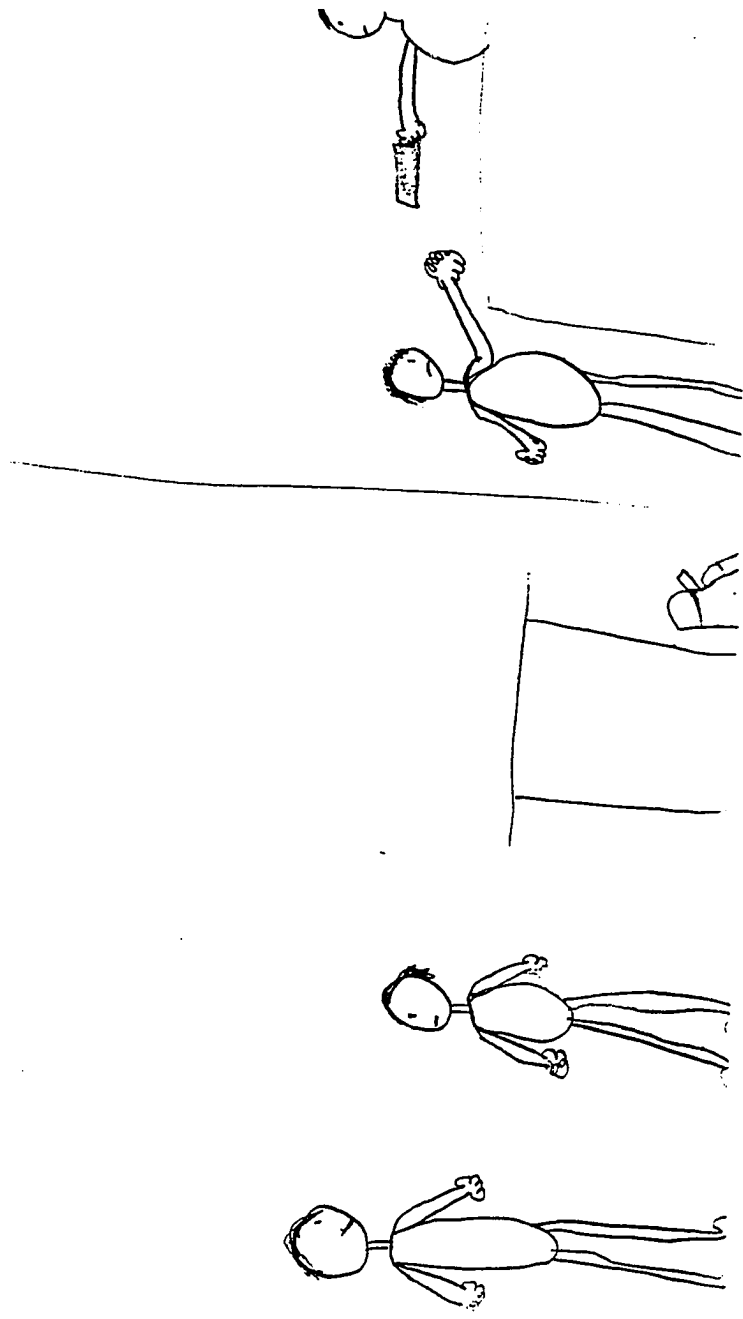
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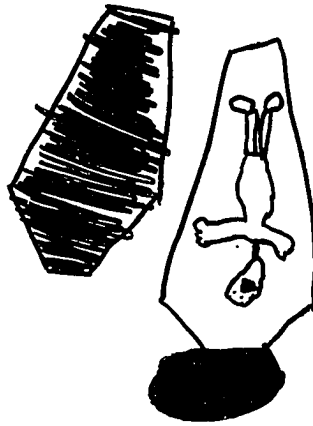
HI SCORE =
YOUR SCORE =
OH NO

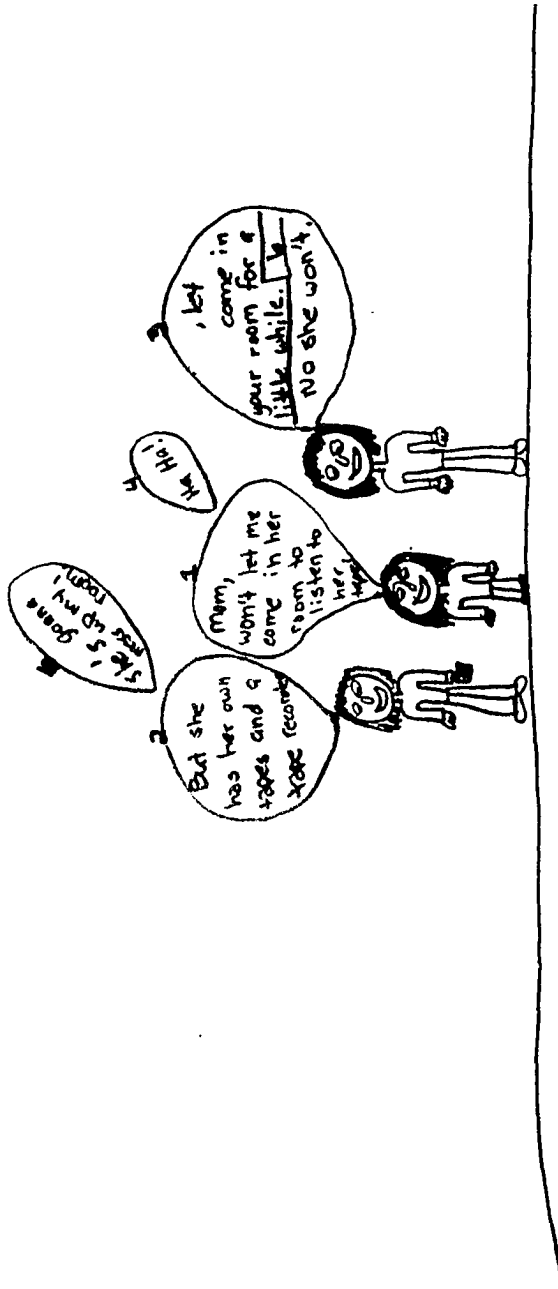




S.I.L.E

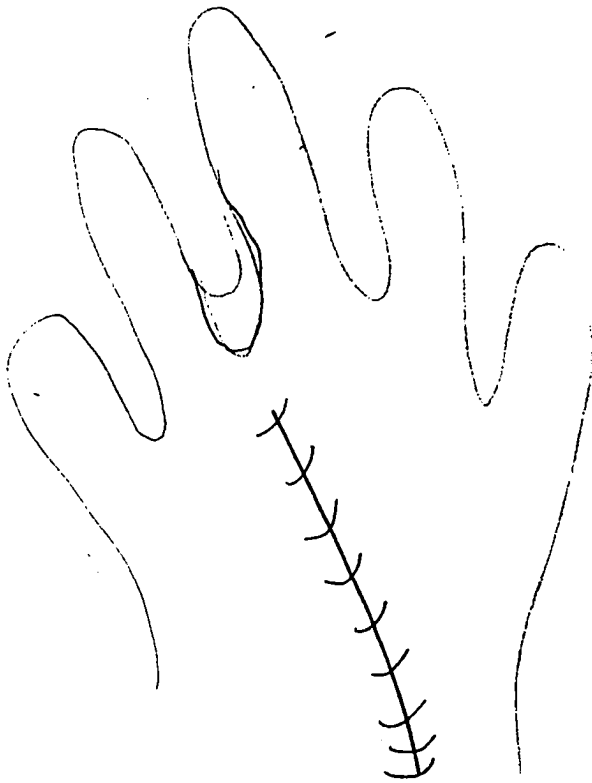


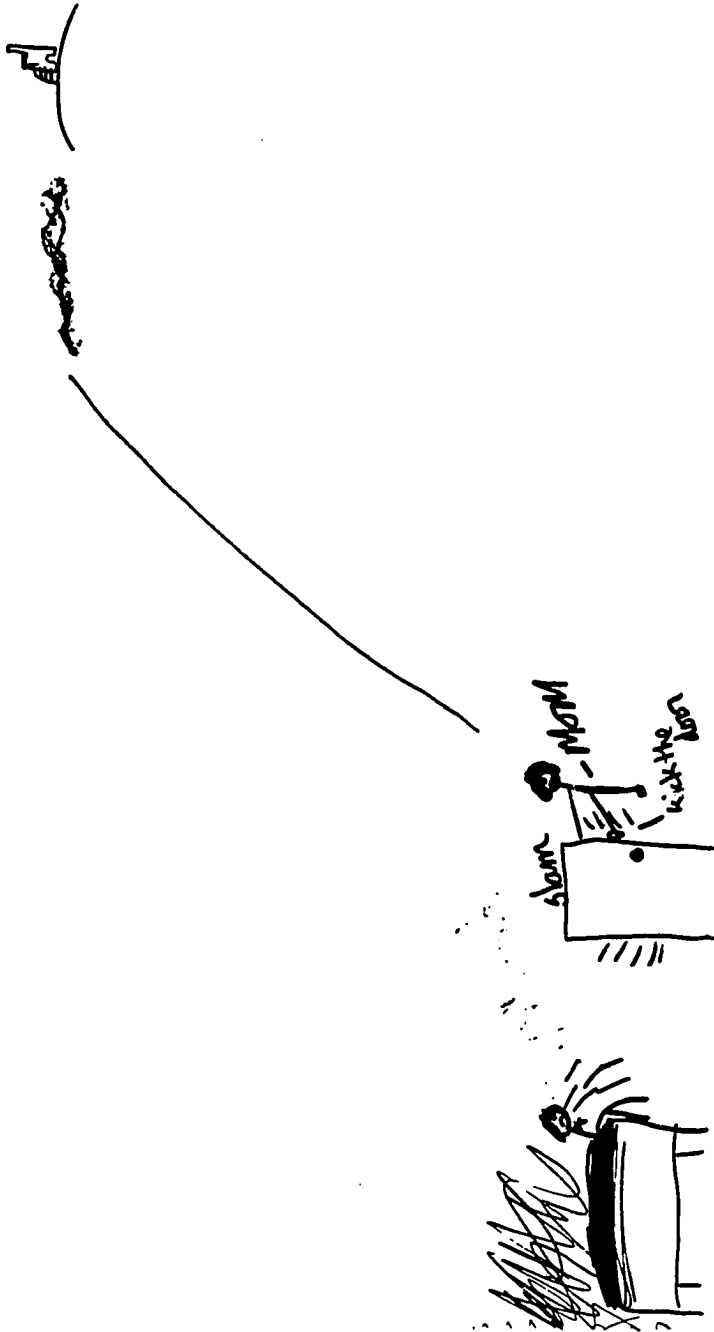






YOU ARE GROUNDED!!!





VITA

Title of Dissertation: The Meaning of Stressful Life Experiences as Described by Nine to Eleven Year Old Children: A Phenomenological Study

Full Name: Gloria Anne Jacobson

Place and Date of Birth: Chicago, Illinois, August 25, [REDACTED]

Colleges and Universities:

Years attended and degrees:

Northern Illinois University	1968-1972	B.S.
Rush University	1974-1975	M.S.
The University of Wisconsin-Milwaukee	1986-1991	Ph.D.

Membership in Learned or Honorary Societies

Sigma Theta Tau

Publications: --

Major Department: Nursing

Minor: Counseling

Signed [REDACTED]
Co-Major professor in charge of dissertation

Date Nov 11, 1991

Signed [REDACTED]
Co-Major professor in charge of dissertation

Date Nov. 26, 1991