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Measuring Daily Stress in Children

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by

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VITA

The author, Sheila Hennelly Parfenoff, is the daughter of Robert Hennelly and Mary Deborah Hennelly. She was born on March 13, 1959 in Ft. Leonard Wood, Missouri.

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CHAPTER I

INTRODUCTION

Overview

Stress as a topic is being studied more as we learn more about its relationship with physical health and psychological well-being. Daily stress, as opposed to significant life events, has recently been investigated as an agent by which people feel a variety of physical and psychological strains. This research has focused on adult populations; the stressors that make up the daily lives of children, on the other hand, have not been examined.

The purpose of this project is to discover what stressors children experience on a daily basis. This approach differs from past research that has examined extreme life incidents such as divorce, death of a parent, and chronic illness. Daily stressors (i.e., an argument with a friend, problems with a math assignment) are seemingly less important than large life events, but daily stressors have been shown to significantly predict one's physical and psychological health (DeLongis,

Coyne, Dakof, Folkman, & Lazarus, 1982; Kanner, Coyne, Schaefer, & Lazarus, 1981). Specifically, this study intends to show that a negative relationship exists between daily stressors and physical and psychological health in children, i.e., the more daily stress a child experiences, the less healthy the child will be.

Background and Rationale

Our knowledge of stress, what it is, how it manifests itself, and how to control it, are important issues. As the relationship between stress and illness becomes more apparent, researchers can begin to identify the coping mechanisms that are most helpful in easing the stress that we experience every day. In turn, health professionals will consider more closely these stress and coping factors in order to have a better understanding of the prognosis of a patient's illness.

In the past, the physical and psychological effects of the stress-illness relationship have been predicted by life events. Life events are social stressors related to personal life changes, such as marriage or loss of a job, which significantly change one's social environment. Holmes and Rahe (1967) showed a temporal relationship between life events and illness onset. However, they believed that life events do not directly cause illness but, rather, affect the physical vulnerability of an individual at that particular time, which

makes the illness more likely. For example, if one is experiencing a divorce, then one is more susceptible to illness due to the stressfulness of this event (Bloom, White, & Asher, 1979). The illness would be more likely to be chronic (such as gastro-intestinal problems, or hypertension) as opposed to acute or infectious because chronic diseases are usually associated with stressful experiences (Rabkin & Struening, 1976).

However, the life events research has since been criticized (Dohrenwend & Dohrenwend, 1978; Rabkin & Struening, 1976; Thoits, 1983) for numerous problems including statistical and psychometric issues, despite the fact that numerous studies have found a significant relationship between number of illness episodes and life events scores (also referred to as life change units, or LCU's). Rabkin and Struening (1976) point out that these results are based on very large and heterogenous samples. The large sample sizes enable even the smallest correlations to be significant, and the size of obtained correlations is typically small despite their statistical significance. In addition, the studies are typically retrospective in design, that is, subjects are asked to recall their life changes and illness histories during previous years. Some subjects may be inaccurate in their recollections and may distort memories of their experiences during the life event (Thoits, 1983).

In addition, questions have arisen regarding the content of life events lists. Some overestimate life changes in young adulthood due to the large number of items (i.e., marriage, job change, pregnancy) that typically occur during this period (Rabkin & Struening, 1976). Life events lists also leave out events pertaining to lower socioeconomic groups, certain ethnic and racial groups, various occupations, and younger and older age groups (Thoits, 1983).

Consideration of mediating factors is also necessary when interpreting life events. People experience different levels of stressors and show various levels of illness and disease in response to stressors. Mediating factors are those aspects of one's personality, available support systems, or characteristics of a particular situation that buffer the individual from the stressor. These influences on the stress-illness relationship have largely been neglected in the life events research (Dohrenwend & Dohrenwend, 1978). In this study, influences of age and gender will be examined as possible mediators of the child's coping abilities.

Life events research has led to the examination of chronic daily stressors that derive from life events or perhaps contribute to the life event. Daily stressors or hassles have been found to show a strong relationship with psychological functioning and physical health

(Kanner, et al., 1981; DeLongis, et al., 1982). This research has focused on activities that take place on a daily basis and are measured as negative encounters (hassles) as well as positive encounters (uplifts). The negative stressors were found to be strongly influential in harming physical and psychological health, but uplifts were found to predict healthy psychological functioning only in women. This result contradicts a prediction of the life events researchers. They believe that all life changes, including positive life changes negatively affect health outcomes.

Validation of hassles and of positive occurrences (uplifts) as mediators of stress are topics for further research. In this project, the focus will be on the effects of daily hassles from a developmental perspective. A concern that motivates this work is that perceptions and behaviors from early in life can lead to conditions of chronic illness (i.e., heart disease, gastro-intestinal illness, etc.) later in life. Understanding the stress-coping relationship in children will enable us to identify and encourage good coping strategies in children, which in turn should result in better health and well-being in adults.

CHAPTER II

REVIEW OF RELATED LITERATURE

Overview

The investigation of stress as it relates to psychological and somatic health was first conducted by measuring major life events (Dohrenwend & Dohrenwend, 1974; Holmes & Rahe, 1967). However, research has revealed that life events do not predict health status very well (Rabkin & Struening, 1976). Thus, it seemed that it was necessary to derive an alternative method of measuring the impact of stress upon health status. This led to research on the chronic stressors we experience in daily living called hassles.

Daily Hassles and Uplifts

Hassles are the minor yet irritating events that we encounter in our daily interaction with the environment. They include traffic jams, money concerns, bad weather, family concerns, problems with weight, etc. Particular situations create hassles (e.g., unchallenging or excessively challenging work, difficulties with friends). Hassles can occur often within a context in

which demands are continuous or chronic (e.g., marriage, work). And finally, personality can mediate one's perception of hassles. That is, personality influences whether an individual perceives an occurrence to be stressful or not.

Uplifts, on the other hand, are the daily positive experiences. Nice weather, good news, and recognition at work are all examples of uplifts. Just as hassles can be linked to negative health outcomes, uplifts are viewed by Lazarus (1984) as positive. Uplifts are thought of as a buffer from the effects of stress. This point of view opposes a key assumption of the research of Holmes and Rahe (1967). They stated that any sort of change, either positive or negative, can bring about stress. The view of Lazarus and others at The Berkeley Stress and Coping Project is that we often use some sort of "restorer" or "sustainer" (Kanner et al., 1981), to cope with chronic stress. It seems likely that positive events experienced during daily living serve this purpose.

In research conducted by Lazarus and his colleagues, daily stressors (hassles) strongly predicted psychological and somatic symptoms (DeLongis et al., 1982; Kanner et al., 1981). Further research (Monroe, 1982) has validated daily stressors as predictors of psychological distress. In addition, recent research

has examined the relationship of daily stressors, along with life events during adolescence (Compas, Davis, Forsythe, & Wagner, 1987; Rowlison & Felner, 1988), and found a significant relationship between hassles and psychological symptomatology and behavior problems.

Past research has generally focused on the stress-illness relationship as it is manifested in adults. However, Lazarus (1984) has also recognized the importance of studying this relationship in terms of other developmental periods: ". . . measures of both life events and daily hassles are probably capable of revealing the arenas of psychological stress indigenous to different developmental periods" (p.387). Lazarus has found that hassles are predictive of psychological and physiological functioning among college students and a middle-aged sample (Lazarus, 1983). Compas et al. (1987) found this relationship to be significant in adolescents 12-20 years of age. However, no one has studied this phenomenon with younger populations. Thus, the present study was designed to examine the daily hassles of school-age children. The purpose is to identify the hassles that children experience in the areas of family, peers, and school, and to see if they predict unhealthy psychological functioning.

Stress is defined as any event that taxes or exceeds the adaptive resources of the individual

(Lazarus, 1966). Lazarus views stress as the result of the social system, the individual system, and the physiological system working upon the individual. The relationship between the person and the environment involves all of these systems and Lazarus believes this relationship is what is ultimately stressful. So, both personality and the situation characteristics are what is conceptually known as stress (Lazarus, DeLongis, Folkman, & Gruen, 1985). What is it then about a person and the context that leads to appraisals of harm, threat, or challenge? This study examines the child in his/her unique contexts.

The Stress Experience in Children's Daily Lives

Examination of individuals' vulnerabilities enable researchers to learn what antecedents contribute to appraisals of stress (Lazarus, 1984). The present project intends to look at children, who, as a group, share common situations in school, with family members, and with peers, that might make them more vulnerable to experiencing stress effects. Children also demonstrate various developmental characteristics, such as level of cognitive understanding that may cause them to appraise the same hassle as differentially stressful at different ages. For example, the developing cognitive abilities of children enable them to understand more clearly the relationship between health and illness. Thus, what the

child can understand about health and illness influences his/her emotional and behavioral responses to it. For instance, the child may feel fear, depression, or resistance about an injury, depending upon his/her cognitive ability to make sense out of the situation (Spinetta, Elliott, Hennessey, Knapp, Sheposh, Sparta, & Sprigle, 1982). It is believed that examination of possible daily stressors for children will bring further understanding of what would lead to a higher than average level of vulnerability. In future research this knowledge will enable researchers to discover the characteristics of coping at different ages and within these three different situations, and thus will lead to better understanding of what constitutes the most adaptive development within context.

In addition to developmental antecedents, stressors can be related to developmental issues concerning periods in our lives. Pearlin and Schooler (1978) looked at stress as it relates to the occupation of and transition between certain roles (i.e., marriage partner, employee). These roles involve chronic strains because of their persistent nature and their involvement in major institutions of our culture. Pearlin and Lieberman (1979) subsequently found that these long-standing roles are associated with chronic strains and evidenced a stronger relationship with stress than

did life events. Daily hassles are chronic in nature and are likely to be influenced by the roles one plays. For children these roles would be that of son or daughter, sibling, student, or peer, as will be investigated in this study.

In addition, Pearlin and Lieberman (1979) objected to the global definition of life events. They stated that it is necessary to consider life events more specifically because of their nature to be scheduled as opposed to unscheduled. "Scheduled" life events are those that we know will probably occur, such as marriage, having children, and death for the aged. "Unscheduled" events, on the other hand, may not always strike unexpectedly, but they are generally not a part of the life transitions that we expect to occur. For example, divorce, job disruption, and injury or illness are unscheduled and unexpected events. The latter are more strongly associated with stress than the former (Pearlin & Lieberman, 1979). Pearlin and Lieberman (1979) found that scheduled events do not account for symptoms of stress. Pearlin (1982) speculates that this finding may be true because scheduled events can be dealt with before they occur, so that "anticipatory coping" can prepare the individual for the event.

Unscheduled events, on the whole, seem to be generally more negative while scheduled events are more

positive. The child and adolescent stress literature shows that when comparing the two correlations of negative events with dysfunction and positive and negative events with dysfunction the former relationship is stronger (Compas, 1987). Thus, similar to adult studies, it seems that negative events rather than overall life change (positive and negative events) are more strongly related to distress. Appraisal can also be a mediating factor in the effect of an event according to Lazarus and Folkman's (1985) model. That is, an event like divorce that is assumed to be negative, may be viewed as positive by those involved in long-term conflict.

Another way in which the nature of the life event (scheduled versus unscheduled) may effect one's functioning is described by Lazarus (1984). A life event may shake one's ability to cope with daily hassles despite the opportunity for "anticipatory coping". Due to the nature of a particular life event, and depending on one's appraisal of the event, the individual may be unable to cope with daily hassles as they normally do. For example, one may be devastated by the break-up of a romantic relationship and thus find that daily hassles are unbearable. That is, routine problems are experienced as more noxious because of a major event. On the other hand, one may shut out the stress of hassles from

one's routine due to the occurrence of a life event. For example, when hearing that one has lost his/her job, the news may be so devastating to the individual that he/she does not notice other daily stressors.

Kanner and his collegues examined this nonlinear model of stress by developing the Hassles and Uplifts Scale. They asked one hundred subjects (52 women, 48 men; aged 45-64) to name hassles they had experienced that were not on the life events scale. The resulting scales were given once a month for nine consecutive months. In addition, they asked the subjects to rate "how often" and "how intensely" they experienced a particular uplift or hassle. Comparisons were then made between the Hassles and Uplifts Scale and a life events scale developed by Paul Berkman in 1974. Outcome measures of morale and psychological symptoms were also examined.

Kanner et al., (1981) found that the frequency of hassles and uplifts were stable throughout the nine month period. The average correlation of Hassles frequency scores of each monthly administration with every other one was $\underline{r} = .79$, thus showing general consistency of the number of hassles over time. Scores of the average intensity of hassles across the nine month period correlated less strongly, $\underline{r} = .48$. A calculated t-test for correlated means found this to be

a significant difference. The greater fluctuations found in the intensity scores indicates that the amount of distress associated with hassles varies more than the number of hassles experienced. And as mentioned before, hassles predicted negative psychological symptoms better than life events. That is, the Hopkins Symptom Checklist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974) was administered during the second and tenth month of the experiment. Correlations of the second month administration with the average frequency of hassles for nine months were $r = .60$ ($p < .001$) for the total sample, $r = .55$ ($p < .001$) for men, and $r = .66$ ($p < .001$) for women. For month 10, the correlations were .49 ($p < .001$), .41 ($p < .01$), and .60 ($p < .001$) respectively.

Of particular interest to this research project is Lazarus' discovery that there may be age-related "themes" as seen by the frequency of hassles selected by subjects. Folkman and Lazarus found this to be true of middle-aged and young adults (Folkman & Lazarus, 1980). The same could be true for children. For example, in children's lives they contend with the daily hassles of school, such as catching the bus in the morning, finding a seat at lunch, and concern over an upcoming project, whereas adults may be concerned about work-related hassles. Children, due to their less developed cogni-

tive abilities and lack of experience, may have very different coping strategies compared to adults to deal with these stressors, leaving them more vulnerable to psychological and physical dysfunction. Lazarus states (1984) that recurrent themes may indicate how an individual perceives his/her experiences of hassles and how they cope. Lazarus found themes, for example, that reveal a need to be approved or loved, or a need to always be in control.

If we can detect themes in the hassles of children's lives, then we can also better understand the most effective methods of coping with them. Some children who function better in social situations, such as school, may cope better with their daily hassles. Their coping skills or styles may enable them to handle hassles better and get more relief or reinforcement from their uplifts.

A Children's Scale for Assessing Hassles

The present study involves the formulation of a children's version of The Hassles Scale. It has been designed so that items fit into eight content areas that are thought to assess the most important themes and concerns of a child's daily life: 1) Self-esteem and Psychological Well-being; 2) Peer Relations; 3) Family Relations; 4) School; 5) Hurriedness/Impatience; 6) Obligations; 7) Lack of Resources and Control; and 8)

Personal Health (see Appendix A). Some areas will be more important to an older child. For example, Peer Relations was predicted to be of greater concern to sixth graders, while Family Relations was thought to be an area of central focus for second grade children. Lack of Resources and Control, and Obligations represent items that are also of higher importance to the older child because they deal with issues of responsibility and one's ability to get around in the world (i.e., "not enough money for clothes"). The areas of Personal Health, Self-esteem and Psychological Well-being, and Hurriedness/Impatience require higher cognitive functioning and therefore, will be of more concern to the older child. Finally, School is an area that will not show significant differences between the younger and older child because of the major role the school plays in all children's lives.

The content areas may also elicit differential responses for males and females. For example, boys typically get into more trouble at school than girls do. Girls may also have a higher frequency and intensity of hassles because they would be more likely to report that something bothers them. Otherwise, most of the items on the children's version of The Hassles Scale could be equally bothersome in the lives of both genders.

Methodological Concerns

There has been some criticism of The Hassles Scale by Kanner et al., (1981) that it is a measure confounded with symptoms of psychological distress (Dohrenwend, Dohrenwend, Dodson, & Shrout, 1984). That is, the scale is seen to contain various items assessing symptoms of psychopathology, thus producing a confound between what the scale purports to measure and what it is used to predict: psychological functioning. Dohrenwend et al., (1984) assessed confounding in the Hassles Scale by having clinical psychologists rate Hassles Scale items as symptoms of psychopathology. They found the items to be rated an average of 3.17 on a 5-point scale indicating the items were "about as likely as not to be a symptom of psychological disorder" (p. 224).

Lazarus, DeLongis, Folkman, and Gruen (1985) admitted that some confounding was present in analysis of the original version of the Hassles Scale (Kanner et al., 1981) and the Hopkins Symptom Checklist (Derogatis et al., 1974). Items that were rated high for psychopathology on both tests were deleted for subsequent analyses in the study conducted by Kanner and his colleagues (1981). The Hopkins Symptom Checklist was administered twice during this study to validate hassles as predictors of psychological symptoms. The Hopkins Symptom Checklist is a particularly appropriate measure

for this purpose because it is sensitive to low levels of symptomatology in normal populations (Lazarus et al., 1985).

In addition, Lazarus et al., (1985) responded with further analyses of their own data (Kanner et al., 1981) and of results found in the Dohrenwend et al., (1984) study. First, they examined the item ratings from the Dohrenwend et al., (1984) study from the premise that the items found to be more confounded or rated higher on psychopathology should be more highly correlated with psychological symptoms than those items rated low. Correlations between psychological symptoms and unconfounded, moderately confounded and highly confounded items did not prove to be significantly different for either of the two administrations. In fact, correlations were similar, ranging from .50 for unconfounded items, .49 for moderately confounded items, to .56 for highly confounded items. Thus, they argued that items on the Hassles Scale are not confounded with a measure of psychopathology.

Second, the Hassles Scale was factor analyzed to see whether subscales of a more psychological nature would show a stronger relationship with psychological symptoms than those hassles drawn from situations. Again, they found no significant differences between the different types of factors and psychological symptoms as

measured by the Hopkins Symptom Checklist. That is, a factor of Inner Concern (e.g., feeling lonely) correlated with the Hopkins test for its two administrations at .59 and .50, while Household hassles (e.g., home maintainence) had correlations of .57 and .44, respectively. Lazarus and his colleagues believe that these results support their original hypothesis that the perception of an item as a hassle is mediated by the appraisal process. The individual appraises an item to be either a strain on their coping resources or a problem that can be handled with a minimum of distress. They address the criticisms of confounded measures by explaining this lack of difference in correlations between pychological factors and nonpsychological factors as due to the appraisal process.

Dohrenwend & Shrout (1985) responded to these results from Lazarus' reanalysis by standing by their original claim, i.e., that the Hassles Scale is confounded with symptoms of psychological distress. They focused on the fact that the Hassles Scale calls for ratings from the subject of the severity of the hassle item checked. Because the responses did not include a choice of anything less extreme than "somewhat severe", Dohrenwend and Shrout believed that endorsement of any items indicated difficulty in coping and therefore, "presence of maladaptive psychological distress and

disorder" (p. 781). They argued that if this were true, then the factor analysis carried out by Lazarus et al. would have to be misleading. It would not be possible to find eight different factors if the Hassles Scale were actually confounded by the response format. They stated that there must be a second-order factor, something like "subjective upset", that accounts for the high correlations between the Hassles Scale and the Hopkins Symptom Checklist. Other analyses were conducted by Dohrenwend and Shrout that supported this conclusion; they claimed that a single high correlation of .73 between these two measures indicated the relation of a common factor.

Lazarus and his colleagues believe that The Hassles Scale is valid because the subject can choose to appraise an item to be a hassle or not. The subject endorses an item as a hassle if it has happened to him/her and it was appraised as a problem. However, some items already indicate appraisal of the hassles, and do not allow the subject to make these two decisions separately. For example, "problems getting along with fellow workers" already contains the result of an appraisal in the word "problem". Even an item such as, "too much time on hands", has the appraisal built in with the use of the word "too". An individual may have extra time on his/her hands but not feel that this time

is "too much". The subject cannot endorse the item as having happened to him/her without also endorsing it as a problem. In other words, Lazarus and his colleagues have set up their questionnaire so that some items, if endorsed, are necessarily perceived as problems, thus, confounding their measurement of hassles with other measures of psychological dysfunctioning. This results in an increase in chance for The Hassles Scale to be predictive of psychological symptomology. According to Dohrenwend and Shrout (1985), both the Hassles Scale and the measure of psychological symptomology are measuring "subjective upset", that is, the same construct or a part of the same construct. This might account for the overlapping of variance shared among measures of hassles, events and symptoms (Monroe, 1983).

In summary, this issue of confounding factors is a perplexing one. However, Lazarus and his colleagues have recognized this and state that their model of daily stress is somewhat confounded with these other measures by its interaction with the environment and the person. When a person appraises a particular situation, they rely upon their past experiences and coping style. The appraisal process cannot be completely separated from a history of experiencing stress and developing a set of coping processes (Lazarus et al., 1985).

Major Themes of Stress in Children's Daily Lives

Patterson (1983) has suggested that we stop looking for a general theory of stress, as research has done in the past decade, and instead examine specific stress situations. For the present project, stress will be investigated as it is manifested in hassles associated with family, peers, and school. These areas encompass the majority of a child's daily activities and therefore they are important to study as areas of potential daily stressors. In the past, considerable research on the stress-illness relationship for particular life events such as divorce, chronic illness, or death have been done (see Eiser, 1985; Hetherington, 1979; Kashani, Husain, Shekin, Hodges, Cytryn, & McKnew, 1981), and a number of books have been written about "school stress" (see Schultz & Heuchert, 1983; Youngs, 1985), but no research on the specific daily stressors of children in the contexts of family, school, and with peers has been done.

Generally, research on the family has examined sources of stress such as life transitions, crises, and change in the family's structure. On the other hand, studies of the family show that it is also a source of social support. In terms of daily stress, the family can be supportive, but it can also be an instigator of stress. It is necessary, therefore, to explore the

possible impact of the family on the individual's daily stress levels.

The family has been viewed as having four potential areas in which problems can occur (Garbarino, 1982). They are: self-worth, communication, rules, and a link to society. Self-worth pertains to each individual family member's positive self-regard. If the individual suffers in this respect, then the whole family suffers (Garbarino, 1982). Problems in communication can include lack of conversation or misunderstandings of one another's ideas. Family rules can become a problem when the rules do not fit the needs and goals of the family, and there is a lack of flexibility (Baumrind, 1980). When the rules become too rigid, the family resists the normal transitional changes that occur in life (e.g., adolescence). Finally, the family's link to society is the key to necessary social supports, including extended family members, neighbors, and institutions. If a family is too isolated, then it may shut itself off from social support and increase the risk for child abuse (Garbarino, 1977).

According to Pearlin (1982), the family has multiple functions in the stress process. For example, the family can serve as a place of support and refuge from the pressures of outside social encounters like one's job or financial responsibilities. Also the

family may be a locus of displaced stress. The child may express aggression at home because of an unpleasant encounter that occurred at school.

Patterson (1983) also points out that some families experience a higher than average number of major and minor life events. Mothers from lower socioeconomic classes experience more major stress events and consequently more psychiatric symptoms than do mothers in higher socioeconomic classes (Meyers, Lindenthal, & Pepper, 1974). Patterson (1983) states that mothers of antisocial children experience more daily stress, which can contribute to a condition of chronic stress.
Much of the stressful quality of an event is in its effects on patterns of family interaction and relationships (Rutter, 1983). This is true of divorce, birth of a sibling, and hospitalization of a child. Daily routines are disrupted and appraised as hassles, when previous to the stressful event the routines had been a neutral part of one's day. Thus, it is evident that some hassles may derive from life events.

Perhaps the best example of hassles being derived from a life event are those which come out of the life event of divorce. This has been a much researched area and one that has given great insight into the stress process as it occurs developmentally in children. Wallerstein (1986) describes the uniqueness of divorce

in terms of the tasks that children must resolve in order to cope with it. Of particular interest to the understanding of children's daily stressors is the task of resolving the numerous losses experienced from a divorce: daily routines are disrupted; loss of traditions occurs; the loss of the family home, neighborhood, and school may happen; along with the loss of a more privileged lifestyle. The chief loss, of course, is one of the parents; in addition, both parents become less accessible due to their own grief and efforts to cope.

Wallerstein (1983) has described stages that families pass through in their adjustment to divorce. Children react differently to these stages depending upon their age and their level of cognitive development. It would be interesting to examine the impact of hassles and uplifts at the various stages that the child passes through in his/her adjustment to a parent's divorce. A child may have different appraisals of hassles and uplifts at each stage, depending again upon his/her cognitive abilities. Also each stage may call for a unique coping style unlike that of other life events or crises.

The younger child has more difficulty adjusting to change in the environment due to his/her reduced capacity to accommodate, as compared with an adult who

takes much daily change for granted (Maccoby, 1983). A stable social and physical environment is necessary for a child, so that the child can gradually adjust to change as he/she learns more about the world. It is reassuring to a child to have routines and predictability for this reason, and stressful to have these routines disrupted.

Children are buffered from stress when parents assume the position of authority in their lives (Maccoby, 1983). Young children naturally view their parents as authority figures, and this view changes somewhat as they grow older (Damon, 1977). At preschool age, they deny that they experience conflict with their parents, gradually growing to question their parents' authority in adolescence. Children are protected by their parents from the responsibility of negative outcomes and a sense of failure, thus they experience less anxiety and less negative appraisal of hassles. As children grow into adolescence, they will take more responsibility for themselves and this situation changes. They will begin to appraise more events in their daily lives as stressors. This has already been shown in a study of the occurrence of life events among children and adolescents (Coddington, 1972). Older children and adolescents (11-16 years old) showed a greater amount of life change experienced when compared

with younger children.

In a study of the effects of stress and social supports on mother-child interactions in single and two parent families, Weinraub and Wolf (1983) found that single mothers work longer hours and receive less social support than married mothers. Single mothers also tend to face more stressful changes. For example, single mothers are more likely to experience changes in employment, living conditions, or personal goals. They are more socially isolated, less consistent in their social contacts, and have less emotional support in their parenting.

In addition, their children have more responsibilities because the single parent is working and because the other parent is absent. Weiss (1986) interviewed children in single parent households. He found that these children recognized that they were more capable than other children as a result of their increased responsibilities, but some also envied those who seemed to have an easier routine. One girl said:

> If there were two parents, it might be better. It would be kind of like when my grandmother comes. You come home, and there is Grandmother. You know she's going to be there, you know she's going to have the house cleaned up and the table set. I don't know, just silly little things, that you don't have to come home and worry about it and do it yourself or try to get your sisters' help to do it, because Mother isn't there.

Of course, marriage does not alleviate all of the stress in a family either. In a dual-career lifestyle,

there are common stressful patterns (Skinner, 1986). Strains within the family can include difficulties in handling the daily routines, which result in work and role overload for its members (Rapoport & Rapoport, 1976). Also, parents may experience stress concerning their identities. Our culture still expects the male to be successful in the work place, and the female to be successful in the home. Many dual career couples feel conflict with the culture's traditional view of success and their own desires for career. Typically, it is the woman who has the most difficulty in unifying these different identities (Bernard, 1974).

The dual-career family also experiences conflict with societal structures. Rapoport and Rapoport (1976) state that despite changing social norms, the dual-career lifestyle still conflicts with the traditional family structure. Internalized values from earlier socialization continue to be strong and can produce feelings of guilt, tension, and anxiety. Important events (i.e., birth of a child, job promotion) can exacerbate these feelings.

Dual-career families are not as likely to have time to spend with people outside the immediate family (Rapoport & Rapoport, 1976). They have less time for socializing and experience problems maintaining family obligations. The dual-career family may lack social

support that is necessary for coping with stress (Holahan & Moos, 1986).

Peer relationships are also an area of potential stress to children. Damon (1977) has described developmental changes in peer relationships for children. These changes have implications for the development of appraisals of hassles. When children are young (4-8 years of age), a friend is someone who does something with you (i.e., "We play trucks together"). Later, a friend is someone who gives emotional support. As the child grows older, friendships become more important for coping, but can also be a source of more stress. Nevertheless, lack of friendships or unpopularity can be one of the strongest sources of stress for a school-age child (Maccoby, 1983).

Also, as the child develops cognitively, he/she begins to compare him- or herself with other children (Ruble, 1983). At the early grade-school age, the child is pleased with a task done well, or even completion of a task, but the older child is more concerned with being the best. The child may feel anxiety in the realization of their limits in comparison with others. Daily stressors may occur from expectations of accomplishment or failure and the development of social comparison.

The school is an important part of the development of social and cognitive abilities in a child's life. It

is the context for much of the development of friendships, relations with peers, and interaction with adults other than parents. Therefore, the school setting may influence the child's ability to resist stress by contributing to his/her self-esteem in these social domains. Also, with positive development of these social relationships, the child may have the support necessary for coping with stress. The school is a place, like a job is for an adult, that can build self-esteem, and lead to the formation of a supportive social network, which in turn can help one to function better in stressful situations.

Recently, Compas (1987) has reviewed investigations of daily stressors during childhood and adolescence. In a study conducted by Wagner, Compas, and Howell (cited in Compas, 1987) it was found that daily hassles mediate the relationship between major life events and symptoms, after controlling for prior symptoms. That is, major events were predictive of daily events, and daily events predicted symptoms for adolescents. Lazarus and his colleagues also found this life events-daily stress and illness relationship in adults. Other research has found this same indirect relationship between major events and symptoms in adolescents (Compas, Davis, Forsythe, & Wagner, 1987; Kanner, Feldman, Weinberger, & Ford, in press).

Rowlison and Felner (1988) have also examined stress in adolescents (7th-12th grade) and major life events, that they termed "distal", and daily stressors which they described as "proximal" in nature. This study found a predictive relationship for hassles to various health outcome measures, even after the effect of life events were removed. In addition, life events and hassles had some shared variance with maladaptive functioning, further validating the findings of Compas and his colleagues. It is necessary to determine whether this relationship is also true for children. However, development of valid measures of daily childhood stress are still needed. One of the purposes of this study was to address this need.

Purposes and Hypotheses

The purpose of this study was to develop a measure of children's daily stress in order to determine if a daily stress-illness relationship exists for children as well as for adolescents and adults. This measure, The Hassles Scale for Children, was also constructed so that appraisal was not implied in any of the items. By doing this, the appraisal of the item as stressful was made solely by the child and therefore, the Hassles Scale for Children (HSC) is more likely to measure actual daily stressors as the child experiences them.

Also it was the purpose of this study to examine

the relationship of daily stressors with life events by using the HSC. As previous research with adolescents and adults has shown, daily stress and life events are related. This measure of children's daily stress will lead to the examination of this relationship in children.

In the present study, the following hypotheses were examined:

1) Main prediction. Frequency of daily hassles will be negatively correlated with level of psychological functioning, as measured by the State-Trait Anxiety Scale (Spielberger, 1973) and the Teacher Report Form of the Child Behavior Checklist (Achenbach & Edlebrock, 1986). Frequency of daily hassles will also be negatively correlated with physical health, as measured by the Teacher Report Form, and school behavior in children, as rated by teachers with the Teacher Report of Social Skills. As the number of daily hassles increases, the level of healthy psychological and physical functioning will decrease.

2) Developmental hypotheses. There will be developmental differences over the eight hassles categories between the older children (6th grade) and the younger children (2nd grade). The older children will generally rate more items as hassles than the

younger children. Their lives are more complex. There are more and varied concerns they must deal with in their environment. Increased involvement with peers and less dependence on family relationships will lead them to experience more stressors with peers and fewer stressors with family. See Table 1 for the content areas of the Hassles Scale for Children and hypotheses pertaining to these areas.

3) Sex differences. Female subjects will experience more daily hassles as stressful than male subjects. In particular, the areas of Self-esteem and Psychological Well-being, Peer Relations, and School will be appraised as more stressful by females. Females mature more quickly than males both physically and socially. In general, it is more important to them to look good, thus influencing self-esteem, and to be liked and accepted by peers. Also, at the ages being studied in this project, the females would generally take school more seriously than the males.

4) Life events. Daily hassles will increase if a child has recently experienced a life event.

Summary

Daily hassles have been found to predict less effective psychological functioning and poorer physical

health in adults. It is necessary to examine whether the same relationship holds for children. In addition, it has been found that young adults and middle-aged adults appraise minor events to be more or less stressful according to their developmental concerns. Therefore, children may also appraise particular events which are unique to their development as stressors.

Table 1

Content Areas of the HSC and Related Hypotheses

Content Areas	Hyptheses	
	Age	Gender
Self-esteem and Psychological Well-being	Older > Younger	Female > Male
Peer Relations	Older > Younger	Female > Male
Family Relations	Younger > Older	-----
School	-----	Female > Male
Hurriedness/Impatience	Older > Younger	-----
Obligations	-----	-----
Lack of Resources and Control	Older > Younger	-----
Personal Health	Older > Younger	-----

CHAPTER III

METHOD

Overview

This study was designed to validate a relationship between hassles and the psychological well-being and physical health of children. In addition, daily hassles were analyzed in terms of effects on the children's school behavior. Questionnaires were administered to measure hassles and the three important outcomes: psychological functioning, physical health, and school behavior.

Subjects

The subjects were taken from three elementary schools in Chicago and the surrounding area. A total of one hundred and forty-five students were interviewed. There were 52 second grade subjects, 55 fourth graders, 21 fifth graders, and 17 sixth graders (36%, 38%, 14%, and 12%, respectively). There were 74 boys in the study (51%) and 71 girls (49%).

The schools include children from varied backgrounds. One is a public school located in

Evanston, a northern suburb of Chicago, and one is a parochial school located in Glenview, a northwestern suburb of Chicago. The third school is private with no religious affiliation and is located in the city of Chicago. The first school is located in lower-middle class neighborhood; a portion of the students come from lower socioeconomic homes. The second includes primarily middle-class children. The third school draws children from all over the city. Generally, upper middle and upper class children attend this school. Thus, a diverse population is represented by these three schools.

Measures

The Hassles Scale for Children. The HSC was developed for the present study from the adult version developed by Kanner et al. (1981). This scale has been shortened to forty-nine items, from the adult scale of 117 items, to prevent fatigue and disinterest. The items on this scale fit into one or more of the following eight content areas; 1) self-esteem and psychological well-being, 2) peer relations, 3) family relations, 4) school, 5) hurriedness/impatience, 6) obligations, 7) lack of resources and control, and 8) personal health.

Many of the items were reworded in simpler language to facilitate the child's understanding. Other items

from the adult version were deleted because they were not relevant to the world of the child. Those items pertaining to hassles experienced on the job for adults were rewritten for the school setting in this version. For example, "problems getting along with fellow workers" from the adult version of this scale became "problems getting along with other kids in your class" for the children's version. In addition, other items were added that were believed to be common stressors in a child's life (i.e., not enough money for movies and video games, trouble with math or science). A copy of this scale and other scales used in this study can be found in Appendix A.

Subjects considered each item first in terms of whether it has happened to them in the past month. Second, they looked at whether the item was experienced as a problem, their appraisal of the item. And third, hassles were rated for intensity on a 3-point subscale, a score of 1, 2, or 3 meaning respectively "a little", "some", or "a lot". Two summary scores were generated for analysis: 1) frequency, a count of the number of items checked as happened ranging from 0 to 49; and 2) intensity, the sum of the 3-point intensity ratings ranging from 0 to 3.

Finally, the scale asked the children to name any additional hassles that they have experienced. Also, it

asked for life events experienced in the last year, in order to make a later comparison of life events and hassles as they relate to the outcome measures.

The Teacher's Report Form. The TRF (Achenbach & Edelbrock, 1986) is an inventory designed to obtain teachers' reports of students' problems and adaptive functioning in a standardized format. It is a variant of the Children's Behavior Checklist (CBC) developed by Achenbach and Edelbrock (1983) to obtain parents' reports of their children's adaptive and maladaptive functioning. The TRF inventory contains 113 items factored into problem scales for boys and for girls. These scales are: 1) Anxious, 2) Social Withdrawl, 3) Unpopular, 4) Aggressive, 5) Depressed (girls only), 6) Inattentive, 7) Nervous-Overactive, 8) Obsessive-Compulsive (boys only), and 9) Self-destructive. Two broad band scores for Externalizing and Internalizing are also found. Externalizing behaviors are those behaviors associated with outward expression of problems, i.e., aggression, and internalizing behaviors tend to be more internal in nature, i.e., depression. The forms for 6-11 year boys and girls were used for this study.

This inventory has proven to be reliable and valid (Achenbach & Edelbrock, 1986). The test-retest reliability for an interval of seven days is .90 and for

an interval of fifteen days is .84. Students referred for professional help for behavioral and social/emotional problems were compared with non-referred students in order to evaluate criterion-related validity. Effects associated with referral status accounted for a considerable amount of the variance in scores (24% for girls aged 6-11 and 37% for boys aged 6-11). Demographic variables accounted for a small percent of the variance. Construct validity was obtained by correlating the TRF with the Conner's Revised Teacher Rating Scale. Correlations of the various scales of the two tests ranged from .62 to .90.

State-Trait Anxiety Inventory for Children. The STAIC (Spielberger, 1973) includes two sections: a trait and a state measurement of anxiety. Only the trait part of this measure (20 items) was given to the subjects in this study because the focus was on stable traits of the child as correlated with hassles in daily functioning. The STAIC scale was designed to measure anxiety in elementary school children and is appropriate for the present sample. The subject responds to a threepoint scale, which includes "hardly ever", "sometimes", or "often". Examples of some of the items are "I worry too much", and "I get upset at home". The reliability and validity are adequate (Buros, 1978).

Teacher Report of Social Skills. Finally, a

teacher's report of each subject's social skills and behavior was obtained as an additional measure of the subject's level of adaptive functioning. This questionnaire asked general questions about the subject's abilities to get along with other children, both in play and when working in the classroom. The teacher rated how often a child exhibits a behavior on a 5-point scale indicating "never", "rarely", "occasionally", "fairly often", and "often" for characteristics such as: "helps other people", plays fairly with others", and "is someone you can trust".

Procedure

The children's version of The Hassles Scale was administered to the second grade subjects by interview because of their limited reading ability. The fourth, fifth, and sixth grade students were able to fill out the questionnaires themselves, although assistance was available to them if they had questions. Some children at each age level were required to fill out each questionnaire twice in order to test reliability. The test-retest administration period was approximately two weeks. The teachers filled out The Teacher's Report Form and the measure of the child's social skills and behavior at approximately the same time.

CHAPTER IV

RESULTS

Overview

This study was designed to explore the relationship of daily stressors to psychological and physical functioning in children. Differences in daily stressors across age and gender were also examined. Therefore, three general categories of analyses were done concerning; 1) the reliability statistics on the HSC to verify that it is a coherent and reliable instrument; 2) the establishment of a stress-health functioning relationship; and 3) the description of age and gender trends in this relationship. The first category contained the following question:

1. Is the HSC a reliable measure of daily stressors?

The second category contained the following questions:

1. Is there a negative relationship between children's self-report of healthy psychological functioning (STAIC) and the number of self-reported stressors, as measured

by the Hassles Scale for Children (HSC)?

2. Is there a negative relationship between the teacher'sreport of a child's healthy psychological and physical functioning (TRSS and CBC) and the number of stressors reported by the HSC?
3. After controlling for daily stressors, do life events predict adaptive functioning?
4. Do daily stressors (HSC) predict adaptive functioning better than life events?
5. How strongly do life events alone predict the occurrence of daily stressors?

The third category contained questions concerning age and gender differences:

1. Do younger or older children experience more daily stressors, and are daily stressors experienced more intensely for one group than the other?
2. Do older or younger children experience different levels of daily stressors over the eight content areas of the HSC?
3. Do males or females experience more daily stressors, and does one group experience daily stressors more intensely?
4. Do males and females experience different kinds of daily stressors?

Questionnaire Reliability

Analyses revealed that the Hassles Scale for Children is a reliable measure of daily stressors. Internal reliability of the HSC was found to be good (alpha = .88). Test-retest reliability (2 weeks) of the HSC was adequate (r = .74, p < .01). The internal reliability of the Teacher Report of Social Skills was also good (alpha = .95). The other measures have established adequate levels of reliability (see Achenbach & Edelbrock, 1986; Spielberger, 1973).

Daily Stress and Psychological and Physical Functioning

Correlational relationships. Reports by children on the Trait portion of the State-Trait Anxiety Inventory for Children were strongly and positively associated with daily stressors (r = .53 for intensity of hassles, p < .001; r = .54 for frequency of hassles, p < .001). Thus, a child who had a high score for the STAIC, i.e., reported feeling anxious, also reported a high number of hassles. The intensity and frequency of hassles were also related to the externalizing factor and the total score of the CBC (see Table 2). In addition, a negative relationship was found between daily stressors and social skills. Thus, as predicted, HSC scores were significantly related to self-rated anxiety, and teacher-rated anti-social behavior. Finally, daily hassles were not significantly related to

Table 2

Pearson Correlations Between Hassles Scale for Children, CBC, STAIC, and TRSS Scores

	HSC intensity	HSC frequency
Externalizing score (CBC)	.21**	.17*
Total score (CBC)	.20**	.17*
Social Skills (TRSS)	-.15*	-.16*
Trait Anxiety (STAIC)	.53***	.54***

* $p < .05$
** $p < .01$
*** $p < .001$

physical health (r = .08 for intensity, p = .17; r = .06 for frequency, p = .22).

The frequency and intensity of daily hassles were highly correlated (r = .96, p < .001), so that interpretation of these and following findings must be made in light of this indication that they are highly similar constructs. The empirical distinction between frequency and intensity was made in order to get the clearest picture of the relationship between reported hassles and functioning. Additional analyses also indicated that frequency and intensity are highly similar constructs.

Predictors of Daily Stress. The main hypothesis of this study stated that daily stressors would be better than life events at predicting adaptive functioning. A series of multiple regression analyses were done in order to investigate this proposal. Two sets of hierarchical regression analyses were run; one in which the number of life events was forced into the analysis first, so its effect could be partialled out and the effect of the hassles score on functioning could be examined. The second set of regression analyses were run with the hassles score entered first so that the impact of life events on functioning could be examined.

As shown in Table 3, life events did significantly predict some aspects of psychological adaptation, but

Table 3

Regression Analyses of Life Events on Psychological and Physical Functioning Using Hassles Intensity Scores as a Covariate

Functioning	Hassles Score R^2	Life Events R^2	Change in R^2
Internalizing score (CBC)	.00	.01	.01
Externalizing score (CBC)	.07*	.12**	.05*
Total CBC score	.04*	.08*	.04*
Physical Health	.00	.01	.01
Social Skills (TRSS)	.05*	.12**	.07**
Anxiety (STAIC)	.46***	.49***	.03*

* $p < .05$
** $p < .01$
*** $p < .001$

the relationships were not strong. Daily stressors, on the other hand, accounted for more of the variance in their relationship with anxiety than did life events. As seen in Table 4, when variance from life events was partialled out, daily stressors significantly predicted the externalizing factor of the CBC (R^2 change = .04, $p < .05$), the total CBC score (R^2 change = .04, $p < .05$), and self-rated anxiety on the STAIC (R^2 change = .41, $p < .001$). Also partial correlations for life events and anxiety, and for hassles and anxiety were significantly different (r = .13 for life events, r = .52 for hassles, $p < .001$). However, daily stressors only marginally predicted social skills. Life events accounted for more variance than HSC scores when predicting social skills. Neither life events or daily hassles predicted the internalizing factor of the CBC or physical health.

In summary, hassles are a better predictor of anxiety than life events. Other significant findings showed hassles and life events to be about equal as predictors for the following: total CBC score, Externalizing score (CBC), and social skills. Therefore, hassles give slightly more information about health functioning than life events do.

Further analyses examined how hassles and life events are related. Specifically, hierarchical regression analyses revealed a clearer picture of how

Table 4

Regression Analyses of Daily Hassles on Psychological and Physical Functioning Using Life Events as a Covariate

Functioning	Life Events R^2	Hassles Score R^2	Change in R^2
Internalizing score (CBC)	.01	.01	.00
Externalizing score (CBC)	.08*	.12**	.04*
Total CBC score	.04*	.08*	.04*
Physical Health	.01	.01	.00
Social Skills (TRSS)	.09**	.12**	.03+
Anxiety (STAIC)	.08**	.49***	.41***

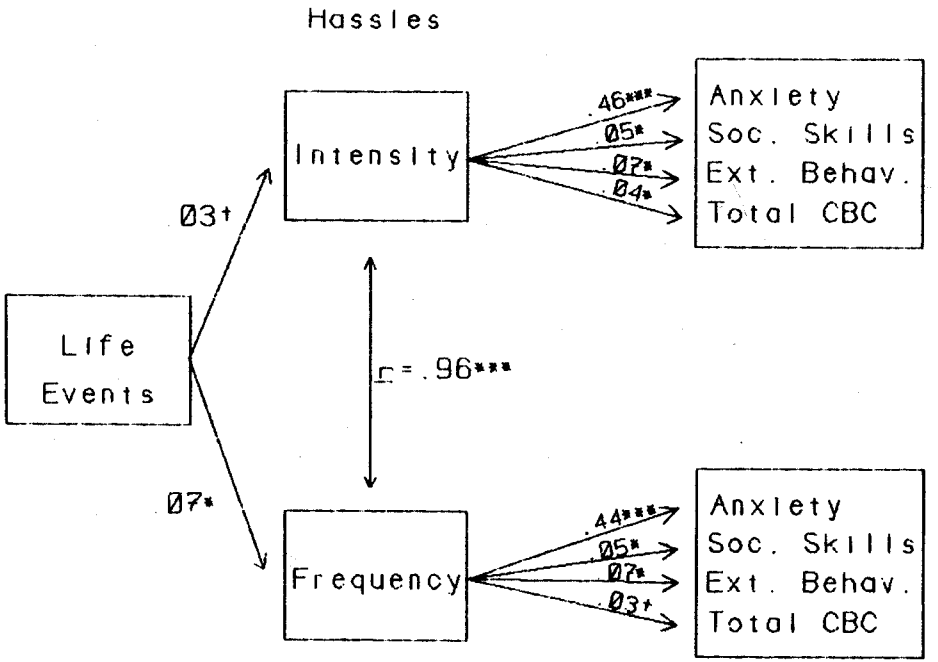
\+ $p < .15$
* $p < .05$
** $p < .01$
*** $p < .001$

Note: Hassles scores indicates the intensity of the hassles, not the frequency.

life events relate to frequency and intensity of daily stressors. It seems that life events predict frequency of hassles (R^2 = .07, p < .05) better than they predict intensity (R^2 = .03, p < .10). Intensity, which is the child's response to how much the hassle was experienced as being a problem, does not seem to be as strongly related to the number of life events experienced as frequency of hassles. However, intensity did predict anxiety experienced by the child, along with the child's social skills, externalizing behavior (CBC), and total CBC score. Frequency, on the other hand, was significantly predicted by life events, indicating that the number of daily hassles increases when children experience a life event (see Figure 1). That is, life events affect functioning indirectly by increasing the number of daily stressors the child experiences, and then these daily hassles seem to directly affect self-rated anxiety, teacher-rated behavior, and teacher-rated social skills.

So, from these findings the question arises as to which is the better measure of hassles: intensity or frequency? The answer is that it depends upon what you want to measure. If your purpose is to look at psychological functioning, then intensity is a somewhat better measure. If your purpose is to examine relationships with life events, then frequency is a

Figure 1. Prediction of psychological functioning variables by life events and hassles.



†$p < .10$

*$p < .05$

***$p < .001$

Note: R^2 values are given except where indicated.

better measure. Because intensity and frequency are highly correlated, it is probably best to use both scores, at least until this measure is further validated.

Age and Gender Differences in the HSC and its Eight Content Areas

Age differences. A comparison of the means of the three age groups in Table 5 showed that the younger children experienced hassles more often and more intensely (revealed by an average score of intensity). They also experienced more life events and higher levels of anxiety. However, their physical symptoms were fewer. The variabilities of their responses for all of the variables were greater than both the 4th grade children and the 5th/6th grade group.

Multivariate analyses of variance were done with the functioning measures serving as the dependent variables and age and gender serving as the independent variables. Also a MANOVA was done with the eight content areas of the Hassles Scale serving as the dependent variables, and again, age and gender as the independent variables. Results for this second MANOVA will be discussed later. The first MANOVA which looked at the various measures of functioning revealed a main effect for grade on hassles (Wilk's lambda = .73, $F(2, 126) = 2.57$, $p < .001$). Subsequent univariate analyses

Table 5

Means and Standard Deviations for Grade in School

Health Measures	2nd		4th		5/6th	
	M	SD	M	SD	M	SD
Average Intensity	.42	.33	.37	.31	.29	.18
Intensity	20.50	16.21	18.00	15.24	14.37	9.01
Frequency	22.22	17.91	19.37	14.06	16.82	8.91
Anxiety	33.61	8.42	31.56	7.72	30.33	5.65
Physical Symptoms	.17	.51	.83	1.67	1.67	7.11
Life Events	.89	.96	.17	.44	.48	.75

showed effects for both intensity and frequency of hassles ($F(2, 126) = 4.79$, $p < .01$; $F(2, 126) = 3.60$, $p < .05$, respectively). Post hoc Student Newman-Keuls tests clarified the main effects. That is, the youngest children (2nd grade) experienced hassles more often and more intensely ($M = 22.22$ for frequency, $M = 20.50$ for intensity) than the 5th and 6th grade children ($M = 16.82$ for frequency, $M = 14.37$, for intensity). The 2nd grade children also were significantly different from 4th grade children in frequency (19.37) and level of intensity (18.00). This may mean that younger children lack the ability to cope with a disturbing situation because of an inability to appraise it as transitory or minor. The 4th grade children did not differ significantly from the 5th/6th grade children.

Age differences across the eight content areas of the HSC were also found, although they were not as strong. Multivariate analyses revealed a marginal main effect for grade (Wilk's lambda = .83, $F(2, 136) = 1.53$, $p < .09$). Univariate analyses found five of the eight areas to have significant main effects for age (see Table 6). The five areas that differ across age include; 1) self-esteem, 2) peers, 3) family, 4) hurriedness/impatience, and 5) health. Post hoc Student Newman-Keuls tests showed four significant differences in means (see Table 7). As predicted, older children

Table 6

Results from Univariate Analyses of Grade Differences for the Content Areas of the HSC

Content Area	F	p
Self-esteem	3.45	.035
Peers	3.26	.042
Family	5.80	.004
School	1.59	.207
Hurriedness/Impatience	3.01	.052
Obligations	.57	.567
Lack of Resources	1.02	.364
Health	4.20	.017

Table 7

Mean differences in Grade for the Five Significant Content Areas of the HSC

Content Areas	2nd grade	4th grade	5/6th grade
Self-esteem	ns	ns	ns
Peers	ns	ns	ns
Family	4.19	2.27*	2.53**
Hurriedness/Impat.	1.1	.81	.51**
Health	3.13	2.22	1.69**

* indicates a significant difference ($p < .05$) between the 2nd and 4th grades

** indicates a significant difference ($p < .05$) between the 2nd and 5/6th grades

experienced fewer hassles with family than younger children, perhaps due to the increased importance of peers and decreased emphasis on family at an older age. Older children also experienced fewer hassles in the areas of health and hurriedness/impatience compared to younger children.

In addition, sets of hierarchical regression analyses of the impact of daily stressors on the various functioning measures were done for each functioning measure. These regression analyses were done for each grade level. Findings revealed that the younger and older children generally experienced hassles in the same way, that is, anxiety and physical health were the significant predictors for all three age groups, with the exception of physical health for the 5th/6th grade children (see Table 8). Also these analyses showed that The Hassles Scale for Children predicts anxiety better for 4th grade children than for 2nd and 5th/6th grade children.

As Table 8 indicates, 2nd grade and 4th grade children experience more physical problems in conjunction with higher intensity of daily stressors, although 5th and 6th graders do not. There is a decrease in the strength of this relationship as the children get older. Physical health and intensity of daily stressors are most strongly related for the

Table 8

Regression Analyses of Daily Hassles (Frequency and Intensity) on Psychological and Physical Functioning Across Grade

Functioning Measures	Life Events R^2 (covariate)	HSC Inten. R^2 change	HSC Freq. R^2 change
		Grade 2	
Physical Health	.01	.32**	.26*
Anxiety	.29*	.17*	.21*
		Grade 4	
Physical Health	.01	.10*	.00
Anxiety	.01	.58***	.49***
		Grades 5/6	
Physical Health	.01	.00	.00
Anxiety	.05	.17*	.19*

* $p < .05$
** $p < .01$
*** $p < .001$

youngest children (change in R^2 = .32, p < .01), less so for the 4th graders (change in R^2 = .10, p < .05), and not related at all for the oldest children.

Hassles intensity scores predicted physical problems in all children, except the oldest group. Hassles frequency scores only predicted physical problems in second grade children. These findings indicate that the intensity of the stress experience, rather than frequency of hassles, is a better predictor of physical symptoms for younger children.

The ability of daily stressors to predict anxiety across age varied in terms of age of subjects. The strength of anxiety to daily stressors is greatest for the nine year olds (change in R^2 = .58, p < .001). While the youngest and oldest groups showed a significant relationship of anxiety to hassles, the relationship was not as strong (change in R^2 = .21 for 2nd grade and .19 for 5th/6th grades, p < .01 for both).

Gender differences. Multivariate anaylses of variance revealed no significant differences for gender in the intensity or frequency of hassles. There were also no significant differences for gender across the eight content areas of the Hassles Scale for Children.

CHAPTER V

DISCUSSION

Overview

Results from this study reveal the importance of examining daily stressors as part of the stress-illness relationship in children. The results indicate that daily hassles were better predictors of children's self-rated anxiety than life events. While life events still account for some psychological maladaption experienced by children, they do not give the complete picture. Therefore, it is necessary to take both life events and daily hassles into account when understanding the psychological health of the child.

Further findings elaborated on the daily stress and anxiety relationship found in children. Children who reported experiencing daily hassles more frequently and/or more intensely reported high levels of anxiety. Teacher's ratings of social competence of the child were also negatively related to daily stressors. In addition, the age of the child makes a difference in the way he/she experiences hassles. That is, younger

children show signs of physical distress when the intensity of their hassles is high. Older children, on the other hand, do not show a relationship between physical distress and hassles. Also, anxiety is differentially predicted by intensity or frequency of hassles depending upon age. Finally, children of different ages experience different types of daily stressors.

The purpose of this chapter is to explore these findings in more depth and to discuss future implications for research in the area of stress and coping in children. The following three areas of findings will be discussed: 1) daily stressors and their relationship with other health measures, 2) developmental findings and, 3) the Hassles Scale for Children as a measure of daily stressors.

Daily Stressors and Health

The strongest relationship was found between self-reported daily stressors and self-rated anxiety. That is, as the number of daily stressors increases, the level of anxiety also increases. However, only a modest relationship between teacher-rated behavior (the CBC) and daily stressors was found. This finding leads one to conclude that the child's responses to daily hassles are mostly internalized, as is the nature of anxiety, but that there is also a moderate amount of disruptive

behavior in response to daily stressors for children, as rated by the teachers in this study. In addition, the child's social skills, as rated by the teacher, were modestly related to daily hassles. Like the other teacher-rated behaviors of psychologicial functioning, the social skills measured were behavioral in nature. Thus, hassles relate more strongly to internalized anxiety, although an increase in hassles is observed with a moderate level of disruptive behavior.

Rowlison and Felner (1988) did not find a significant relationship between hassles and adjustment when the teacher rated the child. This is pertinent since the present study also did not find a strong relationship between measures completed by the teachers and self-rated outcome measures. However, they did find a significant relationship when the parents rated their child. Perhaps the teacher has a less accurate view of the child than is generally believed. Further research should address this discrepancy.

This study confirmed previous findings by other researchers, i.e., Lazarus and his colleagues, that hassles are a stronger predictor of well-being than life events. Hassles accounted for far more of the variance than life events in the child's level of anxiety. However, life events are still an important part of understanding the impact of daily stressful events on

health: they were found to be a stronger predictor of social skills and externalizing behavior than hassles.

In examining the relationship between life events and daily hassles, results indicated that as the child experiences a life event, more daily hassles will occur. Although the variance accounted for by life events in predicting frequency of daily hassles was statistically significant, it was modest, possibly indicating that these are two somewhat different constructs. There was no significant relationship between life events and intensity of hassles, perhaps because intensity reflects the ability of the individual to cope with the hassle better than frequency.

Coping mechanisms may mediate the impact of the intensity of hassles for children, particularly if the Hassles Scale for Children was administered some time after the life event had occurred. Then the initial crisis phase of the life event would have passed but the changes brought about by the event in the form of daily hassles may still be occurring. The person would still be adjusting and coping at that time.

Another possible explanation of the life event/daily stressor relationship is that the measurement of life events used in this study was not extensive enough to actually account for the occurrence of all life events in the lives of these young children

in the past year. This study asked the child to volunteer "big things that had happened to you in the past year". The child was then given some examples, including divorce of parents or moving to a new home. A more comprehensive measure of life events may have yielded a greater range of variance and thus, a more sensitive measure of the relationship of life events to daily stress and health. Future research should more carefully account for life events in children in order to more clearly establish life events as a separate construct from daily hassles.

Developmental Differences in Daily Stress

The results of this study presented a somewhat confusing picture of the development of stress in children. The nine year old group showed the strongest relationship of hassles to anxiety and it was the intensity of their hassles that accounted for this relationship. On the other hand, the frequency of hassles accounted for the significant but weaker relationship to anxiety in the youngest and oldest children.

The mean number of hassles and the mean intensity level help in part to explain these findings. The youngest group had the greatest number of hassles and had the highest average level of intensity of hassles. They also gave the most variable responses to the

hassles questionnaire. It is possible, as mentioned earlier, that these younger children are experiencing more hassles as bothersome because they lack the ability to cope due to their inaccurate appraisal of a situation. That is, they may not appraise a situation as being transitory or minor (e.g., not being able to watch the TV programs you like). The 4th and 5th/6th grade groups did not differ significantly on the frequency and intensity of hassles, indicating that they may be cognitively more able to appraise and cope effectively. Coping skills are an important mediating variable to be measured in future research. The stress-illness picture is not clear without consideration of the person's coping strategies.

Another possible explanation for finding that younger children have higher levels of distress and greater variablity in their responses is that it may be more difficult to accurately measure the stress experience of a child as young as seven years of age. Perhaps the Hassles Scale for Children was not able to tap into the seven-year old's experience of stress. Perhaps it will be necessary to observe the young child or to survey parents and teachers about their daily stressors in order to more accurately measure what they are experiencing.

In terms of the eight content areas of the HSC,

there were three noteworthy findings. First, as predicted, the youngest group experienced significantly more stressors centered around their families than the 4th and 5th/6th grade children. This may be because younger children are more dependent upon their families for solace and support than older children who are able to use their peers more for these needs. Second, the 5th/6th grade children differed significantly from the 2nd grade children in the area of health. That is, the 5th/6th graders experienced fewer stressors concerning health. The items in this content area included concerns about doctor visits, illness, and energy level. Younger children may have more fears associated with these hassles perhaps due to their inability to appraise hassles as transitory or minor. Finally, the oldest group differed significantly from the youngest in the area of Hurriedness/Impatience as predicted. The older children are likely to feel more concerned about their responsibilities and their lives, leading to these Type A-like stressors.

The Hassles Scale for Children

Because this study was able to find a relationship between daily stressors and health, the first step toward validation of the Hassles Scale for Children (HSC) has been taken. In addition, the good internal reliability and the test-retest reliability indicate

that the Hassles Scale for Children may be a reliable measure of daily stressors.

However, there are still problems to be addressed in the process of developing the HSC as a measure of daily stressors in children's lives. First, a large majority of subjects who participated in this study were of middle or upper socioeconomic status. Children from low SES backgrounds probably experience more daily stressors and stressors of different types than the children in this study. They are also in greater need of knowledge and assistance on the part of psychological and health professionals. Therefore, we need to address the question of differences in daily stressors for children from low SES background. If low SES children experience different daily stressors or are exposed to daily stressors more frequently, then they may experience differences in the relationship of daily stressors with health. It is possible that increased daily hassles leads to poorer psychological health, specifically, higher levels of anxiety. It is also possible that symptoms of physical illness are more likely to occur. Perhaps the chronic nature of some daily stressors associated with low SES conditions contribute to maladaptive health conditions. This knowledge could then lead to the investigation of coping skills which are effective for individuals experiencing

stressors unique to low SES conditions.

Second, this study did not examine the pattern of frequency and intensity of daily stressors within individual children. Kanner et al., (1981) looked at intensity and frequency of stressors within individuals across nine months. They found that for adults, intensity, or the distress associated with hassles, varies more than the frequency or number of hassles experienced. Children may also experience varying degrees of distress and it would be important to know what factors would influence any variation, especially if it is not frequency of stressors affecting level of intensity. It may be that factors such as age, personality, and socioeconomic status contribute to variations in distress brought about by daily stressors. In the future, knowledge of patterns of daily stress within children of different ages across time may help us to understand the role of mediators such as coping skills or social support.

Despite these two issues and a relatively small sample, the Hassles Scale for Children was able to answer a few important questions about daily stressors, health, and age. This study has also led to new questions and the HSC may be a helpful tool in future research in this area.

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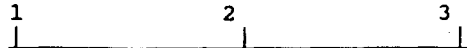
APPENDIX

Everyday Life Event Scale

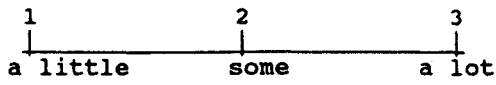
Directions: Below is a list of different things that can happen to you. If one of these things has happened to you in the last month make a check next to the number. Then wait for me to tell you what to do next.



		A problem?		How much?		
____1.	misplacing or losing things	No	Yes	1	2	3
____2.	neighborhood kids that tease you	No	Yes	1	2	3
____3.	thinking about someone in your family who is sick	No	Yes	1	2	3
____4.	not enough money for clothes	No	Yes	1	2	3
____5.	someone owes you money	No	Yes	1	2	3
____6.	can't relax or take it easy	No	Yes	1	2	3
____7.	being sick	No	Yes	1	2	3
____8.	doing your jobs at home (setting the table, taking out garbage, etc.)	No	Yes	1	2	3
____9.	someone interrupts you while you are doing something else	No	Yes	1	2	3
____10.	not enough fun things to do	No	Yes	1	2	3
____11.	too many things to do	No	Yes	1	2	3
____12.	your body changes as you get older	No	Yes	1	2	3
____13.	people living in your house who are not in your family	No	Yes	1	2	3
____14.	taking care of a pet	No	Yes	1	2	3
____15.	eating dinner alone	No	Yes	1	2	3
____16.	trying to get along with other kids in your class	No	Yes	1	2	3

1 — 2 — 3
a little — some — a lot

		A problem?		How much?		
____17.	have started a new unit in school	No	Yes	1	2	3
____18.	don't have enough money for things you need	No	Yes	1	2	3
____19.	having to wait for someone or something	No	Yes	1	2	3
____20.	you owe money to someone else	No	Yes	1	2	3
____21.	being alone	No	Yes	1	2	3
____22.	arguing with someone	No	Yes	1	2	3
____23.	unable to talk to other people about your thoughts and feelings	No	Yes	1	2	3
____24.	going to the doctor or dentist or taking medicine	No	Yes	1	2	3
____25.	thinking about the way you look	No	Yes	1	2	3
____26.	not being liked by someone in your class	No	Yes	1	2	3
____27.	not enough time to get everything done	No	Yes	1	2	3
____28.	working to keep your room clean	No	Yes	1	2	3
____29.	not getting enough sleep	No	Yes	1	2	3
____30.	problems seeing or hearing	No	Yes	1	2	3
____31.	lower grades than you expected in reading, writing, or spelling	No	Yes	1	2	3
____32.	school work is easy	No	Yes	1	2	3
____33.	wanting to be among the best students in school	No	Yes	1	2	3
____34.	lower grades than you expected in math or science	No	Yes	1	2	3
____35.	other people talking about you	No	Yes	1	2	3



	A problem?		How much?		
____36. weighing too much	No	Yes	1	2	3
____37. not being able to watch the TV programs you like	No	Yes	1	2	3
____38. feeling tired or worn out	No	Yes	1	2	3
____39. having nightmares or bad dreams	No	Yes	1	2	3
____40. trying hard to get good grades	No	Yes	1	2	3
____41. having a misunderstanding or disagreement with your teacher	No	Yes	1	2	3
____42. having a misunderstanding or disagreement with your friends	No	Yes	1	2	3
____43. having a misunderstanding or disagreement with your parents	No	Yes	1	2	3
____44. having a misunderstanding or disagreement with your brother(s) or sister(s)	No	Yes	1	2	3
____45. getting parents to take you to and from school, friends' houses or other places	No	Yes	1	2	3
____46. not enough money for movies and video games	No	Yes	1	2	3
____47. too many things to do with family	No	Yes	1	2	3
____48. not enough time for play	No	Yes	1	2	3
____49. someone has stolen something that belongs to you	No	Yes	1	2	3

50. Have we missed any of your problems? If so, write them below:

51. Has anything big happened in your life in the past year that is different from normal? (Examples: moving to a new house or school; divorce of parents; death or illness of family member; parent lost his/her job.)

The content areas for the Hassles Scale for Children contain the following items:

1. Self-esteem and psychological well-being

   #6, 9, 10, 11, 12, 21, 22, 23, 25, 36, 39, 48

2. Peer relations

   #2, 16, 26, 35, 42

3. Family relations

   #3, 13, 15, 22, 37, 43, 44, 47

4. School

   #17, 22, 31, 32, 33, 34, 40, 41

5. Hurriedness/Impatience

   #19, 27

6. Obligations

   #8, 11, 14, 28, 47

7. Lack of resources and control

   #1, 4, 5, 11, 18, 20, 45, 46, 49

8. Personal health

   #7, 24, 29, 30, 36, 38

– for office use only –
IDENTIFICATION #

CHILD BEHAVIOR CHECKLIST–TEACHER'S REPORT FORM

PUPIL'S NAME			SCHOOL
PUPIL'S AGE	PUPIL'S SEX ☐ Boy ☐ Girl	ETHNIC GROUP OR RACE	PARENTS' TYPE OF WORK *(Please be as specific as you can – for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)*
GRADE	THIS FORM FILLED OUT BY ☐ Teacher (name) _____		*FATHER'S TYPE OF WORK:* _____
DATE	☐ Counselor (name) _____ ☐ Other (specify) name: _____		*MOTHER'S TYPE OF WORK:* _____
			Please try to answer each item as completely as possible, even if you lack full information.

I. **How long have you known this pupil?**

II. **How well do you know him/her?** ☐ Very Well ☐ Moderately Well ☐ Not Well

III. **How much time does he/she spend in your class per week?**

IV. **What kind of class is it?** (Please be specific, e.g., regular 5th grade, 7th grade math, etc.)

V. **Has he/she ever been referred for special class placement, services, or tutoring?**

☐ No ☐ Don't Know ☐ Yes – what kind and when?

VI. **Has he/she ever repeated a grade?**

☐ No ☐ Don't Know ☐ Yes – grade and reason

VII. Current school performance – list academic subjects and check appropriate column:

Academic subject	1. Far below grade	2. Somewhat below grade	3. At grade level	4. Somewhat above grade	5. Far above grade
1. _____	☐	☐	☐	☐	☐
2. _____	☐	☐	☐	☐	☐
3. _____	☐	☐	☐	☐	☐
4. _____	☐	☐	☐	☐	☐
5. _____	☐	☐	☐	☐	☐
6. _____	☐	☐	☐	☐	☐

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Below is a list of items that describe pupils. For each item that describes the pupil now or within the past 2 months, please circle the 2 if the item is very true or often true of the pupil. Circle the 1 if the item is somewhat or sometimes true of the pupil. If the item is not true of the pupil, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 1. Acts too young for his/her age
0 1 2 2. Hums or makes other odd noises in class
0 1 2 3. Argues a lot
0 1 2 4. Fails to finish things he/she starts
0 1 2 5. Behaves like opposite sex
0 1 2 6. Defiant, talks back to staff
0 1 2 7. Bragging, boasting
0 1 2 8. Can't concentrate, can't pay attention for long
0 1 2 9. Can't get his/her mind off certain thoughts; obsessions (describe):_____
_____
0 1 2 10. Can't sit still, restless, or hyperactive
0 1 2 11. Clings to adults or too dependent
0 1 2 12. Complains of loneliness
0 1 2 13. Confused or seems to be in a fog
0 1 2 14. Cries a lot
0 1 2 15. Fidgets
0 1 2 16. Cruelty, bullying, or meanness to others
0 1 2 17. Daydreams or gets lost in his/her thoughts
0 1 2 18. Deliberately harms self or attempts suicide
0 1 2 19. Demands a lot of attention
0 1 2 20. Destroys his/her own things
0 1 2 21. Destroys property belonging to others
0 1 2 22. Difficulty following directions
0 1 2 23. Disobedient at school
0 1 2 24. Disturbs other pupils
0 1 2 25. Doesn't get along with other pupils
0 1 2 26. Doesn't seem to feel guilty after misbehaving
0 1 2 27. Easily jealous
0 1 2 28. Eats or drinks things that are not food (describe): _____
_____
0 1 2 29. Fears certain animals, situations, or places other than school (describe): _____
_____
0 1 2 30. Fears going to school
0 1 2 31. Fears he/she might think or do something bad
0 1 2 32. Feels he/she has to be perfect
0 1 2 33. Feels or complains that no one loves him/her
0 1 2 34. Feels others are out to get him/her
0 1 2 35. Feels worthless or inferior
0 1 2 36. Gets hurt a lot, accident-prone
0 1 2 37. Gets in many fights
0 1 2 38. Gets teased a lot
0 1 2 39. Hangs around with others who get in trouble
0 1 2 40. Hears things that aren't there (describe):
_____
0 1 2 41. Impulsive or acts without thinking
0 1 2 42. Likes to be alone
0 1 2 43. Lying or cheating
0 1 2 44. Bites fingernails
0 1 2 45. Nervous, high-strung, or tense
0 1 2 46. Nervous movements or twitching (describe):
_____
0 1 2 47. Overconforms to rules
0 1 2 48. Not liked by other pupils
0 1 2 49. Has difficulty learning
0 1 2 50. Too fearful or anxious
0 1 2 51. Feels dizzy
0 1 2 52. Feels too guilty
0 1 2 53. Talks out of turn
0 1 2 54. Overtired
0 1 2 55. Overweight
56. Physical problems without known medical cause:
0 1 2 a. Aches or pains
0 1 2 b. Headaches
0 1 2 c. Nausea, feels sick
0 1 2 d. Problems with eyes (describe): _____
_____
0 1 2 e. Rashes or other skin problems
0 1 2 f. Stomachaches or cramps
0 1 2 g. Vomiting, throwing up
0 1 2 h. Other (describe): _____
_____

Please see other side

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 57. Physically attacks people
0 1 2 58. Picks nose, skin, or other parts of body (describe): _____
_____
0 1 2 59. Sleeps in class
0 1 2 60. Apathetic or unmotivated
0 1 2 61. Poor school work
0 1 2 62. Poorly coordinated or clumsy
0 1 2 63. Prefers being with older children
0 1 2 64. Prefers being with younger children
0 1 2 65. Refuses to talk
0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____
_____
0 1 2 67. Disrupts class discipline
0 1 2 68. Screams a lot
0 1 2 69. Secretive, keeps things to self
0 1 2 70. Sees things that aren't there (describe):
_____
_____
0 1 2 71. Self-conscious or easily embarrassed
0 1 2 72. Messy work
0 1 2 73. Behaves irresponsibly (describe): _____
_____
0 1 2 74. Showing off or clowning
0 1 2 75. Shy or timid
0 1 2 76. Explosive and unpredictable behavior
0 1 2 77. Demands must be met immediately, easily frustrated
0 1 2 78. Inattentive, easily distracted
0 1 2 79. Speech problem (describe): _____
_____
0 1 2 80. Stares blankly
0 1 2 81. Feels hurt when criticized
0 1 2 82. Steals
0 1 2 83. Stores up things he/she doesn't need (describe):
_____
_____
0 1 2 84. Strange behavior (describe): _____
_____
0 1 2 85. Strange ideas (describe): _____
_____
0 1 2 86. Stubborn, sullen, or irritable
0 1 2 87. Sudden changes in mood or feelings
0 1 2 88. Sulks a lot
0 1 2 89. Suspicious
0 1 2 90. Swearing or obscene language
0 1 2 91. Talks about killing self
0 1 2 92. Underachieving, not working up to potential
0 1 2 93. Talks too much
0 1 2 94. Teases a lot
0 1 2 95. Temper tantrums or hot temper
0 1 2 96. Seems preoccupied with sex
0 1 2 97. Threatens people
0 1 2 98. Tardy to school or class
0 1 2 99. Too concerned with neatness or cleanliness
0 1 2 100. Fails to carry out assigned tasks
0 1 2 101. Truancy or unexplained absence
0 1 2 102. Underactive, slow moving, or lacks energy
0 1 2 103. Unhappy, sad, or depressed
0 1 2 104. Unusually loud
0 1 2 105. Uses alcohol or drugs (describe): _____
_____
0 1 2 106. Overly anxious to please
0 1 2 107. Dislikes school
0 1 2 108. Is afraid of making mistakes
0 1 2 109. Whining
0 1 2 110. Unclean personal appearance
0 1 2 111. Withdrawn, doesn't get involved with others
0 1 2 112. Worrying
113. Please write in any problems the pupil has that were not listed above:
0 1 2 _____
0 1 2 _____
0 1 2 _____

 PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS

The "How I Feel" Questionnaire

Directions: Below are some statements that boys and girls use to describe how they feel. Read each statement and decide if it is "hardly ever", "sometimes", or "often" true for how you feel. Put an X on the line in front of the word that seems to describe how often you feel this way. There are no wrong or right answers. Do not spend too much time on any one statement. Remember, choose the word which describes how often you feel a particular way.

1. I worry about making mistakes.
___ hardly ever ___ sometimes ___ often
2. I feel like crying.
___ hardly ever ___ sometimes ___ often
3. I feel unhappy.
___ hardly ever ___ sometimes ___ often
4. I have trouble making up my mind.
___ hardly ever ___ sometimes ___ often
5. It is difficult for me to face my problems.
___ hardly ever ___ sometimes ___ often
6. I worry too much.
___ hardly ever ___ sometimes ___ often
7. I get upset at home.
___ hardly ever ___ sometimes ___ often
8. I am shy.
___ hardly ever ___ sometimes ___ often
9. I feel troubled.
___ hardly ever ___ sometimes ___ often
10. Unimportant thoughts run through my mind and bother me.
___ hardly ever ___ sometimes ___ often
11. I worry about school.
___ hardly ever ___ sometimes ___ often
12. I have trouble deciding what to do.
___ hardly ever ___ sometimes ___ often
13. I notice my heart beats fast.
___ hardly ever ___ sometimes ___ often
14. I am secretly afraid.
___ hardly ever ___ sometimes ___ often
15. I worry about my parents.
___ hardly ever ___ sometimes ___ often
16. My hands get sweaty.
___ hardly ever ___ sometimes ___ often
17. I worry about things that may happen.
___ hardly ever ___ sometimes ___ often
18. It is hard for me to fall asleep at night.
___ hardly ever ___ sometimes ___ often
19. I get a funny feeling in my stomach.
___ hardly ever ___ sometimes ___ often
20. I worry about what others think of me.
___ hardly ever ___ sometimes ___ often

Teacher Report of Social Skills

student's name _____

Circle the number associated with the appropriate description of behavior.

0 = not true 1 = somewhat or sometimes true 2 = very true or often true

0	1	2	1.	deals with conflict situations successfully
0	1	2	2.	plays fairly with others
0	1	2	3.	makes friends easily
0	1	2	4.	is someone you can trust
0	1	2	5.	is polite
0	1	2	6.	works well with classmates
0	1	2	7.	handles problems confidently
0	1	2	8.	likes to play with others
0	1	2	9.	helps other people
0	1	2	10.	is usually happy
0	1	2	11.	has a good sense of humor
0	1	2	12.	everyone likes to be with
0	1	2	13.	will wait his/her turn
0	1	2	14.	has good ideas for things to do
0	1	2	15.	everyone listens to this child
0	1	2	16.	child demonstrates good social skills with peers
0	1	2	17.	deals well with frustrating situations

APPROVAL SHEET

The thesis submitted by Sheila Hennelly Parfenoff has been read and approved by the following committee:

Dr. Paul E. Jose, Director
Assistant Professor, Psychology, Loyola

Dr. Thomas Pallmeyer
Assistant Professor, Psychology, Loyola

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

4/17/89
Date

Paul E Jose
Director's Signature